

## West Midlands ADASS

### Sector Led Improvement Programme – Carers Network



## Strengthening the Offer for Carers

Author: Paul Johnston

ADASS West Midlands Associate

Impact Change Solutions Ltd

March 2020

## Contents

Executive Summary.....	3
Summary of Main Recommendations .....	4
Background and Context.....	5
West Midlands ADASS – Prioritising Carers.....	5
Extraordinary events.....	6
Summary of findings and Recommendations.....	7
Reflections on Data about Carers .....	8
Carers in the West Midlands.....	9
General Responsibilities and Universal Services.....	9
First contact, identifying needs and assessment .....	12
Person-centred care and support planning .....	13
Integration and partnership working.....	14
Sustaining progress .....	15
Data and other reference sources used in this research .....	16

## Executive Summary

In normal circumstances the ADASS Carers Policy Network Self-Assessment completed by all councils in the West Midlands would be regarded as an important source of intelligence about the progress made across the region in adopting the requirements of the Care Act 2014 as they apply to carers.

**In the context of the current global Coronavirus pandemic, it provides critical pointers for action to urgently strengthen the offer to carers so that they can continue to protect the health and wellbeing of the country's most vulnerable people.**

The threat posed by COVID 19 has brought into sharp relief the fragile nature of the country's health and social care system, with the mantra of "Protect our NHS" quickly established as a rallying cry to keep people safe. In this context the role played by carers is critical. The ability of the region's estimated 650,000 carers to continue to support those they care for, whilst the extraordinary measures of self-isolation, social distancing and shielding the vulnerable remain in force for an indeterminate period, has arguably never been more important.

The contribution of carers is undoubtedly helping to suppress demand on health and social care services and the potential impact on those services, should our carers be unable to perform their caring roles due to illness or self-isolation, is momentous. If we are to "Protect our NHS", society urgently needs to find ways to "Protect our Carers".

Central to this is an urgent need for technological solutions that can support carers and the people they care for whilst minimising direct social interaction. Where members of the region's Carers Leads network legitimately asked to see the evidence for the efficacy of such solutions a few short months ago, the pandemic has elevated the status of this priority, with no-one now doubting that this is essential.

The underlying message from the self-assessment is one of "good progress, but with more to do". There is a mixed picture of progress, within and between councils, with individual actions and across the legislation's key themes. Recommended practice that has been fully adopted by some has not yet been trialled by others. Strengths identified by some are also flagged as challenges and this highlights the complexity of delivering change across an integrated health and wellbeing system.

Helpful narrative comments describing improvement ideas and requests for information about what works, have led to further investigation of the available data about carers and the services they receive. This has, however, been constrained by the somewhat limited view provided by the national outcome frameworks and other published datasets. It seems that, whilst the Care Act sought to put the rights of carers onto an equal footing with those in direct need of care and support, the performance measures needed to assess progress have not yet caught up with this requirement.

The largely historic national datasets that are available for analysis, paint the region's performance as no better than moderate in comparison with other ADASS regions. But the measures themselves are limited, doing little to evaluate the impact of Care Act compliance on the health and wellbeing of carers or of their true value to society. A more dynamic and targeted set of measures that are specific to the needs of carers is required. Central to this is a common basket of indicators that align to the main themes of the Care Act guidance, but that also give a sense of the health and wellbeing of carers. Whilst some of this can be derived from the existing data there are many gaps.

Improving the range and use of data should help identify important features relating to demand and performance and help prioritise the specific improvements needed to deliver the desired outcomes.

The need for the pooling of knowledge and collaboration over experiences and shared challenges is significant – and one that the West Midlands Carers Leads Network is enthusiastically tackling.

Case study and wider research examples are already being shared between councils to kick-start a collaborative improvement effort and the Network has drawn up a short list of priority themes, based on the self-assessment analysis and review of data, that collectively define the work programme for the next 12 to 24 months - balancing the urgency of the current crisis with the longer term aspiration to support and value carers in the West Midlands.

### **Summary of Main Recommendations**

The findings from this work lead to eight recommendations aimed at strengthening the offer to carers in the West Midlands:

1. West Midlands ADASS should continue to support and encourage the West Midlands Carers Leads Network to strengthen the offer for carers across the region.
2. West Midlands ADASS should support national calls for an improved set of data and performance measures that more directly reflect the impact of local changes and the health and wellbeing of carers.
3. West Midlands ADASS should request the Carers Leads Network to enhance and introduce targeted support for working carers.
4. West Midlands ADASS should instigate an urgent review and update of online Carers Information pages.
5. West Midlands ADASS should request the Carers Leads Network to explore and develop plans for the introduction of enhanced digital solutions to support carers.
6. West Midlands ADASS should request the Carers Leads network to consider and make recommendations for the enhancement of carer identification approaches.
7. West Midlands ADASS should encourage West Midlands Combined Authority partners to review its Thrive at Work programme to ensure there is an appropriate focus on supporting working carers.
8. West Midlands ADASS should request that the Carers Leads Network strengthens support and pathways for young carers, with a particular focus on transitions.

West Midlands ADASS has a critical role to play in championing the cause of the region's carers nationally. The Branch should use its influence to ensure that policy continues to recognise the role played by carers and the importance of investment in this vital part of the care and support system.

Paul Johnston  
West Midlands ADASS Associate  
Impact Change Solutions Ltd  
March 2020

## Background and Context

The Care Act requires that carers are recognised in law in the same way as those they care for. This extends to carers the general responsibilities of local authorities in respect of prevention, information and advice, and shaping the market for care and support services, putting in place significant new rights for carers in England that include:

- A focus on promoting wellbeing.
- A duty on local councils to prevent, reduce and delay need for support, including the needs of carers.
- A right to a carer's assessment based on the appearance of need.
- A right for carers' eligible needs to be met.
- A duty on local councils to provide information and advice to carers in relation to their caring role and their own needs.
- A duty on NHS bodies (NHS England, clinical commissioning groups, NHS trusts and NHS foundation trusts) to co-operate with local authorities in delivering the Care Act functions.

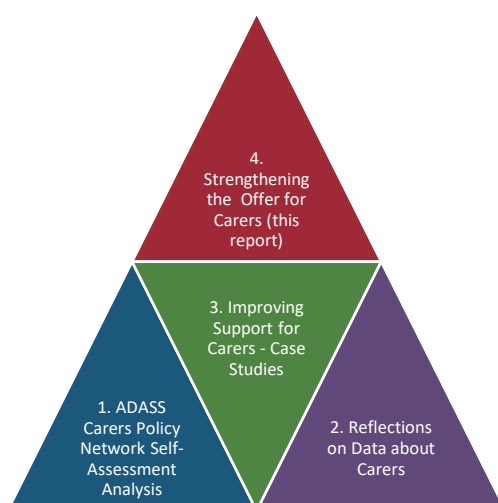
Statutory Guidance supplemented by advice from local government, ADASS and from national carers organisations such as Carers UK has helped formulate both required and recommended practice, categorising actions across four themes:

- General responsibilities & universal services
- First contact, identifying needs and assessment
- Person-centred care and support planning
- Integration and partnership working

Progress to adopt these actions is tested in the ADASS Carers Policy Network Self-Assessment tool. This takes the form of a questionnaire that aligns with the newly updated Guide to Efficient and Effective Interventions for implementing the Care Act.

## West Midlands ADASS – Prioritising Carers

All fourteen West Midlands councils completed the self-assessment during 2019 and an analysis was commissioned to summarise the responses and report on key findings, making recommendations aimed at improving the offer to carers across the region. This work is reflected in a suite of four reports.



**ADASS Carers Policy Network Self-Assessment Analysis** - an analysis of the responses given by all 14 councils in the region to the ADASS Carers Policy Network Self-Assessment.

**Reflections on Data about Carers** - builds on the self-assessment responses about data sources and use, to provide a commentary on the national and local performance metrics needed to provide a better understanding of the benefits of providing meaningful support to carers.

**Improving Support for Carers – Case Studies** – specific examples of practice, illustrating the progress being made by councils in the West Midlands and elsewhere in improving support for carers.

**Strengthening the Offer for Carers** (this report) – a synthesis of the work undertaken on behalf of the West Midlands Carers Leads network, with recommendations aimed at shaping and influencing policy and practice.

The work has been overseen by the West Midlands Carers Leads Network, informed by their responses to the ADASS Carers Policy Network self-assessment and their subsequent feedback.

### **Extraordinary events**

The recommendations reflected here have also been influenced by the extraordinary spread of COVID 19 Coronavirus and the global threat this poses to the health and wellbeing of vulnerable people.

It is beyond doubt that carers, through the care they provide, contribute significantly to the suppression of demand on health and social care provision. We can therefore say with certainty that Coronavirus massively heightens the risk to vulnerable adults who rely on care and support services and the support of carers.

With an estimated 650,000 people in the region providing one or more hour per week of unpaid care – including 160,000 people providing more than 50 hours unpaid care per week - the potential consequences of them being unable to support the people they care for, either through direct infection or through self-isolation or social distancing measures, are monumental.

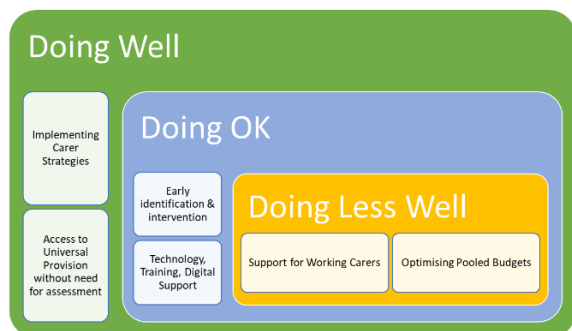
There is no reliable information about how many of the people ‘cared for’ by this unpaid army are already known to council services – however any increase in demand at this critical time, either for support for carers or for more care from those they support, would have a significant effect on people’s lives and a consequential effect on council and NHS services. Whilst difficult to quantify, councils will want to take note of this “demand risk” and ensure measures are in place to mitigate it as far as possible. The key message in these extraordinary times is:

**If we are to “Protect our NHS”, we urgently need to find ways to “Protect our Carers”.**

## Summary of findings and Recommendations

Whilst good overall progress has been made in the West Midlands in adopting recommended practice across the requirements of the Care Act, the picture within and between councils, across the legislation’s key themes and with individual actions is mixed, with no single council considering that it has fully adopted all of the recommended actions. Practice that has been fully adopted by some has not yet been trialled by others, although all are on the path towards the adoption of the measures that will ensure compliance with the Care Act.

The self-assessment exercise has helped to identify some common ground, both in terms of positive progress and areas for improvement.



**General Responsibilities & Universal Provision**



**First contact, identifying needs & assessment**

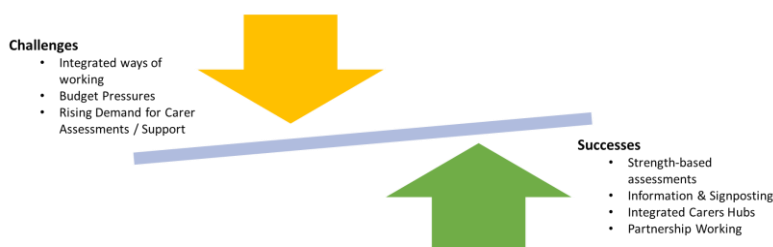


**Person-centred care & support planning**



**Integration & partnership working**

Councils also agree on the strengths and challenges being faced within the region and this provides evidence that a collaborative approach should help accelerate progress.



- Challenges**
- Integrated ways of working
  - Budget Pressures
  - Rising Demand for Carer Assessments / Support

- Successes**
- Strength-based assessments
  - Information & Signposting
  - Integrated Carers Hubs
  - Partnership Working

Assessments are going well in a majority of areas, although online and self-assessment tools are largely underdeveloped; strengths in carer engagement are tempered by ongoing challenges with carer identification and recognition of the expertise of carers in some parts of the system.

“Integration and partnership working” was identified by councils as both a strength and an ongoing challenge. Financial pressures and a perceived rise in demand for carers assessments were also notable concerns – although analysis of the data on assessments presented below shows that

numbers assessed and supported have actually been reducing in most parts of the region since the Care Act came into force.

**Recommendation 1: West Midlands ADASS should continue to support and encourage the West Midlands Carers Leads Network to strengthen the offer for carers across the region.**

### Reflections on Data about Carers

There is a desire amongst Carers Leads in the region to look beyond the ‘adoption’ of recommended practice, to understand the impacts, effects and outcomes of these actions as a basis for continued – even increased – investment in carer services. The accompanying report “Reflections on Data about Carers” considers this aspect more fully and is summarised here.

The extent to which the steps taken to date have made an impact for carers and the people they care for is not easily identified from the available datasets. Population and performance data are largely backward-looking and are limited in their scope, with national outcome frameworks reporting very few carer-specific measures. The data that is available suggests that West Midlands councils perform modestly compared to other ADASS regions:

West Midlands ADASS Region	Rank (out of 9)	Measure
Demand Risk	8	% of unpaid carers assessed or supported by LA
Assessment & Support	3	% change in carers assessed or supported 15/16 to 18/19
Self-Directed Support	6	% of carers supported who receive self-directed support
Direct Payments	6	% of carers supported who receive direct payments
Access to Information	7	% of carers who find it easy to find information about services
Carer Involvement	6	% of carers included or consulted about the person they care for
Social Contact	3	% of carers who have as much social contact as they would like
Quality of Life	4	Carer reported Quality of Life
Carer Satisfaction	5	Carers Overall Satisfaction with Social Care
Rank of Ranks	6	Aggregated ranking from the other nine categories

The main issue with this view of performance is that it is historic, reflecting data that is infrequently gathered and therefore lacks dynamism. It may have some use as an annual snapshot but will need a different set of measures if it is to be used to track sensitivity and the impact of local changes on key outcomes. It also lacks information about the wider determinants of health and about the health and wellbeing of carers.

A quick look at the Public Health Outcomes Framework shows that huge amounts of relevant data about health and wellbeing are being collected at the whole population level. This could be adapted to provide a useful basis for measuring variations between the health and wellbeing outcomes for those identifying as unpaid carers and the wider population.

Recent guidance on support for carers, produced by the National Institute for Care & Health Excellence (NICE) provides evidence of a range of quantitative and qualitative impacts from its recommendations and it is hoped that this will help inform a more dynamic performance scorecard for carers as outcome frameworks are revised.

Whilst councils collect local data to inform commissioning decisions this is not routinely shared or used at the regional level. Wider datasets (e.g. NHS, DWP and some local authority data) are not always used and this means that a broader understanding of carers, their needs and the outcomes they experience is not universally held. Improving the range and use of data should help identify important features relating to demand and performance and help prioritise the specific



improvements needed to deliver the desired outcomes. Although the Care Act seeks to put the rights of carers onto an equal footing with those in direct need of care and support, the performance measures needed to assess progress have not yet caught up with this requirement.

**Recommendation 2: West Midlands ADASS should support national calls for an improved set of data and performance measures that more directly reflect the impact of local changes and the health and wellbeing of carers.**

### Carers in the West Midlands

Population data derived from the 2011 census is approaching the end of its reliable life, although it does provide a sense of the scale of care giving in the region, with mid-year population estimates helping identify the expected growth since 2011.

The total resident population of the West Midlands is now estimated to be 5.9 million (NOMIS 2018 mid-year population estimates), up from 5.6 million at the last census. In 2011 almost 615,000 residents reported providing one or more hour of unpaid care per week (11% of the population); this is expected to have risen to 650,000 residents based on estimates of population growth.

Carers in the West Midlands are more likely than those in most other regions to provide more than 50 hours per week unpaid care (England average 2.3% compared to 2.7% in the West Midlands).

Details about the nature and recipients of unpaid care giving are not captured within the census, but the numbers provide a fair measure of the maximum total demand for carer assessments in the region (i.e. if all unpaid carers had the appearance of need).

They also serve to highlight the maximum extent of the Demand Risk associated with large numbers of unpaid carers suddenly becoming unable to provide care, for example due to the impact of Coronavirus.

<b>People providing unpaid care in the West Midlands - 2018 estimates (2011 proportion of resident population shown in brackets)</b>		
1 – 19 hours a week	401,251	(6.8%)
20 – 49 hours a week	88,511	(1.5%)
50+ hours a week	159,320	(2.7%)
<b>1 or more hours a week</b>	<b>649,083</b>	<b>(11.0%)</b>

### General Responsibilities and Universal Services

General responsibilities include the promotion of wellbeing, preventing, reducing and delaying the need for support, and the provision of information and advice to carers in relation to their caring role and their own needs. There are also general responsibilities in respect of market shaping and commissioning of support, with specific rules around ordinary residence and continuity of care.

These responsibilities are generally addressed within local authority carers strategies, with most councils developing either new or refreshed strategies, typically adopting “all age” and “strength based” approaches.

Carer strategies in the West Midlands also consistently identify measures to improve recognition, respect and involvement and target education, skills and employment – encouraging both physical and mental health and wellbeing.

Priorities from the self-assessment include **support for working carers**, where half of the councils in the region are at an early stage of adoption, with consensus about the need to encourage organisations to develop a suitable offer for carers who are in work.

A call for Case Study examples from within the region has been made and wider research shows some innovative practice, driven by both public and private sector organisations. These include:

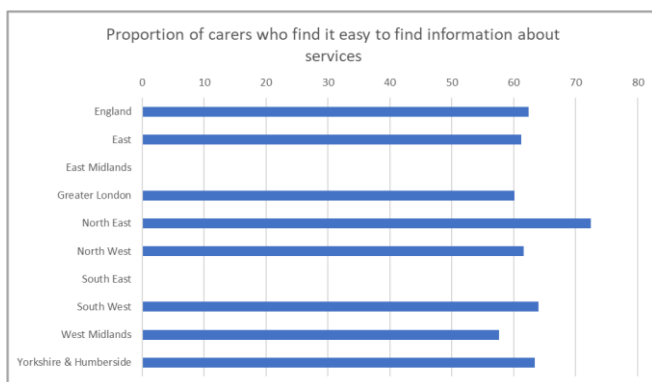
- an iBCF-funded Working Carers project in Leeds with a range of outputs.
- the Greater Manchester Working Carer Toolkit for Employers.
- a North of Tyne Combined Authority pilot investment of £620k to connect unpaid carers, and those whose caring responsibilities have recently or will soon come to an end, to the labour market.
- the “Employers for Carers” (EfC) peer support membership programme, for which umbrella memberships are available to local authorities, giving SMEs free access to support and resources.
- the “Working for Carers” membership accreditation programme and charter, helping member organisations to proactively identify and support employees with caring responsibilities.

**Recommendation 3: ADASS West Midlands should request the Carers Leads Network to enhance and introduce targeted support to reduce the likelihood of working carers having to give up work e.g. targeted information and advice, working with local employers.**

The Care Act statutory guidance defines “participation in work, education, training or recreation”, and “the individual’s contribution to society” amongst the wellbeing principles enshrined in the Act. However, there is little available data on working carers. ONS “worklessness” stats suggest that around 25% of economic inactivity is attributable to “Looking after family or home” and it is assumed that those people providing most care are less likely to be economically active than the wider population. However, this hypothesis cannot be tested further given the current data limitations.

The uptake of Carers’ Allowance provides an indication of the carers in low income households, with 135,000 people in the West Midlands qualifying for this benefit in the second quarter of 2019/20 – a sizeable proportion of those providing higher levels of unpaid care in the region.

Councils consider that **technology** is somewhat embedded in most areas, with digitally based support at least “somewhat adopted” in all fourteen areas. Whilst some initially questioned whether there was evidence to support the efficacy of such solutions there is now, in the wake of the Coronavirus crisis, unanimous support amongst Carers Leads in the region for the rapid development and deployment of further technological solutions. The network now considers technology to be its top priority as Carers Leads seek to enable safe caring and make self-care more accessible by improving the digital offer. Work is underway to identify examples of digital solutions that can be quickly deployed within the region.

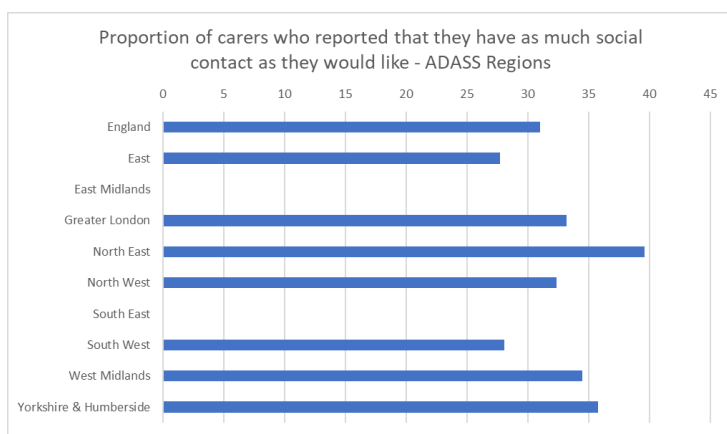


Whilst the self-assessment highlighted strengths in the **provision of information** and signposting, carers in the West Midlands find it less easy to find information about services than elsewhere. In the current crisis state in particular it is imperative that useful, accurate, relevant and timely information is accessible to those who may need it.

There is support for this view nationally with a recognition from Carers UK that “as the NHS and social care services come under increasing pressure, using technology to provide more effective – and cost effective – ways to support families and communities is an absolute must.”

**Recommendation 4: West Midlands ADASS should instigate an urgent review and update of online Carers Information pages to include links to make it easy for carers to access support and to highlight the digital resources, forums and other support mechanisms that are available.**

**Recommendation 5: West Midlands ADASS should request the Carers Leads Network to explore and develop plans for the introduction of enhanced digital solutions to support carers.**

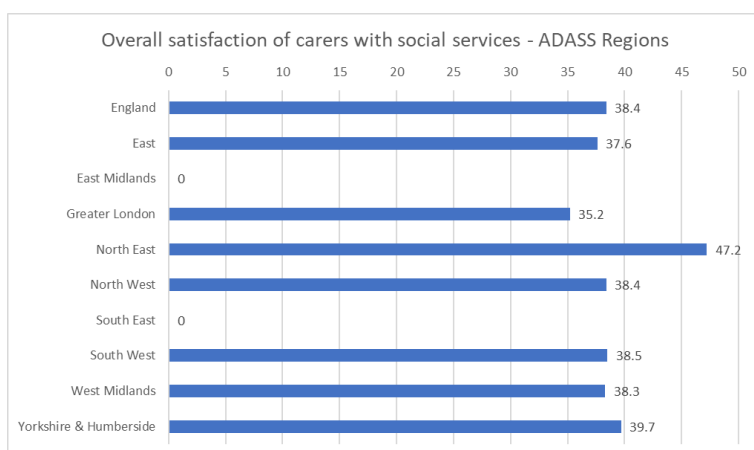
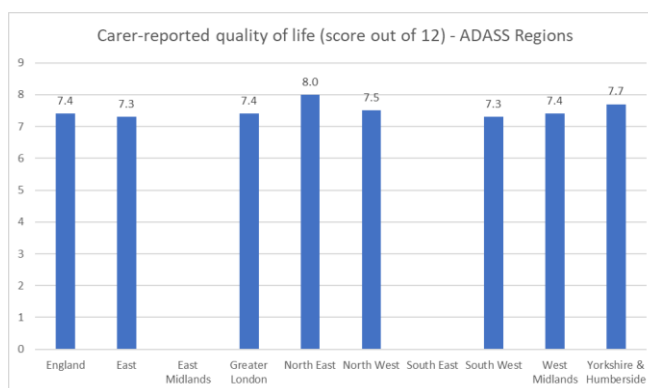


Social contact is an important determinant of wellbeing and an indicator of how well carers are able to balance their caring responsibilities with other aspects of their daily life.

More than one in three carers in the West Midlands have the required amount of social contact. This is more than in four of the six other regions who reported this figure and above the national average (31%).

Carer-reported quality of life considers the effects of a wide range of factors, including occupation, control, personal care, safety, social participation and encouragement and support.

Carer-reported quality of life in the West Midlands is in line with the national average (7.4 out of 12) and joint 4<sup>th</sup> of 7 regions’ performance.



The biennial Carers Survey assesses carer satisfaction with council services, and this shows that carers in the West Midlands are slightly less satisfied than the national average.

Satisfaction levels within the region range from 29.8% to 60.2%

The majority of councils in the region consider that pooled budget arrangements are maximised across health and care to some degree and all have included carer improvements within Better Care Fund plans – although none of the additional Improved Better Care Fund investment has been pooled for the benefit of carers in the region (with only eleven councils nationally prioritising carer initiatives for this investment in 2018/19).

### First contact, identifying needs and assessment

Statutory guidance in this area covers carers assessments and eligibility for support, together with charging and financial assessment arrangements.

Most councils adopt a whole family approach and have procedures in place for the proactive **identification** of carers, with examples of community-based resources (e.g. carers cafes in local libraries) to simplify first contact, albeit there is a need for greater consistency in the application of these practices.

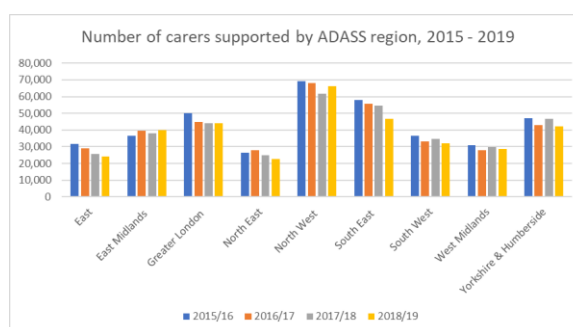
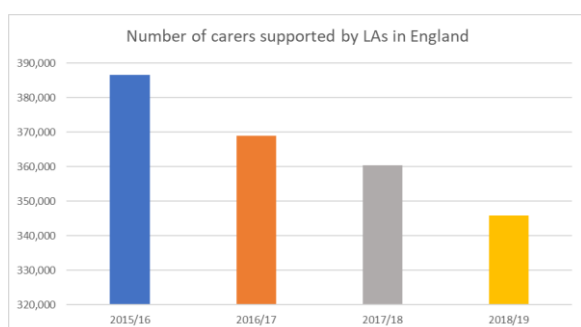
**Carer Passports** are not well established, with only six councils reporting that these are somewhat adopted and eight saying that they are being trialled at best. Alternative “Carer Card” facilities offering concessions and discounts to carers when providing care (e.g. car parking, leisure services) are in use in some parts of the region. These are attractive “added value” benefits.

The Carers Passport operated by Carers in Hertfordshire also acts as a discount card to provide access to savings, services and business offers, with over 440 discounts/concessions available. The website [www.carerpassport.uk](http://www.carerpassport.uk) includes information about carer passports in employment, hospital, community, mental health and education settings. More information about Carer Passports in a variety of settings can be found at the website [www.carerpassport.uk](http://www.carerpassport.uk).

A Case Study has been provided by Birmingham City Council describing the community and hospital carers cards introduced to aid identification, provide emergency contact details, offer access to shopping and other discounts and to encourage carer involvement in important in-patient decisions such as over discharge from hospital.

Whilst “**Assessments**” was identified by eight respondents as a strength within the local carer offer many responses have indicated that they cannot yet meet demand through online and self-assessment tools. These should be prioritised as part of the proposed work to enhance digital solutions.

It appears anomalous, given the duties and rights introduced by the Care Act, that the number of carers receiving assessments and/or support has been steadily declining since the legislation was enacted. Of the nine ADASS regions only East Midlands has seen an increase in the numbers supported since 2015, whilst numbers in the West Midlands reflect the national trend, albeit with a less steep decline – down from just under 31,000 in 2015/16 to 28,500 in 2018/19.



Comparing this to the numbers of people providing unpaid care (650,000 – including 159,000 providing more than 50 hours per week of unpaid care) and those carers in low income households (135,000 in receipt of Carers’ Allowance) raises questions over the extent to which **carer identification** strategies are working. Whilst Wolverhampton supports 1 in 5 of those providing unpaid care and 77% of those in receipt of Carer’s Allowance, no other council in the region comes close to meeting this level of demand.

**Recommendation 6: West Midlands ADASS should request the Carers Leads network to consider and make recommendations for the enhancement of carer identification approaches.**

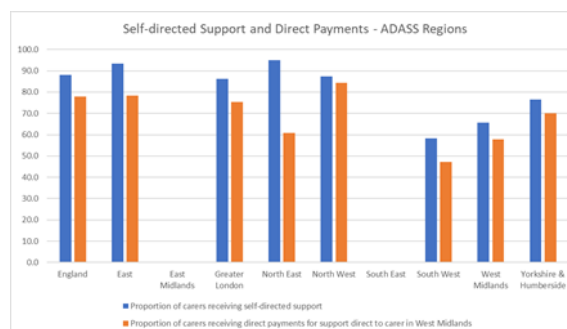
Whilst councils consider that universal assessment and support pathways – the “no wrong door” approach – are largely in place there is no data on sources of referrals, and it cannot therefore be established whether these pathways are proving effective.

### Person-centred care and support planning

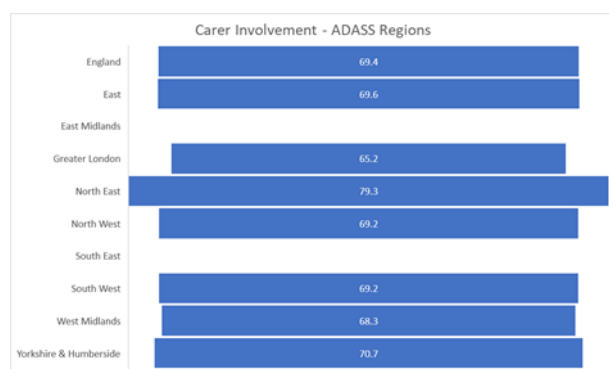
The underpinning principle in this area is that people should be in control of their care and support. The guidance covers care and support planning, financial support arrangements, reviews and safeguarding.

The self-assessment responses show this to be an area of strength across the region. Emergency planning for carers is largely practiced, there is some flexibility in breaks provision for carers, including through the availability of cash wellbeing payments, and whole family approaches to care and support planning appear embedded. Some concerns were expressed about funding and the capacity and development of local markets for short breaks provision.

Self-directed support is approaching the “default” for carer support nationally, but whilst ten councils in the West Midlands reported 100% take-up of SDS in 2018/19, the average is distorted by low figures in four councils, resulting in the region reporting the second lowest proportion of carers receiving SDS (66%) compared to other ADASS regions.



Personal budgets for carers are largely adopted although Direct Payments are once again lower than in most other regions at 58% (England average: 78%). Concerns have been expressed about a lack of clear guidelines on the use of Personal Wellbeing budgets with clear budgetary limits to ensure a more consistent and fair approach and delivery.



Carers are typically included in everyday care planning although recognition of them as expert partners is varied. Carer involvement in the region is broadly in line with other ADASS regions.

Processes for reviewing care and support plans and safeguarding for carers are either somewhat or fully adopted across the region, although data on the number and timeliness of reviews is not routinely collected.

### **Integration and partnership working**

The Care Act requires that local authorities must carry out their care and support responsibilities with the aim of promoting greater integration with the NHS and other health-related services. This requires greater cooperation and partnership working. The guidance also recognises the need to enhance arrangements at the critical point of transition between children's and adult services. Delegation of some local authority functions extends the need for integrated working to a broader range of partners.

All fourteen councils report consulting carers when decisions are made about their support, and there is good evidence of carer group involvement in broad partnerships to develop strategies and plans.

There is a mixed picture of involvement by Health services in carer identification, with only four councils considering that their health partners are "fully involved". This is anecdotal evidence supplied through the self-assessment - no data is available regionally on carers identified in each setting. This should be explored further in line with recommendation 6 above.

Data sharing agreements are not well established, with progress having slowed in light of GDPR restrictions. Memoranda of Understanding are not well adopted although some systems consider that partnership working is well enough developed to make MoUs unnecessary. The extent to which this hinders partnership working – if at all - has not been tested.

Whilst twelve councils have responded that Carers Leads are in place in a variety of health settings, the commentary reflects that these are not yet universally operating in all parts of the health system and sustainability of the NHS Carer Lead role is also questioned in the absence of long term funding for the role being secured.

Mechanisms for employers to support employees with caring responsibilities are the least well-developed of all themes explored in the self-assessment, with no council claiming that this is fully adopted and only three responses indicating partial adoption. The **working carers** research undertaken as part of the Case Study collation provides some useful examples of how other areas are helping employers to support employees with caring responsibilities. The West Midlands Combined Authority, through its Thrive at Work accreditation programme, could be an important ally in encouraging the development of carer friendly workplaces.

**Recommendation 7: West Midlands ADASS should encourage West Midlands Combined Authority partners to review its Thrive at Work programme to ensure there is an appropriate focus on supporting working carers.**

The identification of **young carers** through work with schools is somewhat established or better in ten areas. Concern has been expressed that evidencing good practice with young carers is no longer a priority theme assessed by Ofsted, with the potential therefore that this falls off the radar of hard-pressed schools. Only eight out of 14 council areas have made meaningful progress with shared agreements for young carers around transitions and transitions affecting the family. Telford & Wrekin Council has submitted an excellent case study highlighting their approach to All Age Carers provision and the development of an Inbetweeners cohort of young carers aged 18-25, for whom dedicated provision has been developed.

### **Recommendation 8: West Midlands ADASS should request that the Carers Leads Network strengthens support and pathways for young carers, with a particular focus on transitions.**

It is also the case that data about young carers is very limited, despite the vulnerabilities that their caring role brings. Whilst data on young people's health and wellbeing outcomes is gathered through the Public Health Outcomes Framework this would benefit greatly from a young carer perspective. As things stand, we cannot say whether young carers are more or less affected by health and lifestyle risks than their peers – this insight would be invaluable in helping councils provide tailored support where needed.

Carers interests are largely included or addressed within wider strategic plans, particularly within Better Care Fund plans and Health & Wellbeing plans. This tends to be implicit, rather than through dedicated sections and specific references. The sense is that councils will need to continue championing the case for carers with their system partners for some time to come.

Whilst the NHS Outcomes Framework includes “Ensuring people have a positive experience of care” as one of five domains, the measures of patient satisfaction assessed are not currently presented from a carer perspective and it is not therefore possible to differentiate between the experiences of carers and the wider population. Understanding the carer experience would help identify whether all parts of the system are meeting their duties to carers. This is addressed within the general recommendation on data set out above.

### **Sustaining progress**

The **self-assessment** exercise provides a strong basis for assessing compliance with the Care Act duties and responsibilities towards carers. Responses indicate that good progress has been made, but that there is more to do. There is common ground – both in terms of successes and challenges – and this supports the notion of a collaborative approach to further sector led improvement.

Priorities identified through the self-assessment have led to wider **data analysis** which has shown a surprising lack of national data that is specific to carers. Whilst some meaningful comparisons can be drawn, the overall conclusion is that more relevant measures are needed if councils are to understand and react to the effects of changes and other factors that impact on carers.

Councils in the region are continuing to share **case studies** as a basis for spreading good practice and this should allow individual authorities to make progress with specific challenges in line with their local priorities. Research aligned to these case studies should also enrich the region's pool of knowledge.

The **Coronavirus** pandemic has brought into sharp focus the need to “Protect our Carers” through an improved universal offer and targeted support for those who need it. The progress made by councils shows that the region's commitment to carers is undoubted and is both enabled and sustained by the excellent work of the Carers Leads network. Continued **peer support and collaboration** between councils and their wider partners will allow all councils in the region to face the exceptional challenges of the virus and to move towards full adoption of required and recommended practice. This will significantly strengthen the offer for carers in the region.

West Midlands ADASS also has a critical role to play in championing the cause of the region's carers nationally. The Branch can use its **influence** to ensure that policy continues to recognise the role played by carers and the importance of investment in this vital part of the care and support system.



## Data and other reference sources used in this research

ADASS Carers Policy Network Self-Assessment – responses provided by all 14 West Midlands councils.

Published Carer Services strategies from West Midlands councils

Case Studies submitted by West Midlands councils

Improved Better Care Fund quarterly reporting data – MHCLG

ONS Census data (2011 census)

ONS 2018 mid-year population estimates

DWP Carers Allowance Entitlement

Measures from the Adult Social Care Outcomes Framework – NHS Digital

Adult Social Care Activity and Finance Report – NHS Digital

NHS Outcomes Framework

Public Health Outcomes Framework

Public Health England Local Authority Area Profiles

NHS Quality Outcomes Framework for Primary Care

Draft Primary Care Network service specifications and DES

LG Inform – bespoke reports

NICE Guidance and Evidence Base – Supporting Adult Carers (NG150)

NICE Guidance and Quality Statement - Transition from children's to adult services for young people using health or social care services (NG43)

Other online resources:

[www.carersuk.org](http://www.carersuk.org)

[www.adass.org.uk/carers-page](http://www.adass.org.uk/carers-page)

[www.employersforcarers.org/](http://www.employersforcarers.org/)

[www.carersleeds.org.uk/employers/](http://www.carersleeds.org.uk/employers/)

[Greater Manchester Working Carer Toolkit for Employers](#)

[www.workingforcarers.co.uk/](http://www.workingforcarers.co.uk/)

[www.wmca.org.uk/what-we-do/thrive/thrive-at-work/](http://www.wmca.org.uk/what-we-do/thrive/thrive-at-work/)

[www.carerpassport.uk](http://www.carerpassport.uk)

[www.carersinherts.org.uk/how-we-can-help/carers-services/carers-discount-passport](http://www.carersinherts.org.uk/how-we-can-help/carers-services/carers-discount-passport)