



Independent Evaluation of the impact of the County Council's proposed funding reductions to unpaid carers charity service: Westbank's Devon Carers

In April-June 2023, this independent analysis was carried out by:



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Foreword by Civil Society Consulting

Unpaid carers are the 'third leg' of the health and social care system but they urgently need effective and holistic support. This report attests to Devon Carers life-changing work in supporting this 'third leg', and that it makes sense to protect the carer budget as Devon County Council encounters tough financial decisions.

Devon County Council (DCC) invests £3 million per year in Devon Carers, but has recently been under pressure to substantially cut the carers budget. With 'no fat left to trim', if the proposed cuts came into force, Devon Carers would be forced to lose key components of the high-functioning system, which they have built in partnership with DCC - a system that supports carers both in crisis and prevents crises from occurring.

Devon Carers sought an independent evaluator in us, Civil Society Consulting, to assess the likely impact of funding reductions and support its partners at DCC to make an informed decision. Civil Society Consulting is a non-profit with a mission to support, catalyse and energise the social sector by being a reliable source of affordable consultancy support. I was delighted to have the privilege of further collaborating with the remarkable colleagues at Devon Carers, having had the pleasure of working with them to develop a 'Social Return on Investment Calculator' for Carers Trust back last year. We extend our gratitude to the colleagues who poured their knowledge and expertise into this report. And we thank Devon Carers for this opportunity to learn what a gold standard approach to supporting unpaid carers looks like. Our team now has an even better grasp of the integral role that the voluntary and community sector (VCS) has as an *equal* partner in the UK's newly integrated health and care system - and for that, we are grateful.

We have produced an independent report that, whilst objective, makes it quite clear that cuts to Devon Carers just do not make sense - whether you come from an economic standpoint or use a human dignity and rights lens, and whether you are looking at it from the short-, medium- or long-term perspective.

The report outlines the five key considerations that apply to any combination of budget reductions, regardless of exactly which services are cut-back. Then, you'll see a projected evaluation of how the cuts will impact each service. I will not summarise the findings of the evaluation here (you have the executive summary for that!) Instead, I wish to take this opportunity to highlight three significant factors that stood out to me throughout this audit - and of which I encourage decision-makers to be mindful. Conveniently, they all begin with the letter 'I': irreplaceability, interdependence, irreversibility.

Devon Carers is **irreplaceable**. The one-to-one work Devon carers undertake is miraculous and life-changing. The experienced colleagues have extensive lived experience of caring, which make them intrinsically and deeply motivated to work in an outcome-oriented way; their authenticity also means they are trusted by carers. Devon Carers is also agile. The current system relies on passionate and knowledgeable staff, bringing the credibility, confidence and commitment needed to provide unpaid carers with best support. No one is in a better position to perform the work as well or cost-efficiently as their team. Passion, experience, and trust cannot be easily replaced or retrained.

Devon Carers' services are **interdependent** on one another, as well as with the rest of the health and social care system. Divesting from one service will only have a knock-on effect on other services and/or displace spending to elsewhere in the system. From what we heard, there were legitimate fears of detrimental repercussions for the entire health and care system, which has been weakened in recent years.

Finally, budget reductions could be **irreversible**. This report depicts an exceptionally effective and integrated carers support service that has been successfully developed and scaled. The current system is testament to years of hard work and partnership development between DCC and Devon Carers (and others) - a partnership which, personally, I think is something to be really proud of. If services are cut, it would be incredibly difficult (and costly!) to build up a system and partnership nearly as good as the one in place - finding and re-assembling the passionate individuals that make it what it is. From where I sit, it seems that once it's gone, it's gone.

We hope this report helps Devon County Council, and we look forward to hearing how it's received.

We hope that this report will be useful to people outside of Devon too. The qualities that make Devon Carers best for the job - motivation, trust, knowledge and agility - are not unique to them. We have found through [our work with other grassroots charities](#) that these qualities enable VCS organisations to complement the gaps in public services as well as meet the needs of people and communities often described as 'hard to reach'. The financial challenges facing Devon County Council are similar to those in many other local authority areas across the UK. Now is not the time to divest from VCS services that have been tried, tested and continuously modified to prevent, reduce and delay the need for statutory support, particularly on the back of the socio-economic crisis we are charging into.

In the process of producing this report, the role of VCS organisations in the new health and care system has been crystallised in our minds, and we aspire for its reading to do the same for others in Devon and elsewhere. If you're from another locality facing similar challenges, we encourage you to share this report with those around you as a way of advocating for other local authorities to have DCC's courage to invest in VCS organisations so they can do what they do best: prevention.

Sincerely,

Natasha Ereira-Guyon (Founder Director) and Rebecca Pauley (Associate)

Civil Society Consulting CIC



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Executive Summary

This report has been produced to provide decision-makers at Devon County Council (DCC) with a full picture of Devon Carers' work, who are set to encounter tough, often unpalatable, financial choices about where and how to reduce spending.

Context

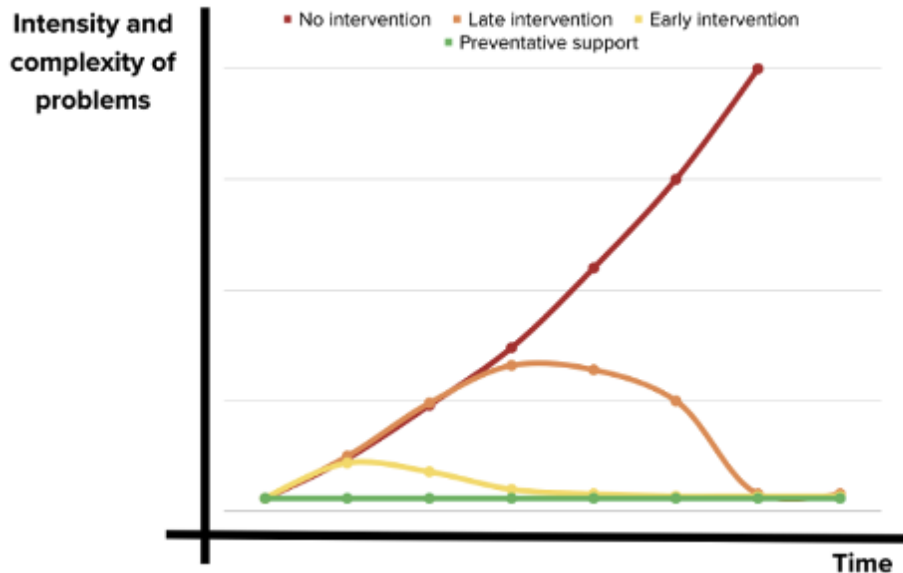
Unpaid carers care for those with care needs at home, acting as a 'third leg' of the health and social care system. To support them, local authorities rely on charitable organisations. In Devon, the County Council (DCC) and NHS invests circa £3 million annually to commission Devon Carers, providing a mix of statutory services and preventative support (through the Caring Well in Devon contract and various other contracts for services like the Hospital Service). This partnership has led to a cost-effective and high-quality support system for carers in the area. The current 'Caring Well in Devon' contract is expected to extend until April 2025, having already gone through a Contract Reset process in 2022.

About this report

DCC is Devon Carers' main funder (with limited funding from other sources). In Spring 2023, DCC considered cutting £500,000 from carer budgets, half of which would come from Devon Carers' funding. This independent report, produced by Civil Society Consulting (CSC), captures the socio-economic consequences of under-resourcing Devon Carers.

Context: what's it like being a carer and what does Devon Carers do?

Being an unpaid carer indefinitely without support is, simply put, not sustainable. Being a carer, which often involves putting someone else's needs before one's own and navigating a health and social care system in crisis, seems to be the perfect storm for chronic stress, social and emotional isolation, and self-neglect. Without preventative measures in place, or timely and appropriate support when problems arise, carers mental and physical health can deteriorate rapidly. Eventually, it may become impossible for the carer to continue providing care. Devon Carers supports unpaid carers to minimise the negative impact of their caring role on their health and resilience by providing: **practical support** and **timely information; empathy, recognition** and **emotional support**; and advice and guidance to understand the value of **self-care** and **breaks** in achieving health and resilience. As per the Care Act 2014, Devon Carers supports carers in their role as the 'third leg' of the health and social care system with the principle "*if you look after someone, we look after you*".



Summary of this report: five key considerations for Devon County Council

Civil Society Consulting (CSC) consulted with 25 experts among the Devon Carers staff team and reviewed academic and grey literature about carers and carers services in order to assess the impact of the prospective funding reductions. In discussing the various combinations of funding cuts originally proposed in the Council's Spring consultation, CSC identified five considerations that present barriers to any combination of cuts to Devon Carers' budget. These are key considerations for the council to factor in as it reviews the options for generating savings:

A. Any significant reduction to Devon Carers' budget would not generate savings for the council in the short or medium-term.

Unpaid carers provide care without cost to the local authority or UK Government. However, they need timely and appropriate support to continue their caregiving role. As providers of this support, Devon Carers' services are expressly designed to save public funds. What's more, Devon Carers are already providing a streamlined, integrated service which provides an incredibly high social and economic return on investment. There is "no more fat left to trim"; and across all its services and functions, Devon Carers is cheaper and generates a better outcome than the next best alternative. Therefore, cessation or reduction of their services/functions is like "releasing the floodgates" on costs that were previously prevented or kept at bay, rather than a genuine solution for reducing overall spending.

The support provided by Devon Carers directly prevents - and even turns back the clock on - carer breakdown, within a relatively short period. If cut, an influx of people into care homes and social admissions into hospitals would happen relatively immediately. Therefore, cuts to Devon Carers' budget would simply displace spending elsewhere in the system. Whether bringing statutory services in-house, cutting core aspects of preventative support, or losing aspects of the wider carer offer, *"it's like getting rid of your washing machine to save money on water, only to realise that you'll now have to take your clothes to an expensive laundrette that it is a hassle for you to get to anyway... or that you'll use up just as much water trying to wash your clothes poorly in the bathtub."*

B. Any significant reduction to Devon Carers' budget would generate considerable additional costs in the long-term.

DCC's financial predicament is not going away anytime soon, therefore this evaluation assumes that DCC needs to consider not only how savings can be made for the next financial year, but for the 3 to 5 years that follow. Devon Carers addresses carers' issues upstream to prevent significant issues and costs arising further down the line, therefore generating system savings in the long-term. Therefore, when looking at the longer-term, the notion of cutting Devon Carers' budget is all the more counter-intuitive and ineffectual because:

Late intervention costs more: once a carers' situation worsens, the delayed later interventions required are considerably much more costly;

If carers aren't being supported *before* they reach 'crisis point', not only will their situation be more expensive to resolve, but they are likely to reach a point where they are able to care; and because Poorer health outcomes for carers that would occur presently will go on to generate costs further down the line.

The long-term negative economic outcomes of cuts to Devon Carers will be experienced by multiple stakeholders besides the local authority - this could be taken into account when investigating new funding mechanisms.

C. Increasing Devon Carers' portion of the Carers Budget is a means for saving money for the council.

Devon Carers generate system savings by addressing issues further upstream. What is more, Devon Carers have consistently done more with less to produce the current highly-functioning system for efficiently delivering the support that carers need (like many other agile, lived experience-led charities across the UK). By extension, increasing investment in Devon Carers (e.g. by outsourcing *more* work to the organisation) represents an opportunity to generate meaningful savings for Devon County Council and the public purse. NHS Improvement describes this as an "invest to save" approach. Furthermore, Devon Carers staff have identified several opportunities to generate savings for DCC. By working with Devon Carers co-productively, DCC is more likely to identify opportunities to generate the net savings required.

The report highlights that:

- DCC has not yet reaped the rewards of measures already taken to reduce spending, including the stripping-back and optimisation of Devon Carers' services in the Contract Reset earlier this year.
- Investing in Devon Carers' 'ultra preventative' activities and services that ensure early intervention at scale would produce net savings in the longer-term.
- Whilst there is "no fat left to trim" in terms of how Devon Carers delivers vital support to carers, there are still some innovations that have potential to create savings for Devon County Council.

D. The timing of the reductions would amplify their impact.

There has been a sharp rise in complex cases since the Covid-19 pandemic and the current Cost-of-Living Crisis, which have come on the back of over a decade of reduced public spending. Therefore, carer resilience is at an all-time low - and the health and social care system is

weakened. The timing of these potential budget cuts would amplify their impact, and, without Devon Carers, complex cases will likely produce “horror stories”.

In one way or another, significant cuts to Devon Carers budget would reduce the quality of care or the number of carers receiving it. Withdrawal of support to carers could trigger a sharp downward spiral for many carers with complex cases, since there is no source of comparable support out there. It will also be distressing for Devon Carers staff. With the Cost-of-Living Crisis adding a further layer of pressure, it could become more difficult to retain the passionate and first-rate staff that are the backbone of Devon Carers, adding further to the downward spiral effect. Moreover, the whole health and social care system is in an urgent and fragile state. An influx of complex cases elsewhere in the system could trigger a system collapse.

Importantly, carers from underserved communities are likely to be worst affected by the impact of reduced spending, because without considered effort, inequity prevails.

E. Devon’s model for supporting carers is a leading light nationally; continuing to develop a robust culture and cost-effective system for supporting carers (by investing in Devon Carers) can be a source of pride for Devon Council.

The UK is moving to a more integrated health system, taking a more preventative approach to health and social care. Voluntary and community sector (VCS) organisations, like Devon Carers, are regarded as having an integral role in this new system, and this is reflected in law.

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Across the UK, statutory partners are grappling with this transition. However, Devon is ahead of the curve. Devon Carers delivers an ultra-effective, integrated carers support function that is developed and scaled. Devon Carers is also propelling a cultural shift across the county, promoting a robust culture for supporting carers that, in the long run, will reduce the otherwise increasing need for support. Continued investment at the current level will mean Devon Carers continues to be a source of pride for Devon County Council at national level, whereas reducing Devon Carers funding would go against the direction of travel nationally. Not only could withdrawal of support to Devon Carers risk undoing all the good work DCC has done to build the current system to date, but it’s likely to only be a matter of time until the county is under pressure to rebuild the current system.

We highlight:

- Devon Carers has a highly-functioning system for providing a high quality of care to carers that many other local authority areas strive for;
- Devon is successfully promoting a culture for supporting carers in Devon, that will, with time, mitigate the increasing demand on Devon Carers;
- Building public-VCS partnerships is vital to the success of the new integrated care system, but it is proving incredibly challenging the country over; Devon is in a better position now than it will ever be and could become a leading light in this respect.

Impact of funding reductions on specific functions

Having set out the overarching themes and key considerations, the final section of the report sets out the impact that cuts to each function/activity/service would have. We provide a verdict on whether cessation or reduction of funding is viable for each function, based on:

- a. Whether it is a **core function**: i.e. a service that are crucial to upholding the law, carer safeguarding/wellbeing or the organisational sustainability of Devon Carers.
- b. Whether it is a **preventative** service that has proven to be **working well**.
- c. How **interdependent** the function/service is on/with the rest of the health and social care system.
- d. How valuable the service is **according to carers**.

For each function/activity/service, we provide a verdict on whether cessation or reduction of funding is viable, or recommended. Funding reductions are *not viable* for six out of ten functions/activities in the Caring Well contract, with the remaining four strongly not recommended. Funding reductions to most of the services/activities/functions in the wider carer offer were also not viable or recommended, with a few being partially viable (for example, IT for carers is a must, but the could be outsourced to another organisation). The only service viable for cessation or reduction was Help Overcoming Complex Problems Effectively' (HOPE).

Conclusion: invest to save

Devon County Council is facing financial challenges forcing decision-makers to consider reducing the carers budget. However, this independent evaluation reveals that reducing Devon Carers' budget is not a viable way to generate savings in the short, medium or long term, and would cause harm to carers. By generously investing in and working with Devon Carers as an equal partner, DCC has enabled the development of a cost-effective system for supporting carers which everyone locally has much to be proud of, and across one of the country's largest local authority areas. Sustained or increased investment in this cost-effective system will generate more net savings than would budget cuts. Not only could withdrawal of support to Devon Carers risk undoing all the good work DCC has done to build the current system to date, but it's likely to only be a matter of time until the county is under pressure to rebuild the current system.

The true value of preventive work can never be known because it is not possible to measure negative outcomes that have not happened yet. Even though carers support services delivered by charitable organisations generate **huge socio-economic value (for relatively little investment)**, across the country they are at risk of being undervalued and therefore under-resourced because they are working in this preventative way. Therefore, it is easy to be "penny wise and pound foolish" when talking about prevention: investing in prevention takes courage. This report encourages Devon County Council to continue to be bold so that Devon remains a leading light.

The financial challenges facing Devon County Council are similar to those in many other local authority areas across the UK. We hope this report will be useful not just to Devon, but also to local authorities facing similar challenges elsewhere

1. Context:

This report has been produced to provide decision-makers at Devon County Council (DCC) with a full picture of Devon Carers' work to support unpaid carers locally, as they encounter tough, often unpalatable, financial choices about reducing service provision.

About carers support in Devon

1.1 Unpaid carers make it possible for people with caring needs to be cared-for at home, by someone related to or connected to them. In this way, unpaid carers are the 'third leg' of the health and social care system, so it is highly appropriate and necessary that they are supported to fulfil their multiple-roles and caring responsibilities.

In this context, supporting unpaid carers falls under the remit of top tier local authorities. In practice, the carer support function is often best fulfilled by charitable and civil society organisations that are consistently agile, deeply motivated, trusted by carers and extremely knowledgeable of their needs too, usually helped by the fact that such organisations are typically led by people with lived experience that are passionate about unpaid carers. As a result, charitable organisations like Devon Carers are driven by the needs of carers and, with their ear firmly to the ground, are able to provide extremely high-quality carer's support services in a cost effective and innovative way - often saving local authorities money.

1.2 As it currently stands, different local authority areas across the UK outsource the role of supporting carers in different ways and to varying degrees. Going forward, the voluntary and community sector (VCS) is being recognised as an equal partner in the delivery of health and care.

1.3 In the case of Devon, Devon County Council (DCC) and the NHS invest c.£3 million per year to commission Devon Carers to provide a mixture of Carers Services - **statutory services*** and **preventative support** to complement work programmes via a detailed Caring Well in Devon contract and variation contract to support unpaid adult carers of adults in the DCC area:

Helpline

Ensuring carers get the information they need to access support for themselves and the person the care for. The helpline is open to carers Monday to Friday, 8am – 6pm, and Saturday, 9am – 1pm, which means carers can contact Devon Carers with a problem, big or small, as and when it happens.

Carers support management: carers assessments, reviews, and conversations; and the 1-to-1 support that flows from these

Assessing carers needs and supporting them emotionally and practically to develop a sustainable living situation. This includes **contingency planning**: supporting carers to create a plan for what will happen if, in an emergency, they are suddenly unable to provide care.

Hospital services: and the 1-to-1 support that flows from these

Engaging carers before and after a hospital discharge (of the carer or the person they care for) and supporting them emotionally and practically to develop a sustainable living situation and caring role.

Peer support

Providing opportunities for carers to support each other (sometimes facilitated and structured if needed).

Training for carers

Focussed training to support carers (e.g. on caring for someone with Dementia).

<p><u>Carer Ambassadors</u></p> <p>Recruitment and facilitation of ambassadors that can represent the carers voice, and incorporate it in decision-making processes.</p>	<p><u>Carer Break Fund</u></p> <p>Providing a small payment to allow carers to have a break from caring (in whatever form that takes) without the need for a formal carers assessment.</p>	<p><u>Communications and outreach (including Carer Identification)</u></p> <p>Reaching out to carers, including those not yet identified, to make them aware of Devon Carers and their rights as carers.</p>	<p><u>Carer Friendly Devon, including carer passports</u></p> <p>Carer awareness training to businesses in the community and employers, complemented by carers passports, that give perks and discounts to make carers lives easier.</p>	<p><u>Carer awareness training to other organisations, including the health system</u></p> <p>Supporting other social sector organisations and the health system to understand carers and work with them appropriately to reduce the prevalence of negative outcomes for carers.</p>
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DCC also provides small investments to other services and activities that make up **the wider carers offer** which runs alongside the activities in the Caring Well contract, and to further buttress the overall carer support system in Devon (i.e. further preventative measures):

<p><u>Carer Ambassadors</u></p> <p>Facilitating carers to participate in decision-making about carers.</p>	<p><u>Time for You</u></p> <p>Rollout and co-ordination of the sitting service, which leverages volunteer sitters to provide replacement care, at a low-cost.</p>	<p><u>Carers Benefits Advice</u></p> <p>Supportive/active referrals to benefits advice, specially adapted for carers, which provides advice and support to challenge benefit decisions, subcontracted to Citizen's Advice.</p>	<p><u>Devon Advice Service for Working Age Carers (DASWAC)</u></p> <p>Specialist advice for working age carers, subcontracted to Citizen's Advice.</p>	<p><u>Staff training</u></p> <p>Training and professional development for Devon Carers Staff</p>
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<p><u>Administering personal budgets from Adult Social Care</u></p> <p>The provision of a personal budget or replacement care (paid for by DCC administered appropriately by Devon Carers).</p>	<p><u>Innovation in Carer Relief</u></p> <p>e.g. 'Robo companions' that hold the attention and interest of those with dementia.</p>	<p><u>IT for carers</u></p> <p>e.g. the provision of smart tablets for carers, so that carers who are digitally excluded can become digitally connected.</p>	<p><u>HOPE training</u></p> <p>'Help Overcoming Problems Effectively' for carers commissioned by DCC</p>
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By generously investing in and working with Devon Carers as an equal partner, over time DCC has enabled the development of a cost-effective system for supporting carers which everyone locally has much to be proud of, and across one of the country's largest local authority areas.

1.4 Devon's Caring Well in Devon contract began in 2018, with commissioners having declared their intent to extend until the end of April 2025. In 2022, Devon Carers and DCC began a 'Contract Reset' process, following major changes to the way in which charities and local authorities work together (resulting from: Brexit; the Covid-19 pandemic; the subsequent, and ongoing, Cost of Living Crisis; and the new integrated care system). In this Contract Reset, Devon Carers sets itself a range of strategic intentions and ambitions for the organisation to achieve over the coming years in a new *Vision Strategy for Devon Carers* until 2025, which incorporated several small but significant changes to further strip back and optimise service provision to carers.

Context of this report

1.5 DCC is Devon Carers' main funder (with limited funding from other sources). In common with local authorities across the UK, DCC finds itself in financial difficulties and under considerable pressure to make spending reductions on several fronts, detrimentally impacting service provision, and this includes the Carers budget.

DCC has considered reducing money spent on carers by £500,000 by cutting £250,000 from Devon Carers' budget, and £250,000 from the Council's Adult Social Care's carer budget. Clearly, this would have an enormous adverse impact on Devon Carers ability to sustain itself, let alone maintain the provision of support to unpaid carers effectively.

Through consultations in Spring 2023 (22 February until 3 May) DCC sought to explore the best combination of proposed financial reductions and service provision changes in the carers service and the wider carer offer, whilst still managing to meet carer priorities, and all on a reduced budget which would come into force as soon as October 2023. The options considered were:

- **A1: Reduction of carers assessments and reviews, including the 1-to-1 support for carers that flows from them.**
- **A2: Cessation and/or reduction of preventative functions, including peer support and work to make Devon more carer-friendly.**
- **A3: Cessation and/or reduction in preventative work, but not peer support or 'Carer Friendly Devon'.**
- **B1: Cease: the extension of 'Time for You' sitting service, the Citizens Advice contract for working age carers, budget provision for carer training and HOPE courses, innovation in carer relief, IT for Carers, staff training and carer identification work.**
- **B2: Reduction of budget provision for the CareBreak scheme.**

1.6 In assessing the projected impact of these severe reductions put forward, this report found that **the proposed cuts were not, and remain, a non-viable way of generating net savings for Devon County Council.**

Over many years Devon Carers' services have been explicitly designed to save the public purse. All work aims to prevent, reduce, and delay the impact of caring – even services that work with carers who have already reached crisis point have an element of preventative work. Devon Carers support carers on a journey to health and resilience, which ultimately enables them to continue to provide the unpaid care that makes it possible for someone with care needs to remain at home.

The 1-to-1 support that flows out of Carers Assessments and Reviews, Hospital Services and the helpline supports carers already in crisis, *as well as* putting preventative measures in place to promote 'carer sustainability' in the long-term.

Devon Carers are already running a 'tight' ship therefore, all proposed reductions will have an adverse impact on service delivery. There is nowhere else in the county for carers to be supported in this holistic way. Therefore, any one of these reductions will only open the floodgates to short, medium and long-term costs which, under the current system, currently are successfully being mitigated.

Notably, it is not possible to cut one section of Devon Carers work without creating problems elsewhere in the carer support system, generating additional costs and simultaneously causing harm to carers and the wider health and care system.

In being both preventative and streamlined, and having innovated extensively in partnership with DCC, Devon Carers' services are an opportunity to save money (in an 'invest to save' approach) and to be a source of local pride for Devon Council, and even in a national context when compared with the carer support provision of comparison local authorities.

It is no surprise then, that **a high volume of concerns about the proposed financial reductions were raised during the consultation** by unpaid carers themselves, statutory workers, and of course, extensively amongst Devon Carers staff, Trustees and volunteers. It is pleasing to note that in light of the volume of concerns raised, Devon Council has, as of 3 May 2023, halted the public consultation exercise.

About this report

1.7 The financial challenges facing Devon County Council are similar to those in many other local authority areas across the UK. Even though carers support services delivered by charitable organisations generate **huge socio-economic value (for relatively little investment)** they are at risk of being undervalued and therefore under-resourced. In light of this, Carers Trust, commissioned a 'Social Return on Investment' study to capture the high returns that carers services generate (but which they have limited capacity to evidence). The study was carried out by independent non-profit consultancy, **Civil Society Consulting** CIC (CSC), and Devon Carers were one of 13 carers services that participated in the study. The study captured all the costs saved by the carers centre model in an SROI 'Calculator', which each of the 125 carers services nationally can use to generate an estimate of their organisation's SROI (**CSC, 2022**).

Upon receiving the news about DCC's proposed budget cuts to the carer budget in Devon, Devon Carers commissioned CSC to leverage their team's fresh expertise and carry out an independent assessment of the likely impact. CSC has produced this **independent impact evaluation** through consultation with Devon Carers staff and stakeholders, leveraging the intelligence collected in the national SROI study in which 13 carers services participated (70 staff, 353 carers, 13 external stakeholders/partners) and the SROI Calculator impact measurement tool itself.

1.8 From assignments across the UK, the CSC team have observed that the under-valuing of carers services fits into a **wider trend**, nationally, of undervaluing services that are preventative and/or run by people who are passionate about their work with vulnerable communities and people.

- **Preventative:** to the naked eye, negative outcomes that are avoided are much more difficult to measure than positive outcomes that have been produced by service provision interventions

- **Run by people who are passionate rather than for-profit:** there is an underlying assumption that organisations led by people with lived experience, such as Devon Carers, will do the work whether they are properly supported and resourced or not. The 2010 Coalition Government laid a precedent for an underlying assumption that we can squeeze more and more out of civil society (in policy terms aka 'Big Society'), without consequences. Since charities have already been doing more with less for well over a decade, we are now at a point where we have run out of road in terms of how much more can be 'squeezed' out of charitable service provision.

1.9 This report aims to capture the socio-economic consequences of under-resourcing Devon Carers.

The majority of CSC's evaluative work had commenced prior to the County Council's decision to halt its public consultation exercise - a decision that appears to have been taken because it greatly values its ongoing working relationship with Devon Carers and other relevant stakeholders, believing *"it's only right, due to the volume of concerns raised during the consultation, that time is taken to listen and evaluate these difficult decisions."* The County Council intends to carefully review the comments that have been raised by carers, Devon Carers and the Council's own Adult and Social Care teams. Though originally intended to assess the impact of the specific package of reductions proposed by DCC, this evaluation has pivoted to produce a more generalised evaluative report that will assist DCC as it carefully reviews evidence and feedback from stakeholders.

The County Council's call to take more time to make a considered decision was in line with the interim findings of this evaluation at the time the announcement was made. Since pivoting, this report continues to recognise that more time is needed to make the right decisions and enable DCC to explore other creative and co-productive opportunities to reduce its spending and/or generate savings.

2. Background information

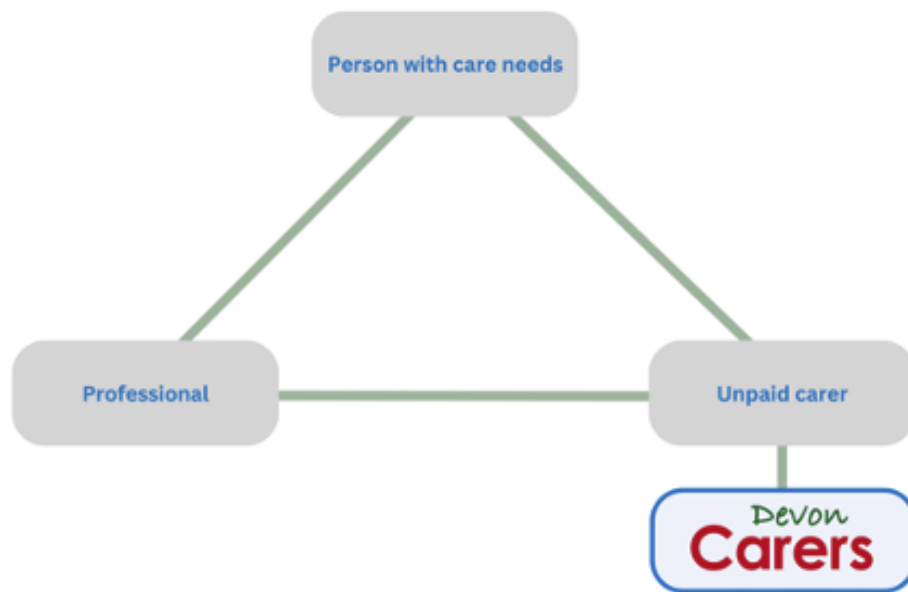
2.1 A carer is someone of any age, including a child, who provides unpaid support to a family member or friend who could not manage without this help. This could be caring for a relative, a parent, grandparent, sibling, child or another relative, or a spouse, partner, friend or neighbour who is ill, frail, disabled or who has mental health or substance misuse problems.

The role of unpaid carers in the UK Health and Social Care system

2.2 The Care Act 2014 is based on the principles of a Triangle of Care - a three-way partnership between the person with needs, a professional and the carer (SCIE, 2021) - as shown in **Figure 1**. The conceptual model builds on good practice to include and recognise the role of unpaid carers as partners in care, and therefore their need for support, with the **Care Act** enshrining in law the need for a strengths-based and preventative approach to supporting carers. Accordingly, Devon Carers supports carers in their role as the 'third leg' of the health and social care system with the principle *"if you look after someone, we look after you"*.

Not captured in this 2D model (Figure 1) is that carers and those with needs are frequently interacting with a 'conveyor belt' of different 'helping' professionals - medical professionals, occupational therapists, social services, care providers - which makes consistent support from Devon Carers all the more important and central to the achievement of a strengths-based and preventative approach.

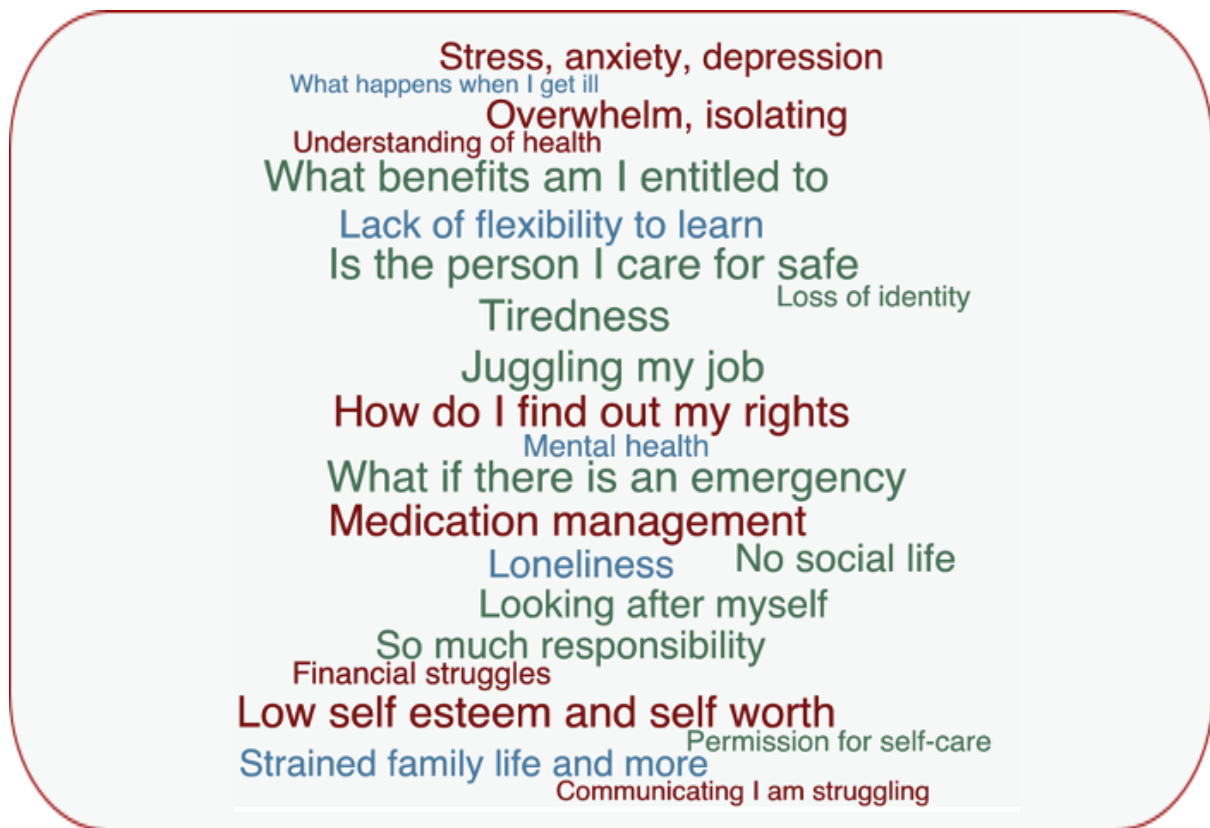
[Figure 1: the Triangle of Care](#)



What is it like being a carer and what do carers need?

2.3 Becoming a carer can happen gradually, or it may be the result of a sudden change in circumstances - e.g. after an accident or a stroke. Unless support is in place from the outset, in almost all cases, becoming a carer is often overwhelming in one way or another. There are, of course, many positive aspects of caring for someone, but, for the most part, it takes its toll. Many carers are compelled into giving up work or reducing their working hours, claiming state benefits instead. Many have to try to understand complex medical/clinical information about the person they care for and feel overwhelmed by everything they need to do. See Figure 2 to get a sense of the concerns that flood carers' consciousness.

Figure 2: word cloud of the challenges associated with an unpaid caring role *



**taken from a mixture of sources including: workshops with Devon Carers staff; Civil Society Consulting's evaluation of Camden Carers, 2023; the Carers Trust SROI study, 2022; and Future Care Capital's 'Coping as a Carer' report, 2019.*

Being an unpaid carer indefinitely without support is, simply put, **not sustainable**. Without preventative measures in place, or timely and appropriate support when problems arise, **carers mental and physical health can deteriorate rapidly**. Being a carer, which typically involves putting someone else's needs before one's own and navigating a health and social care system in crisis, seems to be the perfect storm for **chronic stress, social and emotional isolation**, and **self-neglect**. *"It's a massive job being a carer. They can be quite overwhelmed once they do start to recognise themselves as a priority... they cry on the phone, because they've never been asked about how they are before."*

What you need to avoid or navigate this 'perfect storm' is: **practical support** and **timely information; empathy, recognition** and **emotional support**; and advice and guidance to understand the value of **self-care** and **breaks** in achieving health and resilience. Without this support, carers are likely to progress towards 'crisis point' and/or breakdown. Carers that reach this point are overwhelmed and physically, emotionally, and mentally exhausted from the stress and burden of caring for the person they care for. They may feel alone, unsupported, or unappreciated. Often, they haven't been taking good care of themselves but their physical and emotional health has been undermined, which is leading to depression. From a service-provider

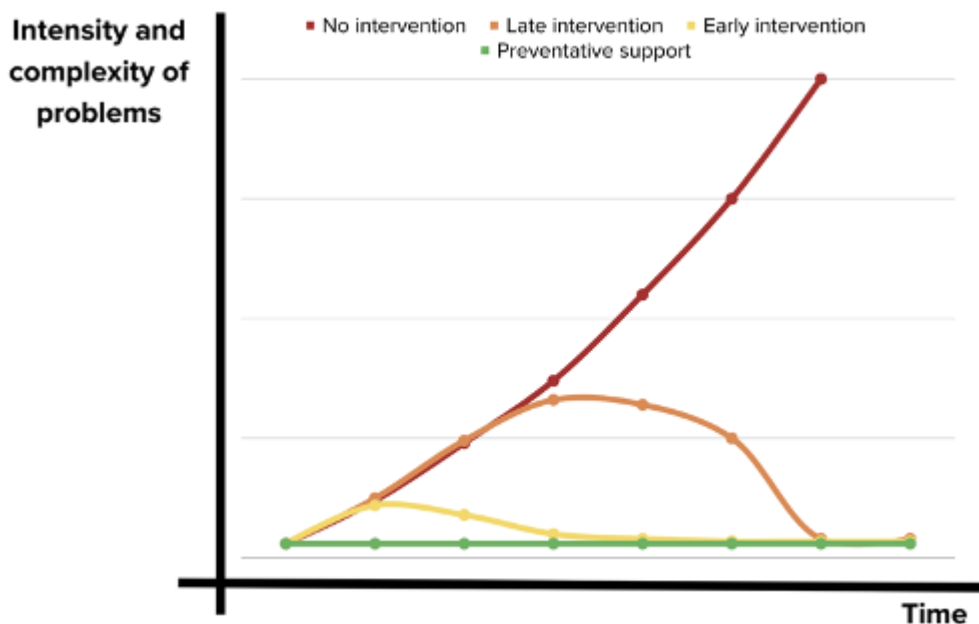
perspective, they require a higher level of expert attention and a more considered and expensive package of support (see Figure 3).

What does Devon Carers do and why is it important?

2.4 Devon Carers supports unpaid carers to minimise the negative impact of their caring role on their health and resilience by providing: **practical support** and **timely information; empathy, recognition** and **emotional support**; and advice and guidance to understand the value of **self-care** and **breaks** in achieving health and resilience. **Figure 3 shows how carers, who are otherwise catapulting towards crisis point, benefit from the timely delivery of this type of support - intervening early before problems have intensified or, better still, preventing them all together.**

The true value of preventive work can never be known because it is not possible to measure negative outcomes that have not happened yet. However, by using financial proxies to value social outcomes in financial terms, the Carers Trust SROI Calculator suggests that for every £1 invested in Devon Carers each year, £13 of social value is generated from the direct outcomes; this SROI ratio does not include knock-on effects experienced by the wider community, or pounds saved from multiples crises that did not occur.

[Figure 3: the difference between no support, late intervention, early intervention and preventative support](#)



2.5 Devon Carers manages a highly-functioning carer support system. Once a carer's referral comes in (e.g. from the Council, online or via the Devon Carers helpline) the first step involves determining whether the carer can be supported without the need for an assessment (this constitutes more than 80% of all the support provided). If the carer is distressed or in crisis that cannot be resolved by the helpline, they are passed through to the 'first line of response team;' this team looks to de-escalate the carer's immediate concerns and get them to a point where they are able to engage with support. When a carers assessment is necessary, it is triaged by the 'first

line response team' who address the carer's urgent needs and/or de-escalate their immediate concerns. The work is passed on to appropriate carer support management colleagues on a 'locality team'. Often the work carried out by the first line response team mitigates or delays the need for an assessment. If not, locality teams carry out the statutory carers assessments (which, in Devon, are called 'Health and Wellbeing Checks') as well as proportionate assessments (called 'Carers Conversations') and set the carer up with preventative support (e.g. peer support, a referral to replacement care or benefits advice).

If a referral comes via the hospital, the same process is followed, but by DC's 'hospital services team'. *"Devon Carers adopts a single assessment process, which means the carer only tells their story once. This is game-changing for the carer and, done right, saves time for the delivery team."* Thanks to this streamlined and standardised assessment process, Carers Support Officers (CSOs) on locality teams have the capacity to provide active referrals (i.e. actively support the carer to access the next support).

Since 2018, Devon Carers has provided support to well over **27,000** different carers. Many carers on a lower level of need tap into Devon Carers to receive ad-hoc support (e.g. resolving an issue over the phone). Currently, there are approximately **26,000 registered carers**, 20,000 of which are receiving communications. In being registered, carers are more likely to access timely, appropriate support as/when problems first arise.

Devon Carers are also working behind the scenes to make Devon a 'carer friendly' place by supporting the wider public sector in their work with carers through advocating for their needs. Each of Devon Carers' main functions/services are briefly explained in the Impact Assessment section of this report.

Anecdotally, we learnt from Devon Carers and DCC staff that **there has been a rise in complex cases "the caseload is becoming much more difficult... these are simply much more challenging times."** The Census data backs this up ([Carers UK, 2023](#)). The more complex the case, the more important timely, appropriate support is to get things right. Devon needs a carers service that is more robust than ever.

3. Key considerations

3.1 To assess the impact of the prospective funding reductions, Civil Society Consulting (CSC) consulted with 25 experts among the Devon Carers staff team and reviewed academic and grey literature about carers and carers services. In discussing the various combinations of funding cuts originally proposed in the Spring consultation with those on the frontline of delivering the affected services, CSC identified **five** considerations that present barriers to any combination of cuts to Devon Carers' budget. These are key considerations for the council to factor in as it reviews the options for generating savings:

A. Any significant reduction to Devon Carers' budget would *not* generate savings for the council in the **short or medium-term**.

B. Any significant reduction to Devon Carers' budget would generate **considerable additional costs in the long-term**.

C. **Increasing** Devon Carers' portion of the Carers Budget is a means for **saving money** for the council.

D. There has been a **sharp rise in complex cases**, which is set to continue, so withdrawal of support could trigger a rapid **downward spiral at scale** for carers and their households, Devon Carers and the wider Health and Social Care system.

E. Devon's model for supporting carers is a leading light nationally; continuing to develop a **robust culture and cost-effective system** for supporting carers (by investing in Devon Carers) can be a source of pride for Devon Council.

This section outlines each of these key considerations, before reporting the expected impact of cuts to any one of Devon Carers' main functions/activities/services.



Any significant reduction to Devon Carers' budget would *not* generate savings for the council in the **short or medium-term**.

Unpaid carers support a person in need of care at no cost to the local authority or wider UK Government. However, being an unpaid carer is notoriously challenging, so carers cannot provide care without being supported in a timely and appropriate way (nor can they be expected to).

In Devon and elsewhere, **the carer budget fundamentally exists to save the public purse**, whilst of course reducing suffering and improving lives for those with care needs and their carers. An unpaid carer's circumstances can deteriorate *very rapidly* if timely and appropriate support is not provided, meaning that the additional costs of not supporting them would be felt relatively immediately. Moreover, each of Devon Carers' services are designed with the explicit purpose of

being effective low-cost solutions that reduce expenditure for the local authority. For this reason, a cessation or reduction of Devon Carers' services/functions is like **"releasing the floodgates"** on costs that were previously prevented or kept at bay, rather than a genuine solution for reducing overall spending.

Whether bringing statutory services in-house, cutting core aspects of preventative support, or losing aspects of the wider carer offer, **"it's like getting rid of your washing machine to save money on water, only to realise that you'll now have to take your clothes to an expensive laundrette that it is a hassle for you to get to anyway... or that you'll use up just as much water trying to wash your clothes poorly in the bathtub."**

Key factors:

3.1.1 The floodgates: Where an unpaid carer is providing care, circumstances can deteriorate very rapidly if timely and appropriate support is not provided - for both the carer and the cared-for. The statutory services and preventative support provided by Devon Carers directly prevents - and even turns back the clock on - carer breakdown, within a relatively short period.

For example, one CSO has recently been speaking on a daily basis with a carer who was extremely concerned about accepting the responsibility of caring for a person who was due to be discharged from hospital. By talking (to improve emotional health) and working through some key practical issues and concerns (mobilising a small budget well-spent) the carer has now accepted the person they care for at home from the hospital, which has: freed up a hospital bed; a considerable amount of staff time for health professionals and Adult Social Care; and, prevented a long-term placement in either a residential or nursing home that would potentially Local Authority funding.

Devon Carers' front line staff deemed that an influx of people into care homes and social admissions into hospitals would happen almost immediately. *"Even under our current system, a lot of people go into hospital as social admissions because their carer reached a point of breakdown... I can't tell you how many carers I speak to that could very rapidly reach that point without our presence and their timely engagement with our preventative support and wider carer offer. Carers are often extremely distressed when I speak to them, very negative and very emotional... It doesn't take much."*

3.1.2 "There's no more fat left to trim": Devon Carers are already providing a streamlined, integrated service which provides an incredibly high social and economic return on investment. Devon Carer's current operating model is the result of being iteratively reviewed, stripped-back and optimised over a number of years. Notably the Caring Well contract was reset last year and, following the review process, Devon Carers developed the 'first line response' function providing an effective and timely response to carers, single assessment process and a new strategy. In other words, resources (time and money) have already been poured into making the cost-saving service even more value-for-money. At this point, Devon has reached a tipping point in terms of cutting back: it's no longer possible to cut back further without creating new costs - either for Devon Carers, Devon County Council or the health system (see [Guardian, 2023](#)). *"We went live with the contract reset in January of this year, just a few months ago. Point being, as the service manager, I honestly don't see what on earth I could possibly shave from Carers Support Management to continue to provide a safe service."*

3.1.3 Across its functions, Devon Carers are cheaper and generate a better outcome than the next best alternative:

- Any cuts to the **statutory services** delivered by Devon Carers (option A1 of the Spring consultation) would entail DCC recruiting and training up a whole new cohort of social workers to do the work which Devon Carers are currently doing, and which Devon Carers already do to a high standard - and crucially, at a lower cost. The reason being

to deliver its legal obligations under the [Care Act 2014](#), DCC needs to have a function for supporting the carer and a separate function for the cared-for.

- Similarly, **preventative support** is cheaper and generates better outcomes than the alternative, which is either finding other providers that are likely more expensive or moving to a reactive system that deals with carers at crisis point. Cuts to timely preventative support in the Caring Well contract (option A2 and A3 of the Spring consultation) or the wider carer offer (option B of the Spring consultation) would fail to generate savings in the short or medium term because DCC would need to brace itself for a sudden rise in complex cases that require DCC involvement, including the provision of paid care, very rapidly (i.e. the ‘floodgates’).

3.1.4 Cuts would simply displace spending elsewhere in the system: Devon Carers is a vital cog in Devon’s health and social care system and, if weakened, other services would be negatively impacted by the loss of a key and indispensable partner. As an integrated system, different players in the health and social care system are interdependent on each other. Without Devon Carers performing its functions, all the other cogs in the health system would be forced to pick up the slack - e.g. hospitals, GPs or social services. The spending would be displaced, and highly likely to cost significantly more. As well as failing to generate net savings, other services (e.g. hospitals, adult social care) could be at risk of breaching their statutory duty, as they will not be able to cope with both the backlog and the projected influx.



Any significant reduction to Devon Carers’ budget would generate considerable additional costs in the long-term.

DCC’s financial predicament is not going away anytime soon, therefore this evaluation assumes that DCC needs to consider not only how savings can be made for the next financial year, but for the 3 to 5 years that follow. When looking at the longer-term, the notion of cutting Devon Carers’ budget is all the more counter-intuitive and ineffectual.

Devon Carers helps carers to support the cared-for as sustainably as possible (i.e. doing the necessary to avoid burning out). Even just knowing that they have somewhere to turn if they need to, or hope that support is coming, is a powerful thing for a carer (33% of whom report being actively pessimistic about the future; [Future Care Capital, 2019](#)). Each time a carer engages with one of Devon Carers’ preventative support services, their already difficult situation is prevented from getting worse, and, in effect, more expensive to resolve. In other words, **Devon Carers addresses issues further upstream to prevent significant issues and costs arising further down the line**, therefore generating system savings in the long-term.

The long-term savings will be experienced by multiple stakeholders besides the local authority, which could be taken into account when investigating new funding mechanisms.

Pathways through which additional costs would be generated:

3.2.1 Late intervention costs more: Whether it affects statutory support or preventative support, cuts to Devon Carers’ budget mean fewer carers will be identified and/or supported, which means

more carers reaching crisis point in one way or another. Once a carers' situation worsens, the delayed later interventions required are considerably much more costly.

On their own, carers tend to be so overwhelmed with the present challenges in their lives (in 'survival mode') that they struggle to seek out the support they need to improve their situation, increasing the risk of reaching crisis point. Carers need:

- **Active outreach** to identify them
- **Active support** to enable them to access services: *"to take an example, the fact that Citizens Advice contacts them is huge. Carers need those active referrals... Finances are so important and a lot of carers don't know their entitlements or options"*
- **Practical assistance**, including financial assistance: *"Carers have so much on their plate - yes, theoretically they could put aside an afternoon getting an [medical] appointment themselves, but in practice their emotional health and capacity means they can't do that. They need a helping hand... Another example could be active support to secure carers allowance and get a cleaner - this can quite simply transform a carer's life."*

Whilst delivering this type of support early on is relatively straightforward and 'cheap', complex situations that have resulted in a carer reaching crisis point are expensive to resolve. For example, without an active referral to Citizens Advice a carer's financial situation may become totally untenable, which may lead to mental health issues and related personal and social problems.

3.2.2 When carers break down, they can no longer provide unpaid care: If carers aren't being supported *before* they reach 'crisis point', not only will their situation be more expensive to resolve, but they are likely to reach a point where they are able to care. Under the current system, carers waiting for support benefit from knowing support is on its way; removal of that hope (due to cuts to Devon Carers) could accelerate carer breakdown for many carers. Devon Carers' front line staff deemed that an influx of people into hospital and care homes (i.e. social admissions) would occur immediately to produce additional short- and medium term costs; however, any such influx would continue as long as established preventative support was not in place.

3.2.3 Poorer health outcomes now will generate costs later: Carers experience many barriers to good health, including the overwhelm of competing priorities, mental and emotional stability, and of course, time and money ([Civil Society Consulting, 2023](#)); half of those providing care for 20 hours a week or more report a long-standing illness of their own ([Carers UK, 2022](#)).

When discussing the cuts proposed in the Spring consultation, Devon Carers staff expressed that promoting healthy lifestyles to generate positive health outcomes among carers would be one of the first things to be lost if the budget for preventative support was reduced, because positive health behaviours can only happen once the carer has other key things in place to mitigate the barriers to good health (for example, practical measures to minimise the impact of caring so that the carer is able to get proper sleep, and therefore eat healthily and exercise). Fewer positive health outcomes now, will lead to a reduction in healthy life expectancy in carers in years to come, which will ultimately entail more carers becoming people with care needs (and additional costs for Devon County Council).

3.2.3 The long-term negative economic outcomes of cuts to Devon Carers will be experienced by multiple stakeholders besides the local authority, which could be taken into account when investigating new funding mechanisms. Many of the long-term effects of cutting Devon Carers' budget would ultimately produce costs for the council. This said, many of the social and economic returns of Devon Carers' work are also experienced by other local public services such as GPs, hospitals, as well as local businesses. Though funding is tight across all public services, it could be possible to supplement Devon Carers' funding from other sources, and, in light of the emphasis placed on VCS organisations in the new integrated care system, there could be a case for doing so. As much as Devon Carers can advise and contribute to a process of finding other sources of

funding, DCC is in a better position to convene and lead a conversation: it is Devon County Council's role to make decisions based on what's best for the county, and ensure carers in Devon have their rights met under the Care Act.



***Increasing* Devon Carers' portion of the Carers Budget is a means for *saving money* for the council**

As described above, Devon Carers generate **system savings** by addressing issues further upstream. What is more, Devon Carers have consistently done more with less thanks to being agile and having staff with lived experience (i.e. provide higher quality service despite having less resources, like many other charitable organisations supporting carers across the country). By extension, *increasing* Devon Carers' portion of the carers budget (i.e. outsourcing *more* work to the organisation) represents an opportunity to generate meaningful savings for Devon County Council and the public purse, because Devon Carers has the most efficient way of delivering the support that carers need. NHS Improvement describes this as an **"invest to save"** approach ([NHSI, 2021](#)).

Furthermore, Devon Carers staff have identified several opportunities to generate savings for DCC. By working *with* Devon Carers co-productively, DCC is more likely to identify opportunities to generate the net savings required.

Key opportunities to "invest to save" that funding reductions would miss:

3.3.1 Devon Carers services go well beyond the 'preventative' model outlined in the Carer Act 2014. Activities and services that ensure early intervention at scale; investing in these will produce significant net savings in the longer-term. It is well understood that a huge motivation for supporting carers is to save the public purse by enabling more people in need of care to receive that care in the home for longer, which underlies all of Devon Carers' service design. Early intervention is well evidenced and recognised to be the best and most cost-effective way to support carers. With DCC's support, Devon Carers has been taking strides to intervene *even* earlier and put *even more inventive* preventative measures in place at scale, which, in time, will generate more savings for the county. Further investment to further scale this work could produce further savings. For example:

- Devon Carers has been successfully developing partnerships with the health system, workplaces and other organisations in the community to create 'carer friendly' systems and a culture of being 'carer aware'. As a result, carers will have more positive and fewer harmful experiences (so progress towards crisis point at a slower rate) and, with higher levels of awareness at key touchpoints, carers are more likely to be identified early and access support *earlier* in their caring journey.
- Continuing to focus on carer identification can save money. Under the current system, many carers are getting identified as soon as they become carers, which means that

the carer knows Devon Carers is there to support them, even before they face their first round of challenges as a carer. *“It’s a massive job being a carer. They can be quite overwhelmed once they do start to recognise themselves as a priority. they cry on the phone, because they’ve never been asked about how they are before.”* Working with carers at an earlier stage in their journey (before they reach this point) is much easier, simpler, and therefore quicker and cheaper from a service provider perspective.

3.3.2 DCC has not yet reaped the rewards of measures already taken to reduce spending, including the stripping-back and optimisation of Devon Carers’ services in the Contract Reset earlier this year:

On top of being innately cost-saving (and designed to generate savings) Devon Carers have innovated to develop solutions to maximise efficiency so that services have an even higher social return on investment. *“Devon Carers’ services are already a stripped-back version of our service. We have already shaken up our processes, trimmed all fat, learnt from experience.”* Having already carried out a major cost-saving exercise, DCC is now in a position to *“sit back and reap the rewards”*, and continuing to invest in Devon Carers’ new, stripped back service could help to generate the savings that DCC is looking for. For example:

- Devon Carers has set up an *“incredibly highly-functioning system”* for carers support management, through which just one social worker (seconded from the local authority) can oversee the whole service in terms of legal compliance and best practice. This makes for a much higher caseload to social worker ratio than would be possible in house.
- The importance of short breaks for ‘carer sustainability’ is well-documented, which has led to the development of Short Breaks Schemes in both Scotland and Wales. Short Breaks schemes in Scotland and Wales pay out for short bursts of replacement care now, because it will reduce overall public spending in the future. However, provision of replacement care to enable carers to have short breaks is costly. Devon’s volunteer-led sitting service ‘Time for You’ has potential to generate the positive returns of short breaks schemes, without the costs, and whilst developing a robust culture for supporting carers in communities. ‘Time for You’ is considerably cheaper at £10 per hour than replacement care at £20, and could provide even higher social returns once scaled *“especially given the other alternative is sending in social services when carers have hit rock bottom and irreversible damage has been done, which is so much more expensive”*.

3.3.3 Whilst there is “no fat left to trim” in terms of how Devon Carers delivers vital support to carers, there are still some innovations that have potential to create savings for Devon County Council. Staff consulted to develop this evaluation report all felt like some savings could be made by taking a more considered and co-productive approach to making funding decisions than the proposed cuts put forward in the Spring consultation.

Unfortunately, the panic caused by the Spring consultation reduced productivity. However, it did prompt Devon Carers to develop a ‘suggestions box’ that has produced some viable ideas, for example that Devon Carers could lead a drive to get more carers claiming the benefits they’re entitled to from the ‘national pot’ in order to reduce pressure on local services.

DCC’s bold and welcome decision to halt the consultation, giving at least one financial year’s notice about any cuts, is an opportunity to approach funding cuts differently: in taking a more co-productive approach, which focuses on strengths and opportunities, DCC might find other solutions for cutting back that do not have such a negative impact as those proposed in the Spring consultation.

D

There has been a sharp rise in complex cases, which is set to continue, so withdrawal of support could trigger a rapid downward spiral at scale for carers and their households, Devon Carers and the wider Health and Social Care system.

There has been a sharp rise in complex cases since the Covid-19 pandemic and the current Cost of Living Crisis, which have come on the back of over a decade of reduced public spending. Therefore, **carer resilience is at an all time low.** The **timing** of these potential budget cuts would **amplify their impact.**

In one way or another, significant cuts to Devon Carers budget would reduce the quality of care or the number of carers receiving it. Withdrawal of support to carers could trigger a sharp downward spiral for many carers dealing with complex caring situations, since there is no source of comparable support out there. It will also be distressing for Devon Carers staff. With the Cost-of-Living Crisis adding a further layer of pressure, it could become more difficult to retain the passionate and first-rate staff that are the backbone of Devon Carers, adding further to the downward spiral effect. Moreover, the whole health and social care system is in an urgent and fragile state. Failing to support its 'third leg' (unpaid carers) at this critical moment could trigger the system to collapse.

Besides the negative outcomes for carers, staff and the system, funding reduction is likely to lead to various **"horror stories"** where complex cases have not been managed in an appropriate and/or timely way. Importantly, carers from **underserved communities are likely to be worst affected** by the impact of reduced spending.

Key factors to consider:

3.4.1 Without Devon Carers, complex cases will likely produce "horror stories": We know from the census data, and anecdotally from Devon Carers and DCC staff, that there has been a rise in complex cases. We need a carers service that is more robust than ever.

As described already, Devon Carers is a stripped-back and optimised service. With *"no more fat left to trim"*, any significant cuts to Devon Carers would reduce the quality of care or the number of carers receiving it. There is also no other support out there for carers (support is disjointed and it's all on them to navigate a notoriously frustrating system). Therefore, cuts will mean that complex cases intensify (Figure 3). Not only this, but complex cases are unlikely to be appropriately resolved even once they reach crisis point, because of staff shortages and challenges across all the various statutory services including DCC. Therefore, in all likelihood, the tip of the iceberg of any cuts to Devon Carers will be "horror stories", which may have legal implications for the council.

3.4.2 Underserved communities will be worst affected: Any cuts to Devon Carers are likely to affect the already underserved (i.e. the most vulnerable) the most. Without considered effort, inequity prevails (see the [inverse care law, 1971](#), disadvantaged people and communities need

more support, but receive less). There is major urban-rural disparity in Devon - a lot of which comes down to weak infrastructure (road and communication). Carers in rural areas are worst affected by reduced support services (as getting social workers to these places is expensive and difficult) and those from marginalised communities (for services to be equitable and inclusive, there needs to be enough capacity to be actively supporting carers, e.g. supported referrals).

3.4.3 It could become too difficult for Devon Carers to retain its first-rate staff: Devon Carers has been able to attract incredible people because they provide an opportunity for carers to get back into employment. There is motivation for DC to employ carers due to their flexibility and their lived experience is an asset. It is only with this incredible workforce that Devon Carers has been able to achieve the impossible, running off the passion of the staff, who have lived experiences of caring and, ultimately, are able to provide an extremely high quality of service for less money. The Cost-of-Living crisis is putting further pressure on the Devon Carers workforce. The increase in the national living wage has also pushed up the wages of Devon Carers staff in higher pay grades too, which means Devon Carers' salary expenditure has increased exponentially since April 2023. Cuts could force Devon Carers into crisis.

3.4.4 An influx of complex cases elsewhere in the system could trigger a system collapse: As an integrated system, different functions of the health and social care system are interdependent on each other. The Triangle of Care recognises the crucial and invaluable role that unpaid carers play in propping up the health and social care system. In supporting carers, Devon Carers is interdependent with other services across the county. Across the UK, the health and social care system is in crisis (e.g. [Kelly, 2023](#)), so failure to support its 'third leg' (unpaid carers) at this critical moment could trigger a system collapse in Devon - "like a house of cards". As funding for other services also gets pulled by DCC and other funders (i.e. Alzheimer's Society) Devon Carers will be mitigating the impact of cuts by supporting carers with intersectional needs who access multiple support services (i.e. providing carers of those with Alzheimer's with the support they need to be resilient).

E

Devon's model for supporting carers is a leading light nationally; continuing to develop a cost-effective system and robust culture for supporting carers (by investing in Devon Carers) can be a source of pride for Devon Council.

Across the UK, we are moving to a more integrated health system, taking a strength-based and preventative approach to health and social care. Voluntary and community sector (VCS) organisations are regarded as having an integral role in this new system, and this is reflected in law: "integrated care systems (ICSs) must look and feel different from the past by embracing the VCS like never before. VCS bodies should be able to build on the work they are undertaking and be treated as key partners in the delivery of health and care." ([NHS Federation, 2022](#)). Now is the time to be strengthening existing statutory-VCS relationships and investing in VCS partners.

As it stands, **Devon is ahead of other local authority areas in driving forward its partnership with the VCS**; in the context of carers, this is due to consistent investment in Devon Carers over many years (e.g. [NHS, 2023](#)). Devon Carers in particular is currently ahead of the curve, compared

to the carers support services in other local authority areas. Devon Carers delivers an ultra-effective, integrated carers support function that is developed and scaled. Devon Carers is also propelling a cultural shift across the county which promotes a robust culture for supporting carers that, in the long run, will reduce the otherwise increasing need for support. Whereas **reducing Devon Carers funding would go against the direction of travel nationally**, continued investment at the current level will mean Devon Carers continues to be a source of pride for Devon County Council at national level. Not only could withdrawal of support to Devon Carers risk undoing all the good work DCC has done to build the current system to date, but it's likely to only be a matter of time until the county is under pressure to rebuild the current system.

Key considerations:

3.5.1 Devon Carers has a highly functioning system for providing a high quality of care to carers that many other local authority areas strive for. Key features include:

- **Integrated:** Devon Carers has successfully integrated Assessment and Support Planning processes, this means carers only need to be assessed once. *“Devon Carers model is an incredibly highly-functioning system that adopts a single assessment process, which means the carer only tells their story once.”* This provides CSOs with the capacity to provide active referrals. These active, considered and personal referrals have enabled carers to access peer support, which has produced incredible outcomes.
- **Devon carers staff are highly-skilled and passionate:** 80-90% of the Devon Carers workforce has lived experience of an unpaid caring role. This lived experience equips DC staff with the ability to provide effective support - including over the telephone, which requires particular expertise. Carers often contact Devon Carers in a distressed, negative and/or highly emotional state. Carers are also often guarded; in order to provide effective support, the support worker needs to pick up on subtle cues.
- As well as being a developed and scaled service, Devon Carers is **relational and consistent**. Carers can come back at different points in their journey/life and receive continued support, including goal setting and support to support the carer towards milestones to ensure progress.
- Devon Carers is an **independent voice** that can honestly say ‘we are here to represent the carer’. Devon Carers is a truly user-led organisation, with the majority of Devon Carers workforce having lived experience of caring. The organisation has the ability to represent and advocate on behalf of carers credibly and authentically in county-wide and national forums.

3.5.2 Devon is ahead of the curve in successfully promoting a culture for supporting carers in Devon, which will, with time, mitigate the increasing demand on Devon Carers, for example:

- **Partnership working and carer awareness training for the health system:** Devon Carers delivers trainings, developing ‘carer recognition tools’ and supporting health and social care professionals through a culture change that will enable health services and the wider ICS (including other VCS organisations) to be more carer friendly. This work aims to reduce the number of carers needing a higher level of support. Having a more ‘carer friendly’ health and social care system prevents many of the issues and frustrations that carers experience from happening in the first place. Without supporting the rest of the system to work better with carers, the challenges that carers

face interacting with the system will persist. Over time, partnership working with the healthcare system stands to decrease dependence on Devon Carers.

- **Carer Friendly Devon:** Many of the factors that make carers' lives hard and ultimately cause carer breakdown can be reduced through generating a robust culture of supporting carers; this is the ultimate preventative measure. Devon Carers is working with employers, local businesses (e.g. cafes) and statutory service providers across the county to create an environment in which carers' need for support is lessened. Carer Friendly Devon also promotes carer friendly communities, with local businesses, shops and cafes displaying a 'Carer Friendly Devon' sticker to indicate to carers that they are a 'safe space' for carers. Carer Friendly Devon will mitigate the otherwise growing need/pressure/demand on Devon Carers and the whole system.
- **Carers Break Fund:** One of the most common pieces of carers feedback is the wish to have a break from caring. Devon Carers administers a scheme for carers that give them access to a small amount of money (average £187) without the need for an assessment, making it quick and easy for carers to access. Its innovative approach promotes independence, allowing carers to use this funding in any way that provides them with a break. The key factor is for the carer to have time when they are not solely focussed on caring.
- **Time for You:** Carers need to take breaks, and support to overcome the psychological, logistical, and financial barriers to doing so. However, replacement care is expensive. Devon's Time for You is a low-cost solution that leverages volunteer sitters (including many former carers) in order to prevent and delay the need for replacement care, at £10 per hour rather than £20. Moreover, Time for You doesn't just produce outcomes for carers, it also: keeps other voluntary organisations alive, builds partnerships creating a sense of community, reduces loneliness among former carers and other volunteers (and generating other benefits for them). The more Time for You is scaled, the cheaper the 'price per unit' becomes and the more pounds are saved for every pound spent. Therefore, investing in Time for You is a way of generating savings in the long-term.

3.5.3 Building statutory-VCS partnerships is vital to the success of the new integrated care systems, but it is proving incredibly challenging the country over; Devon is in a better position now than ever can could become a leading light nationally: Developing a cost-effective system and a cultural shift is hard work, it takes time to build partnerships, new ways of thinking and working. Many local authorities and ICSs across the UK have a long uphill battle ahead.

Fortuitously for Devon, a great deal of the work has already been done to put Devon in the good position it is currently in (e.g. the extensive Caring Well contract and the recent contract reset earlier this year). Devon's ICS recently featured in the NHS guidance on the topic as a good case study ([NHS 2023](#)). Devon Carers sets an example of the preventative, holistic and joined-up approach that the new system is moving towards: *"It's not uncommon for a Devon Carers Support Officer to pull together a team of stakeholders from other organisations and institutions - we talk like human beings about the human beings - and develop a much better picture of the situation by focusing on the carer... whilst creating partnerships between other organisations"*. Devon County Council should be proud of its history of commitment to carers and its strong partnership with Devon Carers, which helps put Devon and its ICS in a good position to be a leading light nationally.

4. Impact of funding reductions on specific functions

Having set out the overarching themes and key considerations, this section sets out the impact that cuts to each function/activity/service would have on carers and those cared for by carers, as well as DCC and the statutory sector. First, we provide an overview of whether cessation or reduction in funding is viable for each of Devon Carers functions. Next, we provide three deep dives, which serve as illustrative examples of the impact of funding reductions on specific services.

Overview of impact by function

4.1 We have analysed the impact of funding reductions on each function/service/activities - in the Caring Well contract as well as the wider carer offer - and provided a recommendation as to whether cessation or reduction of the function is viable. Besides being guided by the five key considerations that are common threads to any funding reductions, the viability was determined based on the following criteria:

- Whether it is a **core function**: i.e. a service that is crucial to upholding the law, carer safeguarding/wellbeing or the organisational sustainability of Devon Carers.
- Whether it is a **preventative** service that has proven to be **working well**.
- How **interdependent** the function/service is on/with the rest of the health and social care system.
- How valuable the service is **according to carers**.

Function/service	Viable for funding reductions?	Impact analysis
<p>Helpline</p> <p>Telephone lines are open to all carers Monday to Friday, 8am – 6pm, and Saturday, 9am – 1pm, which means carers can call up with a problem, big or small, as and when it happens. For those with more significant or urgent problems, the helpline provides a rapid referral to the support needed; for those with seemingly minor issues (e.g. a request for information) it is a preventative measure to ensure that a backlog of worries does not build up to weigh on the carer. Crucially, the support is relational and tailored to the individual and the carer can speak to a real person.</p>	<p>Not viable</p>	<p>One of the challenges of being a carer is having nowhere to turn - no one to ask for seemingly small issues, which build up to create a feeling of overwhelm. Carers need someone to speak to. The helpline provides relational support over the phone - as and when required by the carer. Carers experience reduced anxiety and increased resilience thanks to “<i>just knowing that Devon Carers are there if I need them</i>”. Carers report that they “<i>couldn't cope without</i>” being able to speak to someone with empathy and who has recognition for life as a carer, especially because usually the carer gets sent ‘pillar to post’ by other services. If a carer calls in with a more significant or urgent problem, carers go on to access their 1-to-1 support over the phone, with the helpline having been the first point of contact. In one way or another, crisis is prevented or de-escalated for many carers each week by the helpline.</p> <p>Over 90% of all carer contact are dealt with by the helpline without the need to be passed through to the Carers Support Management team, which allows carers to easily access information and advice and a wide range of preventative services without the need for assessment or multiple conversations.</p> <p>The loss of the helpline is not viable because it would generate long-term costs as these cases go unresolved, whilst also displacing costs elsewhere in the health</p>

Carers can also access the helpline via Live Chat or via email.

Carers support management: Carer's assessments and reviews; carers conversations; and the 1-to-1 support that flows from these

Trained professionals assess each carer's situation (as per the Care Act) and develop a support plan to ensure their health, wellbeing and resilience. A small number of assessments are carried out by DCC, and many have to then be reviewed by Devon Carers. Carers with a lower level of need have a proportionate assessment, called a Carer Conversation, to prevent or delay the need for a more in-depth, intensive carer assessment. DCC carries out some carers assessments, which often need to be reviewed by Devon Carers. Carers support management includes **contingency planning**: supporting carers to create a plan for what will happen if, in an emergency, they are suddenly unable to provide care.

Not viable

and social care system. The loss of the helpline would also undermine other services delivered by Devon Carers in the immediate term: without the helpline, more of the carers that Devon Carers interact with would be more frustrated, making it more difficult to build the necessary trust. The helpline's preventative effect should also not be underestimated: carers can be more independent, safe in the knowledge that they can access ad-hoc support as/when they need it.

Carers support management is a core function. In a household where someone has care needs, the carer and cared-for *both* have the **legal right** to a needs assessment.

Without Devon Carers carrying out carers assessments, DCC would need to conduct the carers assessments in-house, alongside the care needs assessment for the cared-for. However, this is not feasible. The two assessments fundamentally require two distinct functions: carers assessments require different skillsets/knowledge areas to assessments of the cared-for's needs; regardless of training, it is much more effective and ethical to have professionals from different teams assessing and advocating for each, because it is not uncommon for carers and their cared-for to have needs that are at odds with one another. Therefore, if carers assessments were brought in-house at DCC, a new team dedicated to carers would need to be recruited and trained; which would not be cheaper for the council in the short or medium-term. Nor would it produce the current positive outcomes, the absence of which would generate considerable additional costs in the long-term. Hence, cuts to the carers support management function are quite simply not viable.

Rather, there is an opportunity to save more money by commissioning more of this key work to Devon Carers. Currently, a small number of carers assessments are carried out by DCC. Unfortunately, these assessments do not go into sufficient depth and have to be reviewed by Devon Carers staff which represents duplication; Devon Carers frequently have to carry out scheduled reviews of assessments initially carried out by DCC, which not only entails the same work being done twice, but additional work to rectify mistakes. If all carers' assessments were carried out by Devon Carers, there could be less wastage. Carers Conversations are a proportionate Care Act Assessment for carers with a lower level of need, which often leads to resolution. If Devon Carers were supported to carry out more carers conversations could reduce the number of carer assessments and save money.

1-to-1 work that flows out of carers assessments provides empathy, recognition and emotional support - delivered by highly-qualified experts. Carer support officers coach carers to recognise their strengths and the value of self-care and breaks in achieving health and resilience, whilst delivering practical support, timely information and advice. Personal budgets help to mobilise small but significant changes in the carers life that make their circumstances liveable and sustainable. Many carers are supported to develop contingency plans and are provided with an Alert Card (if the carer experiences an emergency, the paramedics will know that someone relies on their patient for care and call the 24-hour helpline to get in touch with the nominated contacts).

The 1-to-1 support is practical whilst also promoting the carer's independence, which transforms carers lives: carers already at crisis point have their life turned around; in other cases 1-to-1 support is an effective preventative measure to work with the carer so they are able to recognise what for them is a crisis point and to take steps prevent it from happening again. Some carers would never be receptive to focusing on themselves and participating in preventative services without this 1-to-1 support. The rest of Devon Carers services cannot run without a solid carers support management function because carers support management is where it all stems from.

Carers frequently comment on the fact they don't know how they would have coped without carer support management. One colleague commented: "Any cut

Hospital Services; and the 1-to-1 support that flows from the service

The Hospital Services Team carries out a function similar to the Carers Support Management function, but with a focus on carers whose cared-for has gone into hospital (or, in some cases, when the carer needs to go into hospital). Hospital discharge is a key entry point for identifying carers, and often a critical window which 'makes or breaks' their future as a carer. For up to 6 weeks, carers are supported emotionally, and practically to help make the caring role and living situation more sustainable; the support transforms their future trajectory.

Peer support

Peer support groups bring carers together to provide emotional support and practical advice to one another. A range of types of support are on offer: regular groups, one-to-one or small groups, introductions to other local groups that would be able to provide peer support, activities, online. Some peer support is targeted (e.g. a group for those

to carers support management is difficult, because the main thing is that they want someone to talk to as they navigate their difficult circumstances... We are getting more carers in crisis, with attempts of suicide and they aren't coping. That person on the phone is so valuable."

Not viable

Hospital Services is a core function of Devon Carers. When it comes to maximising the positive impact (and cost-saving effect) of supporting carers, timing is crucial. It is for this reason that Devon's award-winning hospital service is extremely effective: hospitals represent a key entry point for identifying carers just as they become carers, or carers whose circumstances are about to change. What happens before and after a patient is discharged is a critical window which 'makes or breaks' their future as a carer. Without Devon Carers' presence, awareness-raising and intervention at this key touchpoint, a lot of carers would not know what to do when coming out of hospital: *"things could become unmanageable very quickly if the transition is too much of a shock for the carer and they don't feel supported; in other cases, the carer may simply get off to a bad start in terms of good habits - they might not get into the habit of taking breaks or getting other family members involved to spread the load, which eventually accelerates their journey to crisis point"*.

Notably, a window of opportunity closes once the hospital discharge process is over, as it then becomes much more difficult to make contact with carers. Therefore, these outcomes would be difficult to achieve without a dedicated hospitals team.

Besides interacting with the carer at the point of a hospital admission, the rest of the service is more or less identical to the carer support management: carers are supported emotionally, and practically to develop a sustainable living situation; the support transforms their future trajectory. Devon Carers hospital services team effectively coach carers to recognise their own strengths and implement small but significant changes to their life post-discharge off to a strong start - promoting independence. CSOs can mobilise a budget too, which is spent on 'low hanging fruit' – small changes that make a significant difference to a carer's ability to sustain their caring role, e.g. healthy ready-made meals, key safes to take the pressure off the carer remembering keys, tumble dryers.

Cuts to hospital services are not viable because hospital services are a core function, a preventative service that's proven to be working well, interdependent with the rest of the system, AND important to carers. The loss of hospital services would not generate savings in the short, medium or long-term; what's more, this part of the service is already a leading light nationally.

Given the high value that is placed on hospital services, it is a good example to use to demonstrate how the various functions of the service are interdependent on one another. Devon Carers is an integrated carers service and Devon's award-winning hospital service works so well because it is integrated in a larger organisation that can provide meaningful longer-term solutions; as with carers support management, the hospital service would be weakened/undermined by cuts to other functions as there would be no medium- and longer-term support to graduate carers on to, and this would undermine what could be achieved in six weeks.

Not viable

Being a carer can be a stressful and isolating experience, and a carer's own physical and mental health and ability to cope can deteriorate rapidly if loneliness sets in (loneliness is often described as a 'downward spiral'). Peer support provides the much-needed opportunity for social connection and emotional support. Peer support also involves carers sharing knowledge, experience and practical support with each other - in a way that promotes their independence. As much as Devon Carers staff are able to call on their lived experience and professional expertise to deliver support in a relational way, ultimately Devon Carers role is that of a professional, not a friend. By contrast, carers can offer helpful, heartfelt advice with one another - conveying sentiments and tips that it would be inappropriate/unprofessional for Devon Carers to convey, but which are

caring for people with dementia). This range is important as different carers need the support for different reasons and in different formats.

Training for carers

The provision of training to understand issues relating to the condition of the person they care for and develop key skills

Carer Ambassadors

It is vital to have lived experience at the heart of policymaking. Carer Ambassadors are current and former carers who use their lived experience and knowledge of caring to improve life for carers in Devon. Devon Carers leverages its trust and positioning to facilitate and recruit Carer Ambassadors, which enable DCC to commission services in a 'carer friendly' way.

	<p>helpful nonetheless.</p> <p>In light of peer support's dual function, reduction or cessation would leave a significant gap in the support offer. The main reason that any significant reduction in peer support is not viable, though, is because other core functions depend on it: peer support is the long-term solution, so all roads lead to peer support. If there wasn't peer support, someone being supported through a crisis would have nothing to work towards.</p> <p>Notably, peer support is also high value-for-money. Whilst some reduction or changes to delivery might be feasible (e.g. working more closely with other VCS partners as one staff member reported used to happen over four years ago) minimal savings would be generated from them. Any such reductions/changed would need to be implemented with caution, as cuts always run the risk of pushing the sector further back into siloed working (rather than partnership). It is worth noting that peer support wouldn't have the same effect without the active referrals that are required to ensure vulnerable carers take up the offer – without active support from a trusted professional to get the carer to the first few peer support sessions, the prospect can be too daunting.</p>
<p>Partially viable but not recommended</p>	<p>As a carer, your caring role can be a huge source of anxiety; worrying that you're getting things wrong are part of the 'perfect storm for chronic stress' described in 2.3 and is often linked with carers low self-worth. Understanding the condition of the person you're caring for, and what you can be doing as a carer, can be a huge weight off the carer's shoulders. Through participating in training, carers develop confidence in their ability to care, sometimes receiving a qualification/certificate which makes them feel proud of their caring knowledge and skills. Trainings are often delivered in groups so that carers meet other carers in a similar, sometimes isolating situation similar to theirs, carers feel less isolated and alone, as well as a sense of purpose in being able to help others.</p> <p>Carers that benefit from the training service are often caring for those with complex care needs. Without support to be confident in the caring role, circumstances may deteriorate very rapidly. Therefore, the loss of these outcomes, if training for carers was ceased or reduced, would displace spending to elsewhere in the system in the short and medium-term, and/or generate additional costs for Devon Carers in the long-term.</p> <p>Whilst not recommended, there are some adjustments that mean training for carers could be delivered on a smaller budget. Devon carers training could 'piggyback' more on existing peer support groups; however, other outcomes gained through peer support could be lost. Developing e-learning could also save on resources, but the confidence-building aspect of the training may not be as profound if carers carry out the training alone on a screen.</p>
<p>Not viable</p>	<p>Incorporating lived experience in decision-making is vital; the Local Government Association (LGA) recommends all councils incorporate user voice in decision-making processes. DCC gains 'easy access' to the lived experience it needs to commission services and implement policy in a 'carer friendly' way, by recruiting and facilitating Carer Ambassadors via Devon Carers. Devon Carers are well-placed to deliver on this role because they (1) have access to carers; (2) are trusted by them; and (3) Devon Carers experts can help carers to feel safe and valued as well as support them to articulate their needs.</p> <p>The Carer Ambassador scheme also produces positive outcomes for the carers who volunteer. As Ambassadors, carers feel heard and valued, more aware of their rights, a sense of purpose giving back to their community, pride in their identity as a carer. Carer Ambassadors need to be well-informed and part of the role is to take personal responsibility for ensuring this, for example by reading, attending training and requesting relevant information. From this, many carers of working age gain key skills that make them more employable.</p> <p>Without Devon Carers, the council would not be likely able to get the same output</p>

Carers Break Fund

Providing a small payment to allow carers to have a break from caring (in whatever form that takes) without the need for [assessment](#). These breaks include day trips, hobbies and interests, exercise classes, or investing in technology that allow the carer to keep in touch with friends and family.

Communications and outreach (including Carer Identification)

Communications and outreach to carers that are known to Devon Carers, as well as those not yet known to help them recognise their caring role, needs and to provide key information. One of the biggest issues is that people do not recognise that they have a caring role. Instead, they consider that they are 'just' a parent, son or daughter, spouse or being a good friend.

in an appropriate and constructive way, without incurring much greater expense. For the Carer Ambassadors to exist and be supported by Devon Carers is cheaper and better than the next best alternative, and produced positive by-products for the Ambassadors themselves that are a source of pride for DCC.

Partially viable but not recommended

It is well-documented that carers need breaks from caring, and to nurture other parts of their identity in order to ensure their situation is sustainable. The biggest barriers to carers taking breaks are the financial challenges - as well as carers' tendency to self-neglect and fail to take the breaks they need (the two interact negatively with each other). Therefore, many carers need support to access breaks and a specific budget to encourage them. Carers Break Payments provide carers with a budget that encourages them to participate in activities that will (1) incentivise them to take the break they need and/or (2) nurture or develop other parts of their identity, to promote their long-term sustainability as a carer.

Technically, it would be partially viable to reduce the budget that Devon Carers has to spend on Carer Break Payments. The budget was increased during the pandemic because some carers had gone a shocking amount of time without a break and the effects were showing in dramatic ways. However, reducing the budget would not be advisable: the evidence suggests that reducing the Carer Break Payment budget is not a viable way of generating savings for DCC (especially when considering the longer-term). We'll see the costs come up elsewhere (even though hard to trace)

Not viable

A robust and effective communications function is vital to the smooth running of other services - including Carer Friendly Devon. Regular contact with registered carers, via newsletters and magazines, provides carers with vital information, advice and updates and reminds them that they have somewhere they can turn (and encourages them to do so before problems become problems). Carers benefit from feeling part of a community of carers, and the communication ensures carers don't drop off the map. The outreach element is vital for identifying new carers as early as possible.

A key output of the communications and outreach function is the Carer Information booklet, which clearly sets out a roadmap for getting the support needed with factsheets on health and wellbeing, working, help with benefits, life changes, planning for an emergency, how can technology (e.g. fall alert equipment) can help, how other people caring in your family can get support (e.g. if a young carer helps you care for the person you care for), your rights, legal (e.g. sorting out Lasting Power of Attorney at an early stage). The booklet features things that come up regularly according to need - things that carers are concerned about. This provision of information can be game changing for a carer - having it all in one place. It forms the basis of other services, taking the heat off other functions because all the up-to-date information is in one place.

If saving money is important, carer identification work is vital. "Despite all the work that has been done, we still get carers saying 'I didn't realise Devon Carers were here, I needed you five years ago, 10 years ago'..." Carers being identified early in their caring journey enables all the other preventative functions to do their magic, rather than work as solely crisis responses. If equity is important, having a dedicated carer identification is particularly vital. Through having a dedicated community engagement lead, Devon Carers is successfully identifying carers in 10 underserved communities, including LGBT+, carers who are men, GTR and carers at risk of homelessness. The Community Engagement Lead liaises between the carers support locality teams and local grassroots organisations to ensure supported access, including translation services for carers for whom English is a second language.

The carer identification work complements and strengthens all core functions and all preventative work including Carer Friendly Devon and carer awareness trainings. Reducing or ceasing this work would undermine the entire model of preventative support and early intervention and is therefore not viable. Whilst

Carer Friendly Devon, and carers passport

Devon Carers is working with employers, local businesses (e.g. cafes) and among statutory service providers across the county to create a culture of understanding and supporting carers at work, in communities and when they engage with services.

The Carer Friendly Devon builds on the success of the 'carer passport' scheme which Devon Carers have delivered in Devon: launched by the Department of Health & Social Care in partnership with Carers UK and The Carers Trust. Carer passports encourage and guide businesses and organisations across to provide perks and support to unpaid carers. As well as providing carers with identification by means of a 'passport', the scheme is designed to include information on support, services, and other benefits available.

Carer awareness training to other organisations, including the health system

Supporting other social sector organisations and the health system to understand carers and work with them appropriately to reduce the prevalence of negative outcomes for carers.

Not recommended

losing the Comms budget altogether is certainly not viable, Devon Carers has identified that reducing the frequency of publications could save £7,000 per year.

Carer Friendly Devon is a vision of an environment in which carers' need for support is lessened. Many of the factors that make carers' lives hard and ultimately cause carer breakdown can be reduced through generating a robust culture of supporting carers; this is the ultimate preventative measure. Carer Friendly Devon supports employers to be 'carer friendly', which generates a 'triple win' for employers, carers and DCC in that carers are able to continue to work whilst balancing their caring role. Carer Friendly Devon also promotes carer friendly communities, with local businesses, shops and cafes displaying a 'Carer Friendly Devon' sticker to indicate to carers that they are a 'safe space' for carers.

Losing Carer Friendly Devon will not cause Devon Carers to fall apart, but it will, with time, increase the need/pressure/demand on Devon Carers as a carers service - and put pressure on the whole system including DCC. Therefore, reducing or ceasing Carer Friendly Devon is not a viable way of generating savings. The loss of Carer Friendly Devon would also represent the loss of outcomes that are a source of pride for Devon County Council. Hence, we strongly recommend sustaining the current levels of investment in Carer Friendly Devon.

Carer Friendly Devon builds on and complements the national 'Carer Passports' scheme. 'Carer passports' make carers feel valued (and seen) and connected (and part of a community of carers) Carer's passports also serve as a nudge to remind carers that support and services are available if they need them. These outcomes are difficult to measure, but of immense value to carer wellbeing and resilience; we strongly urge DCC not to opt out of a national scheme that is widely recognised to have meaningful preventative effects.

Devon Carers has identified that remove an employer engagement role could 'shave off' some savings from the Carer Friendly Devon budget.

Not recommended

By working closely and collaboratively with key players in the health system, Devon Carers are doing highly impactful work to enable health services, and the wider ICS (health and social care system) to be more 'carer friendly'. Healthcare professionals recognise the vital role that carers play in a patient's prognosis; therefore, health services are desperately in need of expert support to develop appropriate policies. This work is directly supporting health and care professionals in their work.

Having a more 'carer friendly' health and social care system prevents many of the issues and frustrations that carers experience from happening in the first place. Whilst this isn't a core function, the carer awareness training work 'oils the cogs' of Devon Carers' core functions: you can do all the 1-to-1 work in the world with carers, but if you don't support the rest of the system to work better with carers, nothing will ever really change for them, because the challenges that carers face interacting with the system will persist. The process of delivering awareness training also helps Devon Carers to gain insight on how carers should interact with the health and social care system in order to produce guidance for carers.

Cessation or reduction of this work is not recommended. Without supporting the rest of the system to work better with carers, the challenges that carers face interacting with the system will persist. Over time, partnership working with the healthcare system stands to decrease dependence on Devon Carers. Notably, carers deem this work important: some of the biggest challenges carers face are interacting with the health and social care system, and they express that they would like to see the system improve in its treatment of carers.

Thanks to advances that have been made to promote a culture for supporting carers, Devon is ahead of the curve nationally. The partnership development that happens through delivering carer awareness training helps to put Devon's ICS in its strong position to be a leading light nationally in terms of integrating VCS

	<p>organisations in the new system. Sustained investment is likely to produce outcomes that are a source of pride for Devon County Council.</p> <p>In an effort to generate savings, Devon Carers could explore the possibility of running online courses. However, some of the partnership outcomes may be lost if less of the work is delivered in a relational way. Given the benefits that the health system experiences thanks to carer awareness training, the council could explore how it could encourage some of this work to be funded from health budgets rather than the carers' budget.</p>
<p>Not viable</p>	<p>It is well-documented that carers' health and resilience deteriorates <i>“so quickly and so badly”</i> when the carer is not able to take a break. However, carers need support to access breaks, owing to the psychological, logistical and financial barriers to respite. Also, replacement care is expensive for the local authority. Devon's Time for You is a low-cost solution that leverages volunteer sitters (including many former carers) in order to prevent and delay the need for replacement care, at low-cost. Because of the volunteer-led mode, the more Time for You is scaled, the cheaper the 'price per unit' becomes and the more pounds are saved for every pound spent. Therefore, Time for You represents an opportunity to invest to save.</p> <p>Carers are expressly saying that Time for You is what they want: <i>“I'm calling on people who have been on the Time for You waiting list, saying all they want is replacement care. Demand is snowballing and being able to offer affordable replacement care is - and will be - massive for mitigating the challenges carers face.”</i> Funding reductions to Time for You could lead to an influx of short and medium-term costs as current users would hit crisis point; for the 95 carers on the waiting list, the promise of replacement care is keeping them going and <i>“taking that hope away”</i> could pose a dangerous threat to their ability to cope.</p> <p>Time for You doesn't just produce outcomes for carers, it also: keeps other voluntary organisations alive, builds partnerships creating a sense of community, reduces loneliness among former carers and other volunteers (and generating other benefits for them). Time for You therefore represents further potential to be a source of pride for Devon, especially as other ICS areas look for good practice in how VCS partnerships are managed.</p>
<p>Not viable</p>	<p>Reducing the financial pressure on carers is crucial for ensuring their health, wellbeing and resilience. Receiving the financial support they are entitled to can ensure their caring role is sustainable: <i>“the carer can buy that little bit of help with the cleaning, or they don't have to panic if they need to get a taxi.”</i> However, applying for benefits can be challenging and it is easy to make mistakes when filling in the forms or for critical information to be forgotten. It is therefore a statutory obligation to provide financial advice to carers.</p> <p>Most carers have “no idea” what benefits and entitlements they are entitled to. Therefore, the financial advice must be specialised. What is more, whilst finances are extremely important to carers, active referrals are required to ensure that carers access the specialist welfare advice they are referred to. Under the current model, Devon Carers build the trust and explain the context, then make the introduction to the Citizen's Advice Service. This model is so much more cost-effective than any of the next best alternatives. Since it is a statutory obligation, and the current model of partnership-working is the most cost-effective option, funding reductions to this service is not viable.</p> <p>In fact, Carers Advice on Benefits is a good example of how DCC can invest to save. Investing in the Carers Advice on Benefits service that enables carers in Devon to 'withdraw' their financial entitlements from the 'national pot' is a viable way of generating savings for DCC. From a financial standpoint, any service that supports carers to claim their benefits should be prioritised as it enables carers to get support without 'withdrawing' from the DCC 'pot'. Another point raised was that carers spend their money in local communities (e.g. taxi service), so the money flows from outside the county and into the local economy.</p>

Time for You

The provision of a subsidised sitting service to facilitate a short break from caring

Carers Benefits Advice: specialist welfare advice, subcontracted to Citizen's Advice

Devon Carers subcontracts specialist advice on welfare benefits to Citizens Advice; benefits advisors that specialise in carers support carers to identify and access the financial support they're entitled to. Carers get active support with the referral to Citizen's Advice or where necessary to challenge decisions.

Devon Advice Service for Working Age Carers (DASWAC): specialist advice for working age carers, subcontracted to Citizen’s Advice

Devon Advice Service for Working Age Carers (DASWAC) is primarily a phone-advice service for all carers in the Devon County Council funded areas of Devon. This service helps carers to understand what welfare benefits they, or the cared for person might be entitled to. The service can also support carers to identify whether they would be better off working, and how starting work or changing their hours would affect their income and benefits.

Not recommended

Much like the Carers Advice on Benefits service, DASWAC helps carers to understand what welfare benefits they, or the person they care for, might be entitled to. Unlike the Carers Advice on Benefits service, DASWAC is specifically focused on supporting working age carers with the decision as to whether they would be better off working and how they could realistically start work (if that’s what the carer wants). This work complements the 1-to-1 work carried out by carer support management and hospital services; staff from these teams both commented on how valuable it was for them to be able to refer to this service.

DASWAC advice also covers employment rights, so supports carers in understanding what to tell their employer if they go back to work or continue working; this work complements the work being done through Carer Friendly Devon. Whilst Devon Carers are working to make workplaces more ‘carer friendly’, Citizens Advice are working with carers themselves, advising them on how to navigate employment.

It is not a statutory obligation to provide financial advice specifically tailored to working age carers as well as the general benefits advice, but it is good for the local economy, and for many carers, who have a lot of potential to offer if they are appropriately supported. Losing DASWAC would represent a missed opportunity to generate savings in the longer-term. Given the relatively low costs of the DASWAC function (thanks to a model of partnership working between Devon Carers and their subcontractors as Citizens Advice) we do not recommend ceasing or reducing this service.

Administering personal budgets from Adult Social Care

The provision of a personal budget or replacement care by DCC via Devon Carers.

Partially viable

The local authority has the statutory duty for the provision of personal budgets where an eligible need has been established that is best met by providing the carer with an individual grant. The provision and/or brokerage of replacement care must remain with the local authority; however, some efficiencies could be made by outsourcing simple Carers Break Budget payments to Devon Carers (for example budgets less than £200).

IT for Carers

The provision of smart tablets for carers

Partially viable

IT for Carers that experience digital exclusion - access to IT can reduce isolation and loneliness and improve accessibility of support/services. Especially for rural Carers. The view among Devon Carers staff is that if IT for carers is to genuinely work, it will be necessary to invest more, otherwise, not good use of resources.

Devon has learnt from past failures (e.g. provision of inappropriate devices), so Devon is in a strong position to make some excellent headway in this area. IT is a priority, so if this work isn’t carried out by Devon Carers it will need to be outsourced to someone else. However, it is not impossible that another provider (other than Devon Carers) could take on this work at lower cost (collaborating with Devon Carers). We also noted that some older Carers will, in all likelihood, never be truly/comfortably digitally connected - some Carers will always need to be supported by services that are not dependent on digital connectivity. Supporting Carers to get online should not distract from ensuing accessibility for these carers.

HOPE training

‘Help Overcoming Problems Effectively’ for carers commissioned by DCC.

Viable

HOPE is a six-week course that aims to help carers to focus on their personal strengths and better manage the day-to-day emotional and practical impact of their caring role. The programme is based on Cognitive Behavioural Therapy principles and has come from a University of Coventry course developed for those who have cancer. HOPE is a fantastic idea, but, in reality, it is not what carers feel they want or need. In most cases, carers that are appropriate for the support have too much else going on/to worry about to be able to engage with and implement the learning. Instead, carers indicate that what they want is hands on support. As a result, the service is under-utilised. Ceasing or reducing this service is viable: whilst some of the five key considerations apply, it is not a core function or a preventative service that’s proven to be working well in Devon, and if lost it would not cause any direct negative impact on the rest of the system.

Staff training

External training for Devon Carers staff.

	Notably, the success of HOPE is not helped by the fact that there are lots of forms to fill in.
Partially viable	Staff training is important for making sure Devon Carers staff are confident in their role and that Devon Carers is an attractive place to work. Devon Carers have a workforce development plan to get all staff through all the appropriate qualifications in three years (e.g. CSM through adult social care; others doing things relevant to their jobs in comms marketing etc). Whilst staff training will always be important, much of what makes Devon Carers staff so great at their job comes down to lived and learnt experience; the workforce development plan also takes staff capacity away from their current roles. Therefore, some budget could be freed up by putting targets down to six years (rather than three).

5. Conclusion

Recap

5.1 Unpaid carers make it possible for people with caring needs to be cared-for at home, by someone related to or connected to them. In this way, unpaid carers are the ‘third leg’ of the health and social care system, so it is highly appropriate and necessary that they are supported to fulfil their multiple-roles and caring responsibilities. Devon County Council (DCC) invests £2 million per year to commission Devon Carers to provide a mixture of Carers Services - **statutory services*** and **preventative support** to complement work programmes via a detailed Caring Well contract and also provides small investments to other services and activities that make up **the wider carers offer**. By generously investing in and working with Devon Carers as an equal partner, over time DCC has enabled the development of a cost-effective system for supporting carers which everyone locally has much to be proud of, and across one of the country’s largest local authority areas.

Devon County Council are facing financial challenges that force them to consider funding reductions to the carers budget. However:

1. **It is difficult to identify any funding reductions that would generate net savings in the short and medium term:** “there’s no more fat left to trim” because Devon Carers have consistently done more with less and are already providing a streamlined, integrated service which provides an incredibly high social and economic return on investment. Therefore, across all its functions, Devon Carers are cheaper and generate a better outcome than the next best alternative. The support provided by Devon Carers directly prevents - and even turns back the clock on - carer breakdown, within a relatively short period. If cut, an influx of people into care homes and social admissions into hospitals would happen relatively immediately. Cuts to their budget would simply displace spending elsewhere in the system.
2. **Almost all funding reductions would generate additional costs for DCC in the long term,** because: late intervention costs more; when carers break down, they can no longer provide unpaid care; and because poorer health outcomes for carers now will generate costs later. The long-term negative economic outcomes of cuts to Devon Carers will be experienced by multiple stakeholders besides the local authority - this could be taken into account when investigating new funding mechanisms.
3. **Devon Carers are a vehicle through which DCC can invest to save:** investing in Devon Carers’ innovative ‘preventative’ activities and services that ensure early intervention at scale would produce net savings in the longer-term. In fact, DCC has not yet reaped the rewards of measures already taken to reduce spending, including the stripping-back and optimisation of Devon Carers’ services in the Contract Reset earlier this year. What’s more, whilst there is “no fat left to trim” in terms of how Devon Carers delivers vital support to carers, there are still some innovations that have potential to create savings for Devon County Council.
4. **The timing of the budget reductions would amplify their impact:** There has been a sharp rise in complex cases since the Covid-19 pandemic and the current Cost of Living Crisis, which have come on the back of over a decade of reduced public spending. Therefore, carer resilience is at an all time low - and the health and social care system is weakened. The timing of these potential budget cuts would amplify their impact. Without Devon Carers, complex cases will likely produce “horror stories”. It could become too difficult for Devon Carers to retain its first-rate staff. An influx of complex cases elsewhere in the

system could trigger a system collapse. Importantly, underserved communities will be worst affected.

5. **Devon's model for supporting carers is a leading light nationally; continuing to develop a cost-effective system and robust culture for supporting carers (by investing in Devon Carers) can be a source of pride for Devon Council.** Devon Carers has a highly-functioning system for providing a high quality of care to carers that many other local authority areas strive for. Devon is ahead of the curve in successfully promoting a culture for supporting carers in Devon, that will, with time, mitigate the increasing demand on Devon Carers. Building public-VCS partnerships is vital to the success of the new integrated care system, but it is proving incredibly challenging the country over; Devon is in a better position now than it will ever be to be a leading light nationally.

Funding reductions to the majority of Devon Carers functions are either not viable nor would they generate savings. The table in the previous section sets out where some savings may be possible, even in light of these five key considerations.

Evaluation and conclusion

5.2 The true value of preventive work can never be known because it is not possible to measure negative outcomes that have not happened yet. Therefore, it is easy to be "*penny wise and pound foolish*" when talking about prevention: investing in prevention takes courage. Devon Council and Devon Carers should be commended for the highly-functioning system they have created, which is ahead of the curve in moving towards preventative approaches. DCC should be really proud of the relationship and system it's developed.

If DCC is serious about generating savings to council budgets, it needs to maintain a similar level of investment. Some savings could be generated by working with DC to find where costs can be reduced. We invite DCC to use the table and impact analyses (where funding reductions are partially viable, there is an explanation as to how/why) to generate these savings. Work with DC to explore innovative cost-saving measures that could generate: this may involve investing to save or working to increase efficiency and partnerships, or working with other statutory services to find alternative sources of funding. However, there is a strong case to be made for reinvesting those savings back into Devon Carers and closely track the long-term savings that will be generated. The successes of such a model are likely to be of real interest to other local authorities building up the courage to make these bold but logical spending decision.