

Notice of a public meeting of

People Scrutiny Committee

- To:** Councillors J Burton (Chair), Waller (Vice-Chair), Cuthbertson, Mason, Moroney, Nelson, D Myers, Nicholls, and Runciman
- Date:** Tuesday, 17 March 2026
- Time:** 5.30 pm
- Venue:** West Offices - Station Rise, York YO1 6GA

AGENDA

- 1. Apologies for Absence**
To receive and note apologies for absence.
- 2. Declarations of Interest** (Pages 5 - 6)
At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see the attached sheet for further guidance for Members.]

- 3. Minutes** (Pages 7 - 12)
To approve and sign the minutes of the meeting held on 3 December 2025.

- 4. Public Participation**
At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is 5:00pm on Friday, 13 March 2026.

To register to speak please visit:
www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

- 5. Care Quality Commission Local Authority Assessment** (Pages 13 - 28)
This report outlines the outcome of the CQC Local Authority Assessment, and the subsequent actions being taken.
- 6. York Carers Strategy 2026-2032** (Pages 29 - 116)
This report presents the York Carers Strategy 2026–2032 for consideration and comment. The Strategy sets out the Council’s and its partners’ shared approach to improving how unpaid carers are identified, supported and involved.

7. 2026/27 Ward Funding Allocations (Pages 117 - 142)

The 2026/27 individual Ward budget allocation is comprised of £250,000 to be allocated across the city, and this report outlines existing and potential models to inform making the split to wards. The Executive will be asked to approve the method of allocation of ward funding, considering the feedback and recommendations received from the People Scrutiny Committee.

8. Work Plan (Pages 143 - 152)

To consider the Committee's work plan for the upcoming municipal year.

9. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer

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For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

Meeting	People Scrutiny Committee
Date	3 December 2025
Present	Councillors J Burton (Chair), Waller (Vice-Chair), Clarke, Cuthbertson [until 7:00pm], Mason [from 6:10pm], Moroney, Nicholls, Runciman [until 7:00pm], and K Taylor (Substitute for Councillor Nelson)
Apologies	Councillor Nelson
Officers in attendance	Maxine Squire - Assistant Director, Education and Skills Barbara Mands - Head of Education Support Service Dawn Wood - Early Years Reforms Programme Lead, Education Support Service Pauline Stuchfield - Director of Housing and Communities Denis Southall - Head of Housing Andrew Bebbington - Housing Policy Officer, Housing Strategy and Development Team James Parker - Scrutiny Officer
In attendance	Councillor Webb – Executive Member for Children, Young People and Education Councillor Pavlovic – Executive Member for Housing, Planning and Safer Communities Representatives from University of York - John Hudson, Rebecca Kerr, Katherine Smith, Aniela Wenham

9. Apologies for Absence (5:33pm)

Apologies for absence were received from Councillor Nelson, who was substituted by Councillor Taylor.

10. Declarations of Interest (5:33pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interest or other registerable interest they might have in respect of business on the agenda if they had not already done so in advance on the Register of Interests.

Councillor Waller declared an interest in item 5. York Hungry Minds – Free School Meal Pilot Update, in that he was a governor of Westfield Primary Community School.

11. Minutes (5:34pm)

Resolved: That the minutes of the meeting held on 8 October 2025 be approved as a correct record.

12. Public Participation (5:34pm)

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

13. York Hungry Minds - Free School Meal Pilot Update (5:35pm)

The Executive Member for Children, Young People and Education, and the Assistant Director of Education and Skills presented their report and introduced to the meeting the representatives from the University of York.

The report was an update from the initial presentation to the Children, Culture and Communities Scrutiny Committee on 5 November 2025. It was reported that a Fair Admissions Charter had now been adopted through working with the York Schools and Academies Board (YSAB), and the role of the School Poverty Officer was discussed; Amongst other actions, the School Poverty Officer would investigate trauma as a barrier in educational settings through the ARC framework (Attachment, Regulation, Competency).

The Executive Member for Children, Young People, and Education noted that any questions specifically relating to Annex C of the report which could not be answered at the meeting could be brought to members through a briefing.

The representatives from the Universities of York delivered their presentation on the qualitative evaluation findings as seen in Annex D to the report. It was reported that:

- Interviews with staff and children took place between June and August 2024 in which the cost of living came up following analysis; for some children the free school meal was their only meal of the day.
- There were difficulties in conducting comparative analysis between schools in terms of expanding the pilot, as the two schools currently involved were located in two of the most deprived areas of York.
- The pilot led to children eating a more balanced diet with an improved readiness to learn.
- Over 100 pupils were engaged in creative workshops of which analysis showed results echoed views of teachers.
- Findings from both the qualitative and quantitative research supported and echoed each other.

The Assistant Director of Education and Skills noted that the York Hungry Minds Project was an enhancement to the national free school meals programme and the national programme had strict guidelines linked to childcare which York Hungry Minds was not bound by. York Hungry Minds also offered more bespoke arrangements for schools acknowledging that every school was different. The national programme was invitational and not mandatory and so there was a need for City of York Council (CYC) to do the most it can in to make the best use of both schemes available.

In response to questions from members, the Executive Member for Children, Young People and Education, Assistant Director of Education and Skills, and representatives from the University of York confirmed that:

- Evidence of stigma was found through comments made on online spaces, but the project was generally seen as being very positive throughout the findings. Children sharing meals together improved inclusivity and children's perceptions of having a shared space was beneficial for everyone.
- The York Hungry Minds Committee had now been set up and would support future applications and funding for expansion of the programme. It was hoped that expansion could be improved in the upcoming year.
- There was a desire to undertake a more longitudinal study in the near future to determine longer-term impacts.

- Both schools included in the pilot had seen an improvement in attendance.
- Funding for the project had historically been static but had recently increased substantially through donations.

Resolved: That the People Scrutiny Committee supported the work of both the York Hungry Minds Project and the School Poverty Framework and noted the benefits of both to tackling child poverty in York.

Reason: The work described would provide valuable support to low income families and ensure that more children are able to have barriers to educational achievement removed so that their long term outcomes are improved.

[The meeting adjourned from 6:46pm-6:48pm].

14. Early Years and Childcare Reforms (6:48pm)

The Head of Education Support Service, and Early Years Reforms Programme Lead, Education Support Service presented the report and noted that the School Based Nursery Programme had resulted so far in one successful applicant in York setting up a nursery in consultation with the Department for Education (DfE). They also reported that summer 2026 would be the key pressure point for childcare providers as it would be the fullest term before children enter school.

In response to questions from members, the Head of Education Support Service, and Early Years Reforms Programme Lead, Education Support Service confirmed that:

- The national childcare system was confusing and difficult for parents to follow, the Best Start in Life website had recently been launched aimed at providing parents with information and help. Training for the sector was to happen in 2026 to better understand new government guidance.
- Joint work was ongoing regarding the health visitor service; most disadvantaged families could be reached through Department for Work and Pensions (DWP) data, but many families were harder to reach, and improvements were being investigated.
- CYC worked strongly with DWP on recruitment and retainment; they met termly and held recruitment sessions within the childcare sector.

Resolved: That the People Scrutiny Committee noted the content of the report, including related national policy developments.

Reason: For members to understand the progress made for successful local implementation so that families can benefit from the new early education entitlements and extended wraparound care.

15. Housing Tenancy Policy (7:20pm)

The Executive Member for Housing, Planning and Safer Communities, the Director of Housing and Communities, the Head of Housing, and the Housing Policy Officer presented the report and informed the Committee that this was a report for pre-decision scrutiny requesting feedback before the Executive Member for Housing, Planning and Safer Communities Decision Session on 20 January 2026. It was a legal requirement for Local Housing Authorities to publish a Tenancy Strategy under the Localism Act 2011; this was not for setting in place a final decision on next year's charges but was instead to do with setting a strategic policy. It was reported that through amendments proposed in the strategy, CYC were still offering more affordable homes than other local or private providers.

In response to questions from members, the Executive Member for Housing, Planning and Safer Communities, the Director of Housing and Communities, the Head of Housing, and the Housing Policy Officer confirmed that:

- There was an Attendance Scrutiny Panel which was due to consider rent setting principles in due course. The Panel had raised concerns regarding anti-social behaviour policy of which there wasn't any divergence of views. Further information regarding the Panel could be shared with members if requested.
- Registered providers had a good chance to engage with CYC on how the strategy would be applied.
- Officers understood there was a need to tell residents what the intention was for expenditure; council housing was there for those most in need and was offered at below market rate. Around £18 million was spent last year on repairs, and properties needed to be maintained to good standard. Many houses reached the end of their lifespan earlier than expected and so it was essential to replace them earlier than first expected. Investment had also been made for upgrading kitchens and bathrooms in the Dringhouses and Woodthorpe Ward, much earlier than originally expected.

- Issues had arisen from joint working between services and work was ongoing to improve this.

Members discussed ways of engagement and collecting feedback through such methods as: tenants' newsletters, tenants satisfaction surveys, and focus groups. There was a need to improve feedback gathering and encourage people to come back with any further issues to make sure jobs were finished and not left undone or forgotten, or to be re-done at more expense in the future.

Resolved: That the People Scrutiny Committee provided feedback on:

- i. The proposal to ask the Executive Member for Housing, Planning and Safer Communities to approve the Tenancy Policy and Strategy document.
- ii. The proposal to develop a Rent Setting and Service Charges Policy, building on the City of York Living Rent approach, that maximises investment capacity through rental income, where this is manageable or mitigated for tenants, for example through the welfare benefits systems.

Reasons: To achieve legal and regulatory compliance in respect of matters covered by the Tenancy Policy and Strategy, and to achieve the benefits from the proposed document as set out in this paper.

16. Work Plan (8:27pm)

Resolved:

- i. That an Adult Social Care CQC Report would be requested for the meeting on 10 February 2026.
- ii. To note that the Scrutiny Member Briefing Session scheduled for 4 December 2025 would include a briefing on Healthy Weight.
- iii. That Members considered the Committee's workplan for the current municipal year.

Reason: To keep the committee's work plan for the 2025/26 municipal year updated.

Cllr J Burton, Chair

[The meeting started at 5.30 pm and finished at 8.28 pm].



People Scrutiny Committee

17 March 2026

Report of the Corporate Director, Adult Social Care and Integration

Care Quality Commission (CQC) Local Authority Assessment

Summary

1. This report outlines the outcome of the CQC Local Authority Assessment, and the subsequent actions being taken.
2. The CQC local authority assessment is a new assessment framework under Health and Care Act 2022, to assess how well Local Authorities deliver their duties under Part 1 of the Care Act 2014. It does not consider how local authorities are carrying out their functions in relation to the Mental Health Act 1983. It covers 9 Quality statements in 4 categories and all Local Authorities are due to be assessed by April 2026.
3. Reports published to date: 111, as at end February 2026.
 - a. 3 Outstanding
 - b. 2 Inadequate
 - c. 38 Requires Improvement
 - d. 68 Good
 - e. 42 yet to publish
4. Adult Social Care supports the wider City of York Council Plan commitments, and it also supports two of the four Council Plan

commitments, Health and Equalities and Human Rights. Some examples of these are:

Council Plan	Adult Social Care Strategy
Our vision of a healthier, fairer, more affordable, more sustainable and more accessible city where everyone feels valued.	<ul style="list-style-type: none"> • Use our resources fairly and wisely • Value carers
Health Inequalities	<ul style="list-style-type: none"> • Prevent reduce and delay the need for care and support • Make sure homes support independence • Work with health services to improve care • Promote wellbeing at every stage of life • Support people to live well at home and in their community • Work together for better care and support • Provide high quality and flexible support
Equalities and Human Rights	<ul style="list-style-type: none"> • Use evidence and insight to make the best decisions to understand what is working well and where gaps or inequalities remain.

Background

5. The local authority is assessed under the following 9 quality statements:
 - a. Assessing needs
 - b. Supporting people to live healthy lives
 - c. Equity in experience and outcomes
 - d. Care provision, integrity and continuity
 - e. Partnership and Communities
 - f. Safe systems, pathways and transitions
 - g. Safeguarding
 - h. Governance, management and sustainability

- i. Learning improvement and innovation
6. Measured against the following 4 evidence categories:
 - a. Peoples experience (5 case files audited)
 - b. Feedback from staff and leaders
 - c. Processes
 - d. Feedback from partners
 7. The CQC assessment process for CYC began in January 2025 when the council received notification of assessment.
 8. The process required the council to provide a range of data, policies, processes and documents to support the assessment process.
 9. CQC also requested a reference number for 50 anonymised people who met the criteria for case tracking.
 10. CQC selected 10 individuals' cases to request consent to speak with them around their experience of care and support.
 11. CQC subsequently spoke to 5 of those people with lived experience as part of the case tracking. The purpose of case tracking was to understand people's journeys through the social care system, their experiences of how care and support decisions were made by commissioners and social work teams, how they were communicated and implemented, and the impact this has on their lives.
 12. The assessment included an on-site visit on 17th, 18th and 19th June 2025.
 13. As part of the process, the assessment team met with front line staff, corporate colleagues, co-production groups, providers, key partners, key councillors and community and voluntary sector groups.
 14. A draft report was received in October 2025 and the final report published on 5th December 2025.

Report Findings

15. There were many positives outlined in the report; areas of mixed feedback; as well as areas for improvement:
 - a. People were mostly positive about the staff that supported their assessment and care and support planning. They described staff as helpful, kind and considerate.
 - b. There was mixed feedback and findings from people and unpaid carers about the quality of assessments and care planning that took place.
 - c. People gave mixed feedback about the effectiveness of the local authority's processes for assessing and charging adults.
 - d. People and unpaid carers told CQC about their care and support and the quality of services in York. Some people said they had no concerns about the care they received, and had heard how services supported people to remain as independent as possible and made people feel safe. In contrast, CQC heard how timings of care could be cut short or be unreliable, meeting peoples specific needs could be challenging and training needed to be improved.
 - e. Staff were committed to serving people in the City of York, there was an ethos of wanting to learn through people, staff, partners feedback and analysis so that Care Act duties could consistently be delivered safely and effectively.
 - f. The current DASS had the passion, commitment, expertise and energy to deliver what was required but there was more to do collectively within the senior leadership team to deliver and embed developments, learning and ensure staff, people and partners were an integral part of changes.
 - g. There were developing foundations in place with partners to strengthen relationships
 - h. Processes had begun to improve, for example duty staff were starting to work more closely with call handlers.
 - i. There were ambitions for improved strategic direction particularly around how the local authority gathered and acted on feedback, learning and a need to embed coproduction with people with care and support needs to deliver Care Act responsibilities.

Scoring & Key Findings

16. The CQC ratings are as follows:
 - 88% & above = Outstanding
 - 63-87% = Good
 - 39-62% = Requires Improvement
 - 25-38% = Inadequate
17. York outcome is Requires Improvement 39%.
18. The following areas fell into the 39%-62% score range, 'evidence shows some shortfalls'
 - Partnerships and Communities – 57%
 - Equity in experience and outcomes – 50%
 - Supporting people to live healthier lives – 50%
 - Governance, management and sustainability – 50%
 - Learning, improvement and innovation – 50%
19. The following 4 areas fell into the 25%-38% score range, evidence shows significant shortfalls
 - Safeguarding – 38%
 - Safe systems, pathways and transitions – 38%
 - Assessing needs – 38%
 - Care provision, integration and continuity – 32%
20. The key findings of the report were as follows for the areas showing significant shortfalls:
 - a. Delays in assessments and provision. Waiting lists for all types including carers, safeguarding, OT assessments, Care Act assessments
 - b. Communication about eligibility including sending out copies of plans
 - c. Advice, information, and communication including use of 'jargon'

- d. Effectiveness of front door, out of hours, and safeguarding systems
- e. Some gaps in provision – in-area care homes; supported living; mental health; carer respite
- f. Lack of clear contingency plans (in people’s support plans)
- g. Inconsistent risk management across teams – no service level reports
- h. Arrangements for hospital discharge
- i. Audit/quality assurance processes – safeguarding, learning from SAR (Safeguarding Adult Reviews).
- j. Training compliance for Safeguarding & Mental Capacity across the sector.
- k. Responsiveness/partnership work on safeguarding including quality of referrals and communication/feedback

Improvements already made

- 21. Adult Social Care already had a Service Plan in place to make improvements to operations, and this has been worked on during the assessment period.
- 22. Outlined below are the areas where improvements have already been made in the last 12 months:
 - a. Stable leadership with visible, regular engagement and clear messages, involving staff and people in changes needed - be part of the solution.
 - b. Operating a rights-based approach to social work embedding CYC core values, social model of disability and Home First principles.
 - c. Positive results to staff wellbeing and reduced staff turnover
 - d. New workforce development lead and training matrix monitoring system in place. Mandatory training compliance is significantly improved.
 - e. Commitment to embed evidence-based practice and expertise in the organisation.
 - f. Co-produced ASC strategy

- g. Co-produced - Co-production and Research strategy
- h. Co-produced Learning Disability Partnership board; increased support to self-advocates
- i. Improved working relationships with partners, including the police, hospital partners, primary care and providers
- j. Re-designed commissioning team with a new structure, roles, and integrated leadership with ICB Place
- k. A shifted mindset for commissioning around being more provider led with a new process with active engagement and consultation on fee rates and new commissions.
- l. Development of mental health hubs and a frailty hub designed with people and partners to connect people to services to enhance early intervention and strengthen people's support networks
- m. Housing First model and Homelessness and Rough Sleeping strategy
- n. Working towards Domestic Abuse Housing Alliance accreditation
- o. Reablement outcomes are measurable and above the national average for keeping people at home 60 days after discharge
- p. New supervision policy, training and guidance
- q. Direct Payments project co-producing a new procedure and the information that is provide to Direct Payment recipients.
- r. A new and expanded multi-disciplinary review team for planned reviews
- s. New hospital discharge model and integrated team
- t. Safeguarding Adults Board (SAB), new chair and manager; evidence of strong leadership and multidisciplinary attendance at board. SAR learning events. SAR process improved.
- u. Joint transitional protocol with the Children's Safeguarding Partnership.
- v. Making Safeguarding Personal - leaflets, posters, animations and videos to raise awareness and understanding of safeguarding using simple terminology.

- w. Timely allocation of DoLS (Deprivation of Liberty Safeguards)
- x. Plans for 2025-2026 are clear and have mechanisms to monitor progress this included: delivering the vision for an integrated neighbourhood model, and revised partnership agreement with a joint committee to plan and commission services together.
- y. New management structure now in place to support improved oversight. New roles created for workforce development and Adults Safeguarding Board manager which had been in place less than a year at time of CQC assessment.

Steps following the publication of the final report

- 23. For the areas of significant shortfall, the council is required to produce an improvement plan.
- 24. This work has been prioritised and incorporated into the existing Service Plan while also carefully considering what resources are needed to make essential improvements.
- 25. The DASS has worked with the Department of Health and Social Care and shared the improvement plan. An Improvement Advisor has been assigned to support City of York Council, and to report back to the DHSC.
- 26. Additional support is being offered by the Local Government Association to carry out case files audits, test out current audit process and improve staff confidence in undertaking Case File audits.
- 27. Additional capacity is being put in place to enable people to be assessed and appropriately supported sooner, reducing waiting lists.
- 28. Practice Development Leads are being deployed to standardise practice across all teams adopting a learning and reflective culture.
- 29. Support provided to ensure that data and evidence collection methods are effectively demonstrating the work completed in Adult Social Care.
- 30. New governance arrangements are being put in place in the form of an Improvement Board, with new Terms of Reference and the recruitment of an independent chair to support the improvements required.
- 31. As part of the response to the CQC report the following actions have been taken:

- a. Adult Social Care is working together with all directorates across CYC to ensure the provision of safe, effective and efficient services. Adult Social Care cannot provide the required improvements alone, and indeed many aspects of support that adults with care and support needs require are provided across many council departments. Supporting people to live safely, independently and well requires a whole council, whole system, whole city approach.
- b. Improved oversight of risk, with active risk rating of all incoming work and waiting lists, weekly reporting in place to monitor changes.
- c. Recent SAR learning event re self-neglect had led to changes in practice and at the front door
- d. Audits are taking place for all aspects of Safeguarding at Assistant Director level.
- e. Improvements to the Adult Social Care access point to ensure an effective audit trail for all safeguarding enquiries that are received. Additional staff have been assigned to support the triaging of work in a timely manner.
- f. Practice change is underway within the safeguarding adults' team to ensure improved responsiveness to those raising concerns, this will be further supported by changes in the case management system to enable reporting that feedback has been given to referrers.
- g. Safeguarding training across the adult social sector. Significant work has been undertaken to ensure compliance for social work staff with mandatory social work training. Work to better manage compliance with training and refresh the offer across the council and sector is planned.
- h. In recognition of the need to improve practice, including with safeguarding adults, practice development roles are being deployed within the service. Within safeguarding adults there is

focus on using this role to ensure that learning from Safeguarding Adults Reviews (SARs) is being consistently understood and acted upon in practice. Additional focus on consistency of s42 criteria and defensible documentation and recording of intervention and support.

- i. There is a revised and re-prioritised Transformation and Improvement programme in place that covers almost all aspects of Care Act delivery.

Consultation

32. The outcome of the report has been shared widely, with staff and managers across the council, with specific sessions held for Adult Social Care Staff; and with voluntary and statutory sector partners.
33. 145 adult social care staff attended in person sessions to review and contribute to the improvement plan.
34. Further engagement sessions are planned with partners and colleagues, and this will continue in order to support involvement in the on-going delivery of the plan.
35. The Improvement board will as one of its functions support the involvement of people with lived experience and the workforce.

Options

36. This report is for information. Scrutiny members are invited to consider the role for the committee and how members can support on-going scrutiny and support of the improvement work. It is suggested that the committee might receive regular update reports and briefing sessions, and consider if a task and finish approach might support particular projects in the programme or aspects of the work.

Analysis

37. This report is for information.

Council Plan

38. Adult Social Care supports the delivery of the Council's priorities, as set out in the Council's Plan. The strategy promotes equality, diversity and inclusion and the delivery of a social model of disability. Through the fair use of resources, Adult Social Care aims to reduce health inequality. The emphasis on partnership between housing, social care, NHS and community colleagues is intended to enable people requiring support to continue live in their communities, in housing suited to their needs

39. Implications

- Financial (Steve Tait – Finance Manager, ASC & PH)**

The investment required for the resource to deliver the improvements will be met from Adult Social Care growth allocated in the 2026/27 Council Budget.

The estimated cost of the current improvement resource is detailed in the table below with the final value depending on when employment/contracts start. The resources required to deliver the plan will be kept under review. Most of the spend is non recurrent and therefore can be recycled once the improvements have been achieved.

<i>Figures in £000</i>	2026/27	2027/28
Total Investment	1,578	877
Business analyst and project management – Improvement (provided free by Partners in Care & Health)	0	0
Case file audits – assessment of practice and practice assurance framework (provided free by Partners in Care & Health)	0	0
Assistant Director/senior programme manager plus support – to lead on transformation and improvement with learning disability and autism	315	161
Assistant Director level – Customer Service and Practice performance	83	113
Co-production and Engagement lead	75	0
Practice development worker/social work consultant	536	549
Social work and Occupational Therapy resource to reduce waiting lists	500	0
Improvement Board Chair	18	0
Communications Officer	52	53

- **Human Resources (HR)** - There are no specific HR implications associated with the action plan. A key part of the implementation of improvements is staff awareness, training, engagement and empowerment to both the day-to-day practice requirements and the additional requirements identified. Additional temporary resources are being deployed to aid the changes in a swift and effective manner, these have been created following existing HR practice and processes.

As the plan is progressed, any workforce implications will be identified and associated actions will be taken in accordance with the council's policy and procedure.

- **Equalities** - There are no direct equalities implications, although the improvement work has positive impacts for those cohorts of people accessing social care who are protected under equalities legislation.
- **Legal** - Section 46A Health and Social Care Act 2008 (as amended by the Health and Care Act 2022) requires the CQC to assess and report on how local authorities are meeting their duties under Part 1 Care Act 2014 (the legal framework for provision of adult social care in England).
- Under s50 Health and Social Care Act 2008, if, following assessment, the CQC considers that a local authority is failing to perform its functions under the Care Act to an acceptable standard (ie. achieves a score of 1 or 'inadequate' in any of the scores assessed, except leadership), then they must inform the Secretary of State for Health and Social Care and recommend any special measures. The DHSC will then provide guidance and co-ordinate any improvement or intervention activity with the local authority.
- The Secretary of State ('SoS') has the power to direct the local authority to address the failings identified. This may include requiring the local authority to act in accordance with advice given by the SoS or their nominated person, to take steps specified by the SoS/their nominee, or provide the SoS/nominee with specified information. Directions may also, if considered necessary to address the failures identified, include provision for specified functions of the local authority to be exercised by the SoS/nominee for a time period the SoS considers appropriate, or require the local authority to act in accordance with instructions issued by the SoS/their nominee.

- A local authority's key duties under Part 1 Care Act include assessing adult and carer's needs for care and support, meeting eligible needs, preparing and maintaining care plans and safeguarding adults in its area. The requirement to adhere to those duties remains, regardless of the outcome of the CQC assessment process. Failure to do so risks increased complaints and potential for legal challenge, as well as potentially inadequate care and support for the individuals concerned.
- Adult Social Care have developed an improvement plan addressing areas of concern identified in the CQC assessment and are working closely with relevant organisations and the improvement advisor. There are no statutory interventions currently.
- **Crime and Disorder – N/A**
- **Information Technology (IT) - No comments to make**
- **Property - No implications unless there are any recommendations or impacts regarding accommodation needs**
- **Economy – NA.**
- **Communications –** The team will continue to focus communications resource on supporting the action plan, where appropriate. This includes developing a longer-term campaign around recruitment to the service, to support the right skills and capacity to deliver this improvement work. A range of engagement was carried out with local and regional media, and via the communication channels the councils owns, at the point the report was originally published.
- **Data Protection and Privacy – NA**
- **Affordability – NA**
- **Health and Wellbeing –** Meeting duties under the Care Act includes promoting the wellbeing of individuals and considers people's health care needs and the provision of appropriate support to meet eligible needs.

Risk Management

40. Should implementation progress be slow; the quality of implementation be poor or CYC fail to sustain the changes, there is a risk that the current informal support arrangements could be stepped up to statutory intervention.
 - a. **Intervention Power:** The Act introduced a specific power for the Secretary of State to intervene if an LA fails its statutory duties, with CQC providing the independent assessment evidence.
 - b. **Secretary of State Action:** If CQC identifies significant failures, the Secretary of State can then use their powers to mandate improvements or take further action, informed by CQC's findings

Recommendations

41. Members are asked to support the action plan and approach.

Reason: So that members are aware of the outcome of the CQC Local Authority Assessment and support the subsequent actions being taken.

Contact Details

Author:

Anne Howgate

AD Access Prevention and
Improvement
Adult Social Care and
Integration

Chief Officer Responsible for the report:

Sara Storey

Corporate Director, Adult Social Care
Adult Social Care and integration

**Report
Approved**



Date *5 March 2026*

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

[Care Quality Commission assessment of adult social care services – City of York Council](#)

Annexes

None



People Scrutiny Committee

17 March 2026

Report of the Corporate Director of Adult Social Care and Integration

York Carers Strategy 2026–2032**Summary**

1. This report presents the York Carers Strategy 2026–2032 for consideration and comment.
2. The Strategy sets out the Council's and its partners' shared approach to improving how unpaid carers are identified, supported and involved. It is the culmination of extensive engagement with carers and partners and provides a framework for improvement, monitoring and accountability over the next six years.
3. The Committee is asked to consider and comment on the Strategy prior to consideration by Health and Care Partnership.

Background

4. Unpaid carers play a vital role in supporting family members and friends across York. Caring can have a significant impact on carers' health, wellbeing, employment, education and social lives.
5. The development of the York Carers Strategy has taken place alongside a period of increased focus on carers following the Council's recent Care Quality Commission (CQC) inspection. The inspection identified the need to strengthen how carers are identified, assessed and supported, and to improve oversight of carers' experience and outcomes.
6. The York Carers Strategy 2026–2032 provides the framework through which those areas of improvement will be addressed in a coordinated and sustainable way, aligned with the Council's Adult Social Care Strategy and wider corporate priorities.

Consultation

7. The Strategy has been developed through extensive engagement and involvement with carers and partners across the city.
8. This included:
 - a citywide carers consultation exercise
 - ongoing involvement of the Carers Action Group
 - development and oversight through the Carers Strategy Group
 - engagement with commissioned services and partner organisations
9. Carers helped shape the priorities and direction of the Strategy at the outset and continued to be involved throughout its development to guide and refine the final document.
10. Their feedback highlighted key issues including the need for earlier identification, improved access to support, reduced loneliness and isolation, and more joined-up services

Options

11. Option 1 – Note and comment on the York Carers Strategy 2026–2032.

Option 2 – Request further information or amendments prior to consideration by Health and Care Partnership.

Analysis

12. Option 1 enables Scrutiny to review the Strategy and provide assurance and comment. This supports transparency and ensures the Strategy reflects carers' needs and corporate priorities.

Option 2 would allow further refinement of the Strategy if Members identify areas requiring clarification or strengthening.

Council Plan

13. The York Carers Strategy supports the Council Plan priorities, including:
 - i. improving health and wellbeing
 - ii. reducing inequalities
 - iii. supporting communities
 - iv. ensuring residents can live healthy, independent lives
 - v. Supporting carers also contributes to prevention, community resilience and the sustainability of health and care services

Implications

14. Implications are listed below:

- **Financial**

The Strategy will be delivered within existing resources and commissioned services, including York Carers Centre and partner organisations. No additional funding is required at this stage. Any future commissioning decisions will be considered through normal governance and budget processes

- **Human Resources (HR)**

There are no direct Human Resources implications arising from this report.

- **Equalities**

Carers are a protected group under the Equality Act 2010. The Strategy supports the Council's duties to recognise and support carers and reduce inequalities experienced by carers.

A Human Rights and Equity Analysis Tool (HREAT) has been considered as part of the Strategy development and is attached at the end of this document.

- **Legal**

The Strategy supports the Council's duties under the Care Act 2014 and Children and Families Act 2014 to identify, assess and meet the eligible needs of carers, as well as the duty to prevent carers from developing needs for support themselves. These are distinct duties under the Care Act 2014, and it is important to bear in mind that local authorities cannot fulfil their universal prevention duty in relation to carers simply by meeting eligible needs, and nor would universal preventative services always be an appropriate way of meeting carers' eligible needs (Care and Support Statutory Guidance 2.17).

- **Procurement**

There are no direct procurement implications, however where there are services delivered within existing commissioned services and resources, which includes York Carers Centre, that were previously procured and contracts/agreements awarded these would be subject to the requirements of the Procurement Act 2023 and council's Contract Procedure Rules and invite competitive tenders prior to those commissioned services contracts/ agreements ending.

- **Crime and Disorder**

There are no direct crime and disorder implications.

- **Information Technology (IT)**

There are no direct IT implications arising from this report.

- **Property**

There are no direct property implications.

- **Communications**

A clear and coordinated partners approach is needed to support the publication and rollout of the York Carers Strategy 2026–2032. Messaging will focus on raising awareness of the strategy among carers, partners and the wider public, highlighting the Council's commitment to improving the identification, support and involvement of unpaid carers. Communications activity will also play a key role in managing expectations, ensuring that carers understand both the improvements being introduced and the ongoing constraints on resources.

Consistent, accessible messaging—developed with partners and informed by carers’ feedback—will help build trust, strengthen engagement and support the delivery of the Strategy’s aims over time.

- **Other**

There are no other known implications.

Risk Management

15. The Strategy provides a framework for improving support to carers and strengthening oversight and monitoring. There is a risk that improvement may be limited if progress is not effectively monitored. This risk is mitigated through governance arrangements, including oversight by the Carers Strategy Group and ongoing involvement of carers through the Carers Action Group. The Strategy includes measurable indicators which will be reviewed and refined over time to support continuous improvement.

Recommendations

16. Members are asked to:
 - i. Consider and comment on the York Carers Strategy 2026–2032.

Reason: To provide Scrutiny assurance and input prior to consideration by Executive.

Contact Details

Author:

Harriet Smith

Integrated Commissioning Lead
Adult Social Care

Chief Officer Responsible for the Report:

Sara Storey

Corporate Director of Adult Social Care and
Integration

**Report
Approved**



Date 9 March 2026

Wards Affected:

All



Background Papers:

Care Quality Commission Inspection Report, <https://www.cqc.org.uk/care-services/local-authority-assessment-reports/york-1225>

Annexes

- Annex A – York Carers Strategy 2026–2032
- Annex B – York Unpaid Carers Consultation Report
- Annex C – Human Rights and Equity Analysis Tool (HREAT)

Abbreviations

ASC – Adult Social Care

CQC – Care Quality Commission



York Carers Strategy 2026-32

What about me?

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Foreword

“Until you take on the role of carer you can not possibly fully comprehend the magnitude of caring and its impact on your life.”

Caring is a part of life for many people in York. Around one in three of us will provide unpaid care at some point. This is often alongside work, education, family life, or managing our own health and wellbeing.

Carers play a vital role in supporting people and strengthening our communities. Yet their contribution can too often go unrecognised or unsupported.

This Carers Strategy sets out our shared commitment to improving the lives of unpaid carers in York. It is shaped by carers' experiences, local evidence, and partnership working. It sets out four focus areas where we will concentrate our efforts. Alongside this are clear arrangements for how we intend to oversee this strategy to ensure we monitor progress and act on what we learn.

We recognise that caring can be rewarding, but it can also be challenging, isolating, and financially and emotionally demanding. This strategy is about making York a place where carers are recognised, supported, and able to live well alongside caring. Our support aims to respect carers' individual identities, choices, and experiences.

By working together, with carers as equal partners, support in York will be more accessible, responsive, and inclusive.

Sharron Smith CEO York Carers Centre:

“I am proud to support this Carers Strategy, which recognises the vital role played by unpaid carers in our city. We know that things are incredibly hard for carers, and this strategy represents a step forward in ensuring that carers are not only recognised, but also properly supported, valued, and empowered across the city. I look forward to working together with other organisations, to turn these commitments into real change for carers in our area.”

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Strategy overview

This strategy is for all unpaid carers who live in York (or are caring for someone who lives here) and those whose caring role has recently ended. It is also for the people they care for, their families and friends, and the people and organisations that support them.

While there are various organisations helping carers in York, we know there are gaps. Many carers do not know about or understand their rights or options. They can find it hard to get the help they need, at the right time.

As a partnership, we want to be there for carers whenever they need us. We want to offer flexible and consistent support that helps them cope. Not just at times of crisis, but throughout their caring roles. At the same time, we want carers to feel acknowledged, respected and valued for what they do.

The strategy sets out our shared vision for improving how we recognise carers of all ages and backgrounds and help them live well. It details the focus areas we will work on to achieve the vision and some key measures of success, to know if we are making progress.

We will create an action plan that includes the specific steps we need to take to deliver the strategy. It will evolve in response to any changing needs.

We have developed the strategy in partnership with local carers, former carers and organisations that support carers. It is based on what carers have told us they need locally, and the challenges we know carers are facing nationally. We hope that other organisations, employers, staff and residents will share our vision. Together we can help to create a city that supports, nurtures and celebrates carers.

“If right provisions were in place for people they care for without having to go to war to get it life wouldn't be this living hell it currently is.”

We know that for many carers, improved support for those they care for would make the biggest difference. Whilst we hope that our plans will make a positive difference to people being cared for; this strategy is dedicated to the support we provide for carers.

This strategy supports the council and its partners to meet their responsibilities under national legislation. This includes the Care Act 2014, and the Children and Families Act 2014. These laws recognise the important role of unpaid

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carers and set out duties to identify, assess and support carers so they can maintain their wellbeing and live their lives alongside caring.

The strategy is linked to a wider collaborative approach across all sectors, including voluntary and community organisations, health, education and social care. It also aligns with other council and partnership strategies relating to health and care, children and young people, equality and inclusion, and community wellbeing. It is intended to complement rather than duplicate existing plans.

Our shared vision

Our shared vision describes what we want the strategy to achieve for carers in York. This is our vision:

In York, we care about the impact caring may have on you and the people you care for. We work in partnership with you and others to help you connect to consistent, flexible support that:

- recognises your diverse and unique needs
- prioritises your health and wellbeing
- helps you find a balance between caring and achieving your goals
- makes you feel valued, heard, and included

We need to be realistic about what we can achieve with our combined resources, and what we can control at a local level. But we are ambitious, and believe by working together more effectively and creatively, we can make a significant and positive difference to the lives of carers in York.

How we will oversee the strategy

This strategy is overseen through governance arrangements that ensure carers' voices are central and that progress is monitored.

A Carers Action Group will be led by carers within the city. It will support delivery, share lived experience and highlight what needs to improve.

A Carers Strategy Group will provide oversight of the strategy and address any barriers to delivery. The group is made up of carers and other partners from health, education, the council and the voluntary and community sector.

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We will report progress on our action plans through existing health and care partnership arrangements and council governance processes. This includes reporting to the Executive Committee if needed.

Our approach: Dignity, respect and lived experience

“Until you take on the role of carer you can not possibly fully comprehend the magnitude of caring and its impact on your life.”

We are dedicated to treating carers and the people they care for with dignity, respect and kindness. We will focus on understanding people’s situations, strengths, and what matters most to them.

We know that caring can involve pride and purpose as well as stress, financial pressure, loss and trauma. Our approach aims to avoid assumptions and ensure carers feel seen, heard and supported.

We are committed to the York Poverty Truth Commission's guiding statement, “Nothing about us, without us, is for us” and their standards for organisations:

- We listen
- We are understanding
- We are respectful and friendly
- We are responsive, honest and care about getting you the right support

In York, we recognise that caring responsibilities can significantly affect people’s life chances. While caring is not a protected characteristic in national equality law; as a council, we treat caring as if it were in local decision-making and service delivery.

Listening to lived experience

“It is always a good idea to actively listen to the people on the front line of caring rather than people who 'think they know what carers want or need' but have no direct experience of how difficult it can be to get advice or assistance or just manage on a day to day basis.”

Carers’ voices are central to this strategy. Carers are experts in their own lives and in what the people they care for need. Through lived experience of caring, carers bring vital insight into what works, what doesn’t, and where support needs to change.

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Hearing what carers have to say is an important part of promoting their rights, understanding their experience, and valuing the care they provide. Involving carers as equal partners is essential to achieving better outcomes for them and the people they support.

We recognise that carers' experiences are diverse and can be shaped by many factors, including age, health, culture, employment, education, and the needs of the person they care for.

This strategy has been guided by carers' lived experience through ongoing conversations. This includes working with carers through the Carers Action Group and Carers Strategy Group and a citywide consultation.

We know we need to do more to hear from carers to understand and support their specific and individual needs. It is important that we reach carers who may not be known to services or are less likely to seek support. This will help us address barriers to carers getting the right support and help to prevent carers being disadvantaged.

Who is a carer?

A carer is defined by Carers Trust as, “anyone who cares, unpaid, for a friend or family member due to illness, disability, a mental health problem or an addiction.”

We recognise caring as something people do, not something that defines who they are, in line with the approach promoted by Carers Trust.

Carers' lives and roles are diverse. Caring can happen at any stage of life and often begins when people do not expect it. People may move in and out of caring roles over time, and their needs and circumstances can change. They may also have little or no choice in taking on caring duties.

Carers include adults, children from as young as 5 years old, young people, parents and kinship carers (who care for children whose parents are unable to). Some carers recognise themselves as carers, while others may not, particularly where caring is seen as part of family life.

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The amount of time people spend caring can vary widely. As can the type of support they provide and who they care for, as shown in the diagram below.

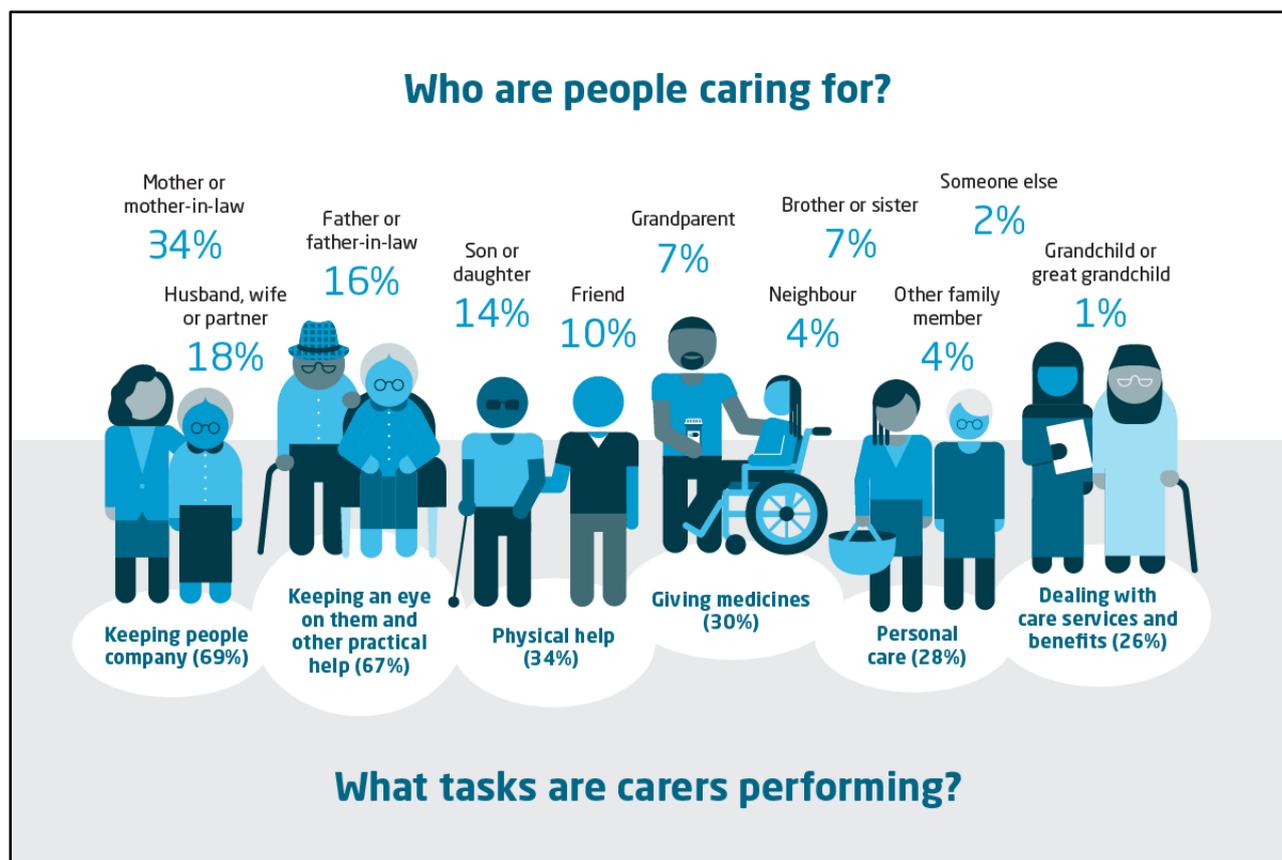


Diagram 1: Who are people caring for, and what tasks are carers performing? (Health Survey for England 2019)

Further information about different caring roles can be found on the [Carers Trust website](#)

What we know about carers in York

Unpaid carers make a significant contribution to life in York, supporting family members, friends and neighbours of all ages and backgrounds.

Carers in York include people who are:

- in paid work, education or training, or are retired
- managing their own health conditions or disabilities
- supporting end of life care
- caring for more than one person
- moving from children's to adult services
- from different communities, cultures and backgrounds

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In York, thousands of people provide unpaid care, with many providing over 50 hours of care each week (Census 2021). However, only around one third of carers are known to services or receiving formal support.

Many carers remain hidden. They may not recognise themselves as carers or feel able or ready to seek help. Others do not need or want support or may not know where to find it.

Local and national evidence shows that caring can have a significant impact on people's lives. Common challenges include:

- pressure on physical and mental health
- financial strain and reduced income
- social isolation, loneliness and maintaining relationships
- difficulty balancing caring with work or education
- challenges navigating complex and disjointed services

These challenges are not experienced equally. Some carers face greater disadvantage due to factors such as age, disability, health and caring intensity.

Our focus areas

We will concentrate our efforts on the four focus areas below to improve outcomes for carers. They are not listed in order of importance; they are all equally important.

1. Improve support for carers
2. Improve how we identify and recognise carers
3. Improve the health, wellbeing and quality of life of carers
4. Improve joint working across health, education and social care

We will focus on early recognition, accessible support, joined up working and involving carers in decisions that affect them.

Our focus areas are guided by local and national data, lived experience and the **York Unpaid Carers Consultation**, which describes local carers' experiences, needs, and views.

We have included some key measures of success under each focus area to help us monitor our progress. These include statements that describe what good would look like from a carer's perspective, and key performance measures

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for organisations. The carer statements were developed by local carers, some of which they chose or adapted from Think Local Act Personal's 'Making It Real' statements.

Focus Area 1: Improve support for carers

Carers have told us that timely, flexible support improves their ability to cope and to live well alongside caring. Many carers have trouble accessing the right help at the right time, especially during periods of change or crisis.

This focus area concentrates on improving carers' access to information, advice, assessments, and support options that reflect their individual needs and circumstances.

All carers are entitled to a carer's assessment. This is to find out what support they need, if they are able to continue caring, and if they are eligible to get help.

Not everyone wants to provide care, or it may not be the best thing for the person being cared for. Some people may need support to stop or reduce the amount of caring they do. It is important that carers do not feel obligated or feel any emotional pressure to take on this role if it is not in everyone's best interests.

We are committed to:

- enabling carers to make informed choices about support at different stages of their caring role
- improving access to a range of support options, starting with flexible and person-centred carers' assessments and reviews
- improving access to clear and timely information and advice

What good would look like for carers

Enabling carers to make informed choices about support

- I can easily get information, advice and support that helps me think about and plan my priorities and know what to do when there is a crisis.
- When I tell services about my situation, they help me know where I can find appropriate information or support.

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- I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.

Improving access to a range of support options, including flexible and person-centred carers' assessments and reviews

- I have the support I need from people who listen to me, and make me feel valued, noticed and cared for.
- I have help and advice about how to make the best of the time I have got, to be able to live a life outside my caring role.

Improving access to clear and timely information and advice

- I can access reliable information and advice that helps me provide care and tells me what I am entitled to in a way I understand.
- I know where to get support during periods of change and in emergencies to help me manage the demands of my changing caring role.

Key performance measures

- Percentage of carers finding information and advice easy to access
- Number of information and advice sessions or contacts with carers
- Number of carers' assessments and annual reviews completed
- A reduction in waiting times for assessments and reviews

Focus Area 2: Improve how we identify and recognise carers

Many carers are not recognised as carers, or do not recognise themselves as carers, especially when caring begins gradually or is seen as part of family life.

Whilst we understand that not everyone wants to be identified as a carer; early and sensitive recognition can help carers access support before they reach crisis point.

This focus area is about improving how we identify and recognise carers and support them to understand their caring roles.

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We are committed to:

- supporting carers in all communities in York to recognise themselves as carers
- raising awareness of young and young adult carers in education so educators and young people recognise they are carers
- improving how we identify carers in health, care, employment, education, and wider community settings

Measures of success

What good would look like for carers

- I realise I am a carer and I understand what this means.
- I have my own identity; I am not only a carer.
- I am recognised, listened to and valued as a carer, and people understand my individual situation and needs.
- I am supported at first contact to understand my situation.
- I am acknowledged and understood by my teachers.

Key performance measures

- Number of schools and colleges in the Young Carers Network
- Number of early referrals for carers' assessments
- Number of carers identified through external organisations and number of self-referrals
- Number of awareness raising and outreach sessions provided

Focus Area 3: Improve the health, wellbeing and quality of life of carers

We know that effective support can help carers to provide quality care whilst balancing their own needs and goals. It can also help carers meet their physical and mental health needs and prevent long-term health problems.

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Easy access to the right support, networks, benefits and the opportunity for breaks are key to carers maintaining their independence, identity and social connections.

There is growing recognition nationally and locally of the link between caring, loneliness and serious mental health risk. Addressing loneliness and supporting carers' mental wellbeing is therefore a shared priority for this strategy and for the city.

This focus area recognises the importance of preventing harm before crisis point by ensuring carers are supported to stay connected and access help early. We will also focus on helping carers to manage at work and in education and to maximise their finances.

We are committed to:

- improving opportunities for carer breaks and supporting carers to take them
- supporting carers to access healthcare, including mental health support
- reducing isolation and loneliness
- helping carers (and their families) understand and access entitlements and benefits that support financial wellbeing
- supporting carers to be able to work or study alongside caring

Measures of success

What good would look like for carers
Improving opportunities for carer breaks and support to take them
<ul style="list-style-type: none"> • I can get support for the person I care for so I can get a break. • I am offered respite that is appropriate and provided by skilled and experienced people. • I can get a break that works for my family.
Supporting carers to access healthcare, including mental health support
<ul style="list-style-type: none"> • I can access support to attend healthcare appointments that accommodates and understands my caring role.

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- I know crisis situations will be responded to by services quickly, safely and with empathy.

Reducing isolation and loneliness

- I have the opportunity to take part in activities and join groups, including peer support.
- I have a life outside of caring and I am able to remain connected to the people who matter to me.
- I have access to non-judgemental, trusted support when I am struggling to cope with the demands of continuing to provide care.

Helping carers (and their families) understand and access entitlements and benefits that support financial wellbeing

- I can access clear information and advice about any financial support and benefits available to me as a carer and my family.

Supporting carers to be able to work or study alongside caring

- I have teachers or employers that actually understand my situation and act on my needs.
- I am supported to balance my caring responsibilities with my education, paid work or volunteering that takes account of my health and wellbeing.

Key performance measures

- Percentage of carers who have as much social contact as they want
- Reduction in how often carers say they feel lonely
- Reduction in the number of carers having to give up work to care
- Increase in carers that feel supported by their employer
- Percentage of carers who say that caring has caused financial difficulty
- Better recording of carers breaks to allow us to monitor availability and uptake

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Focus Area 4: Improve joint working

Carers often interact with multiple services and organisations. When services are not joined up, carers may be frequently asked to repeat their story, navigate complex processes, or fill gaps between services.

This focus area is about improving how organisations work together so that carers experience support that is coordinated, consistent, and responsive.

We are committed to:

- improving how people working in health, education and social care recognise carers and work together to support their changing needs.
- involving carers appropriately in discussions and decisions, valuing their expertise
- improving communication and coordination across services

Measures of success

What good would look like for carers
Improving how people working in health, education and social care recognise carers and work together to support their changing needs
<ul style="list-style-type: none"> • I am supported by people who see me as an individual with particular needs, strengths, abilities and aspirations. • I feel I am valued and treated with respect and dignity. • I am involved in decisions that affect me and the person I care for, and I feel listened to and valued for my contribution.
Improving communication and coordination across services
<ul style="list-style-type: none"> • The people that support me and the person I care for communicate well with each other to make things work as well as possible.
Key performance measures
<ul style="list-style-type: none"> • Evidence of multi-agency carer improvement plans • Evidence of joint working with Education

Key performance measures – Carer voice

- Percentage of carers feeling involved in decisions
- Evidence of active carer voice groups and carer representation on strategic boards
- Partners evidencing service change based on lived experience
- Annual “You Said, We Did” report

Taking the strategy forward

This strategy sets out a shared direction for improving outcomes for unpaid carers in York.

Delivery will be supported by an action plan that includes specific actions, timescales, and responsibilities across partners. We will review and update the action plan regularly to reflect progress, learning, and changing needs. This will build on what is already working well and address areas that need to improve. It will be linked to other plans partners are working on to support carers.

Delivery of this strategy will include evaluation and service improvement, guided by carers’ lived experience. This will include reviewing how we identify, assess and support carers, how commissioned services operate, and how carers and staff experience the processes they encounter.

Monitoring progress and learning

We will monitor our progress through agreed measures of success and regular reporting. We will also include specific measures within our action plan. We will review and refine these measures over time as data quality improves and learning emerges. They will be used to understand progress rather than to set rigid targets.

What we learn will inform ongoing improvement. This could be from:

- feedback from carers
- service reviews and inspections
- changes in local or national context
- learning through delivering the strategy

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We will review the strategy annually to ensure it remains relevant, responsive, and focused on what matters most to carers. The action plan will be reviewed at the Carers Strategy Group every three months.

How carers' voices will shape wider decisions

Caring and the needs of carers will be considered across the council and its partners and not treated as a separate issue.

Members of the Carers Strategy Group also sit on wider corporate and partnership groups, including those focused on:

- workforce and training
- inclusion and equalities
- evidence, data and learning
- digital and service improvement

This means carers' voices can help shape wider decisions, and issues affecting carers can be raised and addressed through the right forums. In turn, learning and progress from those groups will be shared back with carers, helping to ensure support continues to improve across services.

Further information and support

This strategy is supported by a range of local and national organisations, evidence and sources of support. The most up-to-date information is available on the City of York Council website and partner sites.

Support for carers in York

- **York Carers Centre** – free support, carers' assessments, information, advice, activities and Emergency Card scheme. For unpaid carers of all ages in York.

Website: <https://yorkcarerscentre.co.uk>

Phone: **01904 715490**

- **City of York Council**

Carer information and advice – information on carers' assessments, support services and activities.

Website: <http://www.york.gov.uk/carers-1>

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Adult Social Care Carer Specialist Team – information, advice and carers' assessments:

Email: adult.socialsupport@york.gov.uk

Phone: **01904 555111**

Multi-Agency Safeguarding Hub (MASH) – ask for a parent carer needs assessment or speak to the team about young carers who may need support.

Email: mash@york.gov.uk

Phone: **01904 551900**

- **Parent Carer Forum York** – signposting, training, peer support and representing parent carer voice to health, education and social care. For parents and carers of children and young people (aged 0-25) with additional needs or disabilities.

Website: <https://www.parentcarerforumyork.org>

Email: connect@pcfYork.co.uk

Local evidence

- **York Unpaid Carers Consultation Report 2025** – detailed findings that inform this strategy and set out the experiences and needs of York carers. <https://www.york.gov.uk/CarerSurvey>
- **York Carer Breaks Survey 2023** <https://data.yorkopendata.org/dataset/carers-breaks-consultation-2023>

National information and guidance

- **Carers Trust** – UK charity providing information, support and resources for unpaid carers. Website: <https://carers.org>
- **Carers UK** – national support, advice and campaigning organisation for carers, including digital resources. Website: <https://www.carersuk.org>

ANNEX A

This strategy has been developed in partnership and with commitment from the following organisations, and with carers as equal partners.

- Carers and former carers
- City of York Council
- York Carers Centre
- York & Scarborough Teaching Hospitals NHS Foundation Trust
- Parent Carer Forum York
- Dementia Forward
- Alzheimer's Society
- Age UK
- Humber & North Yorkshire Integrated Care Board (ICB)
- Tees, Esk and Wear Valleys Foundation Trust (TEWV)
- Healthwatch York

We value their contribution and dedication to improving carer support in York.

The quotes used in this strategy are from local carers who responded to a 2025 survey (unless we have stated otherwise).



Alternative formats

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এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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York Unpaid Carers Consultation Report

“Until you take on the role of carer you can not possibly fully comprehend the magnitude of caring and its impact on your life”

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Background

City of York Council is working with carers and partner organisations in York to develop a new Carers Strategy.

A carer is defined by Carers Trust as, “anyone who cares, unpaid, for a friend or family member due to illness, disability, a mental health problem or an addiction”

The strategy will give an overall direction for how we support unpaid carers, of all ages, who live in or care for someone living in York. It will set out our shared vision. It will also describe the key priority areas and commitments we will focus on to achieve the vision.

To deliver the strategy, we will develop and carry out an action plan. We will do this in partnership with carers and people who can influence change.

We will review our progress on an ongoing basis. This will help ensure we are taking the right action to improve the lives of carers and those they support. We will continue to be guided by what carers tell us is and is not working.

We identified the vision, priorities and commitments through local carer feedback, local and national data, and working group discussions. We undertook a consultation to check they reflected what is important for different carers and if we had missed anything. We also wanted to hear what it is like to be a carer in York, and what needs to change, to inform the action plan.

What we did

The consultation included a survey and face-to-face conversations with carers.

Survey

We invited people to take part in a survey between 9 January and 16 March 2025.

To take part, we gave people the option of completing an online, electronic or paper questionnaire. We offered help to access a computer or complete it over the phone. We provided an Easy Read version of the questionnaire and offered to provide it in different formats or languages.

With the help of our colleagues and partners, we promoted the survey via:

- York Carers Centre – newsletter sent to around 4,800 carers, social media posts aimed at young adult carers (16-25), carer hubs, support groups and stalls.
- Speaking to carers at Carers Action Group, Carers Strategy Group, dementia support and Parent Carer Forum York meetings.
- City of York Council’s website, internal and external newsletters, social media pages and a press release.
- Asking a wide range of contacts to give their views and share the survey. This included voluntary and community organisations, care providers, health, social care and education contacts.
- Posters displayed at York Hospital, various community settings and four Explore libraries (along with paper copies).

Face-to-face conversations

York Carers Centre spoke with young and young adult carers about the strategy, their experiences, and their views on improving support.

We also spoke with carers (and people they care for) at a support group for people living with or caring for someone with dementia.

This report summarises the outcome of the survey and conversations.

Summary of key findings

The survey responses show strong overall support for the vision, priorities and commitments we proposed for the strategy.

Out of the six priorities we asked about, these came out as the four most important to people:

1. Improve support for carers (84%)
2. Improve the health and wellbeing of carers (77%)
3. Improve joint working across health, education and social care (68%)
4. Improve how we identify and recognise carers (52%)

Responses also highlight concerns over how we will achieve the strategy’s aims. Some feel the proposed improvements are needed but are difficult to carry out.

The main concerns are limited funding and resources and the level of support available now. Added to this are views that unless services and support improve for people being cared for, too little will change for carers.

People's caring commitments and a lack of time or energy may also be barriers, with carers feeling unable to step away from their roles, focus on their own needs, or seek support.

There were calls for the commitments to be more realistic, specific and measurable and for clarity around how we will deliver the strategy.

Feedback highlights that many carers are struggling. It also indicates that many face disadvantage or inequality because of caring. Based on the responses, the most significant impact is on carers' health and wellbeing. Caring is also affecting carers' finances, opportunities, independence, ability to work and study, and various other aspects of their lives.

Many carers told us they are not getting the support they need. This is for various reasons but largely due to a lack of available or appropriate support. There is a strong need for financial support and support for carers to be able to take breaks from caring.

Accessing support for themselves or people they care for can be difficult and confusing. The burden increases when services do not work in a joined-up way. Joint working is viewed as essential for improving efficiency and outcomes and reducing carer stress, which is often made worse by constantly having to repeat information.

Responses highlight issues with identifying, recognising, listening to and valuing carers across health, education and social care. Identifying and recognising carers (including helping carers to self-identify) is seen as key to carers getting the support they need.

Comments stress that carers play a vital and heavily relied on role, reducing pressure and making huge cost savings for health and social care. Yet despite this, carers often feel undervalued, overlooked and unsupported.

Common themes of what needs to improve

- **Being able to get the right support at the right time** - support needs to be more available and easier and quicker to access. There needs to be a range of appropriate options to meet carers' individual and changing needs.
- **Help for carers to understand what support is available** to them, their rights and entitlements, and how to get support.
- **Financial support** such as better benefits for carers and help to understand and access entitlements.

- **Carer breaks** need to be more available and easier to access and arrange. Short breaks or respite care (when someone else provides care to give carers a break) needs to be more affordable and appropriate, with a range of options to meet different needs. There is a need for more support to organise and take breaks, including financial support.
- **Joint working across services**, including improved communication and information sharing, less complicated processes and systems, and less reliance on carers.
- **How we value and listen to carers**, recognise their contribution and their knowledge of what they and those they care for need. Staff and services need to work together with carers, act on what carers tell them and involve them in decision-making.
- **Identifying and recognising carers** across health, social care and education. We need to recognise and consider carers' roles, needs and situations. We also need to make sure suitable support is available when carers are identified.

Next steps

As a partnership, we will use this valuable feedback to refine the strategy's vision, priorities and commitments. When we produce the action plan, we will consider people's experiences of support, what they said needs to change and their ideas for making things better.

People want more detail on how we will deliver the strategy. They want to see specific and measurable goals and outcomes. We are working on this. We understand how important this is to help carers understand the changes or benefits they can expect to see. It will also allow us to monitor progress and to be accountable and take action if we are not successful.

We will continue to involve local carers in finalising the strategy, producing the action plan and monitoring progress. We know it can be especially hard for carers to take part, and we value everyone who has contributed to this work.

We know we need to do more to make it easier for carers to get involved. We also need to consider how we reach carers we are not hearing from, to understand what they need.

We will share the feedback with our colleagues and partners, including York Carers Centre and other organisations that support carers.

Survey responses

222 people responded to the survey. There were no mandatory questions, and not all respondents answered every question.

89% of responses came from carers and former carers (198 people). The other responses came from:

- 4 people being cared for by unpaid carers
- 4 family members or friends of unpaid carers
- 14 people who work or volunteer (directly or indirectly) with unpaid carers

195 people confirmed the type of carer that best describes them, as shown in the table below. Some people chose more than one option.

Percentages are rounded to the nearest whole number.

Which of the following best describe the type of carer you are?	% of people that responded (highest to lowest)	Number of people
Adult carer - an adult caring for another adult	59%	115
Parent / Family carer - a guardian providing care for a child	29%	56
Working carer	22%	43
Carer who is caring for more than one person	19%	38
Young adult carer - aged 18-25 caring for another adult or child	9%	17
Former carer - no longer in caring role	5%	9
Young carer - aged 5-17 caring for a family member	3%	6
Interdependent carer - a carer who is also being cared for	2%	3
Kinship carer - caring for a child whose parents are unable to	1%	1

Our shared vision

Our shared vision describes what we want the strategy to achieve for carers in York. We asked people questions about the vision below and invited comments.

In York, we work together to identify carers early and connect them to flexible, consistent support. Our support:

- recognises the diverse and unique needs of carers
- prioritises carers' health and wellbeing
- enables carers to be independent and keep their own identity
- helps carers find a balance between caring and achieving their goals
- makes carers feel valued, heard, and included

Is this vision clear and easy to understand?

91% (172 people) felt the vision was clear and easy to understand. Most people found it to be concise and written in clear and simple language.

Several people felt it was too wordy, repetitive or vague. Or that it was lacking in meaning, or only meaningful if carers could get help when they need it.

If we achieve this vision, do you believe it will improve the lives of carers in York?

72% (136 people) felt that if we achieved the vision, it would improve the lives of carers in York.

Most people were supportive of the aims and scope of the vision. Multiple comments confirm that the vision includes the support carers need and recognises and values carers.

Key comments from carers in favour of the vision:

“It ticks the points that are important to carers.”

“Gives a good overview of the vast needs of carers.”

“Carers need respite from caring and support to achieve their goals - this is clearly articulated by the vision.”

“It is carer centred and helps carers value themselves.”

Some people expressed that the vision does not reflect the current reality for carers in York. They spoke of not being supported, receiving minimal support, or not being listened to or valued. A few people mentioned positive experiences of receiving support.

“I'm not sure how the Council's support makes carers feel valued, heard and included. Would this be something new because at the moment I don't think there's any support from the Council for me as a carer?”

“The “support” has not changed my life very much: invites to take part in things that mean I need to find MORE time in my day. Impossible. I am disabled with zero benefits, am an unpaid carer, already have 50-80 hrs a week of obligations. PAY ME, don't suck up more of my time.”

“In order to care for someone else, we must take care of ourselves first. York Carers help me to do this.”

Some people expressed doubt or disbelief that the vision can be achieved or make a difference to the lives of carers. They referred to:

- Limited funding, resources and financial support, and the time and commitment needed.
- The level of improvement needed across health and social care for the cared for and carers.
- A lack of available support or information when it is needed.
- Carers' commitments or obligations; a lack of opportunity to step away from caring roles.

“The vision is great but unachievable without vast improvements to the health and social welfare sector - carers (often juggling their own family life, work or education) cannot simply make time for themselves without someone else to take their place and demand currently vastly outstrips supply.”

“Will someone pay for me to get a massage? Take care of my child for me? Help with daily chores? I doubt it. Then it won't improve my life.”

“I just don't believe you will achieve it - words are easy, actually getting the right support at the right time is virtually impossible.”

There were calls for more detail on how we will deliver the vision. People stressed the need for clear actions and 'SMART' goals and outcomes (the changes or benefits we hope to see). SMART goals are specific, measurable, achievable, realistic and timebound.

“As long as the 'idea' is backed up by taking actual actions so that carers are able to have proper support on a regular basis not just when a situation reaches crisis point.”

Other things to consider for the vision

We asked people to tell us about other things we should consider for the vision. 76 people responded and key themes are:

- **Being able to access the right support at the right time:** Carers need quicker, easier and earlier access to information and support. Support needs to recognise, and be more flexible to respond to, individual needs and situations.
- **Carer breaks:** Carers need better access, or more support to access, short breaks or respite care.
- **Financial support:** Carers need more financial support and advice about what financial entitlements are available.
- **Improved support and services for people being cared for:** Carers' needs or issues are linked to being able to get the right care and support for the people they are caring for.
- **Identifying and recognising carers:** Carers need to be recognised, listened to and valued. We need to help carers to recognise themselves as carers and find ways to reach carers (some may be hidden or overlooked).

“My own health has suffered from 24/7 care. Overweight, depression, high blood pressure and cholesterol problems from difficulty in care role. Need more time out but private care costs are very high.”

“Most people feel that they are on their own. I have engaged with school, doctors, police, social services and the job centre about my daughter and no one has ever mentioned that there is support as a carer.”

“The biggest part of my stress is the financial burden, I can't work so struggle. Universal credit is classed as earnings for council tax so we now have to pay council tax too, it's ridiculous, carers are broken!”

Priorities and commitments

We asked people if they thought it was important to focus on the proposed priorities and commitments. Nearly everyone responded positively, with 85% being the lowest level of agreement.

Of the six priorities, improving support for carers, and improving the health and wellbeing of carers came out on top with agreement from 99% of respondents.

The table below shows the percentage of people who agreed with focusing on each priority.

Do you think it is important to focus on this priority?	Yes	No	Don't know or no opinion	Number of responses
Improve support for carers	99%	0%	1%	167
Improve the health and wellbeing of carers	99%	1%	1%	151
Improve joint working across health, education and social care	97%	0%	3%	137
Improve how we identify and recognise carers	94%	3%	3%	155
Reduce carer inequality	90%	1%	9%	139
Maximise the voice of carers	89%	2%	9%	144

We invited people to explain their answers. Nearly all of the comments confirm the need to focus on the proposed priorities and commitments.

We have included detailed summaries of what people told us on the following pages. The priorities are not listed in order of importance.

Priority 1: Improve support for carers

The table below shows the percentage of people who agreed with the proposed commitments linked to this priority.

Do you think it is important to focus on this commitment?	Yes	No	Don't know or no opinion	Number of responses
Enable carers to make informed choices about available support at different stages in their caring role	94%	2%	4%	167
Ensure a range of support options are available in York, at the right time, including assessments and carer breaks	95%	1%	5%	166
Improve access to information and advice	90%	3%	7%	162

What people told us (key themes)

- A lack of support or options:** The most common theme is people experiencing a lack of support or finding it difficult to access. Support (including information and advice) needs to be more available, timely, accessible, reliable and flexible. Comments highlight that carers need a range of options to meet individual and changing needs. There is a strong need for more support to take breaks – see combined feedback under [What people told us about breaks](#).
- Understanding options and getting support:** A common theme is carers not knowing or understanding what support they are entitled to, what is available, or how to get it. Carers need to be kept informed and have more help to understand support options, processes and services. Some carers said:
 - Information can be hard to find, confusing or unclear.
 - The process of getting support or navigating different services and systems can be difficult, confusing and time consuming. A couple of carers mentioned challenges with filling in forms, with one person saying the “benefit application can be tortuous and intimidating”.

- Feeling overwhelmed or not having the time or energy can stop them from being able to look into options or get support.
- **How to improve access to support and information:** Suggestions include support outside of working hours and in emergency situations; options for people who struggle with IT; having a person to talk to; and receiving text messages with updates. A few carers felt having information or advice in one place would be useful. Examples include a roadmap, a detailed guide or a 'one-stop shop'.
- **Health and wellbeing:** Caring is affecting many carers' health and wellbeing. See combined feedback under [Priority 3: Improve the health and wellbeing of carers](#).
- **Reliance on carers:** Carers play a vital role, reducing pressure on an already stretched health and social care system, making huge cost savings.
- **Care Act assessments and reviews:**

Care Act assessments are carried out to decide if someone has care and support needs, or if a carer has support needs. If a person has eligible needs, a care and support plan or a support plan (for carers) is produced.

Some carers spoke about difficulties or delays in getting:

- carer's assessments
- reviews of support plans
- social care support or assessments for people they care for

Comments stress the importance of timely assessments, regular reviews, and having support in place following these.

A couple of people said that assessments, or support for carers, is not available unless the person being cared for has a social worker. One person felt that carers should have a right to an assessment in the area where the person needing care lives.

Comments suggest that carers generally find assessments and reviews helpful and without them they may not get the support they need.

However, the right support needs to be available for this to make a difference. One person said that their carer's assessment did not change anything for them because of the limited range of support offered.

Concerns raised about this priority and other things to consider:

- Be mindful of language. It can "pile on the emotional pressure" and make carers feel they must continue caring because they are relied on. Carers also need support to stop caring if it is better for the carer or the person being cared for.

- Improvement may not be helpful depending on a carer's circumstances or the type of support being offered. It may also depend on whether they are able to take up the offer of support, a break, information or advice.
- Not having enough funding or resources to provide the support.
- About the commitment of enabling carers to make informed choices, one person said, "If the support is not available, and it often isn't, it seems a wasted exercise".
- Some carers feel there is already enough information, they can access the information they need, or it is more important to focus on support, advice or breaks.

Key comments

“There is a lot of information and advice, sometimes we are overwhelmed with it all, but there's often not good timely access to the right information or advice at the right time in the right way.”

“Understanding our options, what is available and when is absolutely vital to us providing the right level of help and feeling supported ourselves.”

“At present there can be a long gap (months) between requesting help or advice, and actually receiving it.”

“Carer stress is on the rise, access to the right support is getting harder, the cost of living is increasing, it is hard to work and care, employers are not flexible enough to support carers - basically, it is a constant struggle to survive and we need more help, support and understanding.”

“We don't need more information and advice we want a break.”

“It's so hard keeping someone alive and being so isolated. I struggle too but feel like no one cares. Constantly get referred elsewhere coz too complex.”

“Carers need practical support - I work full time, being given web sites of hundreds of independent carers to go through, most of whom didn't reply was time consuming and fruitless.”

“There is very little support out there. If you are a carer for your child it is virtually impossible to get a carers assessment.”

“Without a carers assessment I wouldn't have got the advice needed to help my son to claim benefits, as the system is so complex.”

Priority 2: Improve how we identify and recognise carers

The table below shows the percentage of people who agreed with the proposed commitments linked to this priority.

Do you think it is important to focus on this commitment?	Yes	No	Don't know or no opinion	Number of responses
Support carers in all communities in York to recognise themselves as carers	85%	3%	12%	156
Raise awareness of young and young adult carers in education so educators and young people recognise they are carers	94%	1%	5%	156
Improve how we identify carers in health, care, employment, education, and wider community settings	92%	1%	6%	157

What people told us (key themes)

- **Carers not recognising themselves as carers:** Carers may not realise, or take a long time to realise, what they are doing is caring. For some, caring is done out of love, or a sense of duty. They may see caring as a normal or expected part of family relationships or life. Parent carers (or other people) may not see their caring role as different from normal parental responsibilities. Young carers and young adult carers may be less likely to recognise themselves or be recognised by others as carers.
- **Carers not being identified and supported in education:** More needs to be done to identify and recognise young carers and young adult carers in education, understand their challenges and support them. There were reports of poor recognition and support, including schools not considering difficulties at home or only being concerned or offering support if it affects results or behaviour.

“Carers are rarely recognised in education. They are just considered as normal students who should get on with school work. Teachers should have to have a lesson on carers and learn how to properly support them instead of letting them struggle.” (Young adult carer)

- **Carers not being identified and supported by health and social care:** Some people said that carers are not being recognised or identified by health and social care. This has led to carers missing out on support or not feeling valued. There were reports of staff being aware of people's caring roles and not considering their needs or providing support.
- **Benefits of identifying and recognising carers:** This can help carers get support early or when they need it, know their rights and access benefits and entitlements. It can reduce the impact of caring on various aspects of their lives and futures, such as health and wellbeing, work and study. It can also make carers feel more valued and that their personal situations have been considered. Being offered support or flexibility at work would help some carers who are struggling to work and care.

Concerns raised about this priority and other things to consider:

- There is a lack of support available once people recognise themselves or are identified as carers. Identifying carers without offering or providing support is unhelpful.
- Carers may not want to be identified or defined as carers. Reasons include protecting privacy, personal choice, and concerns over being labelled, stigmatised or discriminated against.
- Carers already being aware that they are carers and of their rights.
- People wrongly identifying as carers and making inappropriate claims to entitlements or inappropriate referrals by staff.
- One person said that it is difficult if the carer lives in a different area from the person being cared for. They felt councils should work together more to improve support for carers in this situation.

Key comments

“Many parents, myself included, struggle or have struggled, to see themselves as carers. They think they have failed in some way and it's just part of being a parent.”

“Most people know they are carers. It is getting help for those roles that is difficult.”

“All carers should be identified. This would make balancing life so much easier.”

“It's important how we help carers identify as carers, as being a carer isn't something you want to sign up to, the label is more than just a tiny word - the meaning can be life changing and there can be resistance to that, I was resistant to it. It's important how awareness is raised and how professionals encourage carers to identify and seek support from local services. Sensitivity, empathy, compassion, patience and understanding is key.”

“Yes but it doesn't happen until a crisis happens and then they come to attention of social services. Also no good identifying them then ignoring them for years.”

“I have been a carer... for nearly 15 years. The council know this but the only time I received any support was when we had a named social worker. Since then support has all but evaporated.”

“For carers that are in school or university they may find it hard getting work in on time as they are a carer but people may not know so it gives us that extra stress so we need to be identified.”

“Especially important for educators to be alert to their responsibilities. There have been numerous carers strategies in the past...but too little has changed.”

“Because it is impossible to work when you're having meetings with school, needing to leave to pick your child up, taking them to appointments, trying to help them through self-harm and overdoses and then be threatened to have your benefits cut.”

Priority 3: Improve the health and wellbeing of carers

The table below shows the percentage of people who agreed with the proposed commitments linked to this priority.

Do you think it is important to focus on this commitment?	Yes	No	Don't know or no opinion	Number of responses
Support carers to have a good quality of life outside / alongside caring	93%	1%	5%	149
Improve opportunities for carer breaks	89%	0%	11%	148
Reduce health inequalities and improve access to healthcare including mental health support	92%	1%	7%	145
Reduce isolation and loneliness	94%	0%	5%	145

What people told us (key themes)

- **The impact of caring on health and wellbeing:**
 - Many carers have had issues with their physical and mental health and wellbeing because of caring, such as exhaustion, stress, burnout, loneliness and isolation. Two people who work in roles supporting carers said they regularly hear from carers who are suicidal.
 - Financial problems due to caring can lead to stress and other issues. More financial support is needed, and this is key to supporting health and wellbeing.
 - Caring can affect people's relationships and restrict carers from being able to have contact with others.
 - Caring and its impact on health and wellbeing can prevent people from working or being able to perform well at work.
- **Carer breaks:** See [What people told us about breaks](#).
- **A lack of available support:** Some carers shared that they have not been supported or there is not enough support available. There are delays and long waiting lists (particularly for mental health support) and getting health appointments can be difficult. Support is sometimes only available at crisis point.

- **Arranging and attending health appointments:** This can be a struggle for carers. Some carers do not have time or need to fit appointments around caring commitments. Some carers have no alternative care options or are not able to leave the person they care for. There is not enough flexibility offered.

A couple of people suggested priority access for carers. One person raised that, “parents with limited capacity (due to a condition or caring role) may not be able to consistently bang on the doors to access the healthcare their children need”.

- **Focus on the person being cared for:** Carers often “sacrifice” or do not have the time or energy to consider their own needs or seek support. This can impact the carer, people who are cared for, and families.
- **Being able to continue caring:** Supporting carers’ health and wellbeing would help carers to continue caring and support people well. It would benefit people who are cared for, health and social care and society. People stressed how much the health and social care system depends on carers. They pointed out how significant the impact and cost would be if they could no longer provide care or ended up unwell themselves.
- **Support to meet different needs:** Comments suggest there is a need for a range of timely and flexible options to support health and wellbeing, with consideration for carers’ individual needs and situations.

Concerns raised about this priority and other things to consider:

- May be difficult or impossible to achieve.
- Improvements to health and wellbeing and access to healthcare are needed for everyone, not just carers. Services are already stretched. One person said, “all services are under pressure and the more groups we prioritise the longer the queue becomes overall.”
- Not everyone would want this kind of support, or it is for the carer to decide.
- We need to be clearer about what we mean about improving opportunities for carer breaks and supporting carers to have a good quality of life. We need to be more specific and make the commitments measurable.

Key comments

“It is very easy to lose your connections and sense of worth when you are heavily focused on someone else's needs.”

“I was given a list of mental health websites but they are almost impossible to access. It would be so helpful if I could sit, on a one to one basis, with someone who could listen to my concerns. The waiting list for this kind of help is, I believe, 2 years.”

“I need health services to have greater flexibility with appointments to reflect my caring role.”

“Because we carers can end up sacrificing ourselves for the people we care for. The person being cared for can be fine, well looked-after, but the carer can be broken, incredibly stressed, get health problems and mental health problems, not able to function well in everyday life.”

“Carers are a hidden army caring for loved ones, if we don't support carers, their health will deteriorate and the NHS will be flat on its back not just on its knees with the pressure.”

“My health, physical and mental is often affected by caring. I'm then not able to provide the right standard of care. This creates more problems.”

“If I am unwell or not coping there's no one to look after my dad or my daughter.”

“If right provisions were in place for people they care for without having to go to war to get it life wouldn't be this living hell it currently is.”

“I feel burnt out, undervalued and just a resource to save councils money. A lot of the things on offer through care newsletter fall on weekdays and if you are a carer that works, you are unable to attend.”

“At present nobody cares about myself as a carer. I am isolated and rarely see anybody outside the home. I am unable to participate in activities due to lack of funding to enable me to have a break from my caring role.”

Priority 4: Maximise the voice of carers

The table below shows the percentage of people who agreed with the proposed commitments linked to this priority.

Do you think it is important to focus on this commitment?	Yes	No	Don't know or no opinion	Number of responses
Listen to carers and involve them in decisions that affect them or the cared for person, valuing their expertise	97%	0%	3%	144
Involve carers in the planning and development of services	93%	1%	6%	142
Reach seldom heard groups to understand their challenges. By this we mean carers who are less likely to be heard by services and are underrepresented.	91%	0%	9%	144

What people told us (key themes)

- Lived experience:** Carers have firsthand experience and knowledge of caring, so they have the best understanding of their caring roles and needs. They also have in-depth, expert knowledge of the needs of the person being cared for. This lived experience means they can give insight into what does and does not work, what is missing and how to improve things.
- Being included in decision-making:** Carers should have a say in decisions that affect them, and the support available to them. They should be included in decisions about care and support for the person they care for (which can also affect the carer). Understanding what individual carers need and taking their views into account can make services and support more effective.
- Being involved or listened to:** Some carers shared experiences of not being acknowledged or listened to by health and social care staff, and not being involved in decisions. Being listened to contributes to carers feeling valued, recognised and respected. A few carers shared positive experiences: taking part in a group run by York Carers Centre, being

involved in co-design workshops for new mental health hubs and being listened to by the Frailty team.

- **Making sure more carers are heard:** This is important to know what different carers need and to make sure they are not overlooked. Some carers may be less likely to be heard. People referred to young and older carers, parent carers, LGBTQ carers, kinship carers and carers of adults with care and support needs. And barriers such as culture and language, not being able to access groups, services or IT, or not having the confidence to speak up.

Concerns raised about this priority and other things to consider:

- Involvement may not be worthwhile or meaningful or may not lead to any positive change; listening needs to result in action.
- Every carer is different so cannot be represented as groups.
- Carers have limited time and may not have the opportunity, confidence, energy or desire to share their views. It is important to consider how we reach people and how to make it easy for people to get involved.
- One person said, “Without concrete definitions of 'listen to', 'involve' and 'value', and examples, it's not clear what this means to me in real life as an unpaid carer.”
- It may be more helpful to focus on more practical support.

Key comments

“When I have expressed how much I am struggling with my carers responsibilities and balancing my needs against my parents needs I have rarely had any response. Health professionals are focused on the person receiving care NOT the person giving care.”

“Decisions are made about my adult sons with no involvement with me but I am still expected to support them. Social workers hold meetings, make decisions and then tell me what has been decided and what I need to do.”

“But only if worthwhile carers taking part. Been involved in too many tick boxing exercises over the years, don't have time & energy for that.”

“I have recently been recognised for my lived experience. I was invited to participate in the co-design workshops for the new mental health hubs. This experience was wonderful. I really felt valued as a carer, with my own mental health journey, being positively acknowledged too.”

“We have some brilliant ideas that could make a real positive impact for ourselves and the persons we care for. To be part of the planning and development is critical in getting the correct support in place.”

“Vital as often even the professionals who do help such as OT’s, doctors etc can only give you text book answers and support which often aren’t practical in real life application and carers who do the work daily can better inform them and a collaboration of professional expertise and hands on knowledge will result in better care.”

“It is always a good idea to actively listen to the people on the front line of caring rather than people who 'think they know what carers want or need' but have no direct experience of how difficult it can be to get advice or assistance or just manage on a day to day basis.”

“The carer often knows the person the best, and can give a valuable insight. They are also the person who will have to pick up the pieces when they are not listened to and medical professionals etc get it wrong.”

“At the moment it depends very much on personal qualities of involved professionals and assertiveness and confidence of carers. It shouldn’t be like this. Carers have unique knowledge about their cared for person. This knowledge should be valued and recognised.”

Priority 5: Reduce carer inequality

The table below shows the percentage of people who agreed with the proposed commitments linked to this priority.

Do you think it is important to focus on this commitment?	Yes	No	Don't know or no opinion	Number of responses
Address financial hardship from caring and the impact of the cost-of-living crisis	94%	0%	6%	140
Support carers to access and remain in employment and education	90%	3%	7%	139
Support carers to access healthcare services	93%	1%	6%	138

What people told us (key themes)

- **Carer inequality and disadvantage:** Comments indicate that many carers face disadvantage or inequality because of caring. This is mainly because of the impact it has on finances, health, or being able to work or study. Some carers may be at a disadvantage compared to other carers, including when it comes to being recognised as a carer or being able to access support. Carers mentioned factors such as where they live, the type of carer they are, their needs, or the needs or condition of the person they care for.
- **Health and wellbeing and accessing health services:** See [Priority 3: Improve the health and wellbeing of carers](#)
- **The impact of caring on employment:** Carers have had to give up work, work fewer hours, miss out on work opportunities or have been limited in the work they can do. Caring can affect people's ability to get higher paid jobs, progress, and perform well at work. One person said, "I've been turned down from jobs because of my caring role."
- **A lack of support in education and employment:** Some carers said they have been given no support from educators or employers to help them work or study. One person said they had been bullied at work because of being a carer.
- **The impact of not being able to work or study:** This can lead to poorer outcomes for carers. It can affect many aspects of their lives, such as finances, prospects and choices and health and wellbeing. It can also affect carers' social connections, identity and independence, and their ability to have a break from caring.
- **Financial hardship:** Many carers are struggling financially and have less money because of caring, causing stress and worry. Reasons include not being able to work or work enough hours, not enough financial support, and the cost of care and support for the cared for (travel, medication, household items etc). Some things carers are struggling to afford are bills, food, fuel, leisure activities and study.

Carers need more financial support including help to know what is available and what they are entitled to. Carer's Allowance is too low or too restrictive to meet people's needs. This has stopped some carers from being able to give up work to care or from increasing working hours because they risk losing the allowance.

Concerns raised about this priority and other things to consider:

- It may be difficult to achieve or make a significant difference, or it will only be possible if improvements are made to health and social care.
- We need to define carer inequality and include SMART outcomes.
- Not everyone wants to work or study and there should not be any pressure to do so. Provisions to allow carers to continue caring or care full time should be available.
- Addressing financial hardship may not be achievable due to a lack of government or local authority funding.
- Work to reduce inequality could result in more means testing and forms to complete and this can be “a barrier rather than a help”.
- This may not help or be an issue for some carers.
- Carers may not want employers to be aware of their carer status.

Key comments

“My health is affected by my caring demands. My sleep is poor at times, my blood pressure drops when I am stressed and tired leaving me more tired and dizzy. I am not living in poverty but would be working more hours if I was less involved in caring. I need to work hard to ensure my life doesn't shrink down to simply meeting other people's needs.”

“Since becoming a carer, I have experienced significant challenges (financially, socially, in employment and education) - things I never previously experienced.”

“Financial help for kinship carers is a postcode lottery. Support for kinship carers in other areas is superb but there is nothing in York. I cannot access classes or evening clubs as I have no respite or support.”

“We are the forgotten ones who have no access to carers services...because we live in the wrong postcode and to access have to travel for an hour instead of 15 mins.”

“Being a carer in education is hard as you have 2 full time jobs, additional recognition and communication between educators and caring services is important to address this issue.”

“Having recently completed further education, it was extremely challenging to do this whilst caring. I was not supported by my college either.”

“I reached burnout and used the Integrated Mental Health Community Team for 1 week of support. Care is a very lonely and stressful time, but also very rewarding.”

“Too many carers are forced to give up work due to their caring role, then face a DWP system that fails to value the contribution they are making through caring.”

“I want to work as it helps give me a sense of identity other than a carer. I need to have a purpose and if I don't work, I fear I'll become nobody.”

“Some may choose to work but an increased carer's allowance should mean employment is an option not a necessity.”

Priority 6: Improve joint working across health, education and social care

The table below shows the percentage of people who agreed with the proposed commitments linked to this priority.

Do you think it is important to focus on this commitment?	Yes	No	Don't know or no opinion	Number of responses
Ensure that people working in health, education and social care recognise carers and work together to support their changing needs	91%	1%	8%	135
Better communication within and between services to avoid unnecessary burden on carers	97%	0%	3%	134

What people told us (key themes)

- **A lack of joined-up working:** Many carers have experienced services not working together or communicating with each other effectively, or at all. This increases the burden on carers.
- **Information sharing:** Carers spoke about having to continually repeat information to different services and staff, describing this as frustrating, tiring, stressful and distressing.

Some carers feel that information should be shared (with consent) across different teams and services. A couple of people raised that carers should also have access to the information.

- **Navigating and accessing support:** It can be a struggle for carers to understand and navigate health and social care systems and services.

Some carers are having to contact multiple professionals and be the link between services rather than services communicating with each other directly. Carers or those they care for may also “fall through the cracks”, being passed to different services without getting support.

A few carers highlighted the need for flexibility or consideration of individual or changing needs.

- **Valuing, recognising and involving carers:** Recognition and understanding of carer roles needs to improve, along with how services work together with carers, involve them in decisions and value their contribution.
- **Fighting for support:** Some carers report having to “fight” or “battle” to get the support they need, or the person they care for needs. One person described having to fight for support to help their child stay in education. Two carers said that EHCPs (Education, Health and Care Plans) are too focused on education.
- **Benefits of joint working and better communication:**
 - Better outcomes for carers and the people they care for, improved carer wellbeing and less burden on carers.
 - Reduces the need for carers to repeat information and the duplication of work, saving time, resources and money.
 - Helps carers know what support is available and makes it easier and quicker to get support (for themselves or the person being cared for). It also helps to ensure there are no gaps or overlaps in support.

Concerns raised about this priority and other things to consider:

- Confidentiality and the need for informed consent to share information.
- Achieving this in practice may be time consuming, difficult or unlikely. It requires resources, training, and services having the same priorities.
- Using the word ‘ensure’ makes the target very difficult to achieve.

Key comments

“I have worked in these areas for more than 40 years, it [joint working] has always been important, but why is it so rarely achieved?”

“Often there is poor communication with community services when a patient is discharged from hospital. A carer can feel solely responsible and out of their depth.”

“The systems that professionals work with seem to be a bigger barrier to effective integration than the knowledge and approach of the professionals themselves.”

“Horrendous having to keep bearing your soul to countless strangers.”

“Stop relying on carers to be the go-between between services - they have enough to do. Carers often have to piece things together themselves to work out who they need to speak to to resolve a problem. They shouldn't have to work so hard.”

“Sometimes it feels like you have to fight for the support you need, and that the support available is hidden or requires hoop jumping to access which you don't have the mental energy to do when you're already burnt out with care and would be better if they just spoke to each other and joined all the dots for you.”

“Essential for anything to work properly. As a carer fed up of the disjointed working of various services. Invariably chasing up and constantly repeating myself. My energy is taken up needlessly at times. Even when I have time not caring for my daughter can be on phone trying to find out about various appointments, meetings, etc... frustrating.”

“Vital but I can see it would be time consuming. I am reminded of a time when my husband had been in hospital and needed to see a GP and the GP had immediate computer access to all the 'paperwork' written up by the hospital, excellent care given, no mixed messages, no Chinese whispers!”

“I think most cases they do recognise the work that Carers do but unfortunately haven't got the resources to support them.”

What people told us about breaks

Many carers are not getting breaks from caring or are not getting enough breaks. Comments suggest that having breaks would help carers to:

- improve their health and wellbeing and prevent or reduce exhaustion, stress, burnout, loneliness and isolation.
- be able to have some time, or do something, for themselves, be independent or have an identity outside of being a carer.
- improve relationships or social contact.
- be able to continue caring or give effective care.

Barriers to taking breaks:

There are various reasons carers find it hard or are unable to take breaks, including:

- Opportunities and options for breaks are poor, non-existent or unsuitable and breaks can be difficult to access or arrange. This is often because of a lack of care and support options for the person being cared for (including specialist support) and the high cost of care.
- Needing support to take breaks or the time and effort needed to organise a break.
- Caring commitments, obligations, or the person being cared for not agreeing to someone else providing their care. This can make it difficult or “impossible” for carers to have breaks.
- Concerns over the quality of alternative care; carers and people being cared for need to have confidence in care providers.
- Not having enough money, financial support or funding to pay for activities, alternative care, holidays etc.

One person described accessing short breaks and short breaks funding as, “a terrible unfit solution” which “is more effort than the benefit the short break gives”.

What would help carers to take breaks:

- Financial support or more affordable or free alternative care.
- Offering regular, flexible, meaningful breaks and a range of options to suit individual needs.
- Better choice, availability and quality of care and support for the person being cared for, plus support for carers to find suitable care options.

- Consideration of how carers can take the breaks that are offered, and information and practical support to take breaks.

Key comments

“This needs to be hugely improved and expanded. It’s essentially inaccessible in the York area.”

“It is generally acknowledged by carers in York that you cannot receive carers breaks unless you have a social worker.”

“I got 3 days away in October and it made a huge difference physically and psychologically.”

“You could immediately improve my opportunity for a break by taking the person I care for into properly funded residential care.”

“Support groups are always offered – personally I don’t want that. I want a helpful team to support me to find caring support so that I can have a break. I have not had a break for 5 years. I support someone with mental health difficulties who needs companion care and this has to be a longer term relationship. I have struggled to find this.”

“It would have probably been a lot less stressful if the burden could have been decreased around exam times.”

“Carers I speak to feel strongly about offering ‘carers breaks’ as a solution to the pain they feel. To them it feels like a lazy option to offer support in this way without thinking through how a carer would actually take the break offered...it feels like someone is adding even more responsibility as they have been offered a solution they can’t take so therefore shouldn’t complain.”

“I have experienced more than one case where a carer needed a break to undergo an operation (with several weeks’ notice) and was put on a list for respite break with no definite place which vastly added to the carers stress. The place was not found in time and the carers operation had to be deferred.”

“Work, exercise, spending time with others and being in nature are all important for wellbeing, but lack of affordable resources mean that for many carers their break is going to the supermarket!”

Out of the priorities we have described which four are the most important to you?

131 people answered this question. The top four priorities are:

1. Improve support for carers (84%)
2. Improve the health and wellbeing of carers (77%)
3. Improve joint working across health, education and social care (68%)
4. Improve how we identify and recognise carers (52%)

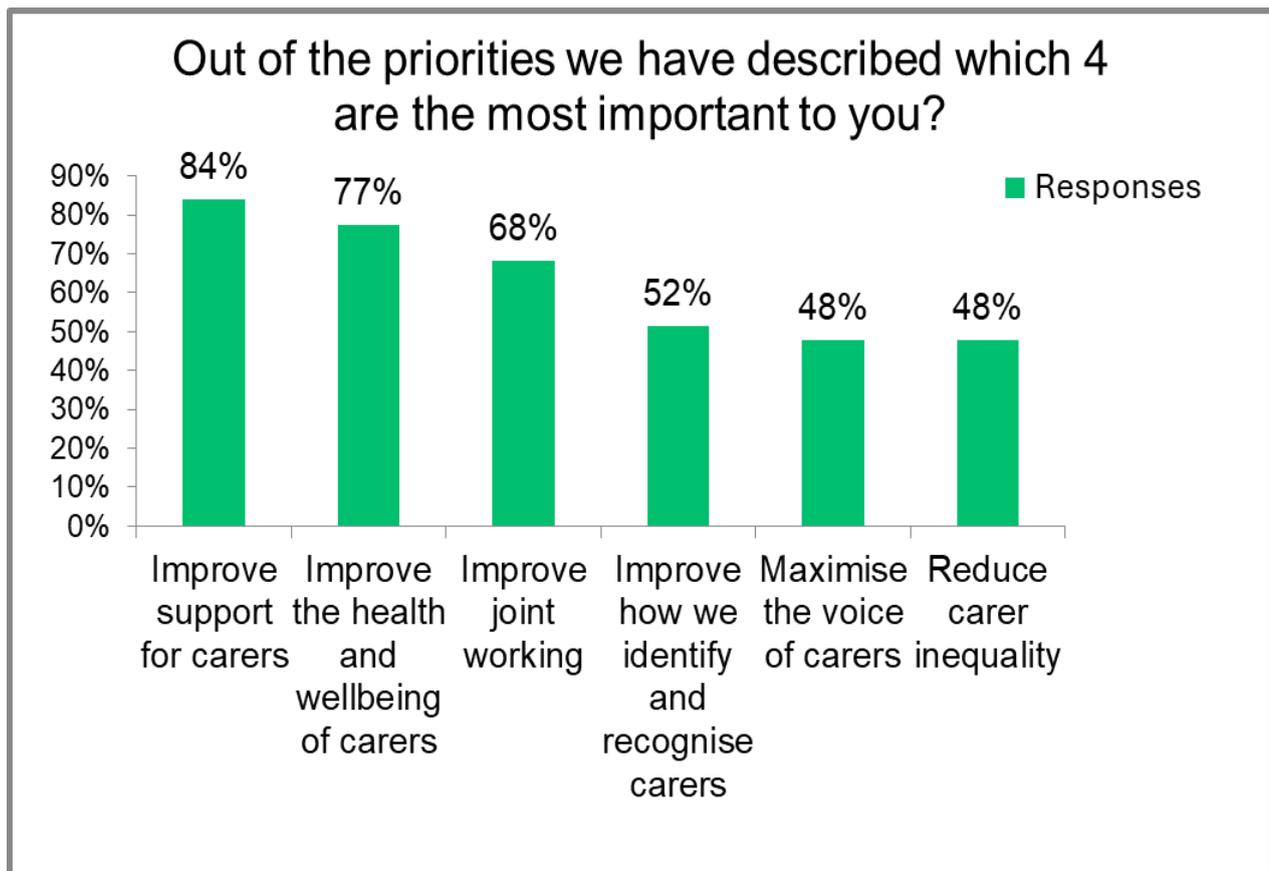


Figure 1: Priorities in order of most important as selected by respondents.

Is there anything else you feel is important for the strategy to focus on?

37 people responded to this question.

The most common theme is **improving health and social care provision**. This includes ensuring funding and resources are available and that those being cared for have the services and support they need, including timely diagnosis.

“If the person being cared for had enough support, the carers would not be in such need of help. Therefore fix the cause and not the symptoms.”

Other themes include:

- **Improving financial benefits** for carers, such as increasing Carer's Allowance, not making carers pay council tax, and offering discounted or free transport, parking, activities, counselling etc. One person suggested, "involving national government agencies in the conversation to try and increase financial support".
- **Recognising different carer roles and individual situations** (including recognising that not all carers want to care). Examples given were kinship carers, those who care for people who are not family members, and disabled carers.

“Recognise that DISABLED CARERS exist and actually have a much harder time of everything.”

- **Poor experiences of support.** Examples include not being told about direct payments; not getting a social care review for over 12 years and grant money being delayed. One person spoke of unhelpful signposting and a lack of practical support, and said, “everyone means well but ultimately you have to find Your own way”.

Responses include several other specific issues and suggestions, including help to make difficult decisions, support to manage in a crisis, checking in on carers who rarely engage, and balancing confidentiality with involving carers.

One person called for professionals to build effective relationships with carers. Another called for York, as a whole, to be encouraged to, “develop a culture where caring is seen as skilled and valuable – not something to be hidden away.”

Two people felt that by addressing some of the other priorities, it would reduce inequality.

“I think if you identify carers and improve their support and lessen the burden they are expected to carry, outcomes in education, employment etc. will then become more equal as they are able to do more outside of their caring role.”

Other general comments about the strategy include making sure the commitments are followed through on and making the strategy “a live process and not a static document with no relevance”. One carer pointed out that, “Small practical things make more of a difference than big sweeping positive statements”.

It's not all bad!

Some carers shared positive experiences, especially about the support provided by York Carers Centre. Here are some of the things they said:

“I accessed counselling through York Carers and it helped enormously.”

“I now have 3 singing groups each week and Moving Minds at Clement Hall, so socialising has been a big improvement.”

“Some people find it really difficult to leave the person they're caring for due to reasons such as guilt, but services like The York Carers centre, are amazing for getting people out. The way they can arrange activities that suit to everyone and then encourage them to attend is something to be looked up to, other services should be taking notes on how it should be done.”

“I have found the frailty team in Acomb very good at listening to what my thoughts are about my parents on the whole.”

“My GP often asks after my health when I attend with my wife.”

“I know York Carers are there if I need them.”

“I feel recognised and supported as a carer. I am encouraged to attend wellbeing sessions and other events.”

“A G.P. lead Social Prescribing support made a big difference to moving forward and mixing with others.”

“CYC [City of York Council] by supporting York Carers, Dementia Forward, Be Independent and their own in house services do give much help.”

Equality monitoring information

Of those who answered the equality monitoring questions:

- Most were aged 40 or over; the biggest proportion of respondents were aged 40 to 55 (39%)
- 86% were female
- 90% were White – English / Welsh / Scottish / Northern Irish / British
- 21% considered themselves to be disabled.

Feedback from face-to-face conversations

Young Carers

York Carers Centre worked with small groups of young people at their activity sessions and youth clubs. They spoke to a total of 24 young carers (14 secondary age and 10 primary age) who care for siblings or parents. Four of the young carers care for two or three people.

Key points:

- Some support is being offered in schools, but more can be done to raise awareness of carers and offer more support to help carers. This includes health and wellbeing support and staff being more flexible and understanding.
- Most confirmed they get (or sometimes get) a break from their caring roles.
- Some feel they are not able, or only sometimes able, to prioritise their own health and wellbeing.
- There are long delays in young carers being identified – four or more years in some cases.
- Ideas of extra support that would help young carers in schools included:
 - Time out of lessons, fewer lessons, longer breaks or being able to leave early if needed.
 - More young carer activities and being informed of drop-in sessions.
 - Teachers listening before telling students off and not getting angry if they are late for school.
 - Being able to have a phone out in class in case of emergencies.
 - Extra time for homework, or a club at lunchtime to do homework.
 - Being able to wear whatever shoes they want (they are expensive and do not last).
 - Assemblies or PSHE (Personal, Social, Health, and Economic education) lesson about carers.
- The support York Carers Centre offers allows young carers to have a break from caring or school, meet other carers, make friends and take part in activities. Some would like more activities, youth clubs and cookies.

Young Adult Carers

York Carers Centre discussed the strategy's priorities with young adult carers attending a social group. They spoke with 11 young adult carers aged 16-25. This is what the carers said:

Improving support for carers

- Before offering support, it is good for the support worker to come to your house to observe the situation and your caring role. It will make the support more helpful and comprehensive.
- Information on support for carers should be more easily accessible and available.
- A carer's assessment is a good way of finding out what support is available.
- Things change so you need different things at different times.
- Word of mouth is important – "I didn't find out that I was a carer until I left York."

Improving health and wellbeing for carers

"It's difficult to create a balance between your wellbeing and your caring role because when you are looking after yourself, it feels like you are not giving enough care to the person you are caring for, and when you're spending a lot of time caring for someone you feel like you neglect your own wellbeing, it's like a rotating circle."

"A lot of carers often have to work part-time or not work at all due to their caring role, so they don't have the money to fund leisure activities."

- Access to sufficient funding could enable carers to take part in activities they are interested in.
- Some young carers have to "fit in" at schools as their peers do not really understand the struggle they face, such as why they cannot go out or travel. It can make it hard to make friends or social connections. More awareness on caring roles in school would help other people understand the complexity of being a carer.

Reducing carer inequality

- Training and education in schools about caring roles would increase self-awareness. Young carers can self-identify that they are carers, rather than

relying on someone else to tell them. They can seek support when they understand they are carers.

- Carer's Allowance should be paid to people in full-time education to reduce inequality. This would allow young carers to prioritise their caring role as well as their education.
- When you want to move on with your life and move out it is almost impossible because you still have someone to care for and no financial support.

“I didn't know I was a carer until someone in school told me later.”

Carers supporting people with dementia

City of York Council and York Carers Centre attended a dementia support group attended by around 10 carers (and people they care for). Carers shared some of the challenges they have faced as carers, and what they feel needs to change:

- There is a lack of information to help carers understand entitlements, benefits and available support. Information needs to be clear, explained and not hidden. Some carers said that if they did not attend the support group, they would not get to know about things.
- There needs to be clearer information about paying for care; people can lose a lot of money (e.g. paying through joint accounts) and then have to go through the process of trying to recover it.
- The stress of being a carer has caused health issues.
- Allowances for carers are too low.
- Poor experiences of dealing with General Practitioners (GPs), including not being recognised as a carer and GPs prescribing without getting to understand the problem. One person shared that a GP had ignored a letter to help them discuss their carer role at an appointment. Another person spoke of having to wait a year to get a council tax discount (which was backdated) because of a delay caused by their GP.
- Long delays in dementia diagnoses for people they are caring for, causing delays in getting allowances and council tax discounts. A pack explaining entitlements at diagnosis would be useful.
- Complicated and lengthy forms to claim entitlements, and issues with claims (allowances, council tax, blue badge). One person described having to, “go through hoops to get things”.

- Sitting services would be helpful. However, it is difficult when the person being cared for does not recognise they need help, will not accept support, or does not want to attend activities.
- The high cost of care homes is causing stress around finances. More affordable options are needed in York.
- Issues with parking at York Hospital - carers can get free parking but it is very difficult to find a space. Depending on the time of day, you may need to arrive an hour early to park.
- Carers talked positively about support from Dementia Forward, York Carers Centre, Older Citizens Advocacy York and Beetle Bank Farm.

A big thanks to everyone who took the time to share their views and to the carers who helped us develop the survey, along with other partners. And thanks to everyone who helped us get feedback from carers, especially York Carers Centre, who made sure the voices of young and young adult carers, and many other carers were included.

If you have questions about this report or the Carers Strategy, please email: integratedcommissioning@york.gov.uk

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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council and Centre for Applied Human Rights Human Rights and Equity Analysis Tool (HREAT)

An Equity Analysis Tool is an evidence-based approach designed to help organisations ensure that any Policy, Criterion or Practice (PCP), is fair and does not create barriers to participation or disadvantage any protected groups from participation. This covers both strategic and operational activities.

City of York Council (CYC) combines this approach with York's commitment as a Human Rights City to produce a Human Rights and Equity Analysis Tool (HREAT).

This document enables CYC to evidence its legal duty to give 'due regard' to those with protected characteristics under the Equality Act and consider Human Rights at the same time.

Whether a HREAT is needed or not will depend on the likely impact that a PCP may have and relevance of the activity to Equity and Human Rights.

The HREAT should be started when the need for a new PCP is first identified, or when an existing one is reviewed. It is essential to continue to update the HREA during the life of the PCP, as and when new information is learned. It is not complete until the PCP is complete.

Non-discrimination is a minimum standard. The development of the HREAT should prompt critical discussion and highlight disproportionate impacts.

Balancing residents' rights and CYC duties can be very complex and sometimes there will be no 'win-win', so compromises or mitigations may need to be identified to ensure the best outcomes.

Finally, the value in a HREAT is in both the short and long term, by investing in this process CYC will create robust, meaningful, and empowering policies that are more likely to stand the test of time.

Who is submitting the proposal?

Directorate	Adult Social Care		
Service Area	Integrated Commissioning		
Name of proposal	Carers Strategy 2026-32		
Lead Officer	Harriet Smith Integrated Commissioning Lead		
Date Assessment Started	6 th January 2026		
Date Assessment Completed	16 th January 2026		
Names of those who contributed to the assessment			
Name	Job Title	Organisation	Area of Expertise
Harriet Smith	Integrated Commissioning Lead	CYC	ASC
Uzmha Mir	Contracts and Quality Improvement Manager	CYC	ASC
Annafie Beaumont	Customer and Contract Monitoring officer	CYC	ASC

Step 1 – Aims and intended outcomes

1.1	What is the purpose of the proposal
	Please explain your proposal in plain English avoiding acronyms and jargon. Consider using Age 9 English.
	<p>The purpose of the Carers Strategy is to improve the identification, recognition and support of unpaid carers across the city.</p> <p>The strategy sets out how services will work together to support carers' health and wellbeing, help carers balance caring with education, work and family life, and reduce the risk of carer breakdown.</p> <p>The strategy is intended to be accessible to carers, professionals and partner organisations.</p>
1.2	Are there any external considerations?
	Legislation / government directive / codes of practice etc.
	<p>Yes. The proposal is informed by:</p> <p>National Legislation:</p> <p>The Care Act 2014 and carers' rights to assessment and support</p> <ul style="list-style-type: none"> • The Equality Act 2010 • The Human Rights Act 1998 • NHS duties to identify and support carers • National carers strategies and best practice guidance • York's commitment as a Human Rights City

- The Children and Families Act 2014

Local Policies and strategies:

- City of York Council Plan 2023-2027
- All Age Commissioning Strategy 2023-2025
- York Joint Health and Wellbeing Strategy 2022-2032
- Adult Social Care Strategy 2025-2028

1.3 Who are the stakeholders and what are their interests?

Consider both internal and external stakeholders.

Internal stakeholders

- Adult Social Care
- Children's Services
- Public Health
- Education services
- NHS partners
- Council staff who interact with carers

External stakeholders

- Unpaid carers (including young carers, young adult carers, parent carers, kinship carers, working carers and older carers)
- People being cared for
- Voluntary and community sector organisations
- Schools, colleges, universities and employers

- Health and social care providers

Carers have an interest in being recognised, supported early, and treated fairly. Better outcomes for people being cared for. Partners have an interest in joined up working and improved outcomes.

1.4 What results / outcomes do we want to achieve and for whom?

Explain what outcomes you want to achieve for stakeholders, staff and the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans. Highlight how the proposal meets the objectives of Equalities, Affordability, Climate and Health.

For carers

- Earlier recognition and access to information and person-centred, appropriate support
- Increased choice and control over their caring and supporting role
- Improved health and wellbeing
- Better ability to balance caring with education, work and personal life

For those who are cared for:

- Improved support and care within the home environment

For services

- Reduced crisis demand
- Improved joint working
- Better compliance with equality and human rights duties

The proposal supports the Council Plan (2023–2027), particularly objectives relating to health and wellbeing, equality, affordability and prevention. It supports the Adult Social Care Strategy (2025-2028), particularly its commitment to valuing carers, working together with people with lived experience and improved joint working. It

supports the Joint Health and Wellbeing Strategy (2022-2032) and its objectives to improve people's health and wellbeing at all stages of life and make health fairer.

Step 2 – Resources utilised

3.1	What sources of data, evidence and consultation feedback have you used to help understand the impact of the proposal on equality rights and human rights?	
	Please consider a range of sources, including consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
	Source of data / supporting evidence	Reason for using this source
	Local carers needs consultation exercise in Partnership with local stakeholders including York Carers Centre, Health services, Adult Social Care and Carers within the City.	Understand local needs
	Carer feedback and engagement via the Carers Action Group and Carers Strategy Group	Lived experience insight
National carers research	To understand needs and uncover evidence of effective practice so the City can learn and improve.	

Step 3 – Screening the impacts or effects.

3.1	<p>Equality-related obligations derive from the Equality Act of 2010 and the Human Rights Act of 1998.</p>
	<p>Once you have engaged with stakeholders you will need to identify how this proposal impacts on their human rights and equalities.</p> <p>Although the table below one looks complex, its purpose is to facilitate an initial screening of equalities and human rights impacts of your proposal. Many human rights and equalities will not be affected by the decision you are seeking Executive or Council approval for and so can be left blank. The aim here is to identify pressure points regarding human rights and equalities that require attention.</p> <p>Please see the Appendix for details of the protected characteristics and human rights to consider</p> <p>The rights listed below in the first column are the relevant ones from the Human Rights Act, and the York Human Rights City Network Indicator Report (non-discrimination, education, health and social care, housing, a decent standard of living). The human rights in the Indicator Report were selected by residents of York as their priority rights. In the first row the protected characteristics under the Equality Act are listed, to which ‘Everyone’ has been added to capture impacts that affect everyone without distinction.</p>

ANNEX C

Step 3.1 Table 1 – Screening the impacts or effects

Equalities Human Rights	Everyone	Age including financial, digital exclusion impacts	Disability Including financial, digital exclusion impacts	Gender	Gender reassignment Including Trans, Non-binary, Intersex	Marriage and civil partnership	Pregnancy and maternity	Race	Religion and belief	Sexual orientation	Carers inc financial, digital exclusion impacts	Low-income groups inc financial, digital exclusion impacts	Veteran, armed forces community	Those with experience of Care
Right to life*														
Prohibition of torture*														
Prohibition of slavery and forced labour*														
Right to liberty, movement and security (including freedom of movement)***														
Right to a fair trial*														
No punishment without law*														
Right to private and family life***	✓	✓	✓								✓	✓		
Freedom of thought, conscience, and belief***														
Freedom of expression***														
Freedom of assembly***														

ANNEX C

Right to marry***														
Right to property***														
Right to education***	✓	✓	✓								✓	✓		
Right to free elections***														
Right to housing***	✓	✓	✓								✓	✓		

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Step 3.2 Table 2 – Assessing the impact of your proposal

Here you will need to record the details on all the impacts identified for both Human Rights and those with Protected Characteristics.

Where you have identified an impact on a protected characteristic / human right in the table above, please indicate whether this is positive or negative and give a description of this impact. If you run out of rows, please add as necessary.

Rights clashes and restrictions

Where rights clash or are being restricted, you will need to explain how the decision has been taken, that the limitation on human rights is provided by law, for a legitimate purpose (justified), and proportionate (the minimum necessary restriction on rights).

First, think about what equalities or rights might be engaged by the proposal, and describe the likely impact of the proposal, and provide an evaluation.

Use the following questions to inform your responses if human rights or equalities are limited or qualified in any way:

- Why are a person's rights being restricted?
- What is the problem being addressed by the restriction on someone's rights?
- Will the restriction lead to a reduction in the problem?
- Does that restriction involve a blanket policy, or does it allow for different cases to be treated differently?
- Does a less restrictive alternative exist?
- Has sufficient regard been paid to the rights and interests of those affected?
- Do safeguards exist against error or abuse?

Table 2

Characteristic or Human Right affected	Positive or Negative impact	Impact Description	Evaluation or justification
Carers	Positive	Earlier identification and better access to support	Advances equality and reduces disadvantage
Disability	Positive	Improved support for all carers of disabled people, and disabled people themselves.	Proportionate and preventative
Age	Positive	Improved support for young and older carers	Supports education and wellbeing
Right to private and family life	Positive	Support enables family life to continue, and improves opportunities to participate in activities and maintain relationships	Enhances, not restricts rights
Right to education	Positive	Support for young carers to remain and thrive in learning	Improves outcomes and prevents long-term inequality.
Right to housing	Positive	<p>Supporting people who are cared for to remain within their own home.</p> <p>Supporting carers and their families to access financial entitlements and benefits.</p> <p>Supports carers to continue caring (if they want to) and provide effective care.</p>	<p>Helps to maximise income and reduce financial strain.</p> <p>Promotes independence</p>

Everyone	Positive	<p>Improves access and outcomes for carers and cared for people through improved joint working</p> <p>Anyone could become a carer and therefore helps to ensure early recognition and support.</p> <p>Carers play a vital role in strengthening communities and supporting our health and social care system.</p>	<p>Strengthens communities and supports health and social care system</p> <p>Reduces pressure on staff and services.</p>
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No rights clashes or restrictions have been identified.

Step 4 – Gaps in data and knowledge

4.1	What are the main gaps in information and understanding of the impact of your proposal?		
	When conducting your screening, you may have discovered gaps in data or knowledge that make it difficult to assess whether your proposal had a positive or negative impact on human rights/equalities. Please indicate actions you will take to resolve this gap. As your proposal progresses you may be able to resolve this knowledge gap –please indicate when it was resolved.		
	Gaps in data or knowledge	Action to deal with this	Date resolved
	Hidden carers	Improve identification and data collection	Ongoing
	Working carers	Further engagement with employers	Ongoing
	Carers Breaks	Look into the Accelerated Reform Fund opportunities and other wider initiatives	Ongoing
Carers with protected characteristics	Look into submitting a joint strategic needs assessment	Ongoing	

Step 5 - Maximising positive impacts

5.1	What has been done to optimise opportunities to advance equality / human rights or foster good relations?
	<p>Strategy developed with carers and partners</p> <p>Carer-friendly version produced with more strategic content explained</p> <p>Strong demonstratable links or 'golden threads' between the consultation and the measurables within the Strategy</p> <p>Focus on early intervention and prevention</p> <p>No 'priorities' which would indicate something is more important than another aspect; move to 'Focus Areas'</p> <p>Clear, measurable outcomes that will allow us to demonstrate improvement to all stakeholders</p> <p>Strong emphasis on joined-up services and "no wrong door"</p> <p>Building links with Children and Young People who are carers and may not be being recognised in educational settings</p> <p>Working closely with voluntary and community sector and health colleagues to encourage York wide Carer support</p>

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision.	
	Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column. There are four main options you can take:	
	No major change to the proposal	The HREAT demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact, and you have taken all opportunities to advance equality / human rights and foster good relations, subject to continuing monitor and review.
	Adjust the proposal	The HREAT identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
	Continue with the proposal (despite the potential for adverse impact)	You should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations
	Stop and remove the proposal	If there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination, it should be removed or changed.

Option Selected	Conclusion / justifications
	The HREAT demonstrates the Carers Strategy is robust, proportionate and compliant with equality and human rights duties. The proposal advances equality, improves access to support, and reduces disadvantage for carers

Step 7 – Summary of agreed actions resulting from the assessment

7.1	What action, by whom, will be undertaken as a result of the impact assessment.			
	List below the actions or mitigations that have been identified and who will be responsible to carrying them out. Add as many lines as you need.			
	Impact / Issue	Actions to be taken	Person Responsible	Timescale
	Hidden carers	Improve identification pathways and data collection	Service leads	2026-32
	Carer wellbeing	Expand flexible support	Commissioners	2026-32
	Joined-up working	Improve coordination	Partners	Ongoing
	Working carers	Further engagement with employers	Partners	Ongoing
	Carers Breaks	Look into the Accelerated Reform Fund opportunities and other wider initiatives	Commissioners	Ongoing

Step 8 - Monitor, review and improve

8.1	How will the impact of your proposal be monitored and improved upon going forward?
	Consider how will you identify the impact of activities on protected characteristics, other marginalised groups and human rights going forward? How will any learning and enhancements be capitalised on and embedded?
	Regular review of carer strategy measurables to demonstrate impact Feedback from carers and partners via the Carers Action Group and Carers Strategy Group Ongoing updates to the HREAT as learning emerges

Appendix

Equity, Diversity & Inclusion (EDI): Protected characteristics

Under the public sector duties introduced by the Equality Act 2010 public bodies must have due regard for the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act, such as the failure to make reasonable adjustments for disabled people
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

These duties relate to the nine protected characteristic groups defined by the Equality Act 2010 (outlined in the table below).

The Council recognises that a person's socio-economic background and whether they live in a rural or urban location can be important factors in determining fair access to services, employment and treatment. When carrying out analysis, you must also consider socio-economic issues and rural / urban location issues. In addition to the nine protected characteristic the HREAT includes the following equality groups:

- Carers

- Low income groups
- Veterans, armed forces community
- Experience of care/Other (other groups that are impacted)

Human rights differ from equalities in two main ways:

- First, human rights apply to everyone and not just groups with protected characteristics.
- Second, they allow for the balancing of rights, priorities, and risks. Many rights are not absolute and can be limited or qualified in particular circumstances.

The following guidance identifies which rights are most likely to be engaged by proposals in certain policy areas. This doesn't mean that you should not consider whether other rights might be engaged.

Three types of human rights

There are three types of human rights in the Human Rights Act:

- **Absolute rights** – cannot be breached in any circumstances e.g. right to life and to protection from torture and inhuman or degrading treatment.
- **Limited rights** – can only be restricted in specific situations e.g. a person can be deprived of their liberty if they are convicted of an offence and imprisoned.
- **Qualified rights** – human rights can be restricted if it is in the interests of the wider community or to protect other people's rights e.g. freedom of movement and assembly were restricted during the Covid-19 pandemic in the interests of public health.

As limited and qualified rights are not absolute, they sometimes have to be balanced in decision making. In Table 1, absolute rights are indicated with an *; limited rights with a **; and qualified rights with a ***.

Right	Description ¹	Focus Area
Right to life	<p>Nobody, including the Government, can take someone's life away. Public authorities must take appropriate measures to safeguard life including by protecting people whose life might be in danger.</p> <p>Public authorities should also consider the right to life when making decisions that might endanger or affect life expectancy.</p> <p>When public officials may be involved in an instance when someone died, public authorities must conduct an investigation.</p>	<ul style="list-style-type: none"> • Benefits and money • Births, deaths and marriages • Children and families • Environment and animals • Health and social care • Housing • Planning and building • Waste and recycling
Freedom from torture and inhuman or degrading treatment	<p>Torture consists in causing very serious and cruel physical or mental pain or suffering.</p> <p>Inhuman treatment or punishment is treatment which causes intense physical or mental suffering. Degrading treatment means treatment that is extremely humiliating and undignified.</p> <p>Inhuman or degrading treatment could include: serious physical assault; very severe detention conditions or restraints; serious physical or psychological abuse in a health or care setting.</p>	<ul style="list-style-type: none"> • Children and families • Health and social care

Prohibition of slavery and forced labour	<p>Slavery is when someone owns someone else like a piece of property.</p> <p>Servitude is when someone provides services to a person for no reward and is unable to stop due to coercion.</p> <p>Forced or compulsory labour is when someone is forced to do work to which they have not agreed to, under the threat of punishment.</p>	<ul style="list-style-type: none"> • Children and families • Jobs, training and volunteering • People and communities
Right to liberty and security	<p>It focuses on protecting individuals' freedom from unreasonable detention, as opposed to protecting personal safety. However, there is case law from other jurisdictions where this right also covers personal safety in conditions other than detention.</p> <p>Under the HRA 1998 and the ECHR, it means that no one can be imprisoned or detained without good reason.</p>	<ul style="list-style-type: none"> • Health and social care • Housing • People and communities
Right to a fair trial	<p>This right is triggered when someone is charged with a criminal offence and have to go to court, or a public authority is making a decision that has an impact on someone's civil rights or obligations.</p>	<ul style="list-style-type: none"> • Environment and animals • Health and social care • People and communities • Streets, roads and pavements
No punishment without law	<p>No one can be charged with a criminal offence for an action that was not a crime when it was committed.</p> <p>Public authorities must explain clearly what counts as a criminal offence so that people know when they are breaking the law.</p>	<ul style="list-style-type: none"> • Environment and animals • People and communities • Streets, roads and pavements

<p>Right to private and family life, home and correspondence</p>	<p>This includes one's right to determine their sexual orientation, lifestyle, and the way one looks and dresses. It also includes the right to control who sees and touches one's body. It further covers one's right to develop their personal identity and to forge friendships and other relationships, the right to participate in essential economic, social, cultural and leisure activities. In some circumstances, public authorities may need to facilitate the enjoyment of one's right to a private life, including their ability to participate in society.</p> <p>It also means that personal information about anyone (including official records, photographs, letters, diaries and medical records) should be kept securely and not shared without their permission, except in certain circumstances.</p>	<ul style="list-style-type: none"> • Benefits and money • Births, deaths and marriages • Children and families • Health and social care • Jobs, training and volunteering • Parking and permits • Planning and building • Schools and education • Sports and leisure
<p>Freedom of thought, conscience and belief</p>	<p>This may include the right to change religion or beliefs, the right to put one's thoughts and beliefs into action, for example by exercising the right to wear religious clothing, the right to talk about one's own beliefs or take part in religious worship. Public authorities cannot stop anyone from practising their religion, without very good reason.</p> <p>This right protects a wide range of non-religious beliefs including atheism, agnosticism, veganism and pacifism.</p>	<ul style="list-style-type: none"> • Business • Schools and education
<p>Freedom of expression</p>	<p>This includes the right to express views aloud (for example through public protest and demonstrations) or through published articles, books or leaflets, television or radio broadcasting, works of art, the internet and social media. It further protects the right to receive information from other</p>	<ul style="list-style-type: none"> • Business • Environment and animals • People and communities • Schools and education

	people by, for example, being part of an audience or reading a magazine.	<ul style="list-style-type: none"> • Sports and leisure
Freedom of assembly and association	This encompasses the right to form and be part of a trade union, a political party or any another association or voluntary group. Nobody has the right to force anyone to join a protest, trade union, political party or another association.	<ul style="list-style-type: none"> • Environment and animals • Jobs, training and volunteering • People and communities • Travel and transport • Streets, roads and pavements
Right to marry and start a family	Right of men and women of marriageable age to marry and to start a family.	<ul style="list-style-type: none"> • Births, deaths and marriages • Children and families
Right to property	No public authority, without very good reason can take away one's property, which may include things like land, houses, objects, shares, licences, leases, patents, money, pensions and certain types of welfare benefits. This right applies to companies as well as individuals.	<ul style="list-style-type: none"> • Benefits and money • Business • Council tax • Environment and animals • Housing • Planning and building • Travel and transport • Streets, roads and pavements • Waste and recycling
Right to education	This right protects one's right to an effective education within the UK's existing educational institutions. It relates to primary, secondary, and higher education. Parents have a right to ensure that their religious and philosophical beliefs are respected during their children's education.	<ul style="list-style-type: none"> • Children and families • Environment and animals • Jobs, training and volunteering • People and communities • Schools and education • Sports and leisure

Right to free elections	<p>Public authorities must support the right to free expression by holding free elections at reasonable intervals. These elections must enable anyone to vote in secret.</p>	<ul style="list-style-type: none"> • Births, deaths and marriages • People and communities
Right to housing	<p>Adequate housing must provide more than four walls and a roof. For housing to be adequate, it must, at a minimum, meet the following criteria:</p> <p>Security of tenure, that is legal protection against forced evictions, harassment and other threats; availability of services, materials, facilities and infrastructure; affordability, which means that housing is not adequate if its cost threatens or compromises the occupants' enjoyment of other human rights; Habitability, which relates to physical safety or adequate space, as well as protection against the cold, damp, heat, rain, wind, other threats to health and structural hazards; accessibility, in that it must accommodate the specific needs of disadvantaged and marginalised groups; location, which means that it must not be cut off from employment opportunities, health-care services, schools, childcare centres and other social facilities, or it must not be located in polluted or dangerous areas; cultural adequacy, which means that it must respect and take into account the expression of cultural identity.</p>	<ul style="list-style-type: none"> • Benefits and money • Housing • People and communities • Planning and building • Waste and recycling

¹ The wording of each description box has been adapted from the following sources: [Equality and Human Rights Commission](#) or [British Institute for Human Rights](#).

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People Scrutiny Committee

17 March 2026

Report of: The Director of Housing & Communities

Councillor Lomas –

Executive Member for Finance, Performance, Major Projects and Equalities

Councillor Pavlovic –

Executive Member for Housing, Planning and Safer Communities

2026/27 Ward Funding Allocations

Summary

1. The 2026/27 individual Ward budget allocation is comprised of £250,000 to be allocated across the city, and this report outlines existing and potential models to inform making the split to wards. The Executive will be asked to approve the method of allocation of ward funding, considering the feedback and recommendations from this meeting of People Scrutiny Committee on the proposals.
2. New national deprivation data was released in Autumn 2025, as well as latest population data being available and therefore the models have been updated to reflect these changes.

Background

3. In 2024/25 and 2025/26 the financial allocation per ward was based upon, firstly a base split per ward by the number of councillors (£105k) and then a secondary split in each ward based on deprivation (£145k). The base amount per councillor ensures a minimum amount for each ward, which is then enhanced by analysis of depth of deprivation. It should be noted that there is an inherent skewing of the total amounts, reflecting the number of councillors per ward.
4. In 2024/25 and 2025/26, in order to allocate the £145k based on deprivation, the levels of need in all wards were assessed against the national Index of Multiple Deprivation (IMD). IMD scores and ranks each area, using seven different dimensions or domains, each of which is based on a basket of indicators. The data combines information from the domains to produce an overall relative measure of deprivation.

IMD is released at an LSOA (Lower Super Output Area) level, and the resulting overall Ward IMD scores are an area level aggregation of this relative measure of deprivation.

7 Domains of Index of Multiple Deprivation	
Income Deprivation	Crime
Employment Deprivation	Barriers to Housing and Services
Education, Skills & Training Deprivation	Living Environment Deprivation
Health Deprivation & Disability	

5. The 2024/25 and 2025/26 allocations were designed with the intention of using deprivation so that those wards with the highest scores (the more deprived wards) would have the greater funding allocations, noting:
- National and local data suggests that wards with a higher population, generally, are the more deprived areas. Therefore, if deprivation is used as the main measure of allocation, there does not have to be a further normalisation of the data by population;
 - In 2023/24 an attempt was made to create a ward funding split based solely upon Council Plan indicators and EACH (Equalities & Human Rights, Affordability, Climate and Health) indicators. However as relatively few of the Council Plan indicators are available at ward level, a model which covers all 4 elements of EACH could not be created.
6. Further deprivation information has been released whereby The English Indices of Deprivation (IoD25) measure relative levels of deprivation in 33,755 small areas or neighbourhoods, called Lower-layer Super Output Areas (LSOAs), in England. Key changes for York are that:
- The city has slightly higher deprivation: The IMD average score for York in 2025 is 11.81. A lower IMD score indicates lower relative deprivation. The score for York in 2019 was 11.73.
 - Slightly more people live in our top 20% deprived communities: In 2025, 6.23% of the population of York live in LSOAs which fall into the most deprived 20% nationally. In 2019 the figure was 4.61%.

7. The Population data used in the IMD 2025 data release was based on mid-year estimates 2022, however there has been further national releases of population data and therefore the models have been updated with the release (mid 2024 estimates - released 7th November).

Changes to levels of funding in existing allocation model (A) based on new deprivation data

8. Levels of deprivation have slightly changed in all communities in York, and this could mean that funding levels slightly change in every ward. There are 4 wards which have had changes of +/- £1k and the reasons for these are detailed below.
9. **Fulford Ward (increase in funding due to deprivation and population):** In between the release of the IMD data for 2019 and 2025, the LSOA E01013365 was split into E01034761 and E01034762 as the population increased, primarily, due to new housing developments. The population increased from 2,933 in 2019 to 3,644 in 2024. The new LSOAs have been scored as more deprived (2025 IMD score: 9.73 and 10.79 respectively).
10. The domains listed below show the changes in scores and national LSOA rankings, with the Crime, Income, Employment and Health domains showing relatively significant change. The data for the underlying indicators that make up the domain scores has not been released which prevents further analysis.

Fulford & Heslington		IMD Score	Income Score (rate)	Employment Score (rate)	Education, Skills and Training Score	Health Deprivation and Disability Score	Crime Score	Barriers to Housing and Services Score	Living Environment Score
	2019	4.77	0.02	0.02	4.31	-1.00	-1.98	23.12	14.89
	2025	10.19	0.16	0.08	5.60	-0.40	-0.22	17.48	13.84
	Average Rank	Index of Multiple Deprivation (IMD) Rank (where 1 is most deprived)	Income Rank (where 1 is most deprived)	Employment Rank (where 1 is most deprived)	Education, Skills and Training Rank (where 1 is most deprived)	Health Deprivation and Disability Rank (where 1 is most deprived)	Crime Rank (where 1 is most deprived)	Barriers to Housing and Services Rank (where 1 is most deprived)	Living Environment Rank (where 1 is most deprived)
Out of 32,844 LSOAs	2019	29,526	27,857	26,984	27,417	27,727	30,391	12,546	21,905
Out of 33,755 LSOAs	2025	24,658	20,059	22,035	27,657	21,956	19,722	21,133	20,899
Change in Rank (red more deprived)			-7,798	-4,950	240	-5,771	-10,670	8,587	-1,006

11. **Wheldrake Ward (increase in funding due to deprivation):** The population for Wheldrake has remained consistent as it was 4,131 in 2019 and 4,157 in 2024. The domains listed below show the changes in scores and national LSOA rankings, with the major changes being in the Barriers to Housing and Services Domain.

Wheldrake		IMD Score	Income Score (rate)	Employment Score (rate)	Education, Skills and Training Score	Health Deprivation and Disability Score	Crime Score	Barriers to Housing and Services Score	Living Environment Score
	2019	4.16	0.03	0.04	2.31	-0.92	-1.74	13.25	13.22
	2025	6.96	0.06	0.04	1.74	-0.91	-1.73	32.16	17.58
	Average Rank	Index of Multiple Deprivation (IMD) Rank (where 1 is most deprived)	Income Rank (where 1 is most deprived)	Employment Rank (where 1 is most deprived)	Education, Skills and Training Rank (where 1 is most deprived)	Health Deprivation and Disability Rank (where 1 is most deprived)	Crime Rank (where 1 is most deprived)	Barriers to Housing and Services Rank (where 1 is most deprived)	Living Environment Rank (where 1 is most deprived)
Out of 32,844 LSOAs	2019	30,386	29,747	28,372	30,420	28,042	31,959	21,641	21,224
Out of 33,755 LSOAs	2025	28,286	30,482	31,506	31,904	28,624	32,836	5,269	18,490
Change in Rank (red more deprived)			735	3,134	1,484	581	877	-16,372	-2,734

12. **Heworth Without Ward (decrease in funding due to deprivation):** The population for Heworth Without has remained fairly consistent as it was 3,566 in 2019 and 3,800 in 2024. The domains listed below show the changes in scores and national LSOA rankings, with the major changes being across the Health, Education, Housing, Living Environment and Employment Domains.

Heworth Without		IMD Score	Income Score (rate)	Employment Score (rate)	Education, Skills and Training Score	Health Deprivation and Disability Score	Crime Score	Barriers to Housing and Services Score	Living Environment Score
	2019	5.09	0.03	0.03	6.60	-0.56	-1.33	15.77	14.04
	2025	2.99	0.06	0.04	2.52	-0.86	-1.61	16.00	6.84
	Average Rank	Index of Multiple Deprivation (IMD) Rank (where 1 is most deprived)	Income Rank (where 1 is most deprived)	Employment Rank (where 1 is most deprived)	Education, Skills and Training Rank (where 1 is most deprived)	Health Deprivation and Disability Rank (where 1 is most deprived)	Crime Rank (where 1 is most deprived)	Barriers to Housing and Services Rank (where 1 is most deprived)	Living Environment Rank (where 1 is most deprived)
Out of 32,844 LSOAs	2019	30,632	30,546	28,885	26,860	22,840	32,186	18,146	23,491
Out of 33,755 LSOAs	2025	32,382	30,856	32,100	30,856	27,098	32,759	21,795	26,962
Change in Rank (red more deprived)			310	3,215	3,996	4,258	573	3,649	3,471

13. **Dringhouses and Woodthorpe (decrease in funding due to deprivation):** The population for Dringhouses and Woodthorpe has remained fairly consistent as it was 11,566 in 2019 and 11,617 in 2024. The domains listed below show the changes in scores and national LSOA rankings, with the major changes being across the Housing and Living Environment Domains.

Options Analysis 2 - Changing level of base funding on Model A

15. This option analysis shows what the allocations might look like if the overall level of funding remained the same, but that the level of councillor funding was reduced, and subsequently the level of deprivation funding was increased.
16. The following scenarios have been modelled and the outputs of this are at Annex C.

	Deprivation Funding	Councillor Funding	To Allocate: 2026/27	% Deprivation Funding of Total
Model A	£145,000	£105,000	£250,000	58%
Model A (2)	£150,000	£100,000	£250,000	60%
Model A (3)	£162,500	£87,500	£250,000	65%
Model A (4)	£175,000	£75,000	£250,000	70%
Model A (5)	£187,500	£62,500	£250,000	75%
Model A (6)	£200,000	£50,000	£250,000	80%
Model A (7)	£250,000	£0	£250,000	100%

17. The increase in the proportion of the funding to deprivation, means that any wards with greater levels of deprivation will get more funding. As seen in Annex C, as you move through the models the level of funding to deprived communities increase as the proportion of money allocated to deprivation increases. An example for the most ward with most deprivation, Westfield, is shown below:

Ward	Model A	Model A (2)	Model A (3)	Model A (4)	Model A (5)	Model A (6)	Model A (7)
Westfield	£24,509.67	£24,804.58	£25,541.84	£26,279.09	£27,016.35	£27,753.62	£30,702.66

Proposed changes to other arrangements

18. Other proposals that could be considered to enhance the flexibilities around ward funding are described below for discussion:
- **Structured ward funding bid programmes** held on a quarterly basis followed by City Wide Funding releases. This will be aligned within the York Neighbourhood Model so that funding could be directed to identified local priorities between wards. This would enable the Neighbourhood leads (current Community Involvement Officers) to work efficiently, help ward councillors look strategically at need and feed city wide bids from the ward funding activity, potentially releasing ward funds for further opportunities locally. There however would be the ability for ward councillors to opt in or out of funding rounds.
 - **Flexibility to carry forward projects and funding at year end:**
 - a) To continue to allow approved projects not yet started to be carried forward into the new financial year (this has been in place since 2024/25); and
 - b) To allow 20% of the year's budget to be carried over at the end of the financial year so if there is insufficient funding for an application at year end, it can be topped up from the following year.

Consultation

19. People Scrutiny feedback will inform this section of the following Executive report.

Options

20. The scrutiny committee is asked to consider all the options in the report and make recommendations to the Executive.

Analysis

21. The evaluation of each option is outline in the report

Council Plan

22. One City, for All, the Council Plan 2023 – 27 sets out a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives. The ward budgets enable community capacity to be built, reflecting coproduction with residents on the agreement of local priorities and the codesign of local projects, alongside the funding of many local voluntary and community sector organisations, helping to build inclusive, strong and thriving communities. Furthermore, applications to the ward grants must demonstrate how projects will meet the four council plan core commitments of Affordability, Environment, Equalities and Human Rights, and Health Inequalities.
23. At April 2024 Executive it was agreed that ward funding totalling £250,000 is composed of the following elements:
 - allocate a minimum Ward Budget for Members to spend on priorities in their neighbourhood action plans that correspond with those of the council's core commitments;
 - introduce a second element based on need (via deprivation).
 - In addition create a single pot of funding for multiple and/or 'city wide' applications (an additional amount of £100,000).

Implications

24.

- **Financial**
There are no direct financial implications for this report as the £250,000 ward budget will remain the same, however there might be a different allocation across the wards should the Executive choose to agree a different option, to the current option A.
- **Human Resources**
There are no human resources implications from this report.
- **Legal**
There are no legal implications from this report.
- **Crime and Disorder** There are no crime and disorder implications from this report.

- **Equalities and Human Rights**
 - a) The Council recognises, and needs to take into account its Public Sector Equality Duty under Section 149 of the Equality Act 2010 (to have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it in the exercise of a public authority's functions).
 - b) Consideration of deprivation data through the analysis of the IMD will provide information to help inform how equalities and human rights issues are considered by Members and residents through the neighbourhood planning process and responded to through the codesign of social action projects. This will enable equalities, human rights and inclusion issues to be responded to more directly, enabling more equitable and inclusive communities, where the conditions are created for all residents to achieve positive outcomes.
- **Information Technology (IT)** There are no IT implications in this report
- **Property** There are no direct property implications of this report
- **Other** N/A

Risk Management

25. Whilst there are no direct risks outlined in this report, it is worth noting that allocations could go up or down for wards as a result of any change in mechanism should the Executive implement any change in approach.

Recommendations

26. The People Scrutiny Committee is asked to consider the content of the report, the options presented and consider if they wish to recommend maintaining the existing model A or recommend another model from the options outlined in the report.

Reason: In order to provide feedback before the Executive approves the method of allocation of ward funding.

Contact Details

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**Report
Approved**



Date 5 March 2026

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

Executive 18th April 2024

<https://modgov.york.gov.uk/documents/s175761/Ward%20Funding%20Executive%20Report%20April%2018.pdf>

Corporate Services, Climate Change and Scrutiny Management Committee 18th March 2024

<https://democracy.york.gov.uk/documents/s174393/Ward%20Funding%20CSMC%2018%20March.pdf>

Full Council 20th July 2023

<https://democracy.york.gov.uk/documents/s168967/Report%20of%20Executive%20Member.pdf>

<https://democracy.york.gov.uk/documents/s168969/Annex%20-%20Ward%20Budgets%202023-27.pdf>

Index of Multiple Deprivation 2025 published on YorkOpenData

<https://data.yorkopendata.org/dataset/indices-of-multiple-deprivation>

Annexes

None.

Abbreviations

EACH	Equalities & Human Rights, Affordability, Climate and Health
IMD	Index of Multiple Deprivation
IoD25	English Indices of Multiple Deprivation
K	Thousand
LSOA	Lower Super Output Area

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Ward Funding Model Options A-E

Model	Description	Allocation	Pros	Cons	Meets EACH	Meets Full Council July 2023
Model A	Based on Deprivation This is the same method as the 2025/26 Ward budget allocation but with updated deprivation and population.	£105k base to be split by Councillor on each ward £145k to be split by each ward based on deprivation	This approach will take into account both the size of the ward and its deprivation level	Provides more funding for larger population needs	Y	Y
Model B	Based on the IMD deprivation scoring for each ward. York's methodology reduces the IMD 1-10 deciles for wards into four groups A1-4. The most deprived wards sit within A1 and the least deprived within A4.	£105k of the funding divided equally across every Councillor and £145k will be allocated based on the IMD deciles	This approach will take into account both the size of the ward and its deprivation level	Provides more funding for larger population needs, but also grouping on deprivation likely to leads to a flattening of funding for most deprived wards.	Y	Y

ANNEX A

Model	Description	Allocation	Pros	Cons	Meets EACH	Meets Full Council July 2023
Model C	Based on the Household Deprivation figures from the 2021 Census and how many Councillors each ward has.	£105k of the funding divided equally across every Councillor and £145k will be allocated based on the number of most deprived ward households out of all deprived households	As a more direct measure of deprivation, the household deprivation indicators can be used to say that one area has double the proportion of households with multiple needs compared to another.	As this model only looks at 2 or more dimensions, does not take into account areas of very high deprivation	Y	Y
Model D	Based on most recent Deprivation and this figure multiplied by ward population and then figure used as % of total.	£105k base to be split by Councillor on each ward £145k to be split by each ward based on deprivation	This approach will take into account both the size of the ward and its deprivation level	This approach puts greater weighting on population, and smooths out where wards have same IMD score but different population	Y	N

ANNEX A

Model	Description	Allocation	Pros	Cons	Meets EACH	Meets Full Council July 2023
Model E	Based on most recent Deprivation and this figure multiplied by ward councillors and then figure used as % of total.	£105k base to be split by Councillor on each ward £145k to be split by each ward based on deprivation	This approach will take into account both the size of the ward and its deprivation level	Same as Model G, but more simplistic with only a 1-3 Councillor option	Y	N

Model A		Based on the 2025/26 Ward budget allocation of: £105k base to be split by Councillor on each ward £145k to be split by each ward based on deprivation										
Ward	Councillors	Population (mid 2024 estimates)	Households (Experian 2024)	2019 IMD score (higher score is worse)	2019 IMD score weighting	2025 IMD score (higher score is worse)	2025 IMD score weighting	Deprivation Funding	Councillor Funding	To Allocate: 2026/27	Allocated 2025/26	Difference between 2025/26 and 2026/27 Allocation
Acomb	2	9,404	3,883	11.76	5.46%	11.91	5.35%	£7,762.41	£4,468.09	£12,230.50	£12,383.85	-£153.35
Bishopthorpe	1	4,064	1,912	5.87	2.73%	6.63	2.98%	£4,323.96	£2,234.04	£6,558.00	£6,186.88	£371.12
Clifton	2	9,715	4,399	22.79	10.58%	23.93	10.76%	£15,597.22	£4,468.09	£20,065.31	£19,812.93	£252.38
Copmanthorpe	1	4,126	1,813	3.29	1.53%	4.45	2.00%	£2,899.29	£2,234.04	£5,133.33	£4,446.71	£686.62
Dringhouses & Woodthorpe	3	11,617	5,368	9.65	4.48%	8.06	3.62%	£5,251.43	£6,702.13	£11,953.56	£13,201.80	-£1,248.24
Fishergate	2	10,474	4,430	9.50	4.41%	9.14	4.11%	£5,954.87	£4,468.09	£10,422.96	£10,863.95	-£440.99
Fulford & Heslington	1	4,616	2,028	4.77	2.22%	10.19	4.58%	£6,642.15	£2,234.04	£8,876.19	£5,446.89	£3,429.30
Guildhall	3	15,482	8,069	16.38	7.61%	16.17	7.27%	£10,541.70	£6,702.13	£17,243.83	£17,730.97	-£487.14
Haxby & Wigginton	3	11,739	5,438	5.25	2.44%	5.12	2.30%	£3,337.30	£6,702.13	£10,039.43	£10,234.98	-£195.55
Heworth	3	13,842	5,968	14.92	6.93%	16.22	7.29%	£10,569.90	£6,702.13	£17,272.03	£16,749.31	£522.72
Heworth Without	1	4,068	1,903	5.09	2.36%	2.99	1.34%	£1,946.22	£2,234.04	£4,180.26	£5,663.01	-£1,482.75
Holgate	3	12,148	6,004	13.36	6.20%	12.64	5.68%	£8,236.22	£6,702.13	£14,938.35	£15,698.40	-£760.05
Hull Road	3	16,182	4,535	10.51	4.88%	11.32	5.09%	£7,377.92	£6,702.13	£14,080.05	£13,778.35	£301.70
Huntington & New Earswick	3	12,384	5,943	12.67	5.88%	11.70	5.26%	£7,627.27	£6,702.13	£14,329.40	£15,229.64	-£900.24
Micklegate	3	12,862	7,335	11.80	5.48%	12.71	5.72%	£8,287.82	£6,702.13	£14,989.95	£14,647.43	£342.52
Osbaldwick & Derwent	2	8,566	3,657	6.67	3.10%	6.23	2.80%	£4,064.13	£4,468.09	£8,532.22	£8,959.26	-£427.04
Rawcliffe & Clifton Without	3	12,622	5,686	7.30	3.39%	4.91	2.21%	£3,200.75	£6,702.13	£9,902.88	£11,615.72	-£1,712.84
Rural West York	2	8,554	3,520	5.83	2.71%	6.74	3.03%	£4,395.56	£4,468.09	£8,863.65	£8,391.59	£472.06
Strensall	2	8,357	3,407	7.14	3.32%	7.12	3.20%	£4,638.02	£4,468.09	£9,106.11	£9,275.26	-£169.15
Westfield	3	14,322	6,564	26.66	12.38%	27.32	12.28%	£17,807.54	£6,702.13	£24,509.67	£24,649.05	-£139.38
Wheldrake	1	4,157	1,714	4.16	1.93%	6.96	3.13%	£4,538.32	£2,234.04	£6,772.36	£5,034.07	£1,738.29
Total	47	209,301	93,576		100.0%		100.0%	£145,000	£105,000	£250,000	£250,000	£0

Ward	Councillors	Population (mid 2024 estimates)	Households (Experian 2024)	National (IMD) Decile (where 1 is most deprived 10% of LSOAs)	Grouping Multiplier	Deprivation Funding	Councillor Funding	To Allocate
Acomb	2	9,404	3,883	8	2	£8,529.41	£4,468.09	£12,997.50
Bishopthorpe	1	4,064	1,912	9	1	£4,264.71	£2,234.04	£6,498.75
Clifton	2	9,715	4,399	5	3	£12,794.12	£4,468.09	£17,262.21
Copmanthorpe	1	4,126	1,813	10	1	£4,264.71	£2,234.04	£6,498.75
Dringhouses & Woodthorpe	3	11,617	5,368	9	1	£4,264.71	£6,702.13	£10,966.84
Fishergate	2	10,474	4,430	8	2	£8,529.41	£4,468.09	£12,997.50
Fulford & Heslington	1	4,616	2,028	8	2	£8,529.41	£2,234.04	£10,763.45
Guildhall	3	15,482	8,069	6	2	£8,529.41	£6,702.13	£15,231.54
Haxby & Wigginton	3	11,739	5,438	10	1	£4,264.71	£6,702.13	£10,966.84
Heworth	3	13,842	5,968	6	2	£8,529.41	£6,702.13	£15,231.54
Heworth Without	1	4,068	1,903	10	1	£4,264.71	£2,234.04	£6,498.75
Holgate	3	12,148	6,004	7	2	£8,529.41	£6,702.13	£15,231.54
Hull Road	3	16,182	4,535	7	2	£8,529.41	£6,702.13	£15,231.54
Huntington & New Earswick	3	12,384	5,943	8	2	£8,529.41	£6,702.13	£15,231.54
Micklegate	3	12,862	7,335	7	2	£8,529.41	£6,702.13	£15,231.54
Osballdwick & Derwent	2	8,566	3,657	9	1	£4,264.71	£4,468.09	£8,732.80
Rawcliffe & Clifton Without	3	12,622	5,686	10	1	£4,264.71	£6,702.13	£10,966.84
Rural West York	2	8,554	3,520	9	1	£4,264.71	£4,468.09	£8,732.80
Strensall	2	8,357	3,407	9	1	£4,264.71	£4,468.09	£8,732.80
Westfield	3	14,322	6,564	4	3	£12,794.12	£6,702.13	£19,496.25
Wheldrake	1	4,157	1,714	9	1	£4,264.71	£2,234.04	£6,498.75
Total	47	209,301	93,576		34	£145,000	£105,000	£250,000

IMD Decile	Grouping	Multiplier
1 - 3 (most deprived)	A1	4
4 - 5 (deprived)	A2	3
6 - 8 (not so deprived)	A3	2
9 - 10 (least deprived)	A4	1

Ward	Based an allocation per Councillor and on the Household Deprivation figures from the 2021 Census and how many Councillors each ward has. £105k base to be split by Councillor on each ward and £145k allocated based on the number of most deprived ward households out of all deprived households							
	Councillors	Population (mid 2024 estimates)	Households (Experian 2024)	Households deprived in 2 or more dimensions (Census 2021)	Percentage of all York Households deprived in 2 or more dimensions (Census 2021)	Deprivation Funding	Councillor Funding	To Allocate
Acomb	2	9,404	3,883	536	4.6%	£6,741.26	£4,468.09	£11,209.35
Bishopthorpe	1	4,064	1,912	214	1.9%	£2,691.47	£2,234.04	£4,925.51
Clifton	2	9,715	4,399	702	6.1%	£8,829.04	£4,468.09	£13,297.13
Copmanthorpe	1	4,126	1,813	149	1.3%	£1,873.97	£2,234.04	£4,108.01
Dringhouses & Woodthorpe	3	11,617	5,368	618	5.4%	£7,772.57	£6,702.13	£14,474.70
Fishergate	2	10,474	4,430	500	4.3%	£6,288.49	£4,468.09	£10,756.58
Fulford & Heslington	1	4,616	2,028	177	1.5%	£2,226.13	£2,234.04	£4,460.17
Guildhall	3	15,482	8,069	911	7.9%	£11,457.63	£6,702.13	£18,159.76
Haxby & Wigginton	3	11,739	5,438	621	5.4%	£7,810.30	£6,702.13	£14,512.43
Heworth	3	13,842	5,968	1,018	8.8%	£12,803.37	£6,702.13	£19,505.50
Heworth Without	1	4,068	1,903	174	1.5%	£2,188.39	£2,234.04	£4,422.43
Holgate	3	12,148	6,004	752	6.5%	£9,457.89	£6,702.13	£16,160.02
Hull Road	3	16,182	4,535	647	5.6%	£8,137.31	£6,702.13	£14,839.44
Huntington & New Earswick	3	12,384	5,943	848	7.4%	£10,665.28	£6,702.13	£17,367.41
Micklegate	3	12,862	7,335	723	6.3%	£9,093.16	£6,702.13	£15,795.29
Osbalwick & Derwent	2	8,566	3,657	400	3.5%	£5,030.79	£4,468.09	£9,498.88
Rawcliffe & Clifton Without	3	12,622	5,686	541	4.7%	£6,804.15	£6,702.13	£13,506.28
Rural West York	2	8,554	3,520	297	2.6%	£3,735.36	£4,468.09	£8,203.45
Strensall	2	8,357	3,407	299	2.6%	£3,760.52	£4,468.09	£8,228.61
Westfield	3	14,322	6,564	1,268	11.0%	£15,947.61	£6,702.13	£22,649.74
Wheldrake	1	4,157	1,714	134	1.2%	£1,685.32	£2,234.04	£3,919.36
Total	47	209,301	93,576	11,529	100.0%	£145,000	£105,000	£250,000

Model D Based on the 2025/26 Ward budget allocation of: £105k base to be split by Councillor on each ward £145k to be split by each ward based on deprivation - % of IMD Score multiplied by Population									
Ward	Councillors	Population (mid 2024 estimates)	Households (Experian 2024)	2025 IMD score (higher score is worse)	2025 IMD score x Population	2025 IMD score weighting	Deprivation Funding	Councillor Funding	To Allocate
Acomb	2	9,404	3,883	11.91	111,987	4.53%	£6,571.55	£4,468.09	£11,039.64
Bishopthorpe	1	4,064	1,912	6.63	26,958	1.09%	£1,581.95	£2,234.04	£3,815.99
Clifton	2	9,715	4,399	23.93	232,461	9.41%	£13,641.07	£4,468.09	£18,109.16
Copmanthorpe	1	4,126	1,813	4.45	18,352	0.74%	£1,076.91	£2,234.04	£3,310.95
Dringhouses & Woodthorpe	3	11,617	5,368	8.06	93,590	3.79%	£5,491.99	£6,702.13	£12,194.12
Fishergate	2	10,474	4,430	9.14	95,685	3.87%	£5,614.92	£4,468.09	£10,083.01
Fulford & Heslington	1	4,616	2,028	10.19	47,036	1.90%	£2,760.15	£2,234.04	£4,994.19
Guildhall	3	15,482	8,069	16.17	250,379	10.13%	£14,692.51	£6,702.13	£21,394.64
Haxby & Wigginton	3	11,739	5,438	5.12	60,102	2.43%	£3,526.83	£6,702.13	£10,228.96
Heworth	3	13,842	5,968	16.22	224,455	9.08%	£13,171.29	£6,702.13	£19,873.42
Heworth Without	1	4,068	1,903	2.99	12,146	0.49%	£712.74	£2,234.04	£2,946.78
Holgate	3	12,148	6,004	12.64	153,495	6.21%	£9,007.23	£6,702.13	£15,709.36
Hull Road	3	16,182	4,535	11.32	183,158	7.41%	£10,747.93	£6,702.13	£17,450.06
Huntington & New Earswick	3	12,384	5,943	11.70	144,907	5.86%	£8,503.32	£6,702.13	£15,205.45
Micklegate	3	12,862	7,335	12.71	163,534	6.62%	£9,596.37	£6,702.13	£16,298.50
Osbalwick & Derwent	2	8,566	3,657	6.23	53,408	2.16%	£3,134.03	£4,468.09	£7,602.12
Rawcliffe & Clifton Without	3	12,622	5,686	4.91	61,978	2.51%	£3,636.96	£6,702.13	£10,339.09
Rural West York	2	8,554	3,520	6.74	57,682	2.33%	£3,384.87	£4,468.09	£7,852.96
Strensall	2	8,357	3,407	7.12	59,462	2.41%	£3,489.32	£4,468.09	£7,957.41
Westfield	3	14,322	6,564	27.32	391,262	15.83%	£22,959.69	£6,702.13	£29,661.82
Wheldrake	1	4,157	1,714	6.96	28,942	1.17%	£1,698.37	£2,234.04	£3,932.41
Total	47	209,301	93,576			100.0%	£145,000	£105,000	£250,000

Based on the 2025/26 Ward budget allocation of: £105k base to be split by Councillor on each ward £145k to be split by each ward based on deprivation - % of IMD Score multiplied by number of Councillors									
Model E									
Ward	Councillors	Population (mid 2024 estimates)	Households (Experian 2024)	2025 IMD score (higher score is worse)	2025 IMD score x Councillors	2025 IMD score weighting	Deprivation Funding	Councillor Funding	To Allocate
Acomb	2	9,404	3,883	11.91	23.82	4.41%	£6,397.20	£4,468.09	£10,865.29
Bishopthorpe	1	4,064	1,912	6.63	6.63	1.23%	£1,781.74	£2,234.04	£4,015.78
Clifton	2	9,715	4,399	23.93	47.86	8.86%	£12,854.08	£4,468.09	£17,322.17
Copmanthorpe	1	4,126	1,813	4.45	4.45	0.82%	£1,194.69	£2,234.04	£3,428.73
Dringhouses & Woodthorpe	3	11,617	5,368	8.06	24.17	4.48%	£6,491.76	£6,702.13	£13,193.89
Fishergate	2	10,474	4,430	9.14	18.27	3.38%	£4,907.57	£4,468.09	£9,375.66
Fulford & Heslington	1	4,616	2,028	10.19	10.19	1.89%	£2,736.99	£2,234.04	£4,971.03
Guildhall	3	15,482	8,069	16.17	48.52	8.99%	£13,031.53	£6,702.13	£19,733.66
Haxby & Wigginton	3	11,739	5,438	5.12	15.36	2.85%	£4,125.53	£6,702.13	£10,827.66
Heworth	3	13,842	5,968	16.22	48.65	9.01%	£13,066.40	£6,702.13	£19,768.53
Heworth Without	1	4,068	1,903	2.99	2.99	0.55%	£801.97	£2,234.04	£3,036.01
Holgate	3	12,148	6,004	12.64	37.91	7.02%	£10,181.53	£6,702.13	£16,883.66
Hull Road	3	16,182	4,535	11.32	33.96	6.29%	£9,120.51	£6,702.13	£15,822.64
Huntington & New Earswick	3	12,384	5,943	11.70	35.10	6.50%	£9,428.75	£6,702.13	£16,130.88
Micklegate	3	12,862	7,335	12.71	38.14	7.07%	£10,245.31	£6,702.13	£16,947.44
Osbalwick & Derwent	2	8,566	3,657	6.23	12.47	2.31%	£3,349.35	£4,468.09	£7,817.44
Rawcliffe & Clifton Without	3	12,622	5,686	4.91	14.73	2.73%	£3,956.73	£6,702.13	£10,658.86
Rural West York	2	8,554	3,520	6.74	13.49	2.50%	£3,622.50	£4,468.09	£8,090.59
Strensall	2	8,357	3,407	7.12	14.23	2.64%	£3,822.31	£4,468.09	£8,290.40
Westfield	3	14,322	6,564	27.32	81.96	15.18%	£22,013.49	£6,702.13	£28,715.62
Wheldrake	1	4,157	1,714	6.96	6.96	1.29%	£1,870.07	£2,234.04	£4,104.11
Total	47	209,301	93,576			100.0%	£145,000	£105,000	£250,000

Model comparison									
Ward	Councillors	Population (mid 2024 estimates)	Households (Experian 2024)	Model A	Model B	Model C	Model D	Model E	
Acomb	2	9,404	3,883	£12,230.50	£12,997.50	£11,209.35	£11,039.64	£10,865.29	
Bishopthorpe	1	4,064	1,912	£6,558.00	£6,498.75	£4,925.51	£3,815.99	£4,015.78	
Clifton	2	9,715	4,399	£20,065.31	£17,262.21	£13,297.13	£18,109.16	£17,322.17	
Copmanthorpe	1	4,126	1,813	£5,133.33	£6,498.75	£4,108.01	£3,310.95	£3,428.73	
Dringhouses & Woodthorpe	3	11,617	5,368	£11,953.56	£10,966.84	£14,474.70	£12,194.12	£13,193.89	
Fishegate	2	10,474	4,430	£10,422.96	£12,997.50	£10,756.58	£10,083.01	£9,375.66	
Fulford & Heslington	1	4,616	2,028	£8,876.19	£10,763.45	£4,460.17	£4,994.19	£4,971.03	
Guildhall	3	15,482	8,069	£17,243.83	£15,231.54	£18,159.76	£21,394.64	£19,733.66	
Haxby & Wigginton	3	11,739	5,438	£10,039.43	£10,966.84	£14,512.43	£10,228.96	£10,827.66	
Heworth	3	13,842	5,968	£17,272.03	£15,231.54	£19,505.50	£19,873.42	£19,768.53	
Heworth Without	1	4,068	1,903	£4,180.26	£6,498.75	£4,422.43	£2,946.78	£3,036.01	
Holgate	3	12,148	6,004	£14,938.35	£15,231.54	£16,160.02	£15,709.36	£16,883.66	
Hull Road	3	16,182	4,535	£14,080.05	£15,231.54	£14,839.44	£17,450.06	£15,822.64	
Huntington & New Earswick	3	12,384	5,943	£14,329.40	£15,231.54	£17,367.41	£15,205.45	£16,130.88	
Micklegate	3	12,862	7,335	£14,989.95	£15,231.54	£15,795.29	£16,298.50	£16,947.44	
Osaldwick & Derwent	2	8,566	3,657	£8,532.22	£8,732.80	£9,498.88	£7,602.12	£7,817.44	
Rawcliffe & Clifton Without	3	12,622	5,686	£9,902.88	£10,966.84	£13,506.28	£10,339.09	£10,658.86	
Rural West York	2	8,554	3,520	£8,863.65	£8,732.80	£8,203.45	£7,852.96	£8,090.59	
Strensall	2	8,357	3,407	£9,106.11	£8,732.80	£8,228.61	£7,957.41	£8,290.40	
Westfield	3	14,322	6,564	£24,509.67	£19,496.25	£22,649.74	£29,661.82	£28,715.62	
Wheldrake	1	4,157	1,714	£6,772.36	£6,498.75	£3,919.36	£3,932.41	£4,104.11	
Total	47	209,301	93,576	£250,000	£250,000	£250,000	£250,000	£250,000	

Model comparison per head of population

Ward	Councillors	Population (mid 2024 estimates)	Households (Experian 2024)	Model A	Model B	Model C	Model D	Model E
Acomb	2	9,404	3,883	£1.30	£1.38	£1.19	£1.17	£1.16
Bishopthorpe	1	4,064	1,912	£1.61	£1.60	£1.21	£0.94	£0.99
Clifton	2	9,715	4,399	£2.07	£1.78	£1.37	£1.86	£1.78
Copmanthorpe	1	4,126	1,813	£1.24	£1.58	£1.00	£0.80	£0.83
Dringhouses & Woodthorpe	3	11,617	5,368	£1.03	£0.94	£1.25	£1.05	£1.14
Fishegate	2	10,474	4,430	£1.00	£1.24	£1.03	£0.96	£0.90
Fulford & Heslington	1	4,616	2,028	£1.92	£2.33	£0.97	£1.08	£1.08
Guildhall	3	15,482	8,069	£1.11	£0.98	£1.17	£1.38	£1.27
Haxby & Wigginton	3	11,739	5,438	£0.86	£0.93	£1.24	£0.87	£0.92
Heworth	3	13,842	5,968	£1.25	£1.10	£1.41	£1.44	£1.43
Heworth Without	1	4,068	1,903	£1.03	£1.60	£1.09	£0.72	£0.75
Holgate	3	12,148	6,004	£1.23	£1.25	£1.33	£1.29	£1.39
Hull Road	3	16,182	4,535	£0.87	£0.94	£0.92	£1.08	£0.98
Huntington & New Earswick	3	12,384	5,943	£1.16	£1.23	£1.40	£1.23	£1.30
Micklegate	3	12,862	7,335	£1.17	£1.18	£1.23	£1.27	£1.32
Osbaldwick & Derwent	2	8,566	3,657	£1.00	£1.02	£1.11	£0.89	£0.91
Rawcliffe & Clifton Without	3	12,622	5,686	£0.78	£0.87	£1.07	£0.82	£0.84
Rural West York	2	8,554	3,520	£1.04	£1.02	£0.96	£0.92	£0.95
Strensall	2	8,357	3,407	£1.09	£1.04	£0.98	£0.95	£0.99
Westfield	3	14,322	6,564	£1.71	£1.36	£1.58	£2.07	£2.01
Wheldrake	1	4,157	1,714	£1.63	£1.56	£0.94	£0.95	£0.99
York	47	209,301	93,576			£1.19		

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People Scrutiny Committee

17 March 2026

Report of the Head of Democratic Services

People Scrutiny Committee Work Plan

Summary

1. This report presents the Committee's draft work plan at Annex A for Members' consideration.

Background and Approach

2. The Committee sets its own programme of work, with input from Executive Members, officers and residents. A draft work plan is set at the start of the municipal year and, as a live document, is a standing item for consideration at each meeting.
3. The Committee's work plan should not be considered a fixed, rigid schedule, but instead can be adapted to reflect any new and emerging issues throughout the municipal year, and any timetabling issues that might occur from time to time.
4. In agreeing its work plan, the Committee should consider the resources, remit and powers available to it whilst also prioritising those areas of scrutiny which would be of most value. The role and remit of the Committee is set out fully in Article 8 of the Council's Constitution.
5. In considering any developments and/or modifications to the work plan, effort should be made to:
 - Avoid unnecessary duplication, including any existing groups already monitoring a particular issue.
 - Ensure any review work has clarity and focus of purpose, will add value, and can be delivered within an agreed timeframe.
 - Consider available resources and relevant timeframes, bearing in mind the Committee's workload and the type of scrutiny activity.

- Build in sufficient flexibility to enable consideration of any urgent matters that may arise during the municipal year, noting that items can be carried over to the following municipal year if required.

Implications and Risk Management

6. There are no direct implications or risks arising from this report; any relevant implications and risks will be identified in the cover report for each agenda item.

Recommendations

7. Members are asked:
 - i. To consider and agree the Committee's work plan for the remainder of the 2025/26 municipal year.

Reason: To ensure that the Committee maintains an appropriate programme of work.

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Report
Approved



Date 9 March 2026

Wards Affected:

All



For further information please contact the author of the report.

Background Papers

City of York Council Constitution, Article 8: Scrutiny,
<https://democracy.york.gov.uk/documents/s185896/08%20-%20Article%208%20-%20Scrutiny.pdf>

Annexes:

Annex A – People Scrutiny Committee Work Plan, March 2026

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ANNEX A People Scrutiny Committee Work Plan 2025/26

Reviewed March 2026

Date of Meeting	Item	Lead Officer / Exec Member	Scope
11 June 2025			
	Work-planning for the municipal year 2025/26		Work planning
9 July 2025			
	SEND Strategy, Update	Maxine Squire/Victoria Coyle/Cllr Webb	Update report
17 September 2025	<i>Informal work planning meeting</i>		<i>To consider allocation of work plan items</i>
8 October 2025			
	Neighbourhood Model	Pauline Stuchfield/Laura Williams/Cllr Pavlovic	Pre-decision scrutiny
	Adult Social Care Strategy	Sara Storey/Michael Melvin/Elaine Taylor/Cllr Steels-Walshaw	Update report
	York Learning 24-25 strategic plan performance	Angela Padfield	Annual update report
3 December 2025			

Date of Meeting	Item	Lead Officer / Exec Member	Scope
	York Hungry Minds – Free School Meal Pilot Update	Maxine Squire/Cllr Webb	Update report
	Early Years and Childcare Reforms update	Maxine Squire/Cllr Webb	Update report
	New Housing Tenancy and Rent Policies	Pauline Stuchfield/Andrew Bebbington/Cllr Pavlovic	Pre-decision scrutiny
17 March 2026 <i>(Postponed from 11 February)</i>	CYC CQC Report	Sara Storey/Michael Melvin/Cllr Steels-Walshaw	
	Carers' Strategy	Sara Storey/Harriet Smith/Cllr Steels-Walshaw	Pre-decision scrutiny
	2026/27 Ward Funding Allocations	Pauline Stuchfield/Cllr Pavlovic	Pre-decision scrutiny
15 April 2026	City of York Safeguarding Adults Board Strategy and Annual Report	Jane Timson/Cllr Steels-Walshaw	Update report
	(TBC) PSPO Expansion	Pauline Stuchfield/Tanya Lyon/Cllr Pavlovic	Pre-decision scrutiny
	Food Insecurity Task and Finish Group Draft Report		Task and Finish report

Scrutiny Member Briefing Sessions

- Thursday 21 October 2025 (Library Needs Assessment)
- Thursday 4 December 2025 (Healthy Weight/Capital Project Management)
- Thursday 26 February 2026 (Digital Switchover)
- Thursday 16 April 2026 (School Attendance and Attainment Gap/Community Woodland Update)

Items selected for Scrutiny Member Briefings by Scrutiny Review Working Group (SRWG)

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
Healthy Weight	HHASC	Phil Truby/Peter Roderick/Cllr Steels-Walshaw	Briefing held December 2025 ; new service offer launching in the new year.	Briefing ahead of potential committee item early autumn 2026.
School Attendance and Attainment Gap	CCC	Maxine Squire/Cllr Webb	Scheduled for briefing session April 2026 .	Briefing
Changes to Humber and North Yorkshire Integrated Care Board (ICB)	People Scrutiny, 11/06/2025	Peter Roderick/Cllr Steels-Walshaw/ICB colleagues	Briefing to be requested when position is clearer; municipal year 2026/27 .	Briefing

Other items previously suggested for briefings

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
Children Safeguarding Partnership Annual Report	CCC	Maxine Squire/ Cllr Webb	Briefing shared with members via email.	Annual Report
Draft Pharmaceutical Needs Assessment 2025	HHASC	Peter Roderick/Cllr Steels-Walshaw	Briefing only; consultation details have been shared with members.	Briefing
Urgent Care Update	HHASC	Peter Roderick/ Cllr Steels-Walshaw/ICB colleagues	Follows previous update to HHASC in November 2025. Suggested for <u>2026/27</u> .	Briefing
Trauma Informed City Council Motion – possible wider discussion	HHASC	Peter Roderick/Cllr Steels-Walshaw,	Follows March 2024 Council Motion and update from TEWV at HHASC in May 2025; suggested for <u>26-27</u> .	Briefing
Virtual School Annual Report	CCC	Maxine Squire/ Cllr Webb	Already considered by Corporate Parenting Board, would be 'to note' only.	Annual Report
Update on Dentistry Provision	People Scrutiny, 11/06/2025	Peter Roderick/ Cllr Steels-Walshaw/ICB colleagues	Suggested <u>late 2026</u> ; follows reports to HHASC in Dec 2023 and April 2025.	Briefing
Gardening Assistance	People Scrutiny, 11/06/2025	Pauline Stuchfield/ Cllr Pavlovic	Suggested for briefing on assistance offered and closure of list.	Briefing

Unallocated items referred from previous scrutiny committees

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
Neighbourhood Policing Review	CCC	Pauline Stuchfield/ Cllr Pavlovic	Suggested for committee report, date TBC	TBC
Dignity in Retirement Council Motion	HHASC	Cllr Lomas	Follows September 2024 Council Motion.	TBC

Agreed Task and Finish Groups

Topic	Origin	Aims and objectives	Membership
Food Insecurity Draft report April 2026 TBC	CCC, following Council resolution 20/07/2023	'Request that the council's scrutiny function undertakes a review of community food growing opportunities and makes recommendations to Executive to expand these opportunities, including considering the prospects for expanding an Edible York project in Tang Hall to other parts of the city to bring more underused gardens into use for food growing'	Cllr Knight Cllr Nelson
Preparing for proposed changes to long-term sickness and disability benefits	Corporate Scrutiny Committee (CSC), following Council resolution 27/03/2025	Full details at https://democracy.york.gov.uk/documents/s183012/Annex%20A%20Task%20and%20Finish%20Proposal%20v0.3.pdf Date for consideration of draft report TBC	Cllr Fenton Cllr Runciman Cllr Steward Cllr Coles Cllr J Burton

Joint Task and Finish Group with Corporate Scrutiny Committee to look at financial challenges within Adult Social Care	CSC 19 January 2026 – approved as recommendation of Budget and MTFS TFG	Remit TBC pending initial scoping meeting. CSC is parent committee.	Cllr Ayre Cllr Burton Cllr Moroney Cllr Nicholls Cllr Runciman
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Possible Task and Finish Groups

Topic	Origin	Aims and objectives	Membership
Home Care Commissioning	HHASC	Agreed by the committee in March 2024 but work not yet underway.	Was previously: Cllrs Myers, Vassie, Baxter
Review and development of working arrangements with York Youth Council	11/06/2025	TBC	TBC
Review of repair service satisfaction	11/06/2025	Cllr Waller developing proposal; Chair and Vice Chair to discuss with officers	TBC