

# Think Carer Strategy

2024 - 2029

**A plan to co-ordinate and improve support for carers who live or work in Stockport or who care for a Stockport resident**



# Foreword

## From the Co-Chair of Stockport Carers Partnership, Mark Hilton

This new Think Carer Strategy is an important step towards re-focusing attention on carers in Stockport and how to support them to do the thing they are dedicated to - enabling their family member, friend or neighbour to live independently and safely with the best possible quality of life. Many carers do this willingly and without asking for help, sometimes to the detriment of their own health or financial wellbeing. The priorities reflect what carers said at the very beginning of the process and have been tested out with local carers groups and individual carers, resulting in a clear mandate for improvement. Delivering the strategy in the next five years may be challenging as there is a lot to do, but if partners and professionals respond to this call to action, I am certain that we will rise to the challenge together and improve the experiences of Stockport carers.

## From the Director of Signpost Stockport for Carers, Julia Hewer

As a specialist support service, committed to helping carers, I particularly welcome this strategy and the emphasis it places on stronger communication and collaboration between professionals, the voluntary and community sector, and of course carers themselves. It is especially pleasing that carers of all different ages and with varying caring roles have been at the heart of shaping the 4 priorities. Signpost will be continuing this dialogue with carers and involving them in judging the success of the strategy through a new Carers Network. Along with the Carers Partnership, the Network will improve the voice and visibility of carers in Stockport. The immediate next step for the Carers Partnership is to secure commitment from organisations to join the Partnership itself and to help shape and deliver the action plan collaboratively. Together these new developments have real potential to secure sustained improvements in the recognition and support for carers in Stockport.

## From the Director of Adult Social Services (DASS), Sarah Dillon

Carers are a key policy area for the Department of Health and Social Care (DHSC) and the Care Quality Commission (CQC) and this new strategy for Stockport mirrors national priorities and ambitions to deliver services and support for carers that assists them in their caring role, as well as in their lives outside of caring. Working more efficiently as partners, improving the way we communicate, understanding the experiences of carers and valuing their expertise and being clearer as professionals about our duty of care to carers is the key to delivering the ambitions captured in this strategy. Some of the strongest messages from the consultation with carers are about the need to make improvements in the availability of health and social care information and advice and the co-ordination of care by professionals and organisations. Getting this right for carers will mean that health and social care will be better for all Stockport citizens and patients.

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# Introduction to the strategy

The Think Carer Strategy is a plan for Stockport as a place and a community. The intention is that it will become the focus for work to improve recognition of and support for carers in Stockport over the next 5 years and will help to guide services across the NHS, adult social care as well as charities, the education sector, employers and many other local services. The success of the strategy will be judged by the extent to which progress is made against the four priorities and how local organisations and partners collaborate to achieve tangible change. This document provides the full analysis that has informed the strategy, including the findings from the consultation with carers. An Executive Summary and the four priorities in brief are also available.



The development of the strategy also marks a change in how organisations which already support carers will be able to collaborate more readily and influence change across Stockport.

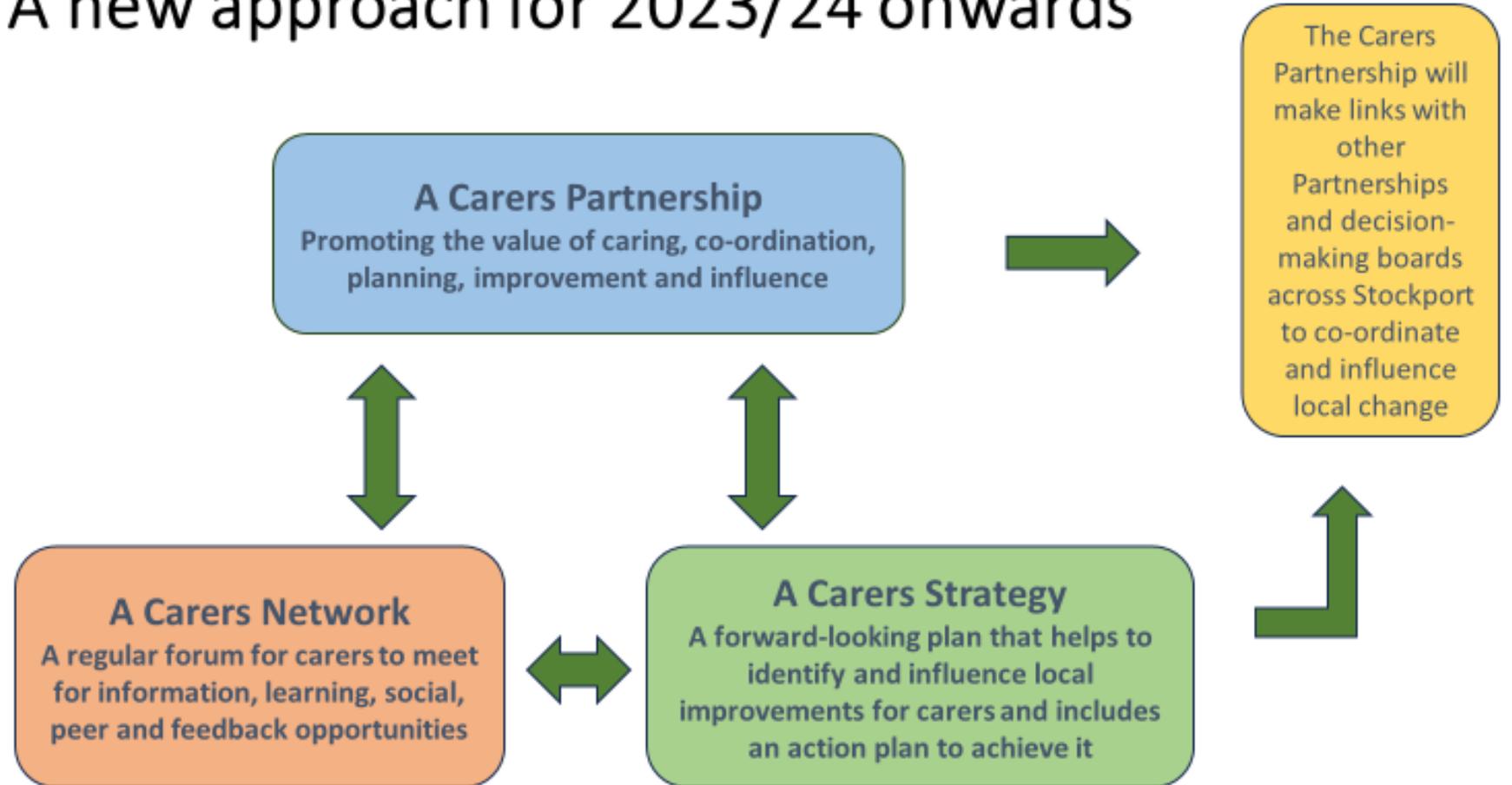
A new Carers Partnership made up of Stockport carers, organisations and partners has been formed and will oversee the implementation and delivery of the strategy. The Partnership is co-chaired by a local carer.

Alongside this, a Carers Network is being developed. This is a forum for carers to meet, offer peer support and share experiences. Over time the ambition is that the Network will also become a regular opportunity for carers to give feedback about the experiences of caring and suggestions for service improvement.

The Network and the Partnership will strengthen the voice of carers and give them stronger representation.

# New governance and carer engagement arrangements

## A new approach for 2023/24 onwards

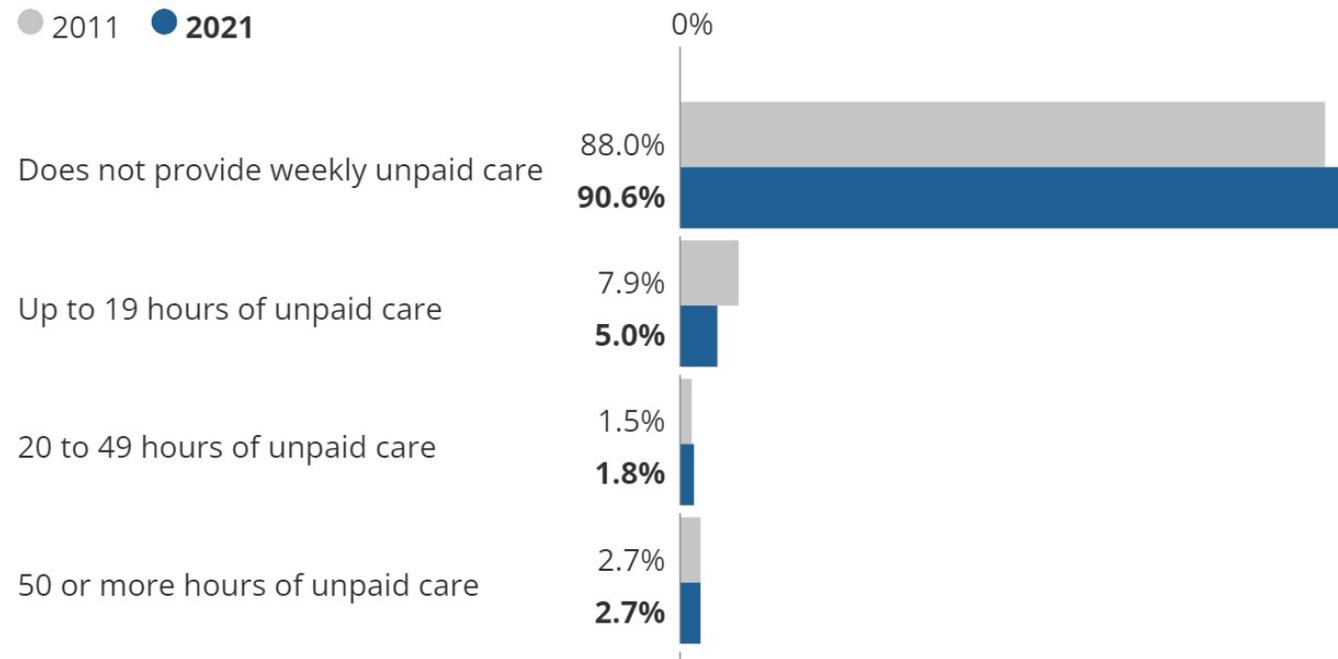


# The picture of caring in Stockport

The Census 2021 provides the most comprehensive picture of caring across the Stockport population. However, as the Census was undertaken during the Covid-19 pandemic, it is possible that how people perceived or managed their unpaid care could have changed at the time they completed the census survey. The population of Stockport in the 2021 census was 294,800 and 9.4% of people said that they provided weekly unpaid care, which equates to 27,711 people. The graph opposite shows the breakdown by hours of weekly care undertaken by Stockport carers.

Signpost Stockport for carers typically has around 6,500 registered carers on its database, meaning that an estimated 20,000+ carers may be providing a weekly unpaid caring role, but have not yet identified themselves as a carer or shared their caring role with services. It is possible that GP Carers Registers also identify some of these carers.

Age-standardised proportion of usual residents (aged five years and over) by hours per week of unpaid care provision, **Stockport**



Source: Office for National Statistics – 2011 Census and Census 2021

# The picture of caring in Stockport

## The impact of the Covid-19 pandemic for carers

A Rapid Learning Review of carer experiences and support in Stockport during the Covid-19 pandemic, conducted in Spring 2022, found that it was not uncommon for carers to have experienced:

- an acute sense of isolation and invisibility
- stress caused by being left alone with ongoing and new or changing caring responsibilities
- emotional fragility due to the challenges of dealing with ongoing uncertainty
- social anxiety as a specific effect of shielding/isolation

Carers also made temporary and long-term practical decisions that included:

- establishing completely new daily routines for themselves and the people they were caring for
- giving up work permanently to care
- both delaying and making early decisions around care transitions to or from residential care or supported living

## Working carers are more visible and better represented

Partly influenced by changes during the pandemic, Signpost has seen a significant demographic shift in its registered carer base, with many more working age, parent carers and 'early' later life carers now registered with the organisation. The proportion of retired and working carers registered with Signpost is now broadly the same.

'Work with Us', a project to improve the identification of and support to working carers, found that:

- having a supportive manager is the most influential factor for working carers in receiving help and feeling supported
- access to flexible working, responsive community health services and an emphasis on practical and flexible support were also very important to working carers
- there is a relationship between being well-supported in the workplace and feeling empowered to talk about caring responsibilities
- the challenges of managing care, alongside part or full-time work, significantly reduces working carers' opportunities or time to seek help or access support for themselves

# The picture of caring in Stockport

There is more reliable information about young carers but not all are being identified in education



The inclusion of young carers in the 2023 school census has highlighted that many schools may not be aware of their students who have a caring role for a member of the family - often a parent or sibling. Nationally, it is estimated that 1 in every 12 secondary school pupils is a young carer. Whilst 280 young carers were directly identified on the 2023 School Census, 380 young people were actively known to the specialist Signpost Young Carers service in Autumn 2023. In addition:

- 43 Primary schools reported 0 Young Carers
- 5 Secondary Schools reported 0 Young Carers
- 4 Primary Schools under-reported their Young Carers
- 1 Secondary School under-reported their Young Carers

In Autumn 2023, the 'COSMO' study, a national youth cohort study which is examining the short-medium and long-term impacts of the COVID-19 pandemic, reported that young adult carers (c. 17-18 yrs):

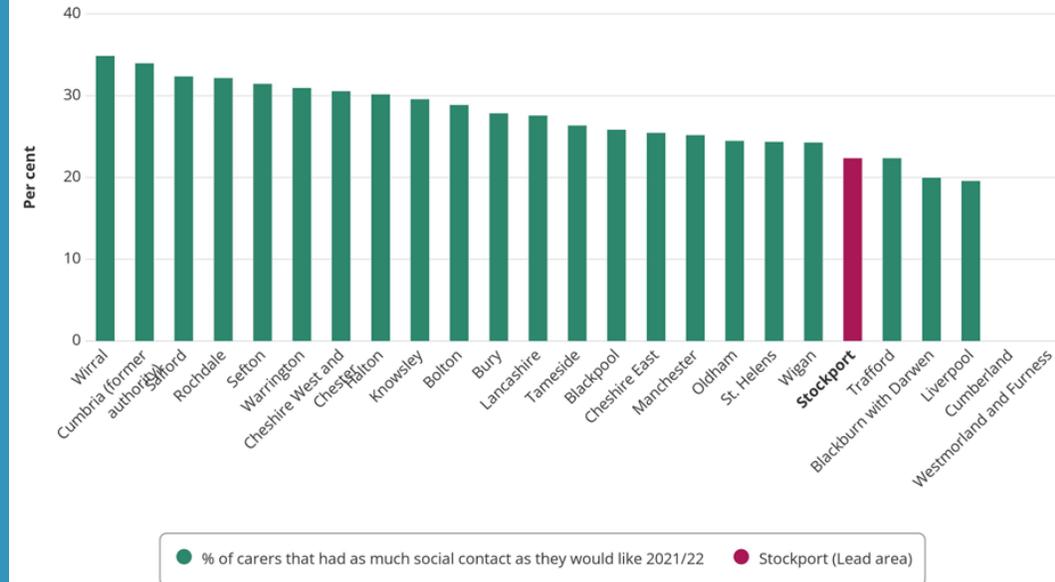
- are more than twice as likely as their peers to experience food poverty - 37% compared to 16% of non-carers
- are significantly more likely to experience psychological distress (56%), compared to non-carers (43%). For those caring for at least two years, the figure was even higher, at 60%
- around a third of all young carers said, 'people like me don't have much of a chance in life', nearly double the rate of non-carers (29% compared to 16%)

# The picture of caring in Stockport

## Carer quality of life and wellbeing

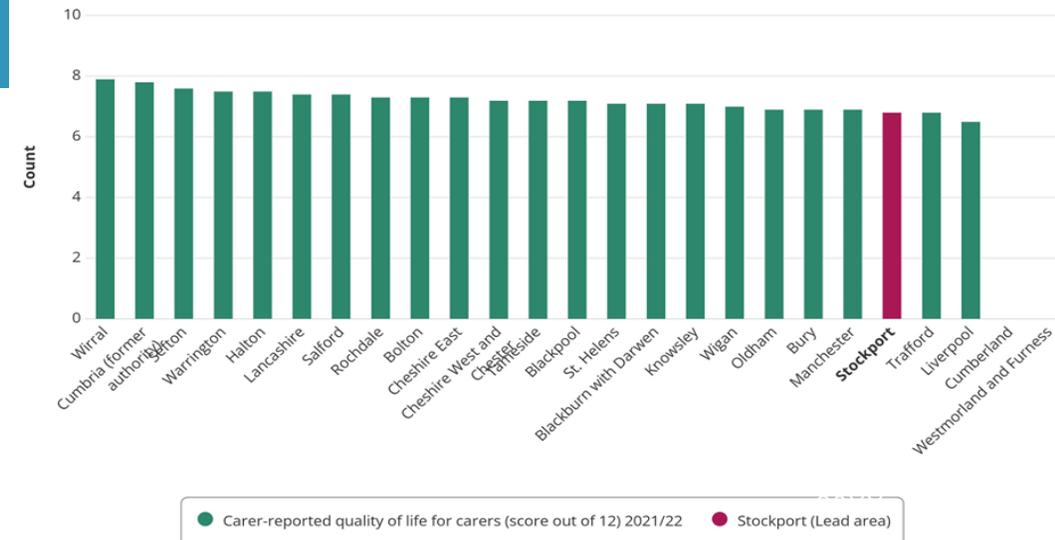
Although the impact of the pandemic may have had an enduring effect on carer quality of life and social contact, these survey findings from the Adult Social Care Outcomes Framework 2021/22 give an indication of how Stockport carers rated their quality of life compared to carers living in other places across the North-West of England. Carers in Stockport also report having less social contact than carers elsewhere across the region.

Proportion of carers who reported that they have as much social contact as they would like (2021/22) for North West (ADASS Region From 2018/19)



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Carer-reported quality of life for carers (score out of 12) (2021/22) for North West (ADASS Region From 2018/19)

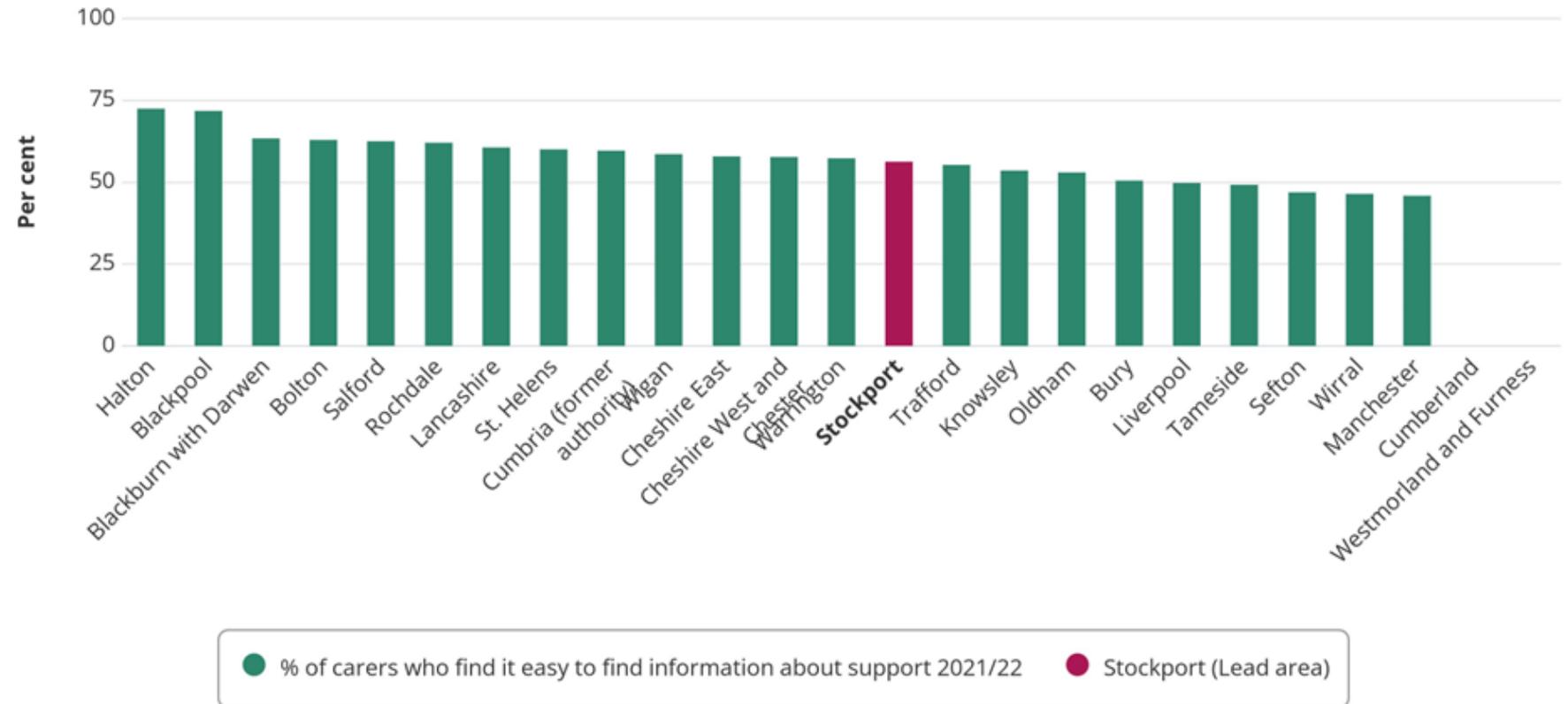


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# The picture of caring in Stockport

Easy access to high quality information and advice has emerged as an important priority in the consultation process with carers. Stockport carers said they want to understand the conditions that they may be providing care for - and have the right information and guidance at transition points in caring - such as at diagnosis, at discharge from hospital and when a young person becomes an adult. This graph shows how Stockport compares to other places in the North West, based on the most recent data from the Adult Social Care Outcomes Framework/carers survey.

The proportion of carers who find it easy to find information about support (2021/22) for North West (ADASS Region From 2018/19)



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# The picture of caring in Stockport

## Inequalities or barriers related to caring

Although there is limited specific data on potential inequalities experienced by carers in Stockport, national data and research offers some insight. For example, the Census 2021 found:

- a gender difference in relation to care, with women generally being around a third more likely to be a carer
- females in every age group up to 75 to 79 years are more likely to provide care, but from 80 years onwards this shifts to males
- women aged between 55 to 59 years old provide the most unpaid care, potentially because they are caring for aging parents and their own children, sometimes referred to as the 'sandwich generation'
- however, both men and women in the oldest age groups tend to provide higher weekly levels of care e.g. 50 or more hours of care per week

The consultation with Stockport carers specifically for this strategy has pointed towards varied barriers to care, but particularly the digital exclusion of carers to necessary services and information. The top 3 issues rated most highly as barriers for carers in the survey were mobility/physical challenges, issues relating to older age and lack of age-appropriate information and advice. However, other issues were thought to need consideration in the context of care and caring, in particular, how well different cultural and LGBTQ+ identities are accommodated in care and how this affects the caring experience.

In relation to young adult carers specifically, the COSMO study found that young people with caring responsibilities differs substantially between groups, linked to factors including ethnicity, location, family structure and socio-economic background, for example.

Young carers are more than twice as likely to live in the most deprived areas of the country (16%) than in the least deprived (7%) and are more likely to come from working class households than those with parents in professional or managerial roles.

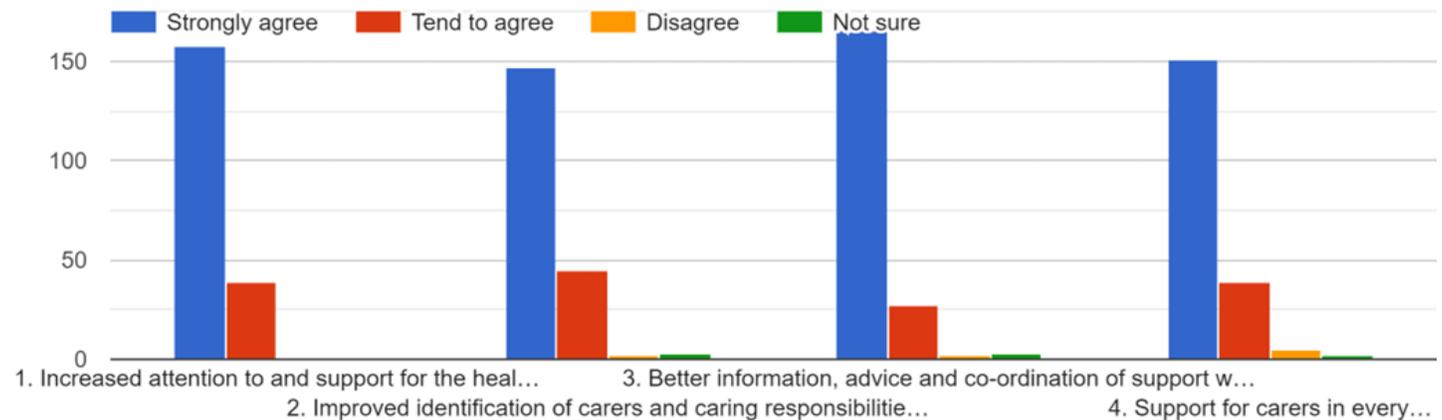
The young carers in the COSMO study were also more likely to be Bangladeshi (16%), Black Caribbean, Pakistani and Indian (15%) than White (11%) and to live in multi-generational, larger households.

# Learning from the consultation with carers

## Key messages

There has been consistently strong support for the 4 themes identified in the initial consultation. The graph opposite demonstrates this, with nearly 75% of survey respondents in support of each priority. The extent of agreement provides good validation and assurance around the focus for improvement; however, the consultation results are also reflected in the 2021/22 national carers survey data and similar findings have been reported in recent local carer-related evaluations and reports.

To what extent do you agree that these priorities are broadly the right things to work on in the next 3-5 years?



In relation to **carer health and wellbeing**, the need for both more respite and greater flexibility around short-term respite provision, was widely seen as a priority. Many carers felt that having access to regular respite was the main practical way they could continue to care, whilst others felt that respite should be available as an emergency response to carer crisis. Although respite rated highly in the carer survey, with 69% of carers saying that they would use respite, 84% said that they would want to take advantage of a carers assessment, 79% would access a GP health-check for carers and 78% would use benefits and financial advice specific to caring. However, there was also wide interest (over 50% of respondents) in advocacy for carers, peer support, advice around self-care and counselling. Another issue that carers flagged was the loneliness and isolation of caring, which could be worse if the condition they were supporting was stigmatised or misunderstood by others e.g. mental health or substance dependency issues, dementia and behavioural differences.

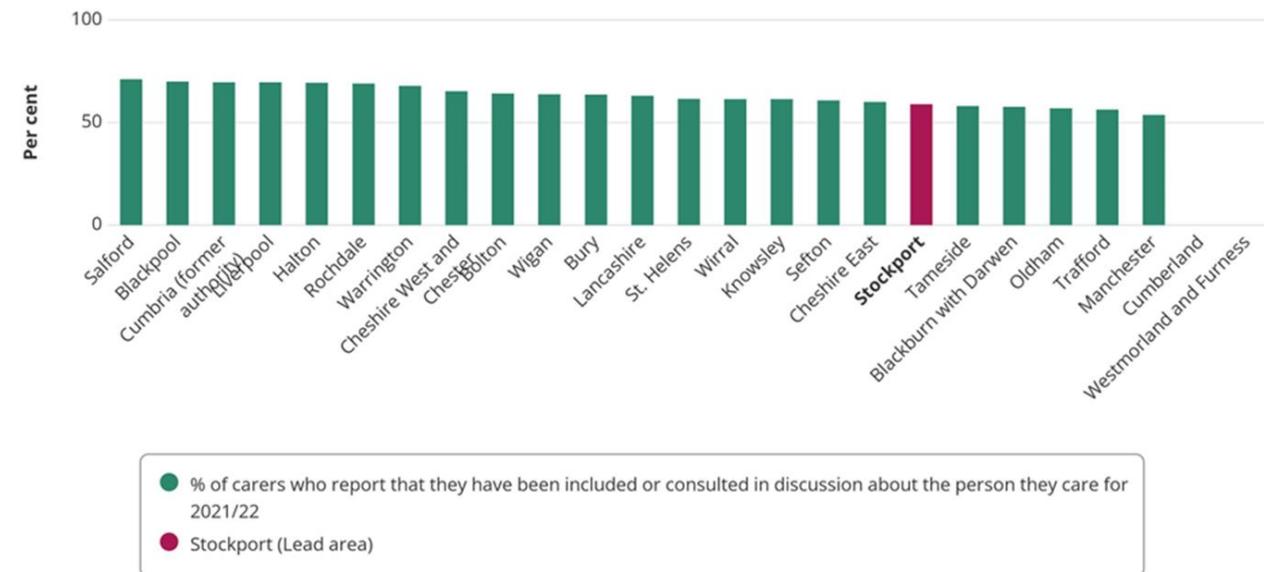
# Learning from the consultation with carers

## Key messages

**Better identification of carers and caring responsibilities by professionals** was considered important, partly because carers themselves often don't recognise they aren't coping or might find it difficult or embarrassing to ask for help. Some carers felt that if they had been identified earlier, it would have improved their situation. Carers talked about their experiences of being overlooked by professionals and this seemed to be particularly strongly felt amongst carers supporting an adult with a mental health condition, a learning disability and young carers. One carers group also observed that there is no clear 'pathway' for carers to get the support they need. The survey responses highlight that acknowledgement of, communication and consultation with carers could be improved, especially where proposed changes affect carers directly. The graph opposite supports this view.

It was also considered important for professionals to support conversations around whether caring remains safe and sustainable for both the carer or the person needing support. However, based on the survey, the most highly-valued quality carers want when they have contact with professionals, services and organisations is to be treated with compassion and empathy.

Proportion of carers who report that they have been included or consulted in discussion about the person they care for (2021/22) for North West (ADASS Region From 2018/19)



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# Learning from the consultation with carers

## Key messages



**Better information, advice and co-ordination of support** has emerged as an important theme in all discussions and feedback from carers, regardless of their specific caring role or age. The exceptions to this were in relation to cancer care and dementia diagnosis where some carers reported having a good experience. A narrative shared by many carers was that in the absence of adequate information, advice or explanation from services or professionals about specific conditions or diagnoses, they had done their own research to find out more about the condition of the person/people they were providing care for and how to manage it. Many said that they rarely had the time or the energy to do this around wider family and work responsibilities and sometimes they found out key details by chance or too late. Carers want important general and situation-specific health and care information to be accessible from one place, but for carers who are not digitally confident or who have no internet, it isn't helpful to provide exclusively digital information.

Other areas where carers feel more professional guidance and clarity is needed, based on the survey, is how to access financial support for carers and/or financial assessment for state-funded care, at the point of discharge, around the process of preparing for adulthood and the transition between children's and adults' services (including for young carers) and when choosing care. The topics carers felt they understood the most seemed to be in relation to lasting power of attorney (LPA) and mental capacity decision-making.

One of the areas carers would like to see professionals take more direct responsibility for is the co-ordination of care and professionals proactively talking to one another. Although the survey suggests mixed experiences of care co-ordination, a common narrative expressed in the face-to-face consultation was of carers regularly needing to step-in to join-up care themselves.

# Learning from the consultation with carers

## Key messages

**Support for carers in everyday life such as work, education and leisure** appeared to be most valued by carers of a working age. However, many carers talked about the importance of being able to enjoy social, cultural and leisure activities with the people they care for and that not always being easy due to barriers like transport and accessibility. The survey suggests that 52% of carers have had good experiences accessing cultural and leisure opportunities, compared to 48% who disagreed.

On balance, there was a perception from working carers and those who had given up work to care that employers have largely improved in their recognition of and supportive response to carers. However, the survey responses still suggest mixed experiences amongst working carers and the conversations with carers suggested that employers were often flexible 'to a point'. Several carers who had given up work to care said that this was an extremely difficult decision, as work formed an important part of their identity and offered some respite from caring, but there was minimal advice or support when making this decision. Some said that this had fundamentally affected their own life chances and financial wellbeing. However, carers that had continued to work also raised the issue of low welfare benefits for working age carers, with many feeling that this made part-time work a necessity. Working carers also indicated a need for more evening and weekend provision/accessibility to enable them to get the information or support they need, for the person they care for and for themselves.

There has been a clear message from the survey and the broader consultation process that caring is under-identified and not reliably understood in the education sector - in primary, secondary, further and higher education. This is especially true for young carers whose experiences of support at school and college are often inconsistent.

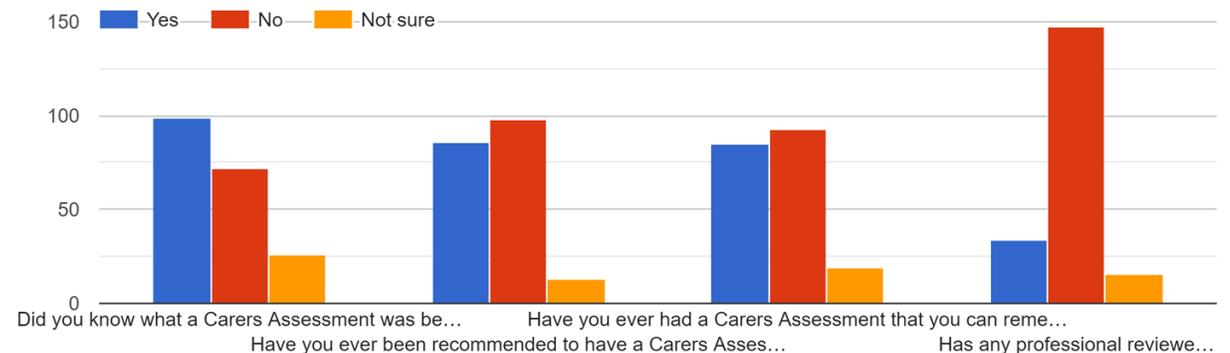


# Priority 1. Increased attention to and support for the health and wellbeing of carers - including respite care, emotional support and counselling, financial and benefits advice, advocacy for carers, carers assessment, GP health checks for carers



This priority is primarily about improving the physical, emotional and financial wellbeing of carers in pragmatic ways. However, it is also about taking action to reduce the 'assumption of care'. 75% of carers responding to the survey had never been asked by a professional if they were still able to cope with caring (column four below). Carers assessment can be a helpful vehicle for discussing this.

Finally, can you please help us to understand more about your knowledge and experience of Carers Assessment. This is a conversation about the help you might need as a carer and your wellbeing.



# Priority 1 improvement focus

## Develop the respite offer

### **This includes:**

Developing a clear and flexible formal and informal respite offer, which is capable of meeting different types of need for respite and which has the capacity to meet local demand. This should also include advice and guidance for people who wish to self-fund respite

## Carers Assessment

### **This includes:**

Raising professional and carer awareness of carers assessment  
Reviewing the implementation of carers assessment and consistency of the approach  
Consider a fair system for prioritising carers assessments and reviews, based on need

## Health-checks for carers

### **This includes:**

Consideration of how to introduce and implement a primary-care led carer health-check, covering physical and mental health  
Broader guidance for professional health and social care employees about routine 'making every contact count' wellbeing check-ins with carers

## Solutions to carer isolation

### **This includes:**

Working with carers to develop meaningful, practical solutions to loneliness and social isolation e.g. befriending  
Specifically considering carers who cannot leave the person they care for, or working carers whose time outside of work/caring is very limited

## Self and mutual help

### **This includes:**

Considering how to maximise carer lived experience and expertise (including former carers) to expand peer support to potentially include informal advocacy and self-care/coping advice  
Review if peer support for carers of someone with a substance dependency can be developed locally

## Priority 2. Better identification of carers and caring responsibilities by professionals - carers of all ages want health and social care professionals to notice that they are carers, recognise their knowledge and expertise, involve them in discussions that affect them and acknowledge the responsibilities they carry



A common experience reported by both young and adult carers is that their caring role is often overlooked, which can also become a barrier to getting vital help and support at an early stage of caring.

This priority promotes the idea that all health and social care professionals share equal responsibility to identify, involve and support carers, listening and offering empathy and compassion.

However, the professional's role is also instrumental in avoiding care situations becoming risky for both the carer and cared for adult and assisting with contingency planning e.g. when the carer can no longer cope with the intensity or type of care required, when care involves clinical activities, such as giving injections or following precise or time-critical instructions or making judgements about when a situation becomes urgent, or when care may not be age-appropriate.

# Priority 2 improvement focus

## Early identification

### **This includes:**

Identifying natural points of care/contact with carers that create routine opportunities for early carer identification - in health, care, work and education

Promote the value of early carer identification across professionals, organisations and carers

Address misconceptions about care and caring e.g. caring roles do not end when the person with care needs lives in residential care or supported living

## Carer pathways

### **This includes:**

Research how other localities have developed a carer pathway (a single pathway or individual agency pathways)

Develop and implement a workable approach in Stockport which is aimed at enabling easy navigation of services and high-quality support to carers when it is really needed

Learn from positive carer experiences of cancer care and dementia diagnosis

## Consultation with carers about care arrangements

### **This includes:**

Health and social care providers considering the culture change and training needed to ensure that carers are listened to, involved in and/or consulted in discussions about the person they care for, as 'experts by experience'

Being clear and consistent about this approach especially when cared-for adults have a mental health diagnosis or conditions affecting learning or cognition

## Safe and sustainable care

### **This includes:**

Develop guidance and learning opportunities to emphasise and promote better understanding amongst professionals about their Duty of Care to the carer

This should emphasise use of professional judgement to manage risks in the care scenario and provide clear advice and support to carers to enable them to manage these risks - if they feel able to

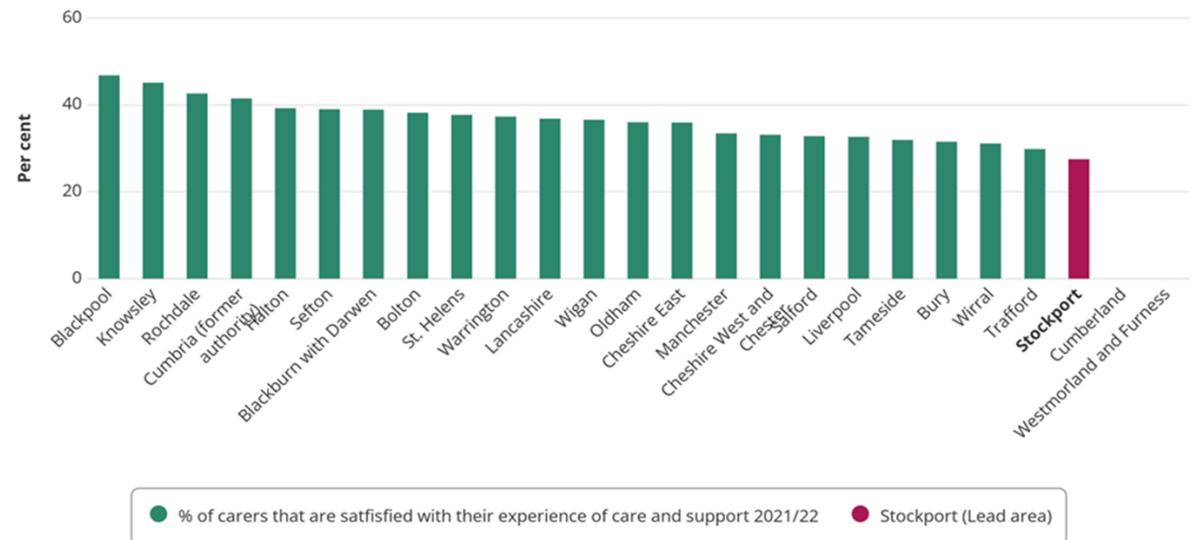
Develop wider use of contingency planning

# Priority 3. Better information, advice and co-ordination of support when it really matters - improved co-ordination between services and high-quality information, especially at points of change and transition in caring such as at diagnosis, on discharge from hospital, preparing for adulthood, choosing care or planning for the future



The emphasis of this priority is to achieve a fundamental shift in carer experiences of the health, social care and wider support system in Stockport, with an emphasis on improvements in information and advice and co-ordination of care by professionals and organisations.

Proportion of carers that are satisfied with their experience of care and support (2021/22) for North West (ADASS Region From 2018/19)



# Priority 3 improvement focus

## Easy to access information

### **This includes:**

A one-stop-shop for information about caring, plus health and care services - in both digital and non-digital formats

Developing local condition-specific information for carers early in the care journey

Relevant, practical information for families funding their own care and support

## Improving care transitions

### **This includes:**

Providing situation-specific advisory information, designed for carers, at key transitions in care e.g. diagnosis, discharge, changes in social care assessment/review, preparing for adulthood, changes in mental health stability

## Continuity for young carers into adulthood

### **This includes:**

Learning from good practice from other areas how a smooth transition in support is achieved for young carers as they become young adult carers

Implement a local transitional process for young carers who are likely to continue to care into adulthood

## Professional co-ordination of care

### **This includes:**

Health and social care providers reviewing the current arrangements for co-ordinating care within and across different services and organisations

Making tangible changes in practice that avoid burdening carers with the task of joining-up care themselves

## Transparent financial information

### **This includes:**

Improving the visibility of carer-specific financial and benefits information and expert advice

Clarity around financial assessment for state-funded social care

Transparency around health-funded support such as Continuing Healthcare

## Priority 4. Support for carers in everyday life such as work, education and leisure - enabling carers of all ages to have full lives outside of caring by respecting and supporting caring with sympathetic policies and approaches



The focus of this priority is to create organisations and environments in Stockport that openly acknowledge and are supportive of carers and caring roles - or are 'carer-friendly' in their policies and practices. During the consultation process, carers perceived that it has become easier to receive support and flexibility in the workplace, and employers are more aware of caring roles, but there is still variability for working carers based on the survey results. Young carers would appear to experience similar inconsistencies, particularly in education.

The broader objective is to promote inclusivity for carers and the people they care for, in all walks of life, recognising where and how carers may experience specific inequalities and barriers to support, and how to mitigate this.

# Priority 4 improvement focus

## Employers and working carers

### **This includes:**

Building on the progress that has been made around employer recognition and support for working carers with the local business community

Continuing to promote positive working carer employer practices and understand barriers to support in the workplace

Encourage carers to self-disclose their caring roles in the workplace

## Education sector support for carers

### **This includes:**

Collaborating to improve the knowledge, awareness and consistency of support for young carers in Stockport schools and colleges

Taking steps to bridge the gaps around identification of young carers

Investigating options to advocate for Stockport carers in higher education where necessary

## Carer-friendly environments

### **This includes:**

Statutory agencies and services, and services commissioned using public money in Stockport, developing and implementing a carer-friendly policy which is published

Continuing existing efforts to promote carer-friendly policies and practices in social, cultural and leisure provision across Stockport

## Giving-up work to care

### **This includes:**

Addressing the gap in information and support for carers who are considering a necessary decision to give-up work to care full-time, which helps them to consider the implications in the round

Consider how existing education or employment services can support carers who wish to return to work

## Awareness of inequalities

### **This includes:**

How to make support more available to working carers, outside of traditional working hours

Understand how digital exclusion affects carers

Consider how the needs of carers in lesser-heard groups may vary e.g. BME carers, LGBTQ+ carers, carers living in disadvantaged neighbourhoods, carers of someone with a substance dependency

# Next steps



This strategic plan will undergo a series of further discussions with stakeholders and partners in Stockport during early 2024. It is hoped that it will be adopted and supported by organisations across the health, care, education, cultural and leisure sectors serving Stockport residents.

The new Carers Partnership will develop an action plan that can deliver against the priorities in the medium-term and help to bring partners together to collaborate and drive improvement.

# Appendix A

## Methodology to develop the strategy and the approach to gathering insights about the lived experience of Stockport carers

The mixed methodology used to inform and guide the development of the strategy and the priorities has been to source readily available forms of existing local and national evidence, alongside new consultation with Stockport carers specifically in relation to the strategy and improvement priorities.

- The consultation process began early in September 2023 with a combined information-giving and consultation workshop, attended by over 40 carers and 10+ professionals who are stakeholders/advocates and representatives of Stockport organisations
- The feedback from this event was then shaped into 4 broad themes that summarised the strongest messages from carers about their priorities for improvement
- These 4 themes were then tested out in all subsequent consultations with carers, which included:
  - Face to face consultation with existing carers groups across Stockport, covering different caring roles across mental health, learning disability, dementia, working carers and young adult carers. One group was a mixed carer group
  - Additional face to face consultation and conversation with carers attending the Carers Rights event
  - 3 individual structured conversations with carers who are known to be lesser-heard, which included carers from different faith and cultural backgrounds, caring for young adults with autism and supporting adults with substance dependency
  - An online survey to which 197 carers responded with their views on the priorities, alongside wider topics including carers assessment and barriers to caring
- Other sources of evidence used to triangulate the consultation responses were recent evaluations by local organisations including Signpost and Healthwatch, nationally reported data from the national carers survey / Adult Social Care Outcomes Framework (ASCOF) data set, current national reports and insights relating to caring.

## Links to sources and additional information

### **Census 2021:**

[Census 2021 Stockport population summary including unpaid care](#)

[Unpaid carer demographic information](#)

### **The COSMO study:**

The COSMO study is an independent national youth cohort study which is examining the short-medium and long-term impacts of the COVID-19 pandemic on young people and adults

[COSMO study insight on young adult carers](#)

### **Carer-related Adult Social Care Outcomes Framework (ASCOF) data 2021/22:**

This is a nationally comparative set of the data collected and reported regularly by all Adult Social Services, gathered by survey or other methods. It is therefore comparable across different areas.

[NHS digital link to interactive Adult Social Care Analytical Hub](#)

### **The Health Foundation:**

[Understanding unpaid carers and their access to support - April 2023](#)

### **The King's Fund:**

[Caring in a complex world summary - May 2023](#)