

**Association of Directors of Adult Social Services (ADASS)
Yorkshire and Humber (Y&H) Region**

Sector Led Improvement

Adult Social Care Strength Based 'Carer Quality Markers'



Project Report

Carers Lead Officer Network & Principal Social Worker (PSW) Network



Part 1: Background and context

1. Overview

- 1.1. This work has been funded by the Department of Health and Social Care through the Association of Directors of Social Services (ADASS) to support sector-led improvement around the delivery of the Care Act 2014 in relation to unpaid carers. Each ADASS region has been tasked with identifying key areas that they would like to work on.
- 1.2. Building on previous collaboration between the Yorkshire and Humber ADASS Carers Lead Officer and Principal Social Worker networks, it was agreed that this work in the Yorkshire and Humber region would focus on developing a toolkit to promote local authorities' self-awareness of identification, assessment and support for carers in order to help them to prioritise and improve how carers experience assessment and support.
- 1.3. The toolkit introduces six quality marker themes and a number of quality statements relating to each of the themes. Together these provide an opportunity for local authorities and the region to:
 - reflect on current practice in relation to strength-based approaches and carers
 - identify areas where improvements can be made
 - demonstrate progress and achievement
- 1.4. The toolkit was intended to be informative rather than prescriptive and local authorities were encouraged to think about, understand, and work within the spirit of the carer quality markers rather than to the letter of them.

2. Carers and caring

- 2.1. Carers are people who look after someone who otherwise couldn't manage without their help because of their health and care needs. The care that carers provide is unpaid and as such this definition does not extend to care-workers who are people who provide care professionally or through a voluntary organisation.
- 2.2. Carers play a significant role in preventing, reducing or delaying the point at which the people they care for become dependent on formal care and support, which is why it is important to promote carer wellbeing and prevent carers from developing needs for care and support themselves.
- 2.3. We believe there are more than 570,000 carers in Yorkshire and the Humber. The financial contribution of those carers is estimated to be around £11 billion per year. ([Carers UK, University of Leeds, University of Sheffield: Valuing Carers 2015](#)).
- 2.4. Carers come from all walks of life, all cultures and can be of any age. Each caring situation is different and is influenced by factors relating to both the carer and the person they care-for. The impact of COVID-19 has led to further increases in the numbers of carers as well as carers taking on responsibility for more intensive levels of care. Evidence suggests that many carers feel isolated, under-valued, taken for granted and overlooked. This combination further impacts upon the

physical, mental and economic health and wellbeing already experienced by many carers.

3. Strength based approaches

- 3.1. Strengths Based Social Care is about supporting people to use their own strengths, as well as those of their family and community, to lead better lives and reach their full potential. The focus is on the positives in an individual's life rather than deficits.
- 3.2. Carers play a vital role in supporting strength-based approaches for the people they care for by helping them to access community groups and resources and to engage with and grow strong social support networks. However, strength-based approaches apply to carers just as much as they do to the people they care for.
- 3.3. All caring situations and journeys are different, and all carers have different strengths, aspirations and needs. A strength-based approach to supporting carers should be based on developing carer resilience, strengthening their relationships and support networks, and promoting carers independence, health and wellbeing.

4. The Adult Social Care Strength Based 'Carer Quality Markers'

- 4.1. In simple terms, the carer quality markers are a series of statements grouped into 6 main themes and based on things that carers themselves have said are important to them. The six quality marker themes are:
 - Awareness and culture
 - Identification and recognition
 - Information and advice
 - Better conversations
 - Support and services
 - Carers as expert care partners
- 4.2. The carer quality markers will help local authorities and the region to demonstrate best practice in relation to strength-based approaches and carers. They will also help to identify areas where improvements can be made and to demonstrate a culture of continual improvement.
- 4.3. The carer quality markers will support the delivery of local carer strategies which, although they will vary from local authority to local authority, will include locally developed outcomes for carers.
- 4.4. The carer quality markers will support local authorities to identify good practice aimed at improving outcomes for adult carers set out in the National Institute for Health and Care Excellence (NICE) [Guideline on Supporting Adult Carers](#), published in March 2021.

Part 2: Analysis, key messages and next steps

5. Analysis

- 5.1. Each of the Y&H local authorities were asked to complete a self-audit against each of the quality markers by reflecting on whether they fully met, partially met, or did not meet the requirements of each quality statement. 73% of Y&H local authorities responded.
- 5.2. The self-audit also asked local authorities to provide evidence to support their reflection and to set out any actions required to fully meet each requirement.
- 5.3. There was a variety of approaches with some, but not all, local authorities involving carers and/or local carers centres. Most local authorities recognised the value of the exercise and plan to use the self-audit to inform local strategies and improvement plans.
- 5.4. Representatives of the Y&H ADASS Carers Lead Officer Network have analysed the responses for each Quality Marker which are summarised below. Analysis of each quality indicator are appended to this report.

Quality Marker 1: Awareness and culture

- 5.5. This Quality Marker is about adult social care staff having a good awareness of carers and caring, and the organisation having appropriate structures and practices to promote a 'carer-friendly' culture.
- 5.6. The analysis suggests that while there are clearly areas of strength and best practice across the region, there is still opportunity for improvement in terms of carer awareness and developing organisational maturity in relation to carers. Quality Indicator 1 provides a good benchmark for the rest of the indicators (and potentially for all the quality markers) and suggests all LA's are moving in the right direction.

Quality Marker 2: Identification and recognition

- 5.7. This Quality Marker is about having good systems in place to identify carers and adult social care staff being proactive in identifying carers
- 5.8. The analysis suggests that good systems are in place across the region to identify carers within adult social care, with good staff knowledge about where to signpost carers to and how to record carers. The further you step away from social care the more this drops off, although there is a lot good practice within health partners. A prevalent theme is the constant need to inform and train staff due to fluctuations in the workforce and carer population.

Quality Marker 3: Information and advice

- 5.9. This Quality Marker is about making sure good quality information and advice is available for carers and that communication with carers is effective and consistent.

- 5.10. The analysis suggests that good information and advice is available for carers in line with the Care Act 2014 with councils building on digital and web based opportunities to keep carers informed and involved; of particular note is good access to benefits advice across the region. Further work is required to improve information for parent carers around transition to adulthood, and also with young carers who are transitioning into adult services. There is a continued need to focus on accessibility, both in terms of the format in which information is provided and how it is tailored to different groups of people.

Quality Marker 4: Better conversations

- 5.11. This Quality Marker is about local authorities, and social care organisations delegated by LA's to carry out carers' assessments, having quality conversations with the carer.
- 5.12. The analysis suggests a good quality of conversations with carers. A strength-based approach is practiced across the region and access to advocacy is fully embedded. While the region is performing well, there is scope to further improve the identification of young carers at an early stage and to improve awareness of the regional strength based social care audit tool. Further work could focus on consistency of approach, particularly in terms of staff awareness of information and support for carers, in the practice of a strength-based practice across teams, and in conducting carers assessments.

Quality Marker 5: Support and services

- 5.13. This Quality Marker is about the support and services that are available for carers and how easy it is for carers to access them.
- 5.14. The analysis suggests there is a good range of support and services for carers particularly specialist information and advice to carers of all age groups and support without the need for a statutory assessment. All areas offer direct payments to carers and there is a commitment to support carers in employment and providing respite. There is a need to remain vigilant to the needs of those carers who are not known or who are less likely to seek and/or access support as well understanding the emerging needs of carers as a result of the pandemic. Improving the digital and technology offer for carers could open access further.

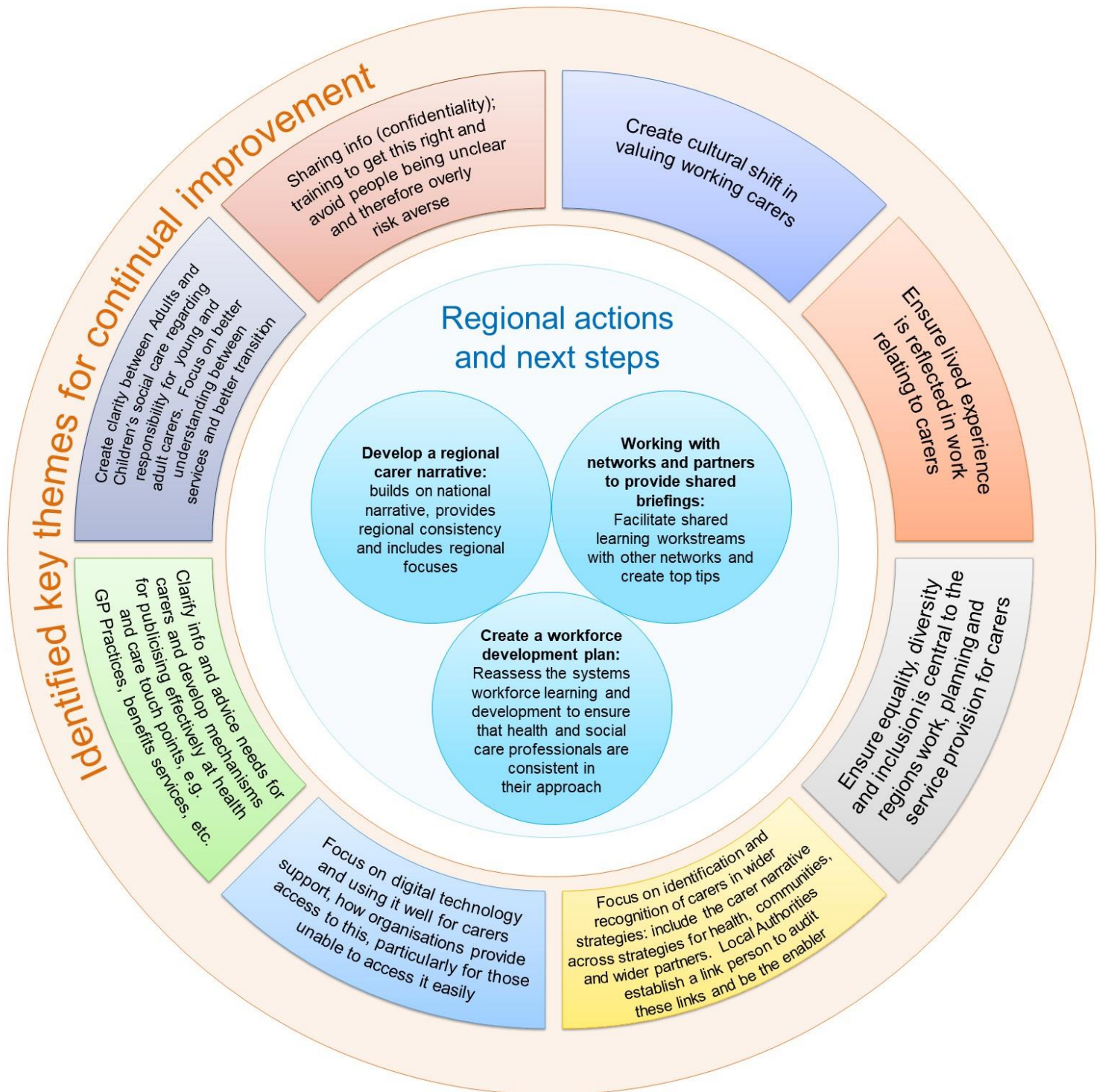
Quality Marker 6: Carers as expert care partners

- 5.15. This Quality Marker is about ensuring that carers feel part of the team making decisions and planning care for the person they care-for as well as about local authorities listening to the voice of carers and involving them in the strategic planning of services.
- 5.16. The analysis suggests that the region values carers' involvement and engagement as partners to improve services and inform support planning. However, more could be done to improve representation of different groups and to improve skills and knowledge to facilitate better involvement of carers. Improved understanding of data protection could support sharing of information to support more effective caring and a better understanding of advocacy and best interests would help carers to be more involved in planning and decision making.

6. Key messages

- 6.1. The local authorities participating in the self-audit now have a wealth of information available to them along with supporting evidence against which they can begin to share good practice with others in the region and use to continuously improve support and services to carers.
- 6.2. Taken as a whole, the analysis shows good performance across Yorkshire and the Humber with regards to support for carers. A learning and dissemination event was held on 29 June 2021 and was attended by 35 people from across the region. The event looked at each Quality Marker in more detail and pulled out key areas of strength, improvement, and actions.
- 6.3. Key strengths include:
 - Adult social care staff have a good awareness of carers and caring, and the organisations that participated in the self-audit have appropriate structures and practices to promote a 'carer-friendly' culture
 - Good systems are in place across the region to identify carers within adult social care
 - There is good staff knowledge about where to signpost carers to and how to record carers.
 - Good information and advice is available for carers in line with the Care Act 2014
 - Provision of good access to benefits advice across the region was an area of strength
 - A strength-based approach is practiced across the region and access to advocacy is embedded.
 - There is a good range of support and services for carers, particularly specialist information and advice to carers of all age groups and support without the need for a statutory assessment.
 - All areas offer direct payments to carers and there is a commitment to support carers in employment and by providing respite.
 - The region values carers' involvement and engagement as partners to improve services and inform support planning.
- 6.4. Feedback from the event has been collated and the key themes for continual improvement, as well as regional priorities for the Carers Lead Officer's Network, are set out in the diagram below.
- 6.5. The Yorkshire and Humber Carers Lead Officer's Network will work on the regional actions and next steps over the next 12 months and review progress in July 2022.

Key themes and actions for the YH ADASS Carers Lead Officer Network



Part 3: Appendices

[Appendix 1: Awareness and culture](#)

[Appendix 2: Identification and recognition](#)

[Appendix 3: Information and advice](#)

[Appendix 4: Better conversations](#)

[Appendix 5: Support and services](#)

[Appendix 6: Carers as expert care partners](#)

Appendix 1: Awareness and culture

Overall response rate

54.5% Fully Met; 41.6% Partially Met; 3.9% Not Met

Quality Indicator 1		
The role of carers is recognised as central to a strength based approach in adult social care		
Fully Met: 45% Partially Met: 55% Not Met: 0%		
Summary	Even where LA's recorded 'fully met' there was a focus on carers supporting a SBA for the cared-for person and it was difficult to see how SBAs were focussed on developing carer resilience, strengthening carer relationships and support networks, or promoting carers independence, health and wellbeing.	
Comments	The response suggests there is still much to do to achieve the Care Act ambition of parity of esteem for carers	
Quality Indicator 2		
There is a local Carers Strategy or Carers Charter in place		
Fully Met: 91% Partially Met: 9% Not Met: 0%		
Summary	Tend to be joint/partnership strategies and co-produced with carer involvement; the one LA partially met is due to awaiting sign-off	
Comments	Could be helpful to compare/contrast different LA strategy priorities and objectives	
Quality Indicator 3		
Staff are active in local Carer Strategy Groups and/or Partnership arrangements		
Fully Met: 73% Partially Met: 27% Not Met: 0%		
Summary	ASC staff are actively involved in strategy groups which tend to be led by senior council officers, are multi-agency and involve carers; Doncaster Carers Partnership includes elected members	
Comments	Wider membership and involvement from ASC operational staff noted as desirable improvements	
Quality Indicator 4		
There is a planned carers awareness training programme for ASC staff including new staff induction		
Fully Met: 27% Partially Met: 73% Not Met: 0%		
Summary	In the main LA's have training available but there is little evidence of there being a planned roll-out across ASC; some LA's using E-Learning and some delivering with local Carers Centre	
Comments	Is there scope/demand for a regional training tool (which could be an existing LA one) to be supported by ADASS? Should carers awareness training be mandatory?	

Quality Indicator 5		
There is a Carers Champion scheme or network in place.		
Fully Met: 36%	Partially Met: 36%	Not Met: 28%
Summary	There is evidence of different models/approaches (e.g. carers as carer champions/staff as carer champions); 'Prompt Card' developed by Carers Champions in Leeds is evidence of a carer champion network 'product' in use	
Comments	Some LA's are planning carer champion networks; Would be useful to share experience and learning from Hull/Leeds/Doncaster	
Quality Indicator 6		
Carers are a theme in the Market Position Statement		
Fully Met: 82%	Partially Met: 18%	Not Met: 0%
Summary	Most LA's say fully met although on further inspection there is variance in the actual 'carer' content/detail in MPS's	
Comments	Could be helpful to compare/contrast actual carer related content in MPS's (though probably not a priority!)	
Quality Indicator 7		
Staff are encouraged to identify themselves as carers		
Fully Met: 27%	Partially Met: 73%	Not Met: 0%
Summary	Use of staff surveys, staff networks, Working Carers Policy, Working Carers Passport, Employers for Carers membership are all cited as examples of good practice	
Comments	Not much variance between 'Partially Met's' and 'Fully Met's'; responses suggest that more needs to be done to implement and promote working carers agenda in ASC	

Appendix 2: Identification and recognition

Overall response rate

39% Fully Met; 58% Partially Met; 3% Not Met

Quality Indicator 1		
Staff are proactive in identifying carers (young carers, parent carers, and adult carers)		
Fully Met: 18% Partially Met: 82% Not Met: 0%		
Summary	Identification of carers within Adult Social Care is generally good, with most areas recognising this is imperfect and the need to train and improve. Some good practice around Carers Champions and wider health service and community identification.	
Comments	Most areas identify carers, recognise more training is needed, and rate as 'Partially Met' reflecting the constant need to inform and train staff due to fluctuations in the workforce and carer population.	
Quality Indicator 2		
Staff engage with local health and care partners to identify carers.		
Fully Met: 45% Partially Met: 45% Not Met: 9%		
Summary	Most areas have established partnership arrangements and actively engage a range health and care organisations. Many link with GP Practices and PCNs.	
Comments	No areas suggested they need to build partnerships from new although adding new partners to existing networks is desirable. A more prevalent theme was continual promotion / reiteration within existing partnerships.	
Quality Indicator 3		
Carers are recorded and flagged on health and social care systems and where appropriate are linked with the person they care for		
Fully Met: 55% Partially Met: 45% Not Met: 0%		
Summary	All areas record carers within the LA with only some areas noting that carers are also recorded on health databases and/or at GP Practices.	
Comments	The main focus was adult social care recording and more emphasis is needed on recording carers within health services. Some comments noted multiple systems, e.g. adult carers, young carers, health databases, etc. suggesting that even in areas where recording is good across both health and social care it often isn't joined up.	
Quality Indicator 4		
Staff are clear about how / where to signpost carers for support and needs assessment in order that their needs are met and their wellbeing promoted.		
Fully Met: 64% Partially Met: 36% Not Met: 0%		
Summary	Staff in all areas have awareness of referral routes / signposting. Some comments included additional tools available for staff usage: web pages, prompt cards, a directory, e-learning.	
Comments	Routes into carer wellbeing support seem well established and known across the region. Where areas rate themselves as 'Partially Met' it seems to be due to the continual training required to reinforce knowledge of these.	

Quality Indicator 5		
Number of carer assessments, including as part of holistic family assessments, are monitored as part of performance management.		
Fully Met: 36%	Partially Met: 55%	Not Met: 9%
Summary	All areas record carer assessments, some report this as part of performance management and only one area noted any link to local strategies.	
Comments	Although this is recorded by all areas it seems that in many areas more can be done with the intelligence from this data. There was little mention of how this links to strategic development and no area included carers as part of monitoring or understanding this data.	
Quality Indicator 6		
Needs of carers are recognised within wider Council strategies and services.		
Fully Met: 18%	Partially Met: 82%	Not Met: 0%
Summary	All areas include adult social care, most include health partners, with some going further and include place plans wider than health and care.	
Comments	There is clearly a focus on carers within social care strategies and many health strategies, however, more work is needed to influence wider place development.	

Appendix 3: Information and advice

Overall response rate

57% Fully Met; 40% Partially Met; 3% Not Met

Quality Indicator 1		
Information and advice is available to carers to support them in their caring role in line with Care Act 2014		
Fully Met: 73% Partially Met: 27% Not Met: 0%		
Summary	All LA's compliant in relation to information and advice. All have different method of access for IAG for Carers. Barnsley are undertaking an Audit to test access to IAG in their area. Doncaster have added Carer IAG to Blue Badge Applications.	
Comments	Covid has presented opportunities for LA's and Provider Organisations to develop their digital/web presence for IAG. Covid has also presented barriers for some Carers as they don't have access to digital technology. Also, Carers who have an unwillingness to engage with digital technology is challenging.	
Quality Indicator 2		
Information for carers is up to date and covers the range of support available to them and how to access it		
Fully Met: 73% Partially Met: 27% Not Met: 0%		
Summary	All LA's offer IAG in various forms. Some LA's recognised the opportunity to improve access to IAG and keeping information up to date. Opportunities for developing digital platforms further	
Comments	Key challenge is keeping information up to date in all available formats	
Quality Indicator 3		
Information is available in a range of formats to meet carers' needs and preferences, in line with Accessible Information Standard		
Fully Met: 55% Partially Met: 27% Not Met: 18%		
Summary	6 LA's met this standard and provided evidence of a range of formats of accessible information i.e. digital, printed guides, forums, social media, different languages, easy read formats. Leeds - Accessible Information Standard is a specified requirement in all contracts.	
Comments	All LA's acknowledged there are opportunities for improvement in relation to providing accessible information. NEL identify the opportunity to work in co-production with residents to explore if information is required in different formats	
Quality Indicator 4		
Tailored information and advice is available about balancing caring with work, education or training		
Fully Met: 36% Partially Met: 64% Not Met: 0%		
Summary	Leeds, Barnsley, Bradford, Calderdale subscribe to the Carers UK, Digital Resource and Employer for Carers resource. Other LA's evidence via different outcome methods or assessment processes	

Comments	This is an opportunity to improve early identification of Carers. Need to promote Employers for Carers more widely and further work to progress the agenda re working Carers	
Quality Indicator 5		
Information and advice is available for carers in relation to finance and benefits		
Fully Met: 82% Partially Met: 18% Not Met: 0%		
Summary	All LA's offer support for Finance & Benefits advice via various methods. Commissioned benefits advice or signposting to other partner agencies. Calderdale Carers Service has a Benefits Advisor as part of their service offer	
Comments	Opportunity exists to promote this offer to Carers who are not known to services	
Quality Indicator 6		
Information and advice is available for carers who are caring for someone at the end of life and following bereavement		
Fully Met: 64% Partially Met: 36% Not Met: 0%		
Summary	All LA's offer support for bereavement and end of life. Barnsley has commissioned a bereavement service to support people who have lost family or friends during the coronavirus pandemic. NEL have a dedicated information resource for those at end of life. Kirklees and North Lincs provide 'After Carers' group for bereaved carers. Specialist Bereavement Support role at Carers Leeds.	
Comments	Barnsley Carers Service are developing a support group called "In the end it matters" in conjunction with relevant Health & social care professionals. Some LA's acknowledge further development work is required in supporting Carers at this stage of their caring journey.	
Quality Indicator 7		
Age appropriate information and advice is available for young carers to support transition to adult services		
Fully Met: 45% Partially Met: 55% Not Met: 0%		
Summary	All LA's report supporting transition work for Young Carers. Bradford - Young Carers service provides a bespoke web based information resource for young carers and young adult carers: https://youngcarersresource.org/ Barnsley are introducing a written protocol to formalise arrangement between Young Carers Service and the Barnsley Carers Service.	
Comments	Several LA's report the opportunity to develop and strengthen transitional arrangements and information for Young Carers. Including development within Carers Strategies and Action Plans. Challenges for LA's could be encountered internally between different Service Areas developing approaches to support transitional arrangements.	
Quality Indicator 8		
Information and advice is available for parent carers transitioning from Children's Services into adult services		
Fully Met: 27% Partially Met: 64% Not Met: 9%		
Summary	There appears to be mixed response in relation to this Standard from several LA's. 1 LA reporting they do not meet this Standard.	

Comments	Several LA's reporting the opportunity for transition arrangements to be developed, reviewed, amended and improved. Doncaster - Currently looking at how to fill the gap in support for parent carers yet to be identified by either Children's Service and/or Adult Services. Kirklees currently exploring stand-alone parent carer assessments.
-----------------	---

Appendix 4: Better conversations

Overall response rate

Fully Met 67.3%; Partially Met 27.3%; Not Met 5.5%

Quality Indicator 1		
There is clear information about carer's assessment to ensure that carers are clear about the purpose of assessment, the choices available to them and the whole process itself		
Fully Met: 73%		
Partially Met: 27%		
Not Met: 0%		
Summary	Most LAs have information available on their websites, in carers guides, carers portal and provided by social care workers directly. Some have specific guidance documents on the assessment or are working on information packs or leaflets to improve consistency.	
Comments	Some challenges remain to ensure consistency, to ensure that staff awareness is maintained and ensure that particular carers have appropriate information e.g. parent carers.	
Quality Indicator 2		
Carer's assessments take the form of a conversation and are focussed on developing carer resilience, strengthening their relationships and networks, and promoting their independence, health and wellbeing		
Fully Met: 73%		
Partially Met: 27%		
Not Met: 0%		
Summary	All the LAs identify that this is in place and that assessment teams have adopted a strength based approach. Responses suggest that there are some inconsistencies from a practice and delivery perspective and a number of LA's indicate that there is more to do to roll out the approaches across all teams.	
Comments	Sharing good practice round this area might be beneficial – such as using audit tools to monitor implementation and ensuring that there is appropriate training and practice development.	
Quality Indicator 3		
Carer's assessments look at the different ways that caring affects the carer's life including support to remain in education/training/work and to have a life outside of caring		
Fully Met: 82%		
Partially Met: 18%		
Not Met: 0%		
Summary	All the LAs identify that this is in place and that assessment teams have adopted a strength based approach. Responses suggest that there are some inconsistencies from a practice and delivery perspective and a number of LA's indicate that there is more to do to roll out the approaches across all teams. One authority has introduced a specific action plan for their own employees that have a caring role (Barnsley)	
Comments	Sharing good practice round this area might be beneficial such as using audit tools to monitor implementation and ensuring that there is appropriate training and practice development.	

Quality Indicator 4		
Carer's assessment take into account the extent to which the carer is willing, and is likely to continue to be willing to provide care		
Fully Met: 73%	Partially Met: 27%	Not Met: 0%
Summary	There are processes in place to ensure that this is recorded as part of the assessment; however, there are some questions about consistency in practice and a view that some staff will make assumptions about willingness to continue unless a carers says otherwise. Parent carers and young carers are not always asked as part of the transition to adulthood (Hull) Sheffield includes this as a domain in the outcome ladder used to assess impact of caring role.	
Comments	Practice development required with the workforce; social care audit required (Doncaster)	
Quality Indicator 5		
Carer's assessments take a 'whole family approach' including the identification of young carers at the earliest stage.		
Fully Met: 55%	Partially Met: 45%	Not Met: 0%
Summary	There is less consistency here and some uncertainty about whether identification of young carers or whole family approach happens systematically. There are examples of good practice such as clear referral and signposting pathways to ensure Young Carers are identified and supported and adult Carers receive appropriate information and support. (Leeds)	
Comments	A number of authorities identify need for further development in this area or further work to ensure that it is embedded in practice.	
Quality Indicator 6		
Carers have access to advocacy support where they have 'substantial difficulty' in being actively involved in an assessment		
Fully Met: 100%	Partially Met: 0%	Not Met: 0%
Summary	This appears to be fully embedded across all the authorities and an offer of advocacy support was built into the assessment process. In some cases this was also made explicit in practice guidance.	
Comments	Might be helpful to undertake some analysis re actual demand over last 2 years (Leeds)	
Quality Indicator 7		
Carers can choose to have a joint assessment with the person they care for or a carer's assessment in their own right		
Fully Met: 82%	Partially Met: 9%	Not Met: 9%
Summary	In some cases this is an offer to have an assessment at the same time rather than a joint or combined assessment. Some authorities report the no. of joint assessments as part of their performance reports. Sheffield - There is no Care Act (2014) requirement to offer 'combined assessments', however, it can be an efficient way of working if the carer and cared-for person agree to having one.	
Comments	Where authorities do not currently have a joint assessment approach, it might be worth some development work with those that do.	

Quality Indicator 8		
Staff who carry out assessments, regardless of the format, have the necessary skills, knowledge, and competence to do this.		
Fully Met: 64%	Partially Met: 36%	Not Met: 0%
Summary	Generally, assessments are carried out by trained and skilled staff with training and awareness provided periodically. Additional support mentioned was induction training, guidance documents and peer support.	
Comments	While this seems to be a positive area, there may still be a need to find ways of ensuring consistency from a practice and delivery perspective (Doncaster)	
Quality Indicator 9		
Staff have comprehensive and up to date knowledge of local services that may support carers and are able to apply this knowledge creatively when doing assessments.		
Fully Met: 64%	Partially Met: 36%	Not Met: 0%
Summary	Staff have access to information on carers services through information hubs, websites, directories and service reference tools. Staff may not have detailed knowledge but they know where to access the knowledge. One local authority was making sure that assessment staff received updates on the latest carers information on support and services and one authority referred to the use of peer support	
Comments	While this seems to be a positive area, there may still be a need to find ways of ensuring consistency from a practice and delivery perspective (Doncaster)	
Quality Indicator 10		
Staff are using the regional strength based social care audit tool to review quality and inclusion of carer's voice within needs assessments.		
Fully Met: 9%	Partially Met: 45.5%	Not Met: 45.5%
Summary	The only authority that fully met this indicator was the one that was part of the development of the tool! (NLC) Other authorities were using their own case file audit tools. Other authorities were not aware whether the tool was being used and identified it as a development area.	
Comments	As NLC was part of the development of the tool – there may be some benefit in them sharing their learning with other local authorities. Research required on regional tool. Also NLC staff use a quality assurance questionnaire to gather information from service users (ensuring the voice of the Carer) which may be useful to share.	

Appendix 5: Support and services

Overall response rate

66% Fully Met; 34% Partially Met; 0% Not Met

Quality Indicator 1					
Specialist information, advice and support is available for carers					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fully Met: 91%</td> <td style="width:33%; text-align: center;">Partially Met: 9%</td> <td style="width:33%; text-align: center;">Not Met: 0%</td> </tr> </table>			Fully Met: 91%	Partially Met: 9%	Not Met: 0%
Fully Met: 91%	Partially Met: 9%	Not Met: 0%			
Summary	Specialist advice for young carers and adult carers is separate in a number of areas, with direct young carer services working with young carers; Advocacy support and benefits support are via 3rd parties; Signposting/referral on where hub is not able to offer suitable support				
Comments	Consideration of additional specialist needs due to covid should be considered though covid gives more opportunity to identify unknown carers; Speed of change/unprecedented situations can reveal/create new needs and we need to keep up with this and adapt quickly				
Quality Indicator 2					
Support is available for carers without the need for formal statutory assessment					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fully Met: 100%</td> <td style="width:33%; text-align: center;">Partially Met: 0%</td> <td style="width:33%; text-align: center;">Not Met: 0%</td> </tr> </table>			Fully Met: 100%	Partially Met: 0%	Not Met: 0%
Fully Met: 100%	Partially Met: 0%	Not Met: 0%			
Summary	Wide range of organisations available to provide support, without the need of a formal assessment – tend to be via Carers Centres; Digital resource and digital inclusion support being offered				
Comments	Acknowledges that there is a need to ensure wide promotion to reach more carers				
Quality Indicator 3					
A range of short breaks services, including replacement care services, are available to provide carers with a break from caring					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fully Met: 64%</td> <td style="width:33%; text-align: center;">Partially Met: 36%</td> <td style="width:33%; text-align: center;">Not Met: 0%</td> </tr> </table>			Fully Met: 64%	Partially Met: 36%	Not Met: 0%
Fully Met: 64%	Partially Met: 36%	Not Met: 0%			
Summary	Range of options exist from traditional respite through to groups, activities, relaxing sessions, sitting services, etc				
Comments	Opportunity to develop/promote alternative "short breaks" for periods such as covid, when traditional centres are closed, for example online relaxation/meditation/yoga or flexibility as to location and style of break; consideration of short break options for BAME communities or other specific groups who are less likely to access formal social care				
Quality Indicator 4					
Direct Payments are available and are offered to carers					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Fully Met: 82%</td> <td style="width:33%; text-align: center;">Partially Met: 18%</td> <td style="width:33%; text-align: center;">Not Met: %</td> </tr> </table>			Fully Met: 82%	Partially Met: 18%	Not Met: %
Fully Met: 82%	Partially Met: 18%	Not Met: %			
Summary	All LA's offer Direct Payments to carers, some areas further on than others, e.g. Bradford developing a framework (market place) of Day Activities that all social care clients, including carers, will be able to use direct payments through; North Yorkshire provide a one-off grant, not DP				
Comments	Further analysis of trends and patterns will enable an 'as-is' position from which a plan to increase numbers can be developed				

Quality Indicator 5		
Carers are supported to plan ahead and to develop emergency and/or contingency plans		
Fully Met: 64%	Partially Met: 36%	Not Met: 0%
Summary	All areas provide access to carers emergency planning though there are various models e.g. formal and informal registrations, offer of free replacement care	
Comments	More personalised options required to support carers earlier (rather than wait for crisis) and longer-term as well as shorter term solutions for care planning to be considered	
Quality Indicator 6		
Targeted support is available for working carers to balance work and care and remain in employment		
Fully Met: 45%	Partially Met: 55%	Not Met: 0%
Summary	Variety of approaches eg Leeds has an employers forum, to support wider take up of working carer support; NEL has a worker to liaise with external orgs to improve support; Barnsley is seeking to roll out info/support to outside orgs also; N Yorks commissions carers orgs to offer support externally. Otherwise support seems focused on own organisation/ formal assessment/ direct carer request	
Comments	Much of the available support in the region is targeted to carers who make themselves known; there is not clear evidence of general base level support in all areas ; too focused on attachment to carers/service user assessments; Parents cannot use DP to return to work	
Quality Indicator 7		
Carers have access to training and learning that helps to care safely and effectively		
Fully Met: 55%	Partially Met: 45%	Not Met: %
Summary	Plenty of support to signpost carers to appropriate training/learning, as well as a good suite of training/learning in a variety of formats; however training/learning offer not embedded throughout system (i.e. health and social care)	
Comments	Some areas have not put the full offer online; there needs to be a consideration of non-online, non-face to face options	
Quality Indicator 8		
Technology and digital based support is available for carers		
Fully Met: 27%	Partially Met: 73%	Not Met: 0%
Summary	Includes provision of devices to access digital as well as support to use; provision of apps that are carer specific (eg jointly); provision of specific targeted support sessions to improve skillset overall; 1)	
Comments	Difficulty in getting offer known widely; reliance on online information resources, rather than a suite of digital solutions; more bespoke training/digital skills workshops should be offered; improved marketing/communications and embedding across the system required	

Appendix 6: Carers as expert care partners

Overall response rate

59% Fully Met; 41% Partially Met; 0% Not Met

Quality Indicator 1		
Carers are acknowledged as expert partners in care and their skills and knowledge are valued and utilised		
Fully Met: 67% Partially Met: 33% Not Met: 0%		
Summary	Carers as partners by experience are represented on Carers Partnership and Carers Provider Forum; As experts by experience. carers were consulted on and involved in the development of carers services, service specification, development of evaluation questions, the evaluation of tenders and the award of the current carers service contract.	
Comments	General acknowledgement that more can and should be done to ensure the carer voice is heard and acted upon	
Quality Indicator 2		
Carers are a valued member of the care team and are involved in decision making and care planning		
Fully Met: 56% Partially Met: 44% Not Met: 0%		
Summary	LA's recognise that carers are integral to all care and support planning (for themselves always and the cared for person where appropriate). Carers should be involved in best-interest decisions and advocacy (where appropriate).	
Comments	Need to further embed through training and update conversation records, including valuing young carers and involving them in decision making and care planning.	
Quality Indicator 3		
Information is shared with carers to help them care effectively and safely while respecting confidentiality		
Fully Met: 33% Partially Met: 67% Not Met:0%		
Summary	Responses suggest that some ASC staff, usually those who don't understand the data protection requirements fully, are overcautious with information, creating an unnecessary barrier to carers' ability to care effectively. Those who do understand and recognise the needs of carers for information share appropriately	
Comments	More work needs to be done to clarify what information is appropriate to share and when – this is a complex topic, and might well require some sort of expert option sourcing	
Quality Indicator 4		
Carers are involved in strategic planning and commissioning decisions of carer services		
Fully Met: 80% Partially Met: 20% Not Met: 0%		
Summary	Good examples provided of carer involvement in all aspects of commissioning and strategy development etc	

Comments	Can tend to be 'same carers' – need to ensure wider range and diversity of carer involvement
-----------------	--