

# Support for unpaid carers funded through the Better Care Fund in England

Who is this for?

Policymakers, health and social care professionals, researchers, advocacy groups, funders, and unpaid carers.

Reading time

10 – 15 minutes

## 1. Introduction

There are over 5 million unpaid carers in England and Wales. Effectively and equitably supporting carers is crucial because of the well-documented negative impacts on their employment, finances, mental and physical health, loneliness and social participation. Inequalities in who provides care and in negative effects of caring have potential to exacerbate existing disadvantage and increase mental and physical health inequalities. One of the largest funding streams directed at unpaid carers is currently the Better Care Fund (BCF) which also has a mission to integrate support for carers. Our study aimed to scope the landscape of carer support funded by the BCF in England.

### Contents

1. Introduction
2. Methods
3. Findings
4. Implications for policy and practice
5. Limitations

## 2. Methods

- Descriptive analysis of BCF carer expenditure and narrative plans (2023-2025) in eligible local authorities (LAs) (N=138; for some analysis a 50% sample of LAs was used).
- Interviews with practitioners working with and around BCF carer activities at national, regional, and local level (N=29).
- Literature review of what works to support carers.
- Workshops with practitioners.
- Carer advisory group meetings.

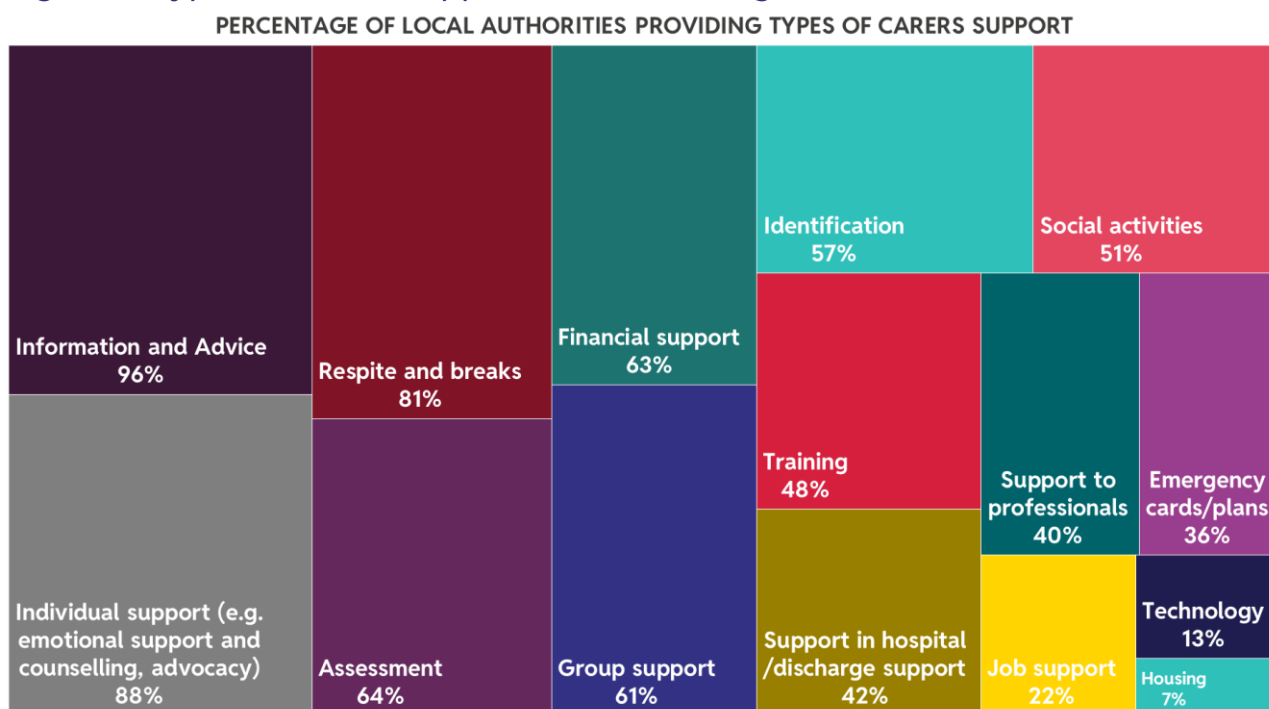
## 3. Findings

### Carer support being funded by BCF

- BCF funds or part-funds extensive and diverse carer support across the country and is a valuable source of funding for carer support.
- Much of carer support is jointly funded by BCF and other funding such as other Local Authority (LA) and NHS funds and charitable grants.
- Types of carer support funded in this way include short- and longer-term respite and breaks; identification; information and advice; financial support; hospital discharge support; emergency plans; and social activities.
- The extent to which BCF is funding different types of carer support from the rest of the carer offer varies.
- Examples where BCF funding was used in whole or part for different types of carer support, include:
  - Hospital-based support such as support workers to plan hospital discharge, or hospital liaison workers to identify carers, provide information, refer to other services, support them at discharge, and increase awareness and education among other staff.
  - Identification methods such as carers passports, GP or nurse-led identification
  - Contingency/emergency planning
  - Training for GPs on how to refer carers to local services

- There is variation across LAs in the types of carer support funded through the BCF, but there are also key common services. Figure 1 summarises types of support reported in the BCF narrative plans.

Figure 1: Types of carers support funded through the BCF



*Note: Box sizes represent proportion of LAs in our sample which mention support under these categories in their BCF narrative plans*

## Which carers does BCF carer support target?

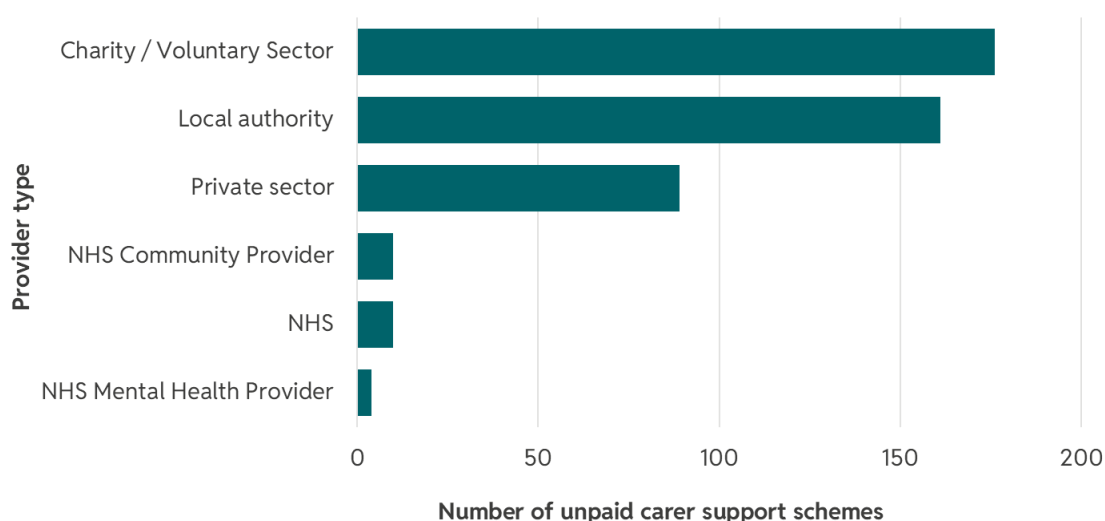
- BCF aims to support the carer population as whole in each local area – in most places this will include unpaid carers at higher risk of health and care inequalities.
- Where targeting of carer population sub-groups is mentioned, this also includes some groups at higher risk of health and care inequalities such as ethnic minority, refugee and asylum seeker, non-English speaking, LGBTQ+, and young carers, and carers of people with mental ill health or substance misuse. Other targeted support was centred on the care needs of the person cared for.
- Local decisions on what to fund and for who are based on:
  - views of carers locally

- local strategies, in particular the Carer Strategy and the Joint Strategic Needs Assessment
- statutory duties, BCF requirements, and other government priorities
- evaluations and reviews of own existing support
- data on the local carer population
- continuation of existing practice, own or other areas
- Perceived aims of support funded through the BCF for carers locally and nationally include integration and joint decision-making, improving and/or increasing carer support, reducing inequalities, and meeting Care Act requirements.

## How is support being delivered?

- Support funded through the BCF for unpaid carers is predominantly delivered by charities, voluntary organisations, and LAs. Figure 2 shows the number of schemes by provider type.
- BCF carer support was also often delivered through integrated working between different sectors (e.g. health and social care) and practitioners.
- One model of delivery of BCF carer support is through a local carers centre, generally run by the voluntary and community sector, that serves as a hub for group support, counselling, information and training and, in many cases, carry out carers assessments on behalf of the LA.

Figure 2: Number of unpaid care support schemes by provider type



Source: BCF financial reporting data (expenditure sheets)

## Integration

- It is sometimes difficult to disentangle the effects of BCF over other local strategies and working practices. However, the majority of interviewees felt that BCF had improved integration between health and social care, although less so between those sectors and others, in particular with the voluntary and community sector, although there are exceptions.
- A minority reported that BCF had a negative or no effect on integration. Negative effects included abdication of responsibility; and, in a climate of budget cuts, health and social care locally competing for limited resources to meet sometimes conflicting targets which could undermine pre-existing local relationships.
- Ways in which BCF was perceived to enhance integration in the context of carer support are through establishing processes; raising the profile of carers across sectors; helping build working relationships; joint priority setting; and data sharing.
- Examples of integrated provision are
  - hospital discharge and other hospital-based support for carers
  - support for carers of people with mental ill health and/or with their own mental health issues
  - identification of young carers and liaising with schools to increase awareness and help improve educational support
- There is variation in level of integration across areas, levels, sectors, and organisations.
- Barriers include non-matching footprints of Integrated Care Boards (ICBs), hospitals and LAs; passing of responsibility; and increased competition for limited resources coupled with other pressures and priorities.
- Facilitators include key people with knowledge and enthusiasm; and existing or creating good working relationships.
- Pre-existing and wider local and national context can be a barrier or facilitator
- Context includes other statutory requirements, priorities and strategies; other initiatives; existing working practices; funding context; workforce availability and capacity; and effects of the rest of BCF system on carers.

## What is the perceived importance and role of BCF for carers support?

- Characteristics of the BCF as a funding mechanism that are important to, and are perceived to help improve, carer support are perceived to be:
  - amount of funding (BCF is the majority of funding for carers' support in some places) and that it is protected to some extent. This enables BCF funds to be used as seed funding or to facilitate the release or leverage of other funding.
  - relatively stable and long-term, especially compared to other sources of funding for carer support. This means local areas can operate and plan more strategically, although some felt it was too short-term and/or last minute in priority setting
  - relatively flexible, but again there were mixed views and experiences
  - multi-sectoral with an integrative mission and reporting.

## 4. Implications for policy and practice

- BCF funds or part-funds extensive and varied carer support across the country and is a valuable source of funding for carer support.
- There is a richness and creativity evident in the range of the carers support offer in England, provided in large part by voluntary and community sector carer and other organisations and also by LAs and the NHS, in many cases in partnership.
- Particular aspects of BCF that are valued and could be extended to other funding mechanisms for carer support, and adult social care more widely, are the relative stability and flexibility of funds and that it is multi-sectoral.
- Whilst there are examples of voluntary and community sector organisations being included at strategic (e.g. ICB) level, this could be extended. There are many good examples of carer voice influencing BCF decision-making.
- In our scoping, the overall perception is that the effects of BCF on integration have been positive but mixed and with considerable variation across areas, levels, sectors, and organisations: understanding

more what works well, why, and what gets in the way could help improve integration.

- Barriers to BCF achieving its full potential include the wider context of cuts to funding elsewhere in the system (mainly social care but also the voluntary and community sector); BCF funding not necessarily keeping pace with inflation, costs or need; issues around data sharing; and workforce capacity and buy-in.

## 5. Limitations

Limitations to this scoping study is that there was variability in the detail in BCF narrative plans and in how they and the expenditure returns were completed, meaning it was not always possible to get a full or accurate picture of BCF activities. Moreover, based on the information provided in the narrative plans, it was not always possible to capture whether the support provided to carers was funded fully or in part by the BCF. Thus, the types of services provided shown in Figure 1 reflects the frequency of provision but not the budget allocated to each of those types of services. A further limitation is that, while we talked to a range of stakeholders from different parts of the country and nationally and in different roles, not all areas, practice, and views are included.

## Acknowledgements

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