
Evaluation of Carers Matter Norfolk Executive Summary

July 2024



Introduction

In 2020 the Institute of Public Care (IPC) at Oxford Brookes University was commissioned by Norfolk County Council (the Council) to evaluate in real time the implementation (over three years) of an innovative strategic partnership between the Council and voluntary sector providers using a social impact bond (SIB) mechanism.

The key objective of the partnership is to improve the service offering for unpaid carers in the county. The service, commissioned under the umbrella of Carers Matter Norfolk (the Service), aims to:

- Identify more carers in the county and better identify carers that need the services the most.
- Connect up Council-commissioned services to create a single, simplified pathway for carers and reduce duplication. The front door of the Service remains universal, with additional support offered to those that need it most.
- Create a set of services that are person-centred and asset-based, focussing on building carer resilience and improving the wellbeing of carers, with the longer-term impact of sustaining their caring role and reducing breakdowns of the caring relationship.

The Service provides different levels of support in response to both general and specific needs of carers, including: an advice line providing information, advice and signposting; undertaking statutory Carer's Assessments; facilitating access to equipment and adaptations; facilitating peer support between carers; access to the Health and Wellbeing Fund to purchase goods and services; and providing one-to-one support and action planning.

Payment triggers, measurement, value and expected numbers of carers achieving particular outcomes were set out at the start of the contract with the Service. The Carers Star™ was identified as the main wellbeing outcome measure, measured at assessment and at subsequent reviews by the Service. The sustainment of the caring role and prevention of carer breakdown through increased carer wellbeing were key aims of the project. It was thought this would avoid substantial social care costs to the Council and the Council expected savings of £8m over the life of the project.

The IPC evaluation was a mixed-methods study, drawing on primary and secondary collection and analysis of qualitative and quantitative data, including:

- A [rapid research review](#) identifying evidence regarding effective assessments and support for carers, as well as for effective social impact bonds.
- Secondary analysis of outcome data (Carers Star) and sustainment checks.
- A survey of carers and one of professional stakeholders and practitioners.
- Analysis of case files held by the Council and by the Service.
- Interviews with carers, commissioners, service providers and other stakeholders.

This Executive Summary presents an overview of the findings from the evaluation.

Findings from the evaluation

We found that the SIB achieved most of its key objectives. Despite the challenges associated with the Covid-19 pandemic, the Service was established in a timely manner and it has continued to evolve, learn, and improve.

The Service has reached more carers and has a positive value and impact on carers' self-reported wellbeing. However, coordination of support for carers between the Council and the Service is lacking and the recording of contact with the Service in the Council case notes is inconsistent. The lack of transparency and communication between respective file systems is a significant limitation in achieving joined up and coherent care and referral pathways. Moreover, we did not find evidence to support the expectation by the Council that the service would be effective in preventing carer breakdown and would deliver substantial cost savings.

Awareness and knowledge of the Service is increasing among carers, and with other stakeholders, and the Service has considerably expanded the reach of support for carers. The Service was effective in reaching a diverse group of carers, including those with substantial and complex needs due to low levels of wellbeing, their age, or the intensity of their caring role. It is continuing to increase the identification of carers. Between September 2020 and April 2023, the Service recorded almost 8,000 carers who had been referred (or had self-referred) to the service.

The practical support and flexibility of response that the Service can offer to carers was highly valued and was contrasted with their experience of other services which often failed to address carers' needs. Most respondents to the carers' survey found their first contact with the Service "very helpful" or "quite helpful" and this was consistent between 2021 and 2023. Carers who went on from initial contact to receive support were generally satisfied with the experience. We found multiple examples of the Service responding to the practical needs of carers in a timely manner and offering innovative approaches to 'having a break' such as use of leisure services to support carer wellbeing. This ability to provide practical and immediate support was effective at reducing the presenting issue and stress point for carers.

Our initial analysis of the Service case files and from interviews with carers indicated that, whilst support from the Service is generally highly valued by carers, some were frustrated by not having a regular and reliable pattern of support – they felt that they were being signposted to information or that they received short-term interventions when their underlying needs were unchanged, or indeed had intensified. Services were offered from a pre-determined 'menu' of services with limited targeting of support, that is with no discernible pattern of different and more intensive, longer duration support for carers with high level needs.

The support offered by the Service to individual carers is time-limited and is not part of a continuing system of support that carers could draw on over a longer period of time without necessitating re-referral or following a review 12 months after the service ends. Professional stakeholders described this as a tension of providing both breadth and depth of support for carers. Reaching out to many more carers with advice and information is an achievement, but meeting the specific and individual

needs of carers requires a personalised, targeted and - for some carers - a continuing model of support rather than short-term interventions.

Support from the Service had positive impacts on carer wellbeing, and these were reflected in improvements in Carer Star scores over time. However, the scores proved to be a poor predictor of risk of carer breakdown, and where caring situations *did* breakdown, carers had similar Star scores to other carers not experiencing breakdown.

Breakdown of caring relationships occurs relatively rarely and where this does happen it is typically the result of *unavoidable circumstances*. The most common reason for “breakdown” was the death of the cared for person, followed by admission to residential care due to deterioration of the condition of the cared for person. Avoidable breakdown was a relatively rare outcome at just 7% of all breakdowns.

This challenges a central assumption made by the Council in commissioning the model of carer support that reducing carer breakdown would be the key to supporting carers *and* delivering substantial cost savings to adult social care. We argue that estimates about the potential scale of ‘invest to save’ opportunities were based on a flawed assumption about the nature and likelihood of carer breakdown and of the scope for preventing it. Thus, any failure to realise such savings is indicative of overoptimistic assumptions rather than an under performance by the Service.

What works best in supporting carers is a question that is much debated both in practice and research communities. It is a complex question and one where the evidence base is relatively weak, not because of lack of exploration but because of the difficulties of demonstrating causality or even impact. Our [rapid research review](#) highlights the risks of carer breakdown are often a reflection of a crisis in carers’ own health status. The factors that are most likely to sustain carers over time include being able to take a break from caring and developing effective psychological coping strategies.

Our analysis of the Council case files found that carers identified as at higher risk appeared to benefit most from contingency support (such as respite), which was effective in sustaining caring and avoiding or delaying higher care costs. Similarly, early identification of risks (such as carer fatigue) and needs (e.g. unmet care and support needs) via holistic / whole-family assessments or better information sharing/joint working between the Service and the Council has the potential to better support sustainable and resilient caring relationships.

Opportunities for enhancing carer wellbeing offer the greatest prospects for positive outcomes and continuing to invest in contingency and respite support for carers facing more intensive demands, alongside a service able to offer low level and flexible support to an increasing number of carers is likely to be the most positive way forward.

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