UK NETWORK IMPACT EXCHANGE SURVEY
RESULTS 2021-2022

A snapshot of the health of the Network, the challenges they face and opportunities for the future
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EXECUTIVE SUMMARY

917,394 unpaid carers registered with Network Partners, up 7%

456,089 unpaid carers supported across the UK, up 6%

78% of local authority areas being reached through local authority or health contracts

GROUPS THAT ARE UNDERREPRESENTED

- **Male carers:** 30% compared to 42% national prevalence
- **Carers aged 25-64:** 53% compared to 71% national prevalence
- **LGBTQ+ carers:** 0.96% compared to 2.97% national prevalence
- **Ethnic minorities:** 11% compared to 13% national prevalence

INCREASES

- LGBTQ+ carers
- Young carers 12-17

DECREASES

- Young Adult Carers aged 18-24
- Carers who have a disability

STAYED THE SAME

- Male carers, female carers
- Carers aged 25-64, older carers aged 65+
- Ethnic minorities

**Fundraising/sustainability**

is the biggest Network Partner challenge

48% are struggling to deliver services because of staff vacancies they cannot fill

**Not being able to get a break**

is the biggest carer challenge

46% said they felt they are in a stronger position, with regards to their ability to do their work, compared to January 2020

**Partnerships**

is the biggest Network Partner opportunity

*based on 63 responses only*
Activity groups/social events and general information provision were the most common non-regulated services provided.

Cognitive Behavioural Therapy was the service Network Partners were most interested in providing.

Network Partners are regulated. (These are services regulated by Care Quality Commission or Care Inspectorate Wales). Home Care is the most common regulated service being provided.

4,026 staff, a decrease of 9%

3,750 volunteers, a decrease of 15%

68% of income comes from statutory LA

Percentage of the Network that have small, medium or large incomes, according to NCVO definitions:

- 3.5% small
- 59% medium
- 38% large

Impact Measurement has improved 67% of the Network are now using at least 1 tool from the Carers Trust impact framework.

30% of the Network are in established stage of impact measurement

34% of the Network (at least) do not have an external quality mark
The main objective of the impact exchange survey is to get a snapshot of the health of the Network, by aggregating data from all members and looking at trends and patterns within that data. The potential use for the data is twofold:

- As the national body, the intention is that Carers Trust will be able to use this information to guide ongoing improvements to our membership offer. This includes using the intelligence to inform our influencing plans, our programme design and grant-making criteria.
- It is also hoped that the Network can use the analysis and insights to benchmark where they are amongst the wider network. This will help inform their business planning and sustainability strategies.

The health of the network is assessed in a number of ways, looking at multiple outcomes. These outcomes are:

- Overall reach
- Challenges and opportunities faced by Network Partners and unpaid carers
- Composition of reach
- Service provision breadth and depth
- Income, staff and financial sustainability
- Contract coverage
- Impact measurement practice

How will this data be looked at?

1. Percentages of demographic groups are compared to national expected prevalence figures to determine if the Network is reaching all unpaid carers equitably. In most cases, expected prevalence figures are taken from the 2011 census and report on prevalence in the carer population specifically, not the entire population as a whole.

2. Where possible, outcomes from this year are compared to last year, to see if impact is improving or declining.

3. Impact is compared across different locations to give a more local picture.

4. Where Network Partners responded through open text, the most commonly occurring themes have been identified.

5. Some questions involve rating on a scale how much respondents’ organisations are affected by different challenges and will be analysed by looking at the frequency of challenges rated to be experienced a lot or all of the time.
917,394  unpaid carers registered with Network Partners, up 7%

456,089  unpaid carers supported across the UK, up 6%

78%  of local authority areas being reached through local authority or health contracts

**Wales had the highest increase in carers supported**

The graph below shows the increase in the number of carers supported from 2020-2021 to 2021-2022, for each nation.
Position since the pandemic  (responses = 121)

For the first time this year, Network Partners were asked what position they felt they would be in, in the next 12 months, compared to January 2020 (before the pandemic), in regards to their ability to do their work and support unpaid carers.

The chart here shows what percentage of the Network selected each response to the question. You can see that a large majority of Scotland felt they were in a stronger position than in January 2020, but Wales’ Network Partners were more likely to say they were in the same position as they were in January 2020.

Policy concerns  (responses = 121)

Other new questions have been introduced this year by our policy team to assess how various issues are affecting Network Partners. The most salient findings from these questions have been selected and displayed below in the two graphs.

In the graph on the left, you can see that whether Network Partners have not been able to deliver services due to a lack of funding varies greatly. The graph on the right shows that more Network Partners consider staff vacancies an issue than those that don’t. Analysis elsewhere conveys that staff vacancies has been a bigger issue for regulated partners.
Carers concerns  (responses = 121)

The above graph shows the percentage of Network Partners who said the specified challenge was being faced either a lot or all of the time by unpaid carers, due to their caring responsibilities.

You can see from this graph that the most commonly identified challenge was ‘not being able to get a break from unpaid care’, followed closely by ‘worsening mental health’ and then ‘isolation’.

Network Partner challenges  (responses=119)

The most common Network Partner challenges are shown below.

“More carers with no more funding means we have to dilute what is available to support them. This is particularly upsetting for carers given the two years they have just had to live through. Unrestricted funding is lower than before due to income streams being cut off over the past two years (fundraising events, room rental etc)."
Fundraising/ sustainability (48%)

The most commonly identified challenge was fundraising/ sustainability (48%). This is up from 40% in 2020-21. The specifics around why fundraising or sustainability is an issue varies a lot. A lot of Network Partners commented that there is increasing carer demand without the required increase in contract funding, leading to inadequate services. Some mention the need for funding for more staff. Others are looking to get more funding or diversify funding sources to improve services or provide more.

Staff turnover/ retention/ recruitment/ issues (41%)

The second most common identified challenge was staff turnover/ retention/ recruitment/ issues which has almost doubled in the last year, up from 23% in 2020-21 to 40% in 2021-22. This challenge was commonly linked to issues with handling capacity and demand exceeding supply. This connects with the finding that there has been a decrease in the number of staff.

Capacity / demand exceeding supply (38%)

The third most common identified challenge was capacity/ demand exceeding supply (38%). This is a particular issue in Scotland. Capacity has been a common problem for Network Partners, but has worsened due to the pandemic and the struggle to recruit and retain staff. A lot of Network Partners have said they need increased funding to be able to meet demand.

Statutory contract ending/ new/ issues (27%)

Another common challenge identified was the various issues relating to statutory contracts (27%). Most funding for Network Partners comes from statutory contracts, meaning they are often heavily reliant on contracts. If a contract is due to expire, this can present a significant risk to the Network Partner.

Cost of living rise/ poverty (19%)

The cost of living rise was a newly identified challenge this year, with no mention of it in 2020-21. The cost of living rise is having an effect on Network Partners in multiple ways. Due to its effect on unpaid carers, it is leading to an increase in demand for support, but is also leading to budget deficits and affecting staff well-being.

Covid recovery (18%)

Of note is the decrease in the proportion of Network Partners identifying COVID-19 recovery as a challenge this year. This has decreased from 41% in 2020-21 to 18%. The challenge of COVID-19 recovery relates to Network Partners’ need to recover financially from the pandemic, as well as the increased complexity of support needed for unpaid carers due to the virus. As Network Partners recover, they are seeing the reintroduction of more face-to-face services, but also having to adapt to new blended approaches.
Increased/ new services (32%)

The second most common opportunity theme was increased/ new services (32%). The kinds of services being expanded and introduced vary widely across organisations. Services around supporting mental health have commonly been brought up as an opportunity. This connects with findings from our services question showing that Network Partners were most interested in providing Cognitive Behavioural Therapy.

Financial support (18%)

Financial support for unpaid carers was the next most common opportunity theme (18%). A lot of Network Partners bring up the procurement of new funding sources as an opportunity. This funding was seen as an opportunity to first of all help unpaid carers and second of all help improve the running of their organisation.

New contract/ contract renewal (14%)

Often this theme is brought up in the context of potential new opportunities for new contracts commissioning new services or in new areas. There is also frequent mention of contracts that have been recently won and the work Network Partners plan to do with them.

Network Partner opportunities (responses = 119)
**Competitors** (responses = 118)

The most common competitor types are shown below.

The most common type of competitor identified was ‘Other voluntary and community sector (VCS) organisation’ (29%). A competitor was classed as a VCS organisation if its purpose was not-for-profit, independently constituted and for the benefit of the community. If a specific VCS organization was identified less than two times, it was coded as ‘Other VCS Organisations’. If it was identified more than once, that specific organisation was given its own code.

The most common specific competitor identified was Age UK (18%). Age UK was also the most common specific competitor in 2020-21, but the percentage of Network Partners identifying them as a competitor has decreased from 22%.

23% of the Network said they had no competitors, which is down from 30% in 2020-21.

**Partnerships** (responses=116)

The most common partnership types are shown below.
The most commonly identified partnership was with other local VCS organisations. A local VCS organisation is a voluntary or community sector organisation that is local to that community and normally a standalone charity. Most partnerships Network Partners had with these organisations were informal and with smaller organisations. They could range from service providers to community theatre groups.

Statutory provider was the second most common partnership type (37%). The kinds of statutory provider partnerships varies widely. It includes councils, statutory health providers like hospitals, clinical commissioning groups (CCGs), ICSs, Health and Social Care Partnerships, health boards, or other partnerships which involve government funded health and social care.

The most common partnership with a specific VCS organisation was Age UK (16%). This is interesting, considering it is also the most common specific competitor for Network Partners. It may also show how there are variations across localities and relationships across the Network.
**COMPOSITION OF REACH**

**Age**  (responses = 113)

The graph to the left shows the percentage representation of each carer age group across time and compared to the national expected prevalence. You can see that representation has not changed greatly over time and that carers aged 25-64 are underrepresented. Older carers and young carers however, are over-represented.

It should be noted that 20% of ages were categorised as unknown by Network Partners, which may have affected overall representation figures.

**Ethnic Minorities**  (responses = 91)

The graph to the right shows the percentage representation of ethnic minorities in each nation, compared to their respective expected national prevalence. The graph conveys that ethnic minorities are being underrepresented in every nation. However, only 91 Network Partners responded to this question, so these results may not be representative.

In addition, our question that asked for number of unpaid carers for each ethnicity revealed that 30% of carers’ ethnicities were not known.
**Gender** (responses = 111)

The graph to the left shows the percentage representation of each gender across time and compared to the national expected prevalence. However, there are no national prevalence figures for non-binary and transgender carers. The data shows that males are underrepresented and females are overrepresented.

There is currently no data on the expected prevalence of non-binary and transgender carers. It is also impossible to tell if the increases in these carers are significant or not, since the figures relate to such small numbers.

**LGBTQ+ Communities** (responses = 63)

The graph to the right shows the percentage representation of LGBTQ+ communities for each nation, across time and compared to national expected prevalence. The data shows that LGBTQ+ communities are being underrepresented in every nation. However, overall, the representation of LGBTQ+ carers has increased since last year. This is the case for all nations except Wales.

It should be noted that only 73 Network Partners responded to this question and there is likely response bias in this sample.
Sexuality  (responses = 43)

The pie chart to the right shows the breakdown of the different sexuality groups in the network. However, only 43 Network Partners responded to this question and 35.7% of their unpaid carers were categorised as having an unknown sexuality. Therefore, the lack of data on this indicates that the percentages shown here are likely not representative.

Carers with a disability  (responses = 78)

The chart to the left shows the percentage of carers that have a disability for all nations and the UK overall, compared to the expected national prevalence. The data shows that overall carers with a disability are represented in line with expected prevalence, but they are not in Wales.

Cared for conditions  (responses = 112)

Below, you will find data on how many unpaid carers are caring for each condition. You can see that a physical disability is the most commonly cared for condition.


The most commonly provided regulated service is home care, followed closely by respite care (adults) and palliative end-of-life care. The service Network Partner are most interested in providing is emergency response, which is also one of the least commonly provided services.

For those regulated services that were not provided, the most common reasons for not providing it were because it was not part of their organisational aims or because they are not in a financial position to do so.
Non-regulated services (responses = 118)

The below chart shows the frequency that each service was provided across the Network, as well as the number who are interested in providing that service and the number that do not provide that service and are not interested in providing it.

The most commonly provided non-regulated services are activity groups/social events (111) and general information provision, advice and guidance (110). Peer support groups is the next most commonly provided service (108). Network Partners are most interested in providing Cognitive Behavioural Therapy (32), substance misuse specific services (24), statutory carers assessments (24) and employability support (23).
Young and Young Adult Carer services (responses=89)

The below chart shows the frequency that each young and young adult carer service was provided across the Network, as well as the number who are interested in providing that service and the number that do not provide that service and are not interested in providing it.

The data above in the left visual shows that the most common Young Carer service types are Activity groups/social events (79), peer support groups (74) and groups facilitated by a practitioner (62).

There is the highest level of interest in providing new service types for counselling (16) and Cognitive Behavioural Therapy (13).

The data in the right visual shows that the most common Young Adult Carer service types provided are activity groups/social events (76), peer support groups (74) and education and training programmes (63).

There is the highest level of interest in providing new Young Adult Carer service types for Cognitive Behavioural Therapy (14), statutory carers assessments (13) and employability support (11).
Income (responses = 113)

In total, the income of the Network for the last financial year was £144,947,537. However, 11 Network Partners did not provide a response to this question.

The graph on the left shows the distribution of this income across nations. The total income of the Network did not change significantly from last year to this year.

Income Distribution (responses=113)

The distribution of UK income by type is shown in the graph below. This shows the Network relies heavily on statutory income, with collectively 68% coming from local authority and health combined.
Income size distribution (responses=113)

Network Partners were categorised by the following NCVO definitions of income size:

- Micro = Less than £10,000
- Small = £10,000 to £100,000
- Medium = £100,000 to £1M
- Large = £1M to £10M
- Major= £10M to £100M

3.5% of Network Partners had small income sizes, 58% had medium income sizes, 37% had large income sizes and 0.9% had major income sizes. The graph below shows these percentages compared to the percentages of all 163,150 charities in the UK. You can see that the percentages differ quite significantly. While 44.5% of the wider charity sector is made up of micro-organisations, no organisation in the Carers Trust Network is micro.

Staff and volunteers (responses = 118)

The graph to the right shows the number of staff in each nation. Staff numbers have decreased in every nation, except for Scotland. The decrease for the UK overall was by 9%. The most common number of staff per Network Partner is 11 to 15.

Additionally, volunteer numbers have decreased overall, by 15%. Again, decreases were found for every nation, except for Scotland. The most common number of volunteers per Network Partner is 6-10.
IMPACT MEASUREMENT

Impact measurement stage

Network Partners were asked to specify where they thought they were in relation to their current impact measurement practice. Three terms were defined in the question. Please note, these definitions have been refined since last year.

- **Early**: no use of impact framework tools, no or little use of theory of change, use of some case studies, some reporting of number of services/number of attendees but no reporting of sustained improvements to carers’ lives.
- **Embedding**: some use of impact framework tools, some use of theory of change, some projects report on sustained improvements to carers’ lives.
- **Established**: most projects have surveys used before and after intervention, most/all projects have a theory of change, most/all projects report on sustained improvements to carers’ lives, use of a range of both quantitative and qualitative measurement tools.

The distribution of responses to this question are shown in the graph below. It shows that most Network Partners are in the embedding stage, which indicates that there is still room for improvement in this area.

Databases

The graph on the right shows what percentage of the Network are using each database. The most used by far is charitylog.

There are 21 different kinds of database used in total. 16 of them are used by only one or two Network Partners. This is down from 23 in 2020–21, indicating that more Network Partners are using the same databases as each other.
Impact Framework tool use (responses = 119)

The graph below shows what percentage of the Network are using the various impact measurement tools. You can see that case studies and focus groups are the most used. The pink bar at the top shows how many Network Partners are using at least one of the impact measurement tools from the Carers Trust Impact Framework. We encourage the use of these tools so that measurement across the Network can be standardised and comparable.

Quality (responses = 106)

The external quality assurance marks held by the Network Partners across the UK are shown in the graph here. 42 Network Partners across the UK have no external quality mark at all (34%) and the most common external quality mark is Trusted Charity (22).
Reach

This year we have seen an increase in both the number of unpaid carers registered and the number of unpaid carers supported. The increase is larger for carers registered than for carers supported, which may indicate that demand has increased, whereas the capacity to support everyone has not. This increase in demand is particularly prevalent in Scotland. Wales, on the other hand, has had the biggest increase in reach of direct support.

Challenges and opportunities

One major challenge for a lot of Network Partners is funding, with almost half of Network Partners identifying it as a challenge. However, there is variation in how much Network Partners think it stops them from being able to deliver services to unpaid carers. It may be that for those Network Partners who said that it didn’t, fundraising is not a challenge because it is preventing them from delivering services at all, but because it restricts them from delivering high quality services, affects capacity (increased waiting times) or restricts the development of new work.

This connects with the finding that capacity and meeting demand has been another big challenge for Network Partners this year. This is in part because of more unpaid carers registering, which has been both a challenge and an opportunity for growth. Network Partners report that unpaid carers’ needs are becoming more complex, and due to a positive increase in awareness, more unpaid carers are requesting support.

This difficulty with coping with demand is also due to the struggle to recruit and retain staff. This is corroborated by the finding that staff numbers have decreased overall across the Network. Network Partners have expressed that the reason for this is due to an increase in competition on the labour market, specifically because of larger salaries being offered elsewhere. This issue varies again for different Network Partners, and is a much bigger issue for regulated partners compared to non-regulated.

One new challenge this year is the cost-of-living crisis, which Network Partners have expressed is having lots of knock-on effects. This includes reduced funding, increase in demand from unpaid carers, worsening mental health and staff retention/recruitment.

One major opportunity, which is consistently identified, is partnership working. Network Partners work with a diverse range of partners, mostly local voluntary and community sector organisations, but also statutory providers, formal partnership groups and national charities.
This is mirrored again with the finding that most Network Partners think that commissioners work with them to design services. However, there is large variation as to the Network’s opinion on whether health and social care are well integrated. This may reflect the current transition period with the introduction of ICSs this year, where some have started working with them, while others have not.

Interestingly, COVID-19 is mentioned much less often as a challenge this year, which may indicate that Network Partners have adapted to the changes in their operational planning as a result of the pandemic.

A new opportunity that has been identified this year has been the increased awareness of unpaid caring. While this has put on some pressure by increasing demand, a lot of the Network has seen this as a positive thing as it has meant they reach more unpaid carers who need support. This has probably largely been due to the pandemic raising the profile of unpaid carers and the recognition of unpaid carers in the government’s social care plan in the white paper in December 2021.

Interestingly, more Network Partners said that, with regard to them being able to do their work and support unpaid carers in the next 12 months, they were in a strong position, compared to January 2020. This was particularly the case for Network Partners in Scotland. This may because of the increased funding provided by the Scottish government during the pandemic. Overall, this suggests that the negative effects of the pandemic are perhaps starting to diminish. It could be that the pandemic in fact has made things better due to the increase in awareness of unpaid carers over the pandemic. Many Network partners though also said they were in the same position compared to January 2020, so this perhaps does not apply to all regions of the Network.

**Composition of reach**

While there have been some increases in certain demographic groups, a lot of minority groups remain underrepresented. Those groups that are still being underrepresented are ethnic minorities, particularly in Wales, LGBTQ+ carers, male carers and working age carers aged 25 to 64.

The biggest increase in representation we have seen this year for the above groups has been for LGBTQ+ carers. This could partially be because of increased awareness and publicity for LGBTQ+ communities in recent years. However, this is also still the most under-represented group across nations. As only 73 Network Partners responded to this question though, the figures may not be representative.

The other underrepresented groups, including ethnic minorities, male and working age carers aged 25-64, have stayed roughly the same in terms of representation since last year. However, Wales have managed to slightly increase the number of carers from ethnic minorities being supported.
The groups we currently are representing, in line with expected prevalence, include young carers aged 24 and under, older carers aged 65 and over, female carers and carers with a disability.

This year, we have also seen a slight reduction in Young Adult Carers being supported, while other age groups have not. It has been reported by Network Partners that they struggle to engage with Young Adult Carers because they have so many competing demands on their time. It could also be that, now that we are not having lockdowns, Young Adult Carers are more out and about and have returned to education, which is why they are not accessing services.

Currently, the most commonly cared for conditions by carers are a physical disability, dementia, a long-term health condition and a mental health condition.

**Service provision**

New services which Network Partners showed the most interest in were mental health-based, in particular Cognitive Behavioural Therapy. This lines up with the finding that worsening mental health is one of the biggest challenges Network Partners said unpaid carers were facing. Cognitive Behavioural Therapy was also however, the least commonly provided service.

The most commonly provided non-regulated service by Network Partners is activity groups and social events, for adults and young carers. This is despite the finding that most Network Partners said that unpaid carers were experiencing isolation either a lot or all the time. There are many potential reasons why unpaid carers are still struggling with isolation despite these services being offered. It could be because, despite the service being offered, there may not be the capacity to deliver it enough or there may not be the funding to deliver it to a high quality standard. It will be important for Network Partners and Carers Trust to work together to explore why unpaid carers are still struggling with isolation.

The challenge which most Network Partners agreed unpaid carers were facing was not being able to get a break from their caring role. Around a sixth of the Network provide regulated respite care while under a half provide non-regulated respite care. Therefore, an increase in respite care may help with this carer challenge.

Other services Network Partners are interested in include substance misuse specific services, statutory carers assessments and NHS/GP partnerships for adults, counselling for Young Carers and statutory carers assessments for Young Adult Carers.
Finances and sustainability

Overall, the Network is in a good position financially, with most Network Partners saying they have good financial sustainability and at least three months of financial reserves. This is somewhat paradoxical to our finding that almost half of the Network identified fundraising and sustainability as a challenge. It could be that those who identify this as a challenge, do so, more because it is preventing them from delivering the quality they want, rather than preventing them from sustaining their organisation as a whole. Analysis also found that the total income of the Network has not changed significantly. Given the cost-of-living crisis, one would expect that this lack of increase in funding would put strain on services.

Both staff numbers and volunteer numbers have decreased, highlighting again the issue of staff recruitment and staff retention, but only in England and Wales. Staff and volunteer numbers have increased in Scotland. The most common number of staff to one organisation was 11-15. The most common number of volunteers to one organisation was 6-10.

Impact measurement

On the whole, the Network have improved their impact measurement practice in the last year, using more tools from the Carers Trust Impact Framework and saying they are at a more advanced stage of impact measurement. However, more Network Partners are in the embedding or early stage, than those who are in the established stage, indicating that there is still room for improvement here. This year, the launch of the Impact Champions project aims to support Network Partners with this.

Over a third of Network Partners do not have a quality assurance mark. One reason for this could be that quality marks have expired and reduced capacity has prevented Network Partners from acquiring new ones. For those that do have a quality assurance mark, the most common is Trusted Charity.
In some cases we had missing data on certain questions from Network Partners. In this report, next to each heading, you will find the sample size of Network Partners who responded to that question. The questions that have a much lower response rate undoubtedly will be affected by response bias. This means that those who did answer the question, have systematic differences in the way they respond compared to how those who didn’t respond would have responded. This would be particularly the case for the question on sexuality in which only 43 responded. Anecdotally, there have been suggestions that some staff don’t like to ask this question.

In some cases, these unanswered questions have been due to Network Partners not having the data to provide to us. This was particularly the case for the question which asked for the breakdown of ethnicity, in which 30% of ethnicities were categorised as unknown. This was also an issue for the question on age breakdown, in which 20% were categorised as unknown. For gender, around 8% were categorised as unknown, and for sexuality, around 36% were categorised as unknown. It may be that these ‘unknowns’ do not affect the data hugely if Network Partners are still reporting with high sample sizes overall, resulting in a higher likelihood that their data is still representative. However, those who report on low sample sizes may have compromised data, due to response bias, or because staff have a development need in asking perceived difficult questions.

In addition, 11 Network Partners out of 124 did not provide their income breakdowns. This affects our overall income figure. A separate analysis of income change was done through a like-for-like comparison of those who did respond and found that total income had roughly stayed the same. However, due to the reduced sample size, this finding may not be accurate.

### Outliers in year-on-year change

After receiving data on the number of carers registered and the number of carers supported, an outlier analysis was conducted on the change in numbers from last year to this year. A number of outliers were identified. As a result, another survey was sent out asking for these two figures, with clarified definitions on carers registered and carers supported. We received some updated figures from Network Partners, but many were not able to provide them. It is hard to tell if large increases or decreases specific to Network Partners are conceivable, or the result of poor data quality.
Poor data quality

As Carers Trust are not the primary collectors of the data from unpaid carers, we rely on Network Partners to ensure that their data is accurate. We endeavour to support Network Partners throughout this process and try to make the survey intuitive and easy to complete. However, there have been some cases where it has been difficult to ensure the accuracy of the data. For some Network Partners, the adding up of all carers of different age groups did not equal the same as the adding up of all carers of different ethnicity groups and/or genders. This is despite providing an 'unknown' option for each. In these cases, enquiries were made to the Network Partner and in some cases, the discrepancies were resolved. Where they were not resolved, unaccounted for carers were classified as unknown. Nonetheless, in cases where there were large discrepancies, it may be the case that a lack of high standard data processing has had an effect on figures provided elsewhere in the survey.

In other cases, Network Partners freely admitted that the data points they provided were approximations, or provided contradictory data from different team members. Overall, indications that data might have been inaccurate were recorded for around a quarter of the Network. It should be noted though that some of these indications were of a much lower concern than others.

Expected prevalence figures

The expected prevalence figures are taken, in most instances, from the 2011 census. It is acknowledged that this census data is somewhat out of date, and therefore may not reflect the true numbers of certain carer populations. However, it is the most reliable source available for expected prevalence figures, which is why they have been used in this report and will make for useful benchmarks.

Question changes

In some cases, the wording of questions were changed from last year to this year. In these circumstances, comparison of the responses on those questions from last year to this year is more complex. This is particularly the case for our question which asks which impact measurement stage the Network Partner is at. The definitions of each stage provided in the survey changed significantly so that they would be clearer and more exhaustive. This means that our responses were likely more accurate this year.
THANK YOU FOR SUBMITTING YOUR DATA AND ALL THE WORK YOU DO FOR UNPAID CARERS

Thank you for your dedication and commitment. Your contribution to this survey will be put to good use, informing the way we support you and unpaid carers.

The data presented in this report does not present all the findings from the survey. The most salient and relevant findings have been selected for Network Partners. Should you wish to see if there is a more local or drilled down perspective on any of the topics, do get in contact with the Social Impact team at Carers Trust.

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