Evaluation & Learning Health Innovation South West

Evaluation of the Accelerating Reform Fund in Cornwall

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Executive Summary

Context

The Accelerating Reform Fund (ARF) was launched by the Department of Health and Social Care in 2024 to scale up impactful innovations in adult social care. Acknowledging that many proven care models remain marginalised, the fund aimed to embed person-centred, community-based solutions that promote independence and support unpaid carers. Cornwall's approach under the ARF focused on three priority areas: expanding Shared Lives to offer more short and long-term placements; using digital solutions like Carefree's self-booking breaks, 24/7 care planning grids, and Andi's smart home technology to increase control and oversight for carers; and extending tailored support to unpaid carers, particularly those caring for people with dementia. These projects aligned with national goals to reduce reliance on institutional care and improve system efficiency while supporting wellbeing and choice.

Cornwall's aging population and large rural geography place significant demands on the care system, with around 55,000 unpaid carers playing a critical role in filling service gaps. These carers often experience stress, isolation, and burnout, particularly when caring for people with dementia or those in remote areas where formal support is limited. Carers frequently delay seeking help until in crisis, which limits the effectiveness of intervention. The ARF programme recognised the need to offer accessible, early, and personalised support to this group. At the same time, the rising cost and declining availability of institutional care has reinforced the need for more flexible, localised care models that enable people to remain in their communities.

Cornwall's ARF-funded projects aimed to address these intertwined challenges by supporting carers, empowering individuals, and embedding sustainable, community-driven alternatives to traditional care.

Reach and recruitment

The ARF programme supported five separate projects, engaging a wide spectrum of delivery partners across the voluntary, community, and private sectors. The programme in Cornwall has enabled services to extend their reach to carers and people in receipt of care:

- 36 Dementia Carers, along with the people they care for, were supported by Promas and Memory Matters through a series of training and mentoring sessions;
- 254 referrals to Carefree across 12 months led to increased availability of support for all referred, with 81 breaks fulfilled and 93 carers being "reverse referred" back into carer services to be able to connect to further support[1].
- Novel recruitment and marketing strategies are set to enable a potential 8 additional people to be supported through Shared Lives South West.
- 15 carers and people in receipt of care were supported through the implementation of an Andi hub into their homes, via a new ARF funded route.
- 142 care practitioners have been trained and have an active account with the 24/7 grid, enabling more person centred care planning for the individuals they support.

Recruitment strategies varied across initiatives, with some projects (such as Carefree and Shared Lives) demonstrating high reach through digital campaigns and practitioner referrals.

[1] Reverse referrals are referrals of carers from Carefree to the Cornwall Carer Service for those who are not yet known to the carer service.

However, challenges were also noted, particularly around workforce availability and the timing of funding release, which impacted lead-in times for provider mobilisation and marketing.

Experience

Across the ARF-funded projects, carers, people in receipt of care, and staff reported largely positive and meaningful experiences. Carers participating in programmes such as Carefree and Promas CIC described the interventions as valuable opportunities for respite, connection, and support. Carefree breaks were seen as “restorative,” helping carers feel refreshed, more resilient, and more able to continue in their caring roles. Promas mentoring was praised for creating space for emotional reflection and for offering practical advice, although some carers still reported ongoing feelings of loneliness and limited access to wider support services.

People receiving care also benefited from more personalised and empowering approaches. For example, users of the AndiHub technology described feeling reassured and safer at home, with some reporting increased independence and confidence. Others appreciated the reduced need for in-person check-ins, allowing them to maintain privacy and autonomy while remaining supported. However, a small number reported challenges with the equipment or feeling uncertain about how to use it, highlighting the need for ongoing support and clear communication.

Impact

The ARF-funded projects in Cornwall demonstrated promising progress towards improving carer resilience, enhancing the quality of life for people receiving care, and optimising system resources.

Carer resilience was notably supported through interventions that provided emotional support, respite, and opportunities for connection. Carefree breaks enabled unpaid carers to rest, recharge, and feel more capable of sustaining their caring role — with 87% reporting improved ability to cope and 85% feeling more socially connected. Similarly, mentoring from Promas CIC offered carers a safe space to reflect, learn coping strategies, and feel acknowledged in their roles, which contributed to a sense of validation and reduced emotional burden.

For people receiving care, there were suggested improvements in quality of life. The use of person-centred planning tools such as the 24/7 grid enabled individuals to shape support around their own routines and preferences, fostering greater independence and control. Users of the Andi digital monitoring system reported feeling safer at home, more confident when alone, and reassured that help was available if needed, all of which contributed to a sense of autonomy and wellbeing.

Several projects also contributed to system-level efficiencies. For example, evidence showed considerable savings to the system through using Shared Lives, the Andi reduced unnecessary emergency responses by helping staff identify false alarms through movement and environmental data, preventing at least 21 ambulance call-outs. A case study using the 24/7 grid highlighted how co-designed, personalised care planning can reduce over-support and unnecessary expenditure, with weekly savings of over £200. Carefree’s increase in self-referrals also demonstrated the potential to scale cost-effective carer support with minimal administrative input. Collectively, these initiatives offer a blueprint for smarter use of resources without compromising care quality.

Learning and sustainability

Key learning from the programme includes the importance of early planning, clear referral pathways, and continued workforce development. The success of initiatives was strongly linked to staff training and familiarity with the technology offer. Programmes that blended digital and face-to-face support were most successful in maintaining engagement.

Staff involved in delivery, including those in advisory roles, care provision, and programme coordination, generally welcomed the chance to trial innovative models of care. Many valued the collaborative, flexible relationship with Cornwall Council and the opportunity to shape and adapt services in response to real-time feedback. However, some staff noted practical difficulties, such as the pressure of short timescales, the complexity of referral pathways, or limited awareness of new offers.

Sustainability remains a key concern, with providers highlighting the need for continued funding and integration with statutory services. Many projects expressed a desire to continue beyond ARF funding and had already begun exploring alternative revenue streams, partnerships, or local authority commissioning opportunities.

Conclusion

The ARF programme has generated valuable insights into what works in delivering person-centred, innovative adult social care in Cornwall. Despite some implementation challenges, the programme has delivered measurable benefits for individuals, families, and the system. Its legacy lies in the relationships built, lessons learned, and the momentum created toward a more responsive and preventative model of care. Continued investment in innovation and collaboration will be essential to build on this foundation and sustain improvements in outcomes for people across Cornwall.

1. Background

Accelerating Reform Fund

The Department of Health and Social Care (DHSC) launched the Accelerating Reform Fund (ARF) in 2024 to support innovation in adult social care.

"While the care sector has been innovating for decades, sometimes impactful innovations can remain on the margins, rather than becoming the mainstream way of delivering care and support. Through the ARF, the department wants to support the growth of services that make person-centred care a reality for those who draw on it, support unpaid carers to live healthy and fulfilling lives alongside their caring role and respond to rising demand and the changing needs of local populations. Collaboration and communication are vital to embedding and sustaining innovations. The ARF is designed to promote partnership working across local areas, as well as sharing of learning and best practice nationally."

Accelerating Reform Fund for Adult Social Care: Guidance for local authorities

Cornwall's priorities

Cornwall planned to design, develop and implement a number of new projects under three of the ARF priority areas:

Priority 1: Community-based models such as shared living arrangements through:

- Building additional capacity in the system by recruiting more Shared Lives Carers to enable more placements to be made.
- Increasing the number of short breaks placements available via the Shared Lives service to support carers with increased respite opportunities in order to,
- Reduce reliance on residential and supported living providers, thus reducing pressure on other areas of the system.

Priority 2: Greater control over their care options through digital solutions (also will support Priority 4)

- Making available free short breaks for carers which can be booked independently via an on-line portal or via the carers service (Carefree).
- Providing support planning tools to enable people to be more involved in the planning of their own support (24/7 grid).
- Testing, learning and evaluating new digital hubs and connectivity in people's homes to enable carers real-time oversight of their cared for person when the carer is unavailable to be physically present (Andi Hub).

Priority 4: Supporting unpaid carers to have breaks which are tailored to their needs. This proposal will also positively support Priority 10 and Priority 11.

- Making available a wider variety of affordable short breaks for carers which can be booked independently via an on-line portal or via the carers service, for example the Carefree app.
- Increasing the capacity of the Shared Lives service to offer short breaks to carers.

- Extending and developing our support to carers of people with dementia (Carer training and mentoring through Promas CIC and Memory Matters).

Unpaid carers in Cornwall

Cornwall has a notably older population compared to the rest of the UK, with 25% of residents aged 65 and over according to the 2021 census, above the national average of 18%.[1] This demographic trend is expected to continue over the next decade, suggesting increasing pressure on Cornwall's health and social care services.[2] As people live longer, the number of residents requiring long-term care is growing, further stretching the local care infrastructure.

Supporting this population is a large number of unpaid carers, approximately 55,000 unpaid carers in Cornwall, equating to around 10% of the population over the age of five.[3] These carers play a vital role, providing informal care to family, friends, or neighbours who are unable to manage alone due to illness, disability, or mental health challenges.[4] Due to limited funding for formal social care support, there is more reliance than ever on unpaid carers to support these growing numbers and meet the growing care needs, especially in rural areas where formal services are often sparse or inaccessible.

The demands of caregiving can have a serious impact on carers' own wellbeing. Many report high levels of stress, exhaustion and social isolation. In the Carers UK's 'State of Caring' report, 54% of carers said they felt anxious or depressed, while 35% rated their mental health as poor or very poor.[5] These feelings are compounded by the difficulty of accessing respite care, particularly in rural regions like Cornwall. 44% of rural carers reported having no access to breaks.[6] For many carers, pressure of continuous caregiving without proper support results in emotional burnout. Carers often feel unable to "switch off" and are constantly worried about those they look after, concerned about missed medications, falls or sudden health emergencies.[7] Carers who work or remote carers faced added stress due to limited visibility of the care situation during the day.[8] Without regular professional input, early signs of deterioration in the person being cared for can go unnoticed until crisis occurs.

While unpaid carers provide a critical service to the community, they face mounting challenges particularly in Cornwall, where an aging population, rural isolation and under-resourced formal care systems make their role more demanding than ever.

Dementia Carers

Within this aging population and increasingly limited resources across health and social care, families and informal carers play a vital role in supporting people living with dementia.[9] However, carers often find it difficult to recognise or acknowledge their own support needs.[10] Typically, this realisation only comes when they reach crisis point, which can make timely intervention challenging.[11] Many carers juggling their demanding caregiving responsibilities alongside work and family commitments, leaving little time or energy to address their own well-being.[12]

In addition, carers frequently hesitate to share the full extent of their challenges with friends, healthcare professionals, or support networks due to feelings of fear, guilt, pride or desire not to burden others.[13] This reluctance can lead to social isolation and increased stress.[14] For

those caring for someone with dementia, leaving their loved one even briefly may feel impossible, causing them to withdraw from previous activities and social connections. As a result, carers can become isolated and disengaged, which heightens their risk of burnout and emotional exhaustion.[15]

The combination of these factors places carers in a vulnerable position which may lead to breakdown in their own health and wellbeing. Addressing these issues require proactive efforts to identify carers needs early, provide flexible and accessible support services and create opportunities for carers to connect with peers and professionals.[16] By supporting carers more effectively, we not only improve their quality of life but also enhance the care and quality of life for the people living with dementia whom they support.[17]

Models of care

The costs associated with institutionalised care are significant, both for an individual and a local authority.[18] Across the Southwest, accessing appropriate care is becoming increasingly difficult due to a combination of care home closures and a growing crisis in recruitment and retention within the sector.[1920] As staffing shortages intensify, the ability of existing facilities to meet the demand continues to decline.

Shifting care away from institutional settings and into the community not only reflects the NHS 2025/2026 priorities, which emphasised person centred, integrated care but also responds to a pressing regional need.[21] There is a growing urgency to explore and implement alterative care models that can support vulnerable adults in the community, especially outside of traditional residential care or during periods of carer respite.[22] Developing these alternatives is essential to protecting the wellbeing of both those in need of and those providing care.

Over 32% of Cornwall and the Isles of Scilly residents live in settlements of fewer than 3,000 people[23]. These isolated communities are spread along a poorly connected peninsula, with affluent areas adjacent to severely deprived communities.

Allowing people control over their care and supporting them to focus specifically on where they need different levels of support and seeking alternative, local, often community-based assets to provide that support, people will feel more empowered, and efficiencies can be made across the system[24].

2. Methodology

Health Innovation South West worked in collaboration with providers across the five ARF projects to learn more about who was being supported, their experiences of that support and the impact and sustainability of the services.

The evaluation sought to answer a series of evaluation questions across the projects. These questions were adjusted across the project timeline to account for delays to project implementation.

There will be a specific methodology section within each project section of the report, but the principles of qualitative and quantitative data collection remain the same:

Qualitative data collection

Where we have conducted interviews and focus groups, these have been transcribed and key themes identified and discussed within the text against the relevant evaluation questions.

Emergent themes were also identified through the open text elements of any surveys deployed.

Where rapid insights sessions were conducted, comments from the chat were copied into a document and as above, key themes were identified and included within the report.

Quantitative data collection

Descriptive statistics from the numerical survey data and routinely collected system data are presented in the text.

3. Results

Each project required tailored evaluation activity towards understanding its reach, the experience of those involved and the impact that it was able to have over the last year.

The different projects have run across slightly different timescales, for various reasons (discussed within the sections), meaning that impact may not have been realised for all projects at the point of writing this evaluation. Where this is the case, we have articulated the expected impact based on the project's anticipated benefits alongside recommendations to re-evaluate these projects in the future.

3.1 Promas CIC and Memory Matters

3.1.1 Context

A partnership between Promas CIC and Memory Matters offered tailored support to dementia carers who feel unable to leave the person they care for, through face-to-face sessions offered alongside expert care for the people they care for. In addition, carers received follow up mentoring.

Promas CIC delivers specialised training and mentoring for unpaid carers of people living with dementia, designed to build confidence, resilience, and practical coping strategies. Based in Cornwall, Promas offers a series of interactive, group-based courses alongside follow-up mentoring tailored to individual carers' needs. The training covers a wide range of topics, including understanding dementia, communication techniques, emotional wellbeing, stress management, and contingency planning.

Funded in part through the Accelerating Reform Fund (ARF), the programme plans to run sessions across multiple locations in Cornwall, often in partnership with Memory Matters to provide parallel support for the cared-for person. This dual approach enables carers to fully engage in the sessions while ensuring their loved ones are supported.

The partnership aimed to support carers to manage their own wellbeing and reduce carer burnout in a supportive and inclusive environment while offering safe and stimulating support for the individuals with dementia.

Figure 1. Promas CIC and Memory Matters High Level Programme Theory.

3.1.2 Methods

The evaluation sought to answer a series of evaluation questions for Promas CIC and Memory. These questions were adjusted across the project timeline to account for delays to project implementation. The final list of evaluation questions for Promas CIC and Memory are set out below:

Reach and Recruitment:

- How are carers recruited onto the programme and who is attending the course and mentoring sessions?

Experience:

- What is the experience of the carers and the cared-for of the course, mentoring and cared-for support sessions?
- What is the experience of the follow-up telephone call and mentoring (carers)?

Impact

- What are the learning outcomes and reported changes made as a result of the sessions?
- What is the impact of the support on carer confidence in supporting cared-for?
- What is the impact of the onward support on carer behaviours, wellbeing and burnout?
- What is the impact of the support on carer connectedness?

Learning and recommendations

- What are the main learning points and recommendations for the sustainability of the project?

Methods

To address the dementia carers training via Promas CIC and Memory Matters evaluation questions, a mixed-methods design was implemented between October 2024 and July 2025. Data was gathered from the following sources:

- Interviews with Promas staff (n=2)
- Interview with Memory Matters staff (n=1)
- Interviews with carers (n=2)
- Survey of carers pre- and post-course attendance (n=38)
- Open-question survey of carers who have completed mentoring (n=19)

Interviews were transcribed using an automated transcription service and edited by the research team. Descriptive statistics from the survey data are presented in the text.

3.1.3 Reach and Recruitment

How are carers recruited onto the programme and who is attending the course and mentoring sessions?

A total of 38 carers attended one of six courses between September 2024 and April 2025. Courses were spread across locations in Cornwall.

Course location	Number booked	Number attended
Truro	14	7
Launceston	8	6
St Dennis	10	8
Penzance	10	6
St Dennis (2)	10	4
Liskeard	11	7
Total	**63**	**38**

Table 1. Attendance by location.

Promas staff described publicising the courses in the following ways:

- Circulation of information to relevant professionals, organisations and individuals who may be in touch with carers e.g. social prescribers, GPs, Admiral Nurses, dementia community workers, informal carer groups, Dementia Partnership Board
- Circulation of information to Promas mailing list
- Information on Promas website and social media
- Posters at relevant events e.g. Memory Cafes.

Typically, Promas would start to publicise events five months ahead, with a subsequent programme of regular reminders. However, the delayed release of ARF funding meant that this timeline was compressed for all their funded courses, which Promas staff felt had an impact on the attendance rates achieved. This had a knock-on effect of some courses having to be cancelled due to low bookings, and additional work for Promas to re-arrange and re-publicise for another date and location. Staff noted that for their courses this was particularly challenging as two rooms in the same building were required, which they normally booked a year ahead. The compressed funding window of six months rather than 12 led to additional pressure being felt by staff to deliver the agreed number of courses, when some needed to be rearranged in this way.

Carers mentioned some specific ways in which Promas had been made known to them, including coming across the organisation at carer and cared-for support groups (including Memory Matters groups and Memory Cafes), being told about them by Primary Care Dementia Practitioners, Social Prescribers, GPs or other clinical staff, receiving information via the Cornwall Carers Service newsletter and personal recommendation.

Some carers – particularly those who were experiencing a heavy care burden – were persuaded to try the Promas/Memory Matters courses after hearing recommendations i) from more than one place and/or ii) from individuals who were in a similar caring role.

> *"What really, really, really makes a difference is if I come across someone else in the same situation that says to me, 'Oh, I've done that course, and actually it was pretty good', or whatever. I suppose it's just a little bit of a disbelief and a little bit of reluctance to accept the situation that I find myself in."*
>
> [Carer Interview]

Understandably, having been on one course gave carers confidence to select and book further courses.

"Having done the first one, then, yeah, I was a lot more happy and confident to be able to pick out what I thought was most valuable from what else was on offer."

[Carer Interview]

Carers highlighted the partnership with Memory Matters being key to their take-up of the Promas courses, as it meant they could be confident that their cared-for person would be well looked after:

"The [courses] that are particularly valuable are the ones that have the linkage in with Memory Matters, because that is just, you know, just so useful, so practical, and means that, you know, I'm more confident because I'm not leaving my loved one behind, you know, or not worrying how she's getting on while I'm away, or anything like that. And it means I feel a lot more comfortable being on the course."

[Carer Interview]

Barriers to attendance

Carers generally found the courses easy to book onto, with no specific practical difficulties reported. Some people did highlight their own internal barriers to booking onto the course, however, which were associated with resistance to accepting the situation they and their loved ones found themselves in. Moving beyond this to a point where they accepted this - and the need to plan for the future - was pivotal to seeking the support offered by the Promas courses. Linked to this, Promas staff highlighted the considerable amount of time that they spent talking to, and reassuring, carers ahead of the courses who were worried about leaving the people they cared for.

Promas staff reported experiencing a relatively high volume of late cancellations by carers who had booked onto courses, but highlighted that this was a common issue across any courses for carers, as unplanned care-related issues frequently came up at the last minute, such as cared-for people feeling unwell, medical appointments and assessment being offered without much notice. Promas mitigation strategies for this were to hold waiting lists and calling carers who have expressed interest in attending, to fill any last-minute spaces.

The Memory Matters sessions for the cared-for people are based on the cognitive stimulation therapy model, which aims to stimulate the brain and slow the progression of dementia. This is designed for people with a mild to moderate condition - accordingly, this is one of the enrolment criteria. Carers of people whose needs had progressed beyond mild-moderate were therefore not able to attend the Promas course, as this would have required CQC-registered support workers. However, Promas staff highlighted that they had received a lot of enquiries from this group and a potential future avenue for the organisation to explore could be catering for them by running courses in partnership with a day centre who would have the ability to look after individuals with more advanced needs.

Mentoring

All course attendees were offered a follow-up call. These were initially anticipated by Promas staff to be relatively short and light-touch, but staff reported the majority of calls actually taking 60-90 minutes.

Mentoring was offered after attendees had finished their course and had the follow-up telephone call offered by Promas staff, during which Promas and the carer would assess whether they needed and wanted to move on to the mentoring programme.

25 carers went on to take up the Promas mentoring programme. Staff felt that there would be a further uptake of mentoring in the coming three to six months after the courses had ended, as some attendees were not ready to move straight into the mentoring programme, but would be likely to after an interval. As noted in the previous section with regard to Promas courses, staff highlighted that the compressed timeline similarly had an adverse impact on the numbers of carers they were able to progress to the mentoring programme. Some of those that did not progress to mentoring did request further follow-up calls with Promas, for ad hoc advice.

3.1.4 Experience

What is the experience of the carers and the cared-for of the course, mentoring and cared-for support sessions?

Carers

Courses covered a range of topics, information, tools and strategies of relevance to carers, including:

- Tools to help carers improve wellbeing and quality of life.
- Strategies to help carers cope and manage their caring role.
- Opportunity to share experiences and emotions with other carers in a safe space.
- Information on carer community activities that are currently available.
- Understanding the symptoms of dementia.
- Communication techniques (how dementia impacts on communication, perception and relationships).
- Understanding and learning healthy coping strategies when caring for someone living with dementia.
- Understanding how to respond in a positive way to someone living with dementia.
- Understanding the grief process.
- Adjusting and understanding new behaviours associated with people experiencing dementia.
- Relating to people experiencing dementia in different ways.
- Stress and conflict management.
- Contingency planning and asking for help.
- Accessing local resources.

Promas staff described the importance of keeping an element of flexibility in the session schedule, so it could be adapted to the specific experiences and needs of each group of carers.

> *"[Carers] have to come out with something, however small, and you can't do that by delivering a course from PowerPoint and just speaking. It is very much involved, very much two sided, involved. We have to listen. … We have to hold so much in our heads to put back to carers. It's really important, I think, that people understand that. It's that these courses are about carers' wellbeing and personal development. And you can't just do that by standing up and talking at a group of people. It has to be a two way thing."*
>
> [Promas Staff Member Interview]

Carers worked through challenges in groups, such as how they would deal with emotionally charged situations, how they could plan to cope in the future, and how they could look after themselves. Across all the courses, Promas staff encouraged carers to assess how they were

currently looking after themselves across all different life areas - social, emotional, spiritual, physical – and what they might do to fill any gaps.

The majority of carers who attended the courses felt 'very satisfied' with the organisation of the course (92%), the venue and facilities (84%), the quality of the trainer (95%), with the context, handouts and materials (87%), mix of tutor input, activities and questions (87%) and the pace of the course (87%).

The course was overwhelmingly well received with many carers leaving feedback describing the course as "brilliant, excellent, very helpful, insightful and valuable". Multiple carers appreciated the positive and supportive atmosphere mentioning the presenter's warmth and knowledge.

Carers also reported finding them well paced and rich in information. They reported developing their strategies for the future, and planning to avoid crises. This ranged from small practical steps such as obtaining ID bracelets to getting longer-term plans in place.

Carers welcomed the chance to learn from facilitators and peers with more experience of the situation of caring for someone.

> *"I had one or two thoughts of my own, but hearing from other people with a lot more experience than me, and you know what worked for them and other strategies, other ideas, other things to do."*
>
> [Carer 1 Interview]

Cared-for

While carers attended the courses run by Promas, the people they care for were looked after in a room in the same building by Memory Matters. As mentioned above, the Memory Matters sessions for the cared-for people were based on the cognitive stimulation therapy model. Prior to the start of the session, staff looked through local newspapers to find interesting 'good news' stories. These were used at the start of the sessions to stimulate conversation, with attendees talking about how the story made them feel and their opinion of it. Staff highlighted that they only ask opinion/feeling-based questions, so that there can be no instances where individuals feel they have given a 'wrong' answer. Following this, there was a 'reality orientation board' exercise, answering questions such as where the group is located, what the weather is like etc, which everyone was invited to contribute to.

The second part of the morning was a discussion tailored to the interests of the particular group, informed by the information provided when carers signed up to the Promas course. For example, one group contained a number of men who had travelled a lot, so in this instance Memory Matters focussed the discussion on maps, where people had been, where they would like to go and designing flags that represented them as individuals. The afternoon sessions were focussed less on talking and more on physical activities, with games such as hoops and balls, music and singing or dancing.

Some carers reported their cared-for having very positive experiences of the Memory Matters sessions, with appropriately pitched engagement activities and the opportunity to socialise with other people with similar health conditions highlighted as key.

"I just remember when we stopped at lunch time and I went to see [cared-for person], and she had a huge beaming smile on her face, and she was absolutely loving the engagement and the activity she was doing."

[Carer Interview]

"[Memory Matters'] real expertise is that they don't have any testing. Urge people to join in and say their piece, and they don't do any activities that could result in a fear of failure. So they're really cleverly thought-out activities"

[Carer Interview]

Another carer described the person they cared for not wanting to go to the course, and finding being in a group difficult - in this case, the individual had more advanced dementia. However, despite these challenges, the carer still felt being in the Memory Matters session was good for the cared-for person.

Memory Matters staff felt the sessions went well in general for the cared-for people who attended. Sessions varied in character, depending on the mix and level of support needs within the group. Staff felt the ones that worked best were those where there was a similar level of cognitive ability within the group, and where there was some commonality of background or shared interest, which helped the individuals to gel. In one instance, there was an attendee who was had more advanced dementia than the other group members, and more personal support needs. This created some difficulties in forming a group dynamic where all attendees could join in.

Staff mentioned that for many, there would be an adjustment period at the start of the session, particularly for those who had not attended a group before, and individuals would need reassurance and some extra attention to become comfortable. However, they reported that the vast majority settled in well and told staff they enjoyed the session at the end of the day's activities.

"We always have a cup of tea to start with, because that seems to entice people in to come and have a cup of tea and sit down and sort of just get to know each other. And I always make sure that they've all got name badges, so everyone knows each other's names. So yeah, so it's always very daunting, and people usually quite quiet. … They might sit with their bags on their lap and their coats on and not really knowing what's happening. So they don't really say a lot, but as time goes on and we introduce them to the group, and they we start to do an activity, that bag goes down on the floor, the coat comes off, and they engage, and they participate. And … where we had the last group we ran, we were playing Giant Jenga by the end of the day, and they were so competitive with each other, and they were laughing and they were smiling, and as the carers came in to say, right, we're going home now, they didn't want to go home."

[Memory Matters staff interview]

Benefits of attending the sessions for the cared-for individuals were felt to be the opportunity to socialise with others who needed similar levels of activity, and the longer-term benefits of CST, which aims to slow the progression of dementia.

"She [partner with dementia] just enjoys being with other people that get it, that understand and talk and do activities with her, things she can understand."

[Carer Interview]

What is the experience of the follow-up telephone call and mentoring (carers)?

In the follow-up telephone call, the carer's experience of the course was reviewed, looking at what it highlighted for them, what they found most helpful, and what their situation was like currently. It provided an opportunity for the carer to share anything they were still struggling with, and for Promas staff to work with them to plan how to tackle these. Importantly, this opportunity gave carers the chance for some one-to-one help and advice on their specific situation.

> *"[The follow-up call is] really good to prompt people. Remember, at the course, you said that, have you done anything? Have you moved forward? No. Well, how about doing so it is another little sort of sort of nudge in the right direction. And sometimes that's all people need, and sometimes they need a little bit more, so they go on to mentoring. So it really is looking at, how has it helped them? What else do they need?"*
> [Promas staff member – Interview 2]

Mentoring developed the individualised support of the follow-up call a stage further - as there were multiple sessions involved, this provided an opportunity for dealing with issues in more depth and breadth, and the option to revisit and adjust issues and strategies. Emotional coaching to help carers cope with the stress and grief resulting from their situation was one area that staff mentioned as being particularly suited to this longer term work.

Feedback from carers highlights the pivotal role the mentoring plays in supporting carers build resilience. The facilitation style was frequently praised as compassionate, adaptive, and deeply knowledgeable. Carers appreciated both the emotional support and the practical strategies provided, which were tailored to their individual experiences.

3.1.5 Impact

What are the learning outcomes and reported changes made as a result of the sessions?

In both the pre- and post-course forms, carers were asked to rate how they feel regarding their caring role and the impact it has on their life on a scale of 0-5 with 0 being very poor and 5 being excellent. The table below shows the proportion of people reporting positively with 4 or 5 out of 5 against each question, before and after the course.

Question	Pre course	Post Course	Percentage change
Do you feel confident in communicating in relationships with family/friends?	76%	68%	-10%
Do you feel you are a person of worth?	63%	61%	-4%
Do you feel lonely or isolated in your caring role?	37%	37%	0%
Do you feel you are able to look after yourself well?	76%	79%	3%
Do you have knowledge and understanding on how to look after yourself?	74%	84%	14%
Do you or are you willing to leave your cared for in the care of others?	66%	76%	16%

Do you take a positive attitude towards yourself?	55%	66%	19%
Do you have knowledge and understanding of how to access help and communicate with professionals and service providers?	50%	66%	32%
Do you feel able to prioritise your own needs and remain healthy in your caring role?	34%	47%	38%
Do you have the ability to cope and deal with stress?	37%	63%	71%
Do you feel able to manage stressful situations that occur in your caring role?	37%	63%	71%
Do you have support and resources to help you in your caring role from services?	26%	47%	80%
Do you feel confident in managing challenging situations and behaviour in your caring role?	34%	63%	85%
Do you understand and have coping strategies that help sustain you in your caring role?	29%	68%	136%

Table 2. Proportion of people reporting positively before and after.

Impact on carer confidence in supporting cared-for

Feedback showed that carers felt more confident to support the person they were caring for, following the course:

- Carers reported feeling more confident in managing challenging situations and behaviour in their caring role after attending the courses (from 34% to 63% of carers responding positively with a 4 or 5 on the scale, an 85% increase);
- more carers felt that they had good support and resources to help them in their caring role from services (from 26% to 47% of carers responded positively, an 80% increase); and
- carers reported having more knowledge and understanding of how to access help and communicate with professionals and service providers following the course (from 50% to 66% of carers reported positively, a 32% increase).

Some of the strongest benefits from the courses were not felt immediately, but after carers had a chance to reflect on the material and found themselves in situations where they could apply the learning. An example of this was exploring the different models of being a carer and having a chance to reflect on where they wanted to position themselves.

> *"The bit that is particularly memorable from the first course was they had a sort of three cartoons of the carers model. So the first cartoon was like a mummy kangaroo with its little Joey in the pouch. Okay, yeah. And then another cartoon was a bull in the china shop. And the third cartoon was a couple of dolphins swimming along in perfect synchronization, you see. And you had to look at these sort of little cartoons and sort of work out what kind of carer you were, you know, and whether you aspired to be a different type of carer. Then, obviously the perfect solution was to be a couple of dolphins swimming along in perfect synchronization. So I hold on to that model very, very firmly, and when I find myself, you know, behaving like a bull in a china shop, let's*

get swimming with those dolphins so that is really powerful, really powerful message for me that."

[Carer Interview]

Carers for people with dementia felt the courses deepened their knowledge of the condition, which then prompted some to go on to further their understanding after the Promas course.

Additionally, the course gave carers space to think about how they responded to dementia symptoms, and if there were aspects that could be improved for the benefit of both carer and cared-for. Promas staff described looking at different symptoms of dementia with the carers on the course and discussing alternative responses. For example, if the person with dementia was resistant to having a shower, it could be because people with dementia don't like water on their face - so using hot towels as an alternative that will cause less upset.

"Well, you get cross with the person with dementia, but you can't do that. You've got to step back and work around it another way so that they can hopefully understand what you want. And it was easy in the earlier days, but as time went on, it was getting more and more difficult. You try not to lose your temper, but it's very difficult at times when you get tired as well. But you know, the girls were explaining how to do things and obviously talking to the other people on the course as well how they were coping with it."

[Carer Interview 2]

Post-course feedback from carers echoes these themes of increased confidence in giving support:

"I feel much more confident in my caring role"
"Gave me a greater understanding of Dementia and how to care for my father"
"I am far more knowledgeable about all things relating to Dementia, coping strategies, resources and support available"

[Source: Pre- and Post-Course survey]

Impact on carer behaviours, wellbeing and burnout

Pre- and post-course scores suggests that carers had a good understanding of their own well-being and how to cope better, following course completion. 68% of carers recorded as understanding and having coping strategies that help sustain them in their caring role and 84% felt they had the knowledge and understanding of how to look after themselves. Both figures were increased following the course.

"It very much helped me to identify the symptoms of stress and helped me to consider new strategies in dealing with it".

[Source: Pre- and Post-Course survey]

Pre- and post-course survey comparisons show a 71 percent increase in carer's ability to cope and deal with stress (from 37% to 63% of carers responding positively) and in their ability to manage stressful situations that occur in their caring role after attending the courses (also from 37% to 63% of carers responding positively).

"I gained many good points on dealing with stress."
"The training showed strategies how to cope and approach [help] when needed."

[Source: Pre- and Post-Course survey]

Promas staff described coaching carers to look at the emotions they were experiencing from different angles, to better understand themselves and their reactions to the situation. A frequently seen example of this, according to Promas staff, was a carer coming to the first session saying they were fine and being quite resistive to fully taking part in discussions about their situation - and by the end of the course realising that they were really struggling and needing to prioritise their own self-care. Accordingly, Promas staff felt that one of the things they bring to carers through the courses is a different perspective that challenges the normalisation of carers' stress burden, and encourages carers to explore their feelings about their situation. Staff highlighted that this aspect of what they offered carers was particularly important, as they perceived a large gap in the provision of emotional support for carers.

> *"It has made me think about the stress I had normalised but not dealt with. [The course facilitators] made it seem possible to deal with it."*
>
> [Carer – Course 6 feedback]

Promas staff felt that a crucial impact of the courses on carers was facilitating their realisation that, firstly, caring should not define them and be the only thing they do, and, secondly, that there are things they can do to improve their situation and they did not need to cope completely on their own. Promas staff described encouraging carers to leave the course with an action plan. Examples given included carers saying they were going to ask family members for help, contact the carers service for an assessment, research daycare centres or make an appointment with their GP to discuss their health concerns.

> *"The whole course is about actually caring doesn't define you. It's just part of what you do. Don't let it do that, you know. That is one part of your role. Don't lose sight of the rest of your life. And all our courses are about rebuilding that. So that feeling of guilt that you see, lifted off carers, and then the responses that we get, and in the comments that we get is massive. It's almost like they need someone to give them permission to actually live their life as well."*
>
> [Promas staff member, interview 1].

A comparison of pre- and post-course survey findings show that there was a 16 percent increase in the proportion of carers reporting they felt willing to leave their cared-for in the care of others (from 66% to 76%).

In a related point, carers also highlighted that they had learned from Promas how important it was to prioritise putting in place a support structure, involving both support group membership but also friends and family where possible. However, Promas staff highlighted that being able to call on an extensive network of family and/or friends was not an option for the increasing number of carers they were seeing who had recently moved to Cornwall, and who were therefore not embedded in the local community.

> *"I think one of the other things was, don't be frightened to ask for help, particularly with friends and family and things like that. And I have got felt a lot more confident about doing that, and doesn't always meet with a 'oh yes, course, we can help'. But, you know, … it definitely helps… And so I have had some of some of [cared-for person's]*

friends, you know, take her off for a haircut, or, you know, just go off for a coffee or whatever, and things like that."

[Carer 1 Interview]

"I really needed to hear that I'm doing my best at any one time. I need to be mindful that it's ok to ask for help and where to find it. I'm not alone in this."

[Carer – Course 6 feedback]

Related to the above point, Promas staff felt a unique contribution of their organisation was the ability to share knowledge of all the types of support and organisation available to carers in the area, and tailor it to individual carer need. This was felt to be a gap in support experienced by the majority of carers.

"I've got a [carer]… he's trying to manage a whole host of stuff and a whole load of practical stuff, but because of his financial assessment, they don't qualify for any help. He hasn't got the first clue about how to get help, so that's something I might give him information on. So I think there are a whole array of issues, but the most common is, when you get diagnosed with dementia, what is actually out there that is going to help you, rather than what is out there that will just refer you to something else. So what's missing is people on the ground to do the work, which is why I think that I've been really busy with the coaching and mentoring. That's the bit I would say that's missing."

[Promas staff member – interview 2]

Pre- and post-course survey results reflect the positive results of this aspect of the courses: there was an 32 percent increase in the number of people responding positively to whether they have knowledge and understanding of how to access help and communicate with professionals and service providers (from 50% to 66%).

Linked to this, Promas encouraged carers to adopt a preventative model, whereby they forward-planned strategies to deal with scenarios where they may need more support.

"What we always say to people is, we are giving you all of this information. You may not need it today, but please register now as a carer. Please contact adult social care to get the ball rolling. Because I think a lot of people believe that if you have a crisis and you call Adult Social Care, someone's going to pop round in the afternoon, and they have no idea that it takes weeks."

[Promas staff member – interview 2]

Carers described quite profound shifts in wellbeing as a result of putting in place these supportive strategies. Following a Promas course, one carer had gone on to organise regular home-based care for her partner. Describing how being able to start swimming again and the effect this had on them:

"I started to get people in to help me, both with housework and people to sit with [husband] while I went out and did something. I went swimming, which I couldn't do [before], you know, leave him at home. So yes, you're putting things in place all the time to help both of us really .... It was good because you walk away, and your shoulders go down, you relax a bit, and you come back with more hope. Well, you can see the way forward a bit."

[Carer Interview]

Pre- and post-course survey results reflect this point there was an 38 percent increase in carers reporting that they were able to prioritise their own needs and remain healthy in their caring role (from 34% to 47% of carers). Furthermore, high proportions of carers felt able to look after themselves well (79%) and had a good knowledge and understanding of how to do so (84%).

Promas staff perceived that the end result of the courses, follow-up calls and mentoring together was an increase in carers' overall resilience, and ability to put in place plans to enable them to cope optimally with their situation.

> *"[Carers] have said they feel more resilient. They feel that they have more information and more knowledge, and they feel better equipped, but I think to believe that is going to help them manage that caring role for the rest of their lives is, you know, God, I mean, is unrealistic, but we've certainly seen massive shifts in the comments people make… 'I feel better', 'I feel that I've got a lot more coping strategies', 'I know now I need to go out and do X, Y and Z', 'I'm going to talk to my son or my daughter about coming down more'…. It's opened up a lot more communication for people in their families, and also it's made them consider going forward in the future, that they have to consider at what point they can't cope, which I think is also a very positive thing."*
>
> [Promas staff member – interview 2]

Many carers described mentoring as supporting a significant shift in their ability to prioritise their own needs without guilt, recognising that self-care is not selfish but essential. The mentoring helped them challenge unhelpful beliefs around duty, responsibility, and perfectionism.

> *"I am now able to buy myself breathing space before committing time to others… Fortunately I now have a 'tool kit' to help me navigate those feelings."*
>
> *"I have realised that there are small changes that I could make to alleviate my feelings of stress and anxiety."*
>
> *"Feel the course has helped me to be more positive, focused and giving myself space for myself."*
>
> [Source: Post-mentoring feedback]

Participants also frequently mentioned feeling overwhelmed and isolated before the course and described how their mentors approach helped them become more emotionally resilient. There was a consistent emphasis on learning to respond rather than react, and on building confidence to cope with challenges.

> *"I'm feeling less overwhelmed and better equipped to meet my own needs, as well as my mum's"*
>
> *"I feel so much calmer, more peaceful and am making better choices for myself and my health."*
>
> *"I now feel that I have the knowledge, skill and confidence to plan appropriately for each stage of [my husband's] decline."*

"This course was life saving. I am more relaxed, confident, more assertive and have more respect for myself."

[Source: Post-mentoring feedback]

Impact on carer connectedness

After the course, fewer carers recorded feeling confident in communicating in relationships with family/friends (from 76% of carers pre-course to 68% post-course, a 10 percent decrease).

While a 10% drop in confidence around communicating with family and friends seems contradictory to the other positive results, it does align with some of the findings. The course raised self-awareness, possibly highlighting existing tensions, and asking for help more directly (also encouraged through the course) may not always result in positive responses.

"I have felt a lot more confident about doing that [asking for help], and it doesn't always meet with a …'yes'."

[Carer 1 Interview]

Promas staff also noted that the course may help people realise existing tensions, which would result in a lower score following the course.

"Throughout the course they realise they have avoided tough conversations with family and friends."

[Promas staff member]

Understanding that they were not alone in their situation was felt by carers to be one of the key outcomes of the course, particularly for those who had struggled with feelings of isolation and overwhelm. Promas staff also reported that some carers who had met on the courses had gone on to build friendships.

"*So it was nice to, you know, realise that you're not on your own completely."*
[Carer Interview 2]

"It was really good that coming together of carers … and that connection that carers feel when they come together as a group, they don't feel so alone."
[Promas staff member, interview 1]

"I really needed to hear that I'm doing my best at any one time ... I'm not alone in this. I needed to see real people outside."

"It gave me the opportunity to meet other carers in exactly the same position."
[Source: Post Course survey]

Carers that weren't previously participating in any support groups described joining groups such as the Memory Café, resulting in making new friends who were in a similar situation.

"We have been doing singing for the brain, and we go to the Memory Cafe. So we were doing that on a regular basis, where we joined and got involved….[Promas] were encouraging us to do these things so you're meeting other people in the same situation. So, you know, we've made friends through that. So that was good."

[Carer Interview]

Some cared-for people enjoyed the Memory Matters sessions so much that they signed up to attend them regularly. Memory Matters staff explained that often the session the cared-for person attended, while the carer went to the Promas course, was the first time they had come to a group on their own. The fact that Memory Matters were running regular sessions throughout Cornwall meant that there was an opportunity for the cared-for person to continue to build on this experience. For some, this subsequently led naturally on to the cared-for person progressing to other support groups beyond Memory Matters.

> *"Having this is like an introduction to what them going to a group might be like. And because we run groups around Cornwall, we can have that conversation and we can speak to the person with dementia at the end of the session and say, did you enjoy coming along today? Nine times out of 10, they always say, 'Yes, it was great'. We can then speak to the carer about they've really enjoyed coming today. They definitely fit the criteria for CST. We run groups in Liskeard or Newquay, or wherever is relevant to them, and then that is like an open door for them to go on to something else."*
>
> [Memory Matters staff member]

This was beneficial to the cared-for person who experienced the benefits outlined above on a regular basis. This benefit also extended to carers, who experienced an extra few hours to themselves. A further benefit for carers was that this regular contact with others in their position provided an opportunity to socialise as a group with people who understood the particular stresses of their situation.

Carers of people with more unusual types of dementia reported signing up to specialist support groups, which was attributed to the Promas course helping them to open up to the benefits to be had from joining support groups. Some even went on to set up their own groups, where they felt there was a gap in existing provision. The result of this for carers was a further enhanced understanding of the condition, as well as increasing their sense of connection.

> *"We having a discussion with our face to face [specialist dementia] group in Cornwall … and that was the thing, the word that came out, most of all, was actually connections."*
>
> [Carer Interview]

The option of follow-up calls with Promas was felt to be reassuring, in terms of knowing that there was a source of knowledgeable support if any issues came up.

> *"It's reassuring that somebody is at the end of a telephone call if I get stuck with something. They were good. They've seen it all before… so you realize that you're not alone."*
>
> [Carer Interview]

While carers hugely valued the training and mentoring, feedback highlights that carers are still feeling lonely and isolated in their caring role, just 37% of carers responded positively (4 or 5 out of 5) both before and after the course. This suggests that carers still feel a lack in wider support. The pre- and post-course questionnaires were filled out over a very short time span:

before and after the course, so it may not be expected that there would be a significant change in this area immediately, as put by one of the Promas staff members.

> *"What we hoped that is through the knowledge that carers gain coming to the course that over time they will be build up social connections,"*
>
> [Promas staff member]

3.1.6 Learning and recommendations

Integrated Support Increases Engagement and Confidence

A key success of the programme was the integrated model that provided parallel support for carers and their cared-for, helping to overcome one of the biggest barriers to participation: anxiety about leaving the person with dementia. The collaboration with Memory Matters allowed carers to fully engage with Promas sessions, knowing their loved ones were safe and stimulated.

> *"The [courses] that are particularly valuable are the ones that have the linkage in with Memory Matters… I'm not leaving my loved one behind, or worrying how she's getting on."*
>
> [Carer Interview]

Recommendation:

- Future programmes should replicate this dual-support model, ideally with expanded capacity for cared-for individuals with more advanced needs (e.g. through partnerships with day centres or CQC-registered providers).

Emotional Support and Mentoring Are Critical for Carer Resilience

Mentoring and a personalised follow-up were reported as transformational by carers. These elements helped carers reframe their role, build emotional resilience, and put in place practical and psychological strategies to prevent burnout.

> *"This course was life saving. I am more relaxed, confident, more assertive and have more respect for myself."*
>
> [Carer Feedback]

> *"I now have a 'tool kit' to help me navigate those feelings."*
>
> [Carer Interview]

Recommendation:

- Future service design should include structured follow-up and mentoring support as standard practice, recognising that carers' needs often evolve after the initial intervention.

Tailored, Reflective Learning Encourages Behaviour Change

Carers valued the reflective, adaptive format of the sessions, which helped them understand their emotional responses, plan more effectively, and build confidence to seek help and connect with others.

> *"The whole course is about actually caring doesn't define you… don't lose sight of the rest of your life."*
>
> [Promas Staff]

> *"It made me think about the stress I had normalised but not dealt with."*
>
> [Carer Feedback]

Recommendation:

- For Promas to continue using a flexible, person-centred delivery style. Include visual and interactive tools that allow carers to reflect on their habits and aspirations (e.g. the "carer model" cartoons), which support long-term shifts in mindset.

Persistent Feelings of Loneliness and Isolation

Despite improvements in knowledge and confidence, feedback shows that many carers feel disconnected. Only 37% of participants reported positively to whether they felt lonely and isolated in their caring role both before and after the course. While the group sessions offered moments of peer connection and it is expected that this would improve beyond the course, once the practical aspects of the course has been realised, the evaluation offers little evidence that these translated into vital lasting support networks due to the timescale of data collection.

> *"It was really good… that connection that carers feel when they come together as a group. They don't feel so alone."*
>
> [Promas Staff]

> *"It gave me the opportunity to meet other carers in exactly the same position."*
>
> [Carer Feedback]

Recommendations:

- Further evaluation should revisit the longer term impacts of the course on social connectedness.
- Future programmes should build in structured opportunities for longer-term peer connection, such as alumni groups, peer-led meetups, or facilitated social events. These could be supported online or in-person to help reduce ongoing isolation and create sustainable communities of support beyond the course duration.

3.2 Andi Hubs

3.2.1 Context

Andi is a digital home service designed to support vulnerable individuals in maintaining independence while ensuring their safety and wellbeing. The Andi hub functions as a central monitoring system that observes the service user habits through integration with a range of smart home devices. By identifying deviations in routine or potential warning signs of distress, the system can trigger timely alerts to next of kins, carers or professional support services. The proactive approach enables earlier invention and helps prevent more serious incidents or hospital admissions.

Unlike traditional care models that often rely on scheduled check ins or reactive support, the Andi enables a continuous, unobstructive form of monitoring that respects privacy whilst delivering reassurance. Alerts are intelligently tailored to each individual routines and needs allowing personalised support that adapts overtime.

With funding from the Accelerating Reform Fund (ARF), the programme aims to implement the Andi in the homes of people caring for individuals who would benefit from the technology with CorServe (a Cornwall Council owned care and support service provider) providing 24/7 local response and maintenance coverage across Cornwall. The trained team manages the installation of the Andi hubs and associated devices, offers ongoing technical support and ensures the system remains fully operational. The goal of the programme is to create a seamless safety net around the service user, offering peace of mind to families and carers, and fostering greater independence for those at risk.

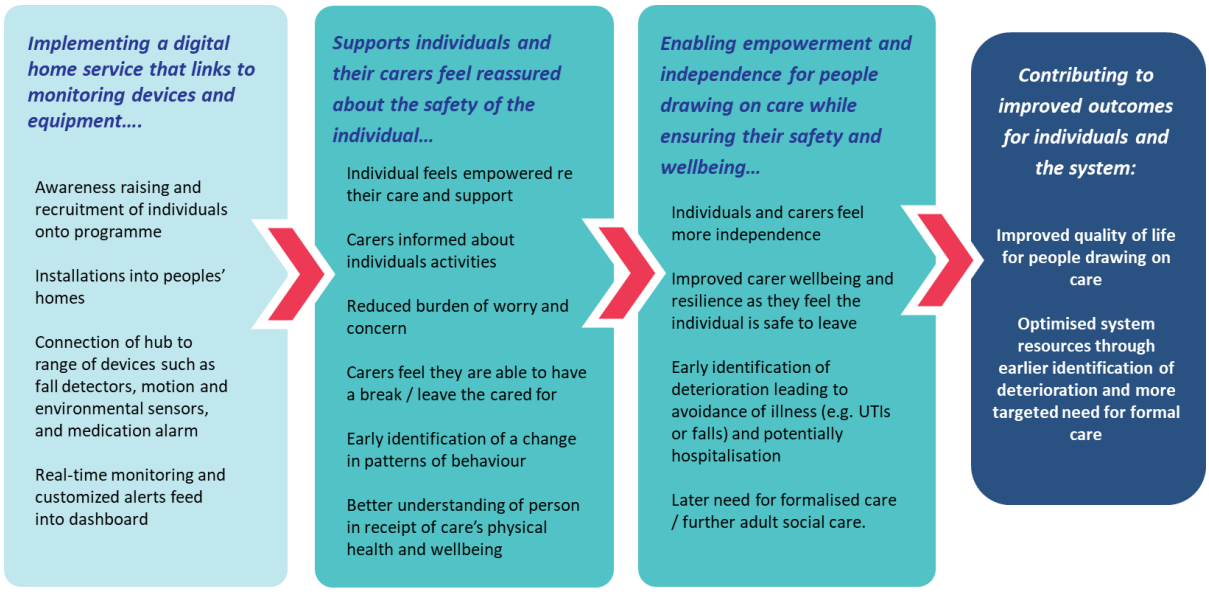

Figure 2. Andi hub High Level Programme Theory.

3.2.2 Methodology

The evaluation sought to answer a series of evaluation questions for Andi hub. These questions were adjusted across the project timeline to account for delays to project implementation. The final list of evaluation questions for Andi hub are set out below:

Reach and Recruitment:

- How are carers finding out about the Andi and how are they recruited?
- Who is using the Andi?

Experience:

- What is the carer experience of using the Andi?
- What was the experience of practitioners referring carers for the Andi?
- What is the cared-for person's experience of using the Andi?

Impact

- How often are alarm functions being used?
- What has been the impact of the hub on users and their carers?

Learning and recommendations

- What are the main learning points and recommendations for the sustainability of the project?

Methods

To address the Tech Enabled Care: Andi hub evaluation questions, a mixed-methods design was implemented between October 2024 and July 2025. Data was gathered from the following sources:

- 2 x Focus group on recruitment & implementation
- Andi / Lifeline use and alert data
- Andi User telephone survey (n=5)

3.2.3 Reach and Recruitment

How are carers finding out about the Andi and how are they recruited?

The initial recruitment strategy for Andi hubs comprised an email sent to all carers on the Cornwall Carer Service (CCS) mailing list, which contained details of the Andi and its potential benefits for carers and the people they care for, as well as a questionnaire to gather information on what carers most pressing concerns were regarding the people they care for. This was followed up with a series of reminder emails.

86 carers responded to this initial marketing campaign with enquiries to CorServ. Of these, 50 took up the offer of attending a workshop to showcase the Andi and how it could support carers and cared-for people, resulting in 24 people registering interest. However, despite phone and email follow-up from CorServ, only eight people signed up via this route. Reasons for deciding not to go ahead included not having access to reliable internet in the cared-for person’s home and being admitted to hospital. All other reasons given were non-specific, such as having changed their mind, or being uncontactable.

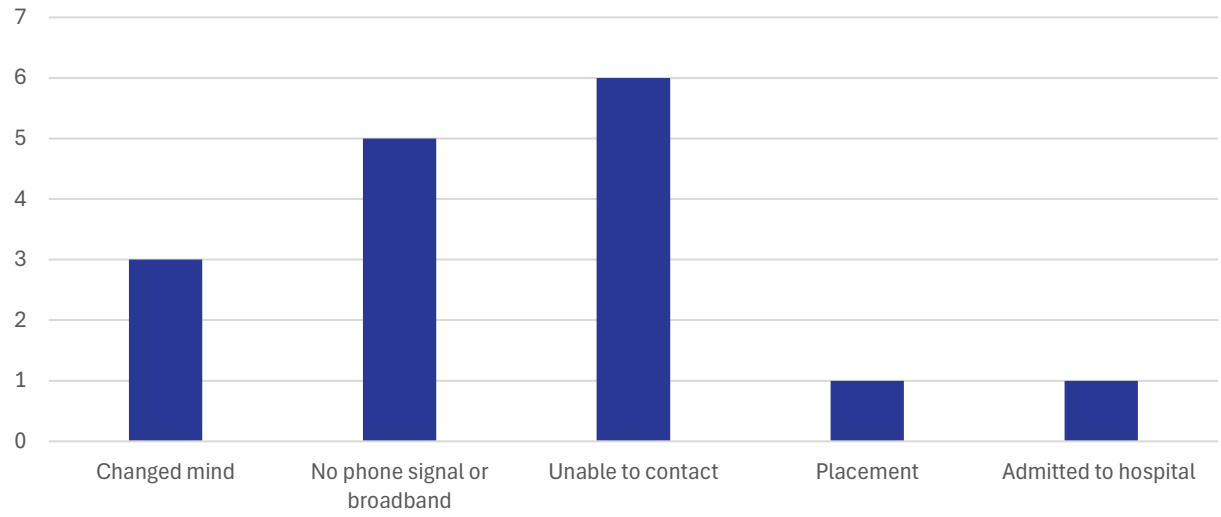

Figure 3. Reasons for non-conversion to installation.

A second three-month phase of recruitment, involving promoting the Andi via CCS's regular newsletters, did not gain traction and no Andi hub enquiries were received by CorServ from CCS-referred carers. As a result, the marketing campaign changed in two ways: i) to focus on promotion via social media channels and ii) to include a short video case study featuring the Andi hub users talking about the benefits they had experienced. Simultaneously, new e-training was released to CCS advice line staff to increase their confidence in suggesting the Andi to carers they spoke to. **This recruitment phase resulted in 11 enquiries for Andi's, of which five signed up**.

A further adjustment to the recruitment approach was subsequently made by CCS. Newsletters publicising the Andi invited carers to contact the CCS advice line for further information, a change from previous publicity which had invited carers to contact CorServ. Following this, CCS had an increase in enquiries: **four enquiries directly to CCS in the week after the first of these newsletters, of which one signed up**. CCS staff felt that there could be two reasons for this: i) carers were familiar with, and trusted, the CCS advice line, and ii) there was an option to phone the advice line, whereas email had been the only option given to contact CorServ.

Simultaneously with the ARF-funded Andi's, another funding stream was offering 12-week Andi hub placements, with referrals via the Adult Social Care (ASC) Reablement team. Referrals were consistently much higher for Andi's placed via the ASC route. It was felt by both Cornwall Council and CorServ staff that one potential reason for the higher levels of referrals and sign-ups via the ASC team is that CorServ are contracted by Cornwall Council to run the short-term reablement offer (STEPS). CorServ staff putting together a support package for these individuals were confident to offer the Andi to suitable individuals as the Andi is one of CorServ's technology offers.

Given the success of the ASC route, in the spring of 2025, CorServ began to seek people already using the Andi for the 12 week reablement, who would benefit from continued use of the Andi. **CorServe contacted 6 people and had 2 sign ups via ASC Andi users**.

Who is using the Andi?

Since introducing Andi in Cornwall in October 2024 there have been 194 installations, most of which in 2025. Of the 194 installations, **ARF funding has enabled 15 people and with an unpaid carer to access the Andi[2].** Of these, 66% of installations were for female clients and 34% for male clients. The average age of clients using Andi is 77.

Reasons for referral

In order to offer more insight into the use of the Andi, from this point on we will look at the reasons for referral, and experience of all people using Andi hubs in Cornwall during the period October 2024 to end of June 2025.

A total of 194 Andi hubs have been installed to date.

The primary reason for referral has been for mobility and falls concerns: this was noted as one of the reasons for referral for an Andi in 65% of cases.

Other common reasons for referral were cognitive impairments (mainly dementia), confidence/anxiety and heart conditions. Other, less common, reasons for referrals were health conditions such as stroke, COPD, visual and hearing impairments, diabetes, kidney disease and epilepsy.

3.2.4 Experience

What is the user experience of using the Andi?

From the short telephone survey carried out by CorServe in July 2025 and based on five responses to that survey, it is possible to make some comment on the experience of people using the Andi in their homes. These results however, are only indicative to the wider experience of individuals across Cornwall.

All five respondents to the survey noted that it was “Very Easy” to get the Andi hub set up in their home. Four of the five felt somewhat (n=3) or very (n=1) reassured by having the sensors in their home (one did not know).

Two of the five had experienced the Andi alerts, both found them to be “Very Helpful”. One had experienced an alarm and noted that “Help came” following the alarm trigger.

One individual felt that they were unable to use the Andi to its full potential as they were bed-bound but they felt ‘reassured’ by its presence and one user reported that being in a wheelchair meant they “accidentally set it off”.

Another individual reported having a negative experience because they didn’t feel that they received the support they wanted, they didn’t feel able to use it and the individuals did not like to wear the pendant around their neck.

What was the experience of practitioners referring carers for an Andi?

Some members of the CCS Advice line team reported (via the focus group) having gaps in their knowledge of the Andi, which naturally would affect confidence in making referrals to

[2] There were 16 total sign ups but there was one death in the cohort resulting in 15 people benefiting from the technology.

appropriate carers. Additionally, some CCS advice line staff reported being unclear on the process by which carers should be referred to CorServe for an Andi.

However, findings from a May 2025 survey of CCS Advice Line staff were that most (six out of seven) reported feeling very or quite confident in their knowledge of the Andi, its potential benefits, and which carers would be suitable to refer[25]. This potentially points to the lack of clarity on the referral process itself being the block. At the point of the survey, referral numbers were still very low, despite the self-reported levels of confidence in staff knowledge of the Andi as a product. Staff who had accessed the e-learning reported it as a source of their learning and understanding of the Andi.

3.2.5 Impact

Since introducing Andi in Cornwall in October 2024 there have been 194 installations, most of which in 2025.

How often are alarm functions being used?

Over this time, 50,000 alerts have been received by the TEC team using this technology from 123 users (no alerts have been raised for 72 users). This is an average of over 400 alerts per person.

The alerts, which are tailored to each individual, are broken down into 3 categories: emergency alarms (i.e. SOS, Falls and Smoke), movement and behaviour (i.e. high bathroom visits, changes in movement, door entry/exit at certain times) and environment (i.e. occupied rooms too cold/warm, rooms too cold/hot). During the time frame there were 1,239 emergency alarms,19,075 movement and behaviour alerts and 31,753 environment alerts.

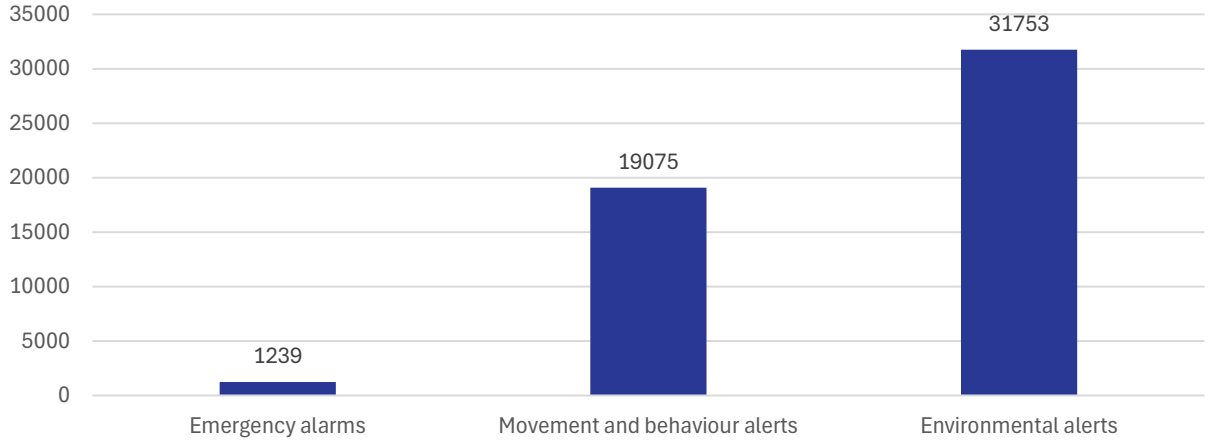

Figure 4. Andi alarms and alerts.

Both the emergency alerts and environmental alerts were similar numbers for both male and female. However, there were more movement and behaviour alerts for males (12,818, 67% of alerts) than females (6,257, 33% of alerts), despite the fact that males only make up 34% of users.

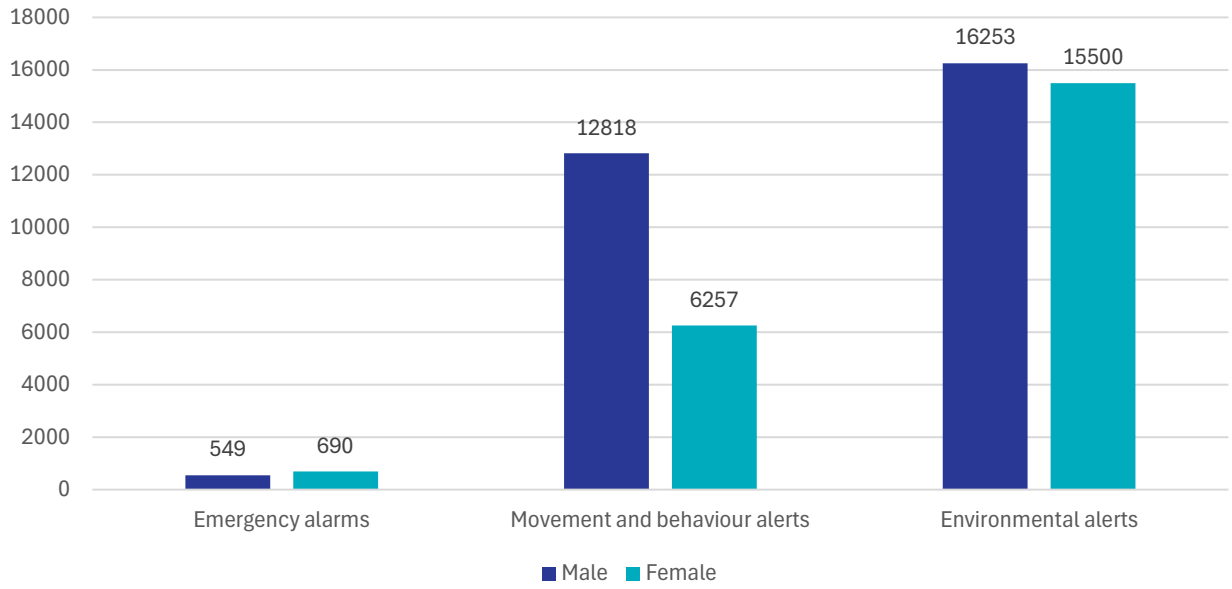

Figure 5. Andi alarms and alerts by gender.

These alerts resulted in 287 calls to emergency contacts to advise that there had been a change in routine or behaviour.

Looking specifically at the 15 users funded via ARF, there were 2 ambulance call outs triggered by the alarms. Without the Andi hub linked to the pendants, medical assistance would likely have been delayed.

There were also 21 false alarms recorded, where ambulance call outs were avoided. In traditional reactive TEC models, a lack of response typically triggers emergency protocols, often resulting in an automatic ambulance dispatch. However, the Andi's real-time sensor data allows staff to detect movement elsewhere in the home, such as recent activity in the kitchen or bathroom. Thus providing critical context to assess whether an alert is genuine or accidental (e.g. a button press with no actual incident). This enhanced visibility enabled the team to triage alerts more accurately, reducing strain on emergency services and avoiding distress for users from unnecessary interventions.

What has been the impact of the hub on users and their carers?

Of the five people surveyed by CorServe, two felt that having the Andi enabled them to do more in their home or garden. Three users reported it had helped them to cope better in their home (one did not know and one didn't feel it had helped).

> *"Feeling very positive, very happy with the service that I've gotten, lots of calls to check up on me. Feels very safe at home! Feels as if is being well looked after."*
>
> *[Andi hub user, telephone survey]*

> *"able to go out and leave [user] alone"*
>
> *[Andi hub user, telephone survey]*

> *"Difficult to say as currently immobile and have been bed ridden for 2 months, nothing wrong with andi hub though, nice to feel reassured its there"*
>
> *[Andi hub user, telephone survey]*

However, one user noted that they were not happy to wear the pendant and they didn't get the support they had asked for.

> *"None at all, very unhappy"*
>
> *[Andi hub user, telephone survey]*

As part of the process of marketing for the Andi, CorServe spoke with a couple who had been using the Andi in their home as part of the ARF funded programme. They developed a case study which is freely available on their website. From that, we can understand the impact of the Andi on users and their carers. In this situation, the package of peripherals around the Andi included movement sensors and a wearable alarm.

Initially, both the cared-for person and their partner were unsure whether they would want or use the system "At first we thought we wouldn't use it or want it". However, over time it became clear that the system offered significant reassurance and peace of mind for both the carer and the cared-for. For the cared-for, the wearable buzzer provides a sense of security "if you have a fall...you can press that and they'll speak to you". The system also actively monitors wellbeing, with staff checking "if everything goes quiet" or if there is unusual movement, such as "to the loo and back".

From the carers perspective, the system functions as a safety net when they are not present "it's there for if something goes wrong or something occurs, or [cared-for person] has fallen and I'm out". It enables them to leave the house without constant worry:

> "he can go shopping not have to worry that I'm at home and if i have a fall what am i going to do" "before he used to be worried because he didn't know what was happening here so now, he's okay and he can go out and have a bit of time"
>
> [Andi hub User, CorServe Case study]
>
> "it's the same as having a carer coming in without the person"
>
> [Carer, CorServe Case study]

Whilst the system supports the cared-for person, it also significantly reduced the stress and responsibility for the carer.

> "but there's a major benefit in there for their carer.. Because the carer has not got to be there 24/7.. You haven't got the same constant worry"
>
> [Carer, CorServe Case study]

The technology offers both practical support and emotional relief, promoting greater independence and confidence for both parties.

3.2.6 Learning and recommendations

CorServ staff and the Strategic Commissioner for Cornwall Council all felt that the recruitment strategy had been significantly impacted by the restricted project timeline, due to delays in the confirmation of ARF funding. If greater lead-in time had been available, CorServ staff reflected that they would have spent more time and resource on ensuring CCS advice line staff were

fully trained up and confident to refer carers to CorServe for an Andi before starting the publicity campaign.

Further reflections from Cornwall Council and CorServ staff on improvements for carer recruitment in future rollouts of Andi - and other similar technologies - for carers included:

A Multi-Channel Approach is Essential for Successful Recruitment

The initial recruitment strategy, focused solely on emails and newsletters through the CCS, yielded low conversion rates. Later changes, including social media promotion, use of a case study video, and enabling phone contact through familiar services (such as the CCS advice line), resulted in a noticeable increase in enquiries. This suggests that trust in the referring organisation and accessibility of contact options are key to carer engagement.

Recommendation: Future rollouts of the Andi and similar digital care solutions should use diverse referral routes (e.g. Adult Social Care, GP practices, local events), provide multiple contact options (including phone), and leverage trusted intermediaries to maximise engagement, particularly for older carers who may prefer more personal approaches.

Workforce Readiness and Role Clarity Are Critical for Referral Success

Although CCS advice line staff reported improved knowledge of the Andi over time, uncertainty around the referral process itself remained a barrier. Staff confidence in the product does not necessarily translate into successful referrals if procedures are unclear or poorly embedded.

> *"We have not done enough to support the workforce around what the offer is, how we can use it, when it can help…"*
>
> [Focus group, Cornwall Council]

Recommendation: Invest in early and ongoing training for referring teams, particularly prior to publicity campaigns, to ensure clarity on both the benefits of the technology and the mechanics of referral. Refresher training and internal champions or the Councils' 'tech advocates' could help embed this knowledge over time.

Integrated Pathways Drive Higher Uptake

The most successful referrals came via Adult Social Care (ASC), particularly through CorServ's reablement service (STEPS), where professionals were already familiar with the Andi as part of existing care packages. This highlights the value of embedding technology into established care pathways.

Recommendation: Where possible, integrate Andi into standard adult social care planning (e.g. reablement or discharge support) so it becomes part of routine practice, not an optional add-on. Build awareness among practitioners and commissioners of its potential preventative value.

Personalisation and Support Improve User Experience

Most surveyed users reported feeling reassured by the presence of the Andi and valued the alerts and support. However, some users struggled to use the equipment fully, or disengaged due to lack of support or clarity about its use. This suggests that follow-up support post-installation is vital to ensure users benefit fully from the technology.

“Need to follow up to make sure people have got it out of the box and it’s installed”

[Focus group, Cornwall Council]

“There’s a major benefit for the carer… because the carer has not got to be there 24/7”

[Carer, CorServe Case study]

Recommendation: Allocate resource for ongoing user support - such as proactive check-ins or digital care coaching - to help people understand, personalise, and maintain engagement with the system. This will maximise long-term impact and reduce the likelihood of the tech being underused or abandoned.

Andi has Demonstrated Clear Preventative Potential

The data from 194 installations, particularly the volume of alerts and emergency response activity, indicates that the Andi is capable of identifying changes in behaviour and supporting early intervention. Carers and users alike reported increased peace of mind, independence, and reduced stress.

Recommendation: Build on this evidence by exploring longer-term outcomes and cost avoidance, including reductions in ambulance call-outs or unplanned hospital admissions. Sharing this data with system stakeholders can help make the case for continued investment in proactive digital care solutions.

3.3 Carefree

3.3.1 Context

Carefree is a national charity that connects unpaid carers with short breaks, offering hotel stays and time away to support their wellbeing and resilience. Recognising the growing pressure on unpaid carers, Carefree works in partnership with local authorities, businesses, and support organisations to deliver accessible, low-cost respite opportunities.

In Cornwall, Carefree has been implemented as part of a wider initiative to improve carer support and reduce the risk of burnout. With funding from the Accelerating Reform Fund (ARF), Carefree planned to expand its outreach and referral pathways across the region, increasing awareness of the offer through targeted marketing, peer referral campaigns, and collaboration with the Cornwall Carer Service. A key element of the Cornwall approach was to reach 'hidden' carers (those not already connected to services) ensuring that breaks are inclusive, equitable, and part of a broader strategy to support carers' long-term wellbeing.

Figure 6. Carefree High Level Programme Theory.

3.3.2 Methodology

The evaluation sought to answer a series of evaluation questions about the reach and use of Carefree breaks:

Reach and Recruitment:

- Who is being referred and who is accessing the Carefree breaks?
- What is the impact of recruitment strategies on the availability of breaks within the South West?

Experience:

- What are the care worker experiences of using the Carefree apps and of the process of referring carers?
- What is the carer experiences of using the Carefree app and booking a break?

- What is the carer experience of their Carefree break?
- What is the care worker / carer experience of finding care for the cared-for?
- What are the uptake and conversion rates and to what extent does payment of the admin fee impact these?
- What are the barriers and enablers to implementation and delivery of carefree within the Cornwall Carer Service?
- What are the barriers and enablers to carers accessing the carefree breaks?

Impact

What has been the impact of carers accessing Carefree breaks

- On carer wellbeing?
- On carer resilience and ability to cope with caring role?
- On the cared-for?

Learning and recommendations

What are the main learning points and recommendations for the sustainability of the project?

Methods

To address the Carer Breaks: Carefree evaluation questions, a mixed-methods design was implemented between April 2024 and July 2025. Data was gathered from the following sources:

- Carefree Data on referrals and breaks
- Post break survey (n= 48)
- Carefree survey to registered users who had not taken a break (n=63)
- Carer Interviews (n=8)
- Rapid Insight workshop – with CCS

Interviews were transcribed using an automated transcription service and edited by the research team.

3.3.3 Reach and Recruitment

Who is being referred and who is accessing the Carefree breaks?

An analysis of referrals and uptake data highlights the impact that ARF funding has had on Carefree growth in Cornwall. In the year prior to receiving ARF funding (April 2023- March 2024) Carefree received 44 self-referrals and 8 carer practitioner referrals (52 in total) resulting in 32 breaks being taken. Following the implementation of the ARF funding, from April 2024 through to the end of June 2025, referrals increased. During this period, there were 230 self-referrals and 91 care practitioner referrals, amounting to a total of 321 referrals. The growth led to 95 breaks being taken during the ARF funding year. These figures illustrate the impact of target investment and outreach in increasing both awareness and engagement with the Carefree offer in Cornwall.

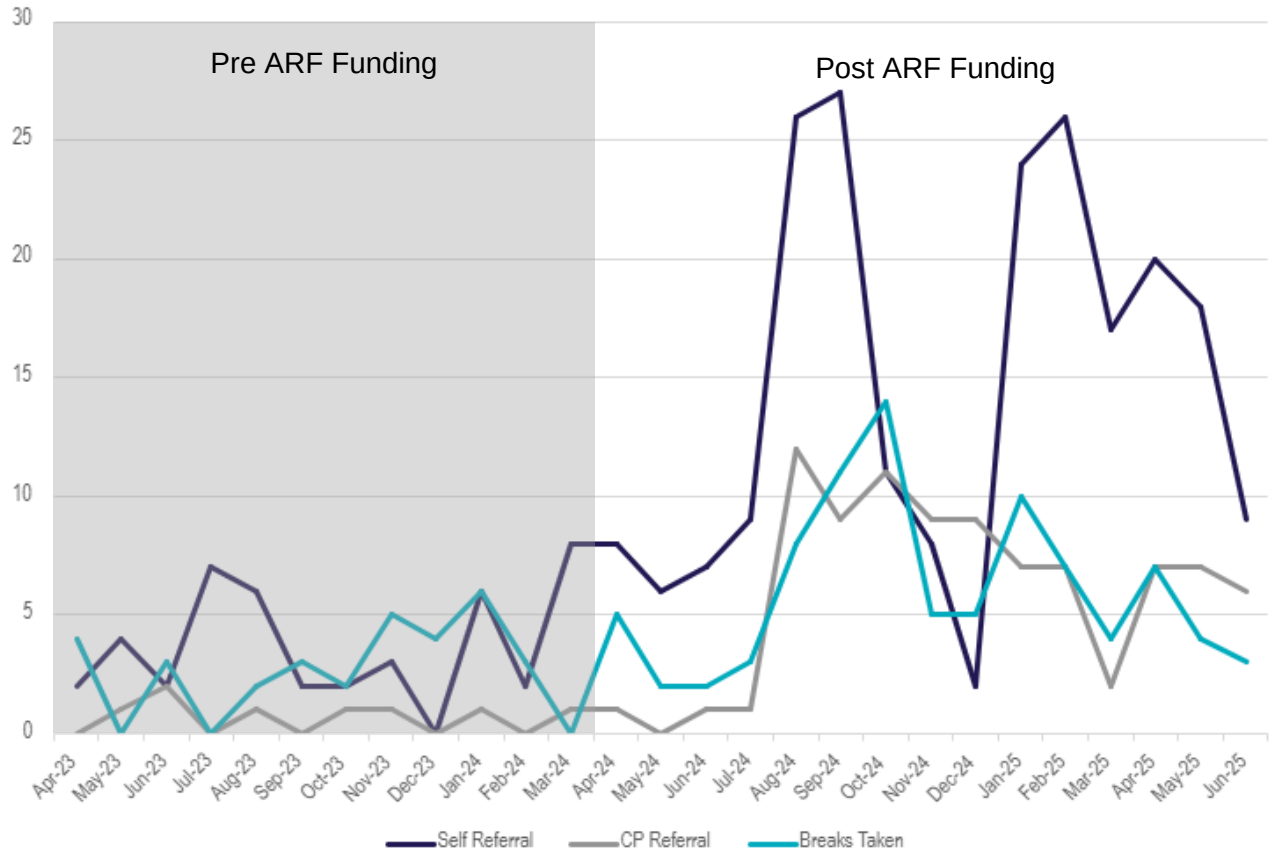

Figure 7. Carefree referrals and breaks taken pre and post ARF funding.

Considering the same time period for before and after the ARF funding, Self-referrals have grown more than fourfold from 44 (April to March 24) to 183 (April to March 25), referrals from care practitioners have also grown significantly from 8 (April to March 24) to 71 (April to March 25).

The number of breaks taken from Cornish Carers also more than doubled during the period of ARF funding from 32 (April to March 24) to 81 (April to March 25). This is expected to rise following the increase in referrals.

What is the impact of recruitment strategies on the availability of breaks within the southwest?

In Cornwall, to date, Carefree is partnered with one hotel: The Lugger Hotel, which is part of the Bespoke Hotels Group. This hotel provides 120 nights of availability annually, though availability excludes Saturdays and is limited to the months between November and March. However, efforts are underway to expand this offering. Carefree are in discussion with Providence Hotels, which operates 2 properties in the region. If successful, this would significantly enhance the services' regional presence.

Despite these plans for regional expansion, Carefree has noted several challenges in enhancing the regional presence in Cornwall. Many hotels in the region are seasonal in nature,

often closing or undergoing refurbishment during quieter months. In addition, the holiday destination becomes significantly busy during the holiday months creating availability issues.

Below shows the current availability of hotels in the southwest;

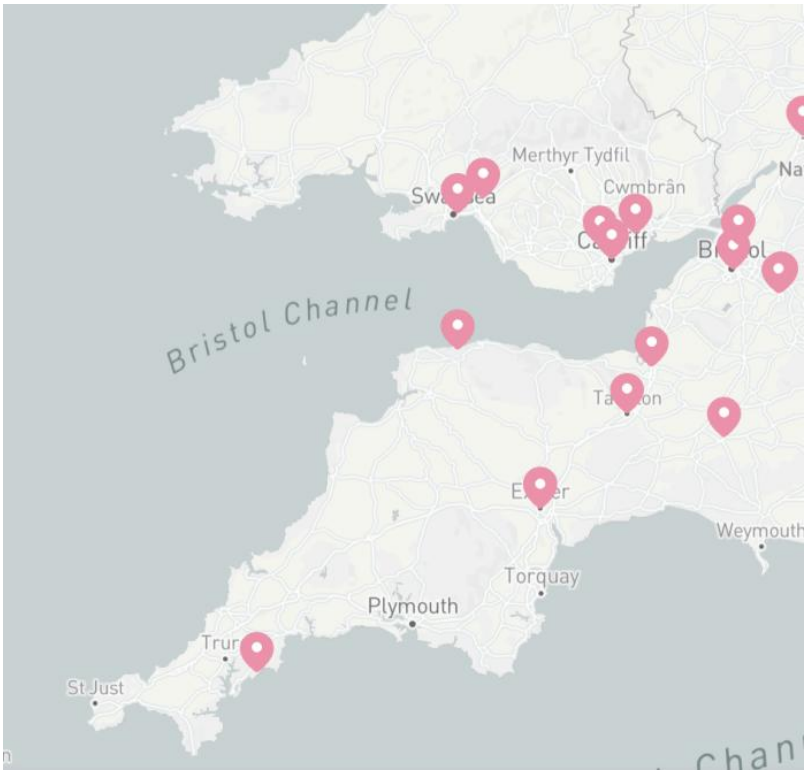

Figure 8. The current availability of Carefree hotels in the South-West.

Carer demographics

The following graphs show demographic data by self-referral and Carer Practitioner (CP) referrals. The majority of self-referrals were from people aged between 40 and 59 and the majority of CP referrals were for people aged between 50 and 69. There are less individuals aged under 30 coming through self-referral (2%) compared to CP referral (16%).

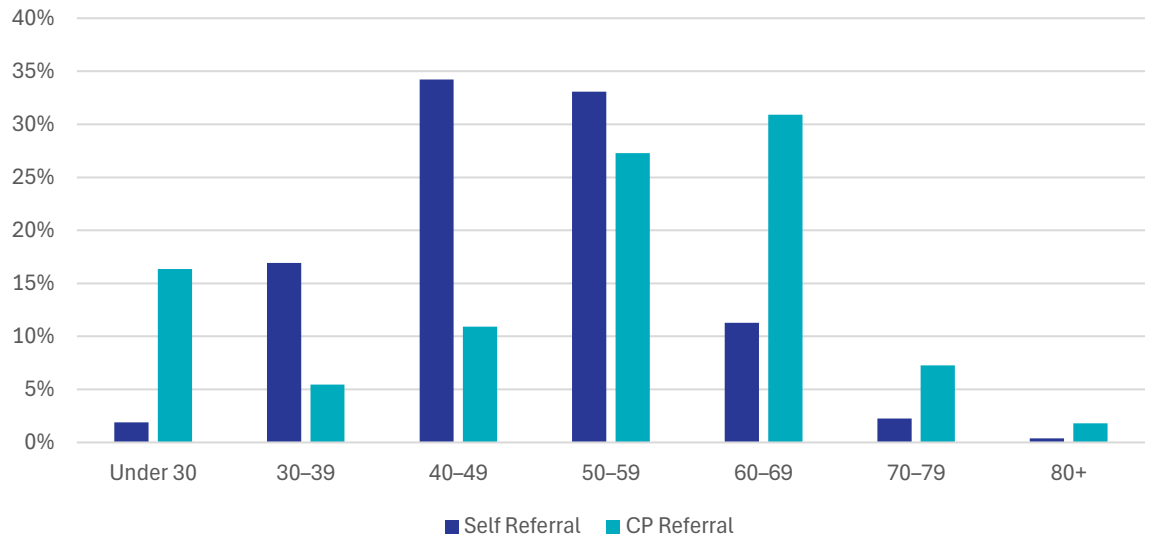

Figure 9. Carefree referral demographics, age.

The following graph shows more females referring themselves/ being referred than males both through self-referral and CP referral.

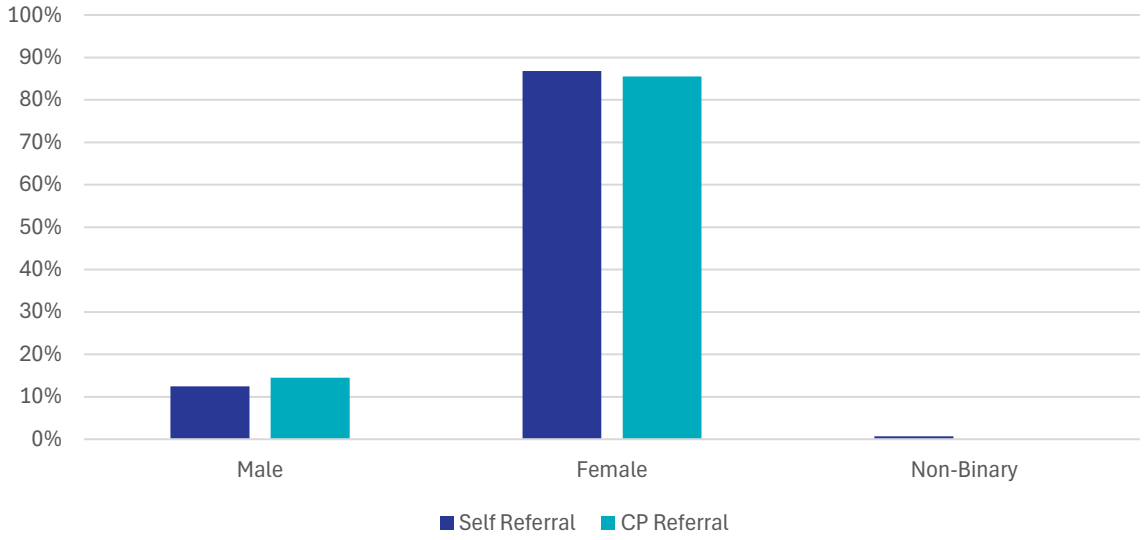

Figure 10. Carefree referral demographics, gender.

Those who self-referred to Carefree mostly cared-for child(ren) over 18 (32%), Parent (s) (26%) and Child(ren) under 18 (25%). Those who were referred by a CP mostly cared-for child(ren) over 18 (31%), Parent(s) (26%) and Spouse or partner (21%).

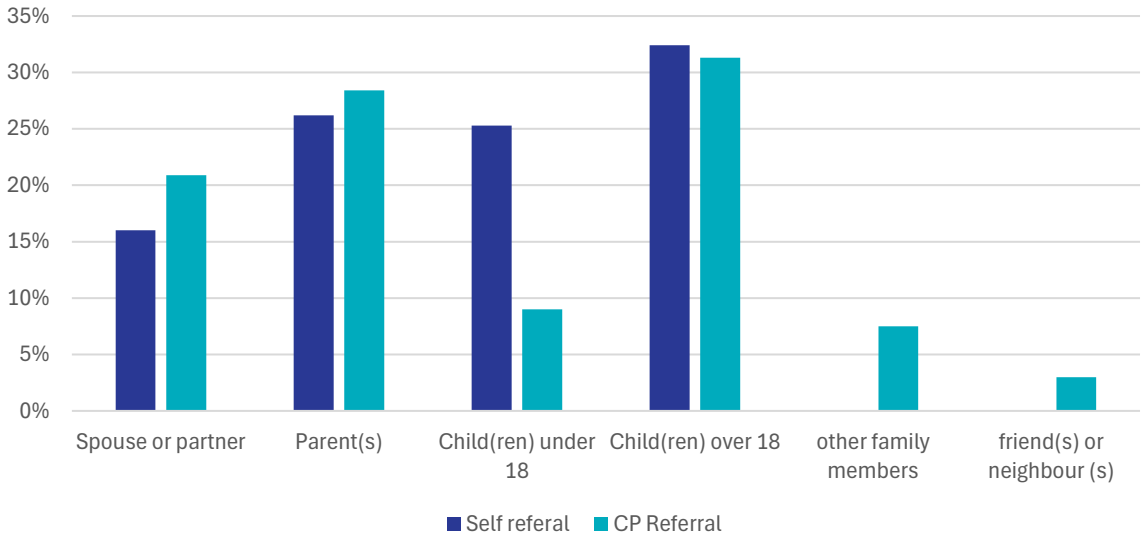

Figure 11. Carefree who carers cared for.

Marketing from Carefree with ARF funding

As part of Carefree outreach strategy, they implemented targeted social media adverts specifically aimed at unpaid carers in Cornwall. These campaigns featured tailored messaging and visuals highlighting the availability of breaks and support for carers in the region. See below examples of the adverts on Facebook and Instagram;

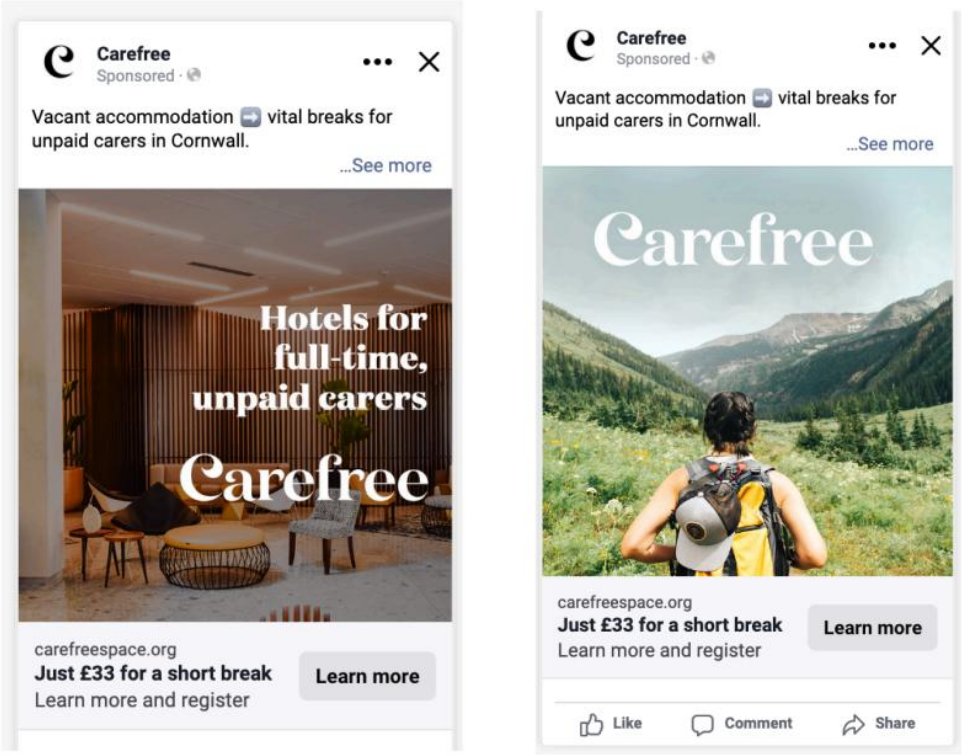

Figure 12. Example of Carefree adverts.

In addition to the adverts, Carefree launched two 'refer a friend' campaigns, one in October 2024 and one in March 2025. These campaigns encouraged carers to refer their peers to the service. Incentives were offered to those who participated, with rewards such as additional breaks and reduced administration fees. These campaigns collectively generated 29 additional referrals, demonstrating the value of peer recommendation and community engagement in driving service uptake.

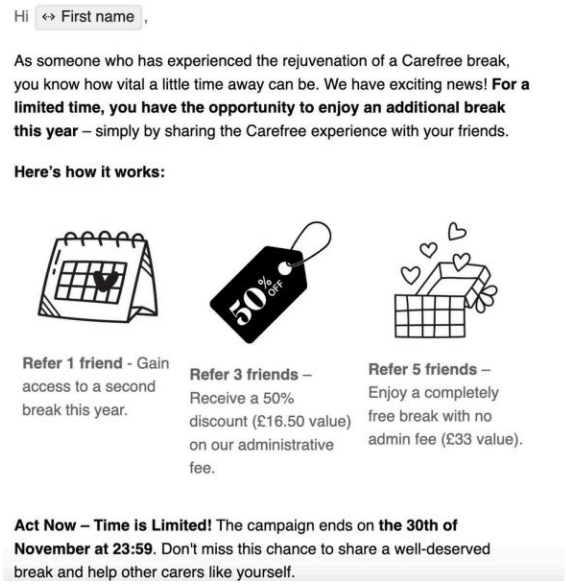

Figure 13. Example of Carefree 'refer a friend' campaign.

In addition, as part of Carefree's wider project plans they launched a new initiative in February called Hidden Carer Referrals to support self-referred carers, those who sign up with Carefree directly and may not be connected to any carer support organisation.

> *"Over half of the carers registered with us fall into this group, and we wanted to make sure they get more than just a break, they deserve ongoing support too. Cornwall was the first community partner to take part in this scheme, and it's already showing great results. "*
>
> [Carefree staff]

Since the launch, 93 self-referred carers have been successfully connected to the Cornwall Carers Service and are now have access to additional support.

From the interviews held with carers who had taken a break (n.8), 7 of the carers had self-referred to Carefree and 1 carer was referred through the Young Adults Carers. Carers had come across Carefree through a range of sources including Cornwall Carers newsletter, Promas, Young Adult Carers and Facebook adverts which shows Carefree is being signposted across other resources for unpaid carers.

3.3.4 Experience

What are the care workers experiences of using the carefree apps and of the process of referring carers?

Care practitioners at Cornwall Carers Service (CCS) employ a range of strategies to make carers aware of Carefree. Often, this starts with identifying when carers last took a break. This may naturally come up in conversation or through carers expressing their need for respite. Carers may also mention how a break could benefit their wellbeing, prompting care practitioners to discuss available break options and if appropriate, Carefree. Care practitioners also consider whether the carer has access to alternative care for their cared-for person, as this is one of the main barriers to taking a break.

A rapid insight session with care practitioners established that they would be better able to promote and raise awareness of Carefree if they were to have more information regarding referral to Carefree and what Carefree can provide. This would allow them to give more information to the carers about the breaks available.

What is the carer experiences of using the carefree app and booking a break?

A post break survey sent out by Carefree and completed by carers (n=48) showed that a high proportion of carers felt the Carefree platform was easy to use, 95% of carers gave a score of 8 or higher (out of 10) regarding the ease of the platform.

The common theme from the carer interviews was the platform was *"really easy"* with *"no issues"* and that many carers were surprised they could redeem a free break. One carer when asked about their break saying, *" I just couldn't quite believe it".* One carer mentioned that she felt the platform was disjointed but due to using the platform a while ago can't remember the

details and another carer did mention that the website was a little slow but did follow up saying the platform was *"easy to use and very logical" [Carer Interview 1].*

One carer mentioned the sense of validation from the requirement to verify their carer status.

What is the carer experience of their carefree break?

Of the 8 carers who took part in interviews, locations of the Carefree break was varied with some attending breaks in the Cornwall Lugger Hotel and others choosing breaks further away from home. Some carers preferred to be close to home whereas other wanted to travel further afield to either coincide with workshops for carers, seeing family and friends or even just experiencing a break somewhere different to Cornwall.

Feedback surrounding the various hotels attended was positive indicating the hotels were lovely and the staff were friendly.

> *"you sort of part wondered whether because of how we were staying there, whether you would be treated a little bit differently, shall we say. And I have to say, it was lovely there. There was no negative vibe from staff or anything. No, it was really lovely."*
>
> [Carer Interview 3]

> *"to lie in and then go and get food made for you. It was just bliss".*
>
> [Carer Interview 8]

Particularly, carers noted that they preferred having a 2-night stay over a one-night break and that the addition of breakfast included was appreciated.

One carer who stayed in The Lugger Hotel Cornwall, mentioned that it was nice for Cornwall to be involved in a scheme like this and that usually they come across schemes for unpaid carers and they're always *"in London".* The hotel was really nice and they didn't have to go too far.

> *"I wouldn't have gone far away from home" "this was really nice and everyone was really supportive ... if there is a massive problem, were only like 45 minutes/1hour away… just slept and ate and I just went for a walk".*
>
> [Carer Interview 7]

One carer also noted that even if they weren't to take the break just knowing that it is available for when you need it or you have the time to take it is such a lovely thing. As well as having someone organise and facilitate the break made it more achievable amid the overwhelming caring responsibilities.

What is the care worker/carer experience of finding care for the cared-for person?

The carefree post break survey also asked who mainly looked after their cared-for person while they were on their break. The following graph shows that the majority of respondents (69%) had a family member look after their cared-for person, additionally, 14% received state-funded respite support.

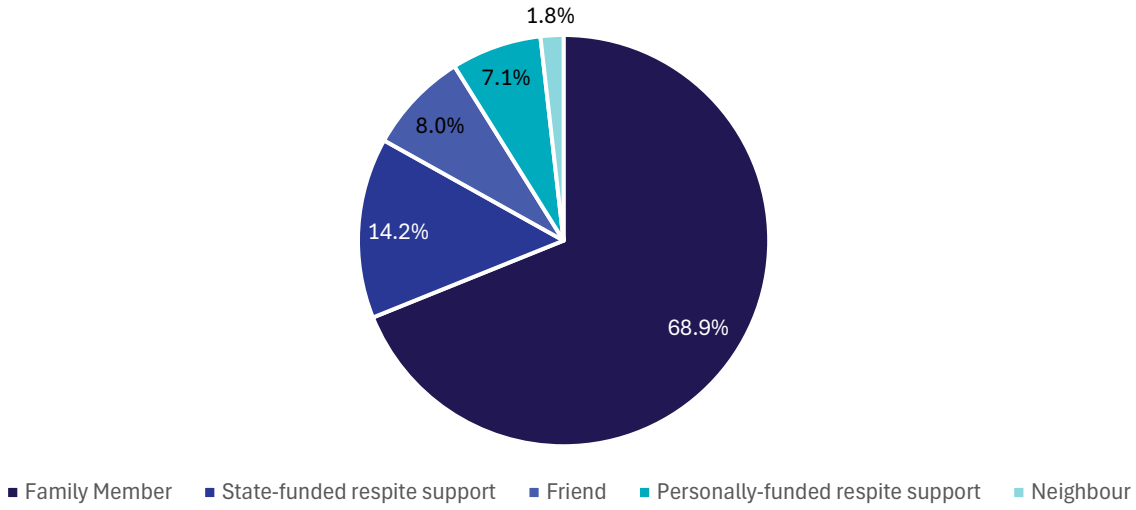

Figure 14. Who looked after the carers cared-for person whilst on the Carefree break.

Carers from the interviews mostly relied on family members to look after their cared-for person whilst one carer was only able to attend due to their cared for person attending a month self-funded respite. Stressing that it wouldn't be possible for them and their partner to attend a break without their cared-for person attending respite.

One carer stressed the lack of support they feel, they described not being connected to social services and only having a small network of people around them. The other carer stated *"we don't have any alternative care. So it's, just [you] know, it's one of us" [Carer Interview 8]* referring to themselves and their partner.

What are the uptake and conversion rates and to what extent does payment of the admin fee impact these?

The path from referral to booking a break is not always immediate. Carefree observed that 13% of carers took a break within the first month of registering, and among those referred by care practitioners, 8% took a break within the first month of registering. However, these time frames aren't of particular concern as many carers prefer to wait for a time that best suits them. To support carers through this waiting period, Carefree implemented a four-email automation sequence designed to educate users on how the service works and encourage them to make the most of their registration.

All carers' from the interviewers paid the Carefree admin fee and were happy to do so stating they felt the break was a good value for money. One carer stating that she wouldn't have been able to afford to stay at a hotel in Camden and that £33 is nothing for what you are getting. Another carer stated, *"admin fees are fine if you are supporting institutions or kind of stuff that is functioning well" [Carer Interview 7].*

> *"It was really nice.. Its the gesture of the night .. its the gesture of the local place and recognising .. its so generous".*
>
> *[Carer Interview 7]*

What are the barriers and enablers to implementation and delivery of carefree within the Cornwall Carer Service?

Rapid insight sessions with care practitioners were held to discuss the enablers, barriers and improvement suggestions for implementation, delivery and growth of the Carefree service.

Several barriers to both referrals and uptake of Carefree were discussed by care practitioners in the session. A key issue is the limited availability of hotels in Cornwall, with only one currently on board. This means carers either have to wait for availability in this hotel or travel to a hotel in a different region. This can be impractical, particularly if the carer is struggling. Additional costs such as travel, food and activities also present challenges particularly for those needing to travel outside of Cornwall. Furthermore, as previously mentioned, arranging respite for their cared-for person can be difficult making it hard to align hotel availability with the carers ability to be away.

Care practitioners suggested that the CCS could support carers further by subsiding the admin fee, covering additional expenses and helping carers arrange respite care for their cared-for person. In addition, they highlighted that increasing hotel availability in Cornwall would greatly enhance the accessibility of Carefree breaks, as some carers prefer to remain nearby in case they need to return quickly to the person they care for. Care practitioners also mentioned that reducing costs and offering hotels with more amenities such as a swimming pool or spa facilities could further improve the quality of the break and make it more appealing. It was also mentioned that carers should be clearly informed that referrals through care practitioners do not require the same evidence needed for self-referrals, as this misunderstanding may deter some from accessing support. Finally, some carers express a desire to bring their cared-for person with them. However, it was reiterated that the core purpose of Carefree is to provide carers with a genuine respite away from their caring duties.

During interviews with carers, they were asked what more Carefree could do to make the experience more beneficial to them. While carers felt the experience was perfect and just what they needed, some had suggestions that would've made the break even better. One carer felt there was no recognition of the fact they were at the hotel for a Carefree break. Stating it may be a missed opportunity from Carefree to provide some sort of recognition to carers and information about Carefree.

> “Hey, you deserve this. Enjoy it”

Other suggestions included offering longer breaks, potentially 3 nights, as if they are travelling far, it is nice to make the most of the journey. As well as more availability of hotels in Cornwall and the ability to book breaks more last minute due to the changing nature of the caring role.

What are the barriers and enablers to carers accessing the carefree breaks?

From the interviews with carers who had taken a Carefree break, several key barriers to accessing a Carefree break were identified. A dominant theme was the emotional difficulty of leaving the person they care for. Many carers expressed a sense of guilt and anxiety about being away, especially in situations where past attempts to step away resulted in complications. The worry was often compounded by the absence of formal or professional respite services, which places reliance on family members to step in during the carers break.

Financial concerns also emerged as a barrier. Whist the breaks themselves were seen as good value for money, carers still had to account for travel costs, meals and activities, which as an unpaid carer for some was a difficulty. Additionally, arranging suitable alternative care

was difficult both logically and emotionally as carers needed to trust their cared-for person would be adequately supported. For some the practicalities of coordinating time away amidst the pressures of their caring responsibilities made planning time for the break difficult. Others mentioned that travelling long distances for a short break was a deterrent, some highlighting their reluctance to go too far from home.

Carefree distributed a survey to carers who had registered with Carefree but haven't yet taken a break. The survey was conducted in June 2024 and received 4,525 responses. The following data is based on the 63 responses from Cornwall-based carers.

When asked what has prevented the carer booking the break nearly half (46%) of carers felt they couldn't find any hotels they could get to easily. The 2 other most common responses were that they couldn't find any dates that would work for them in hotels they would like to go to (38%) and 35% of respondents don't have anybody to look after their cared-for person whilst they are away.

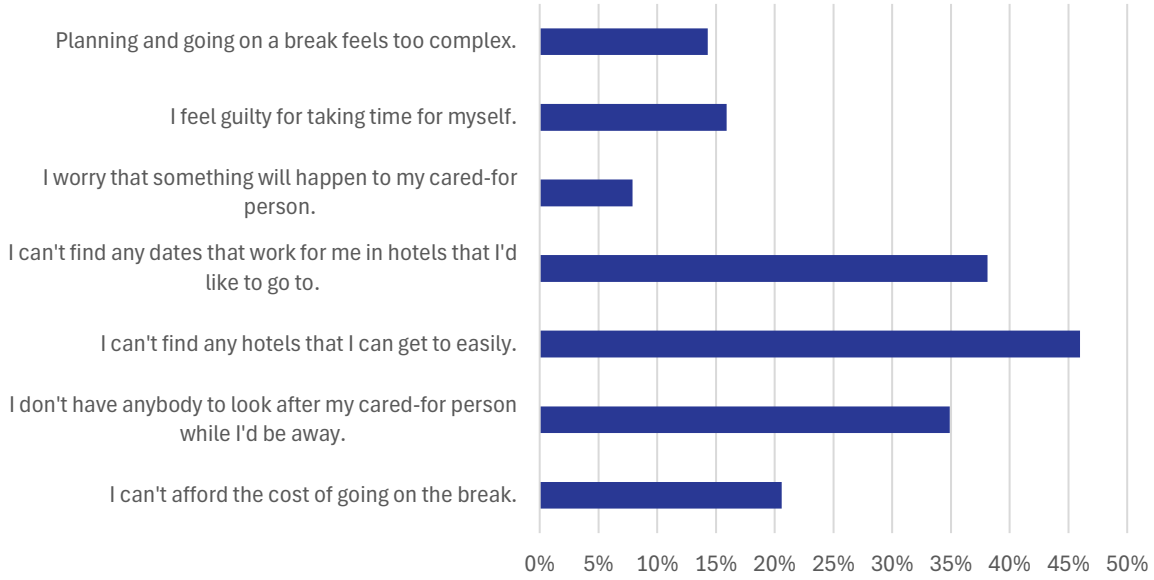

Figure 15. Reasons preventing carers for booking breaks.

Similar to the question above, respondents were asked to tell us in their own words what has stopped them from going on a break so far. The common themes were similar to the answers in the question above, with no hotel availability/date fit was mentioned over 30 times, distance/location too far (20+) and no care/respite options for cared-for (20+). Other themes included own health/treatments (10-15), cost-related issues (10-12) and booking system/digital access (5-8).

Carers were asked "if they were to go on a break, who would likely look after your cared-for person while you're away?". 59% of respondents said family and friends, followed by government-funded respite support (10%) and then personally funded respite support (16%).

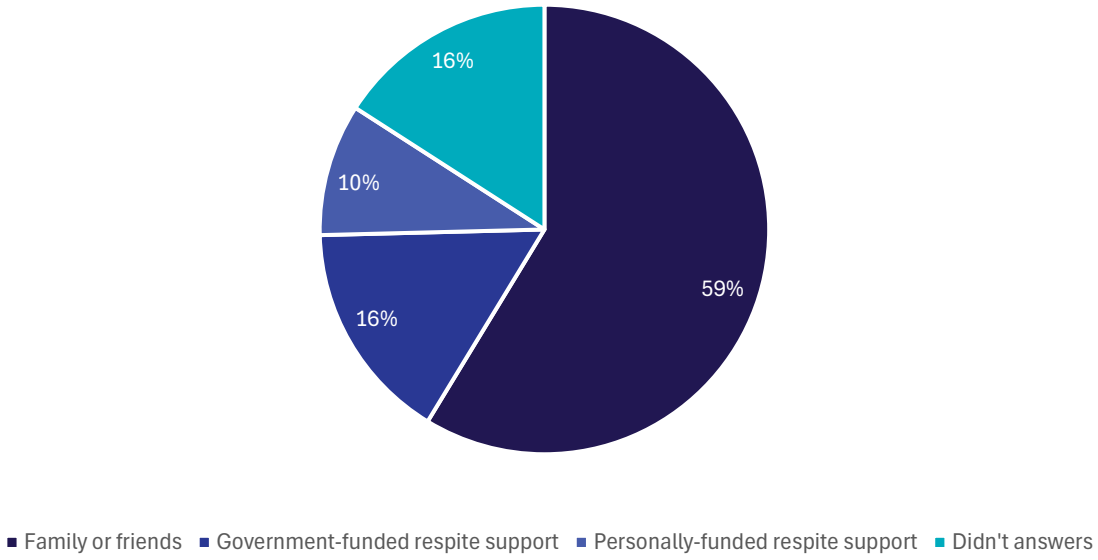

Figure 16. Who would likely look after the carers cared-for person whilst they're away.

The majority of respondents would travel to and from their hotel via their own car (81%), however 22% would travel by train and 8% would travel by bus.

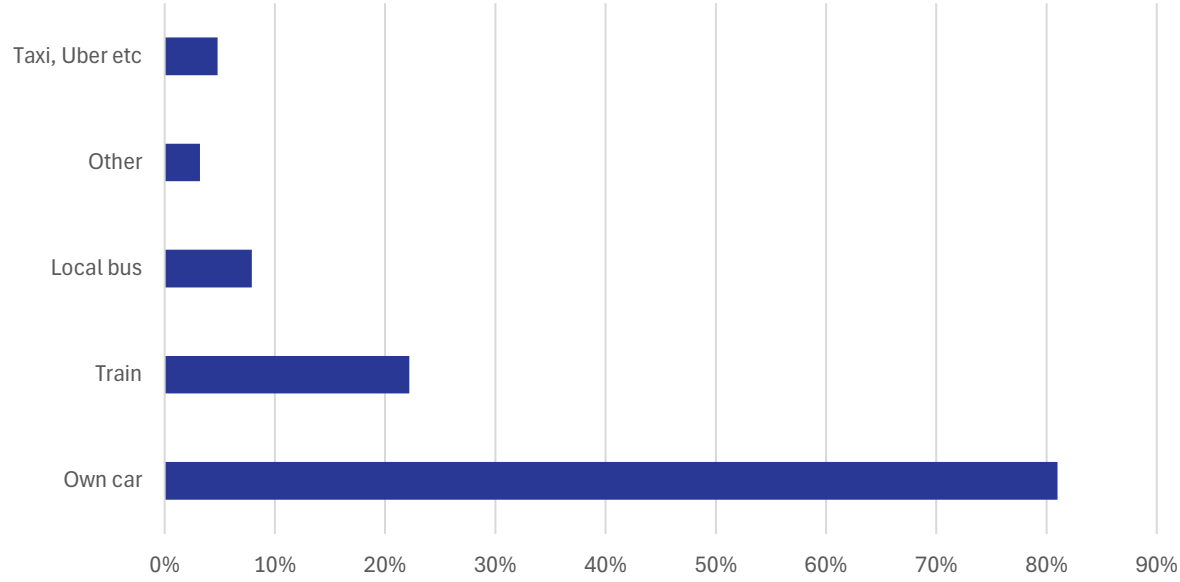

Figure 17. How would carers travel to and from the hotel.

When carers were asked what factors are most important for them when choosing a break 32% responded that the hotel is close to them (due to travel time), 25% that the length of stay is 2 nights rather than 1, 22% that the hotel is close to them (I want to be close to home in case something happens), 21% felt it was important that there was hotel availability on specific dates and 10% wanted the hotel to be accessible by public transport.

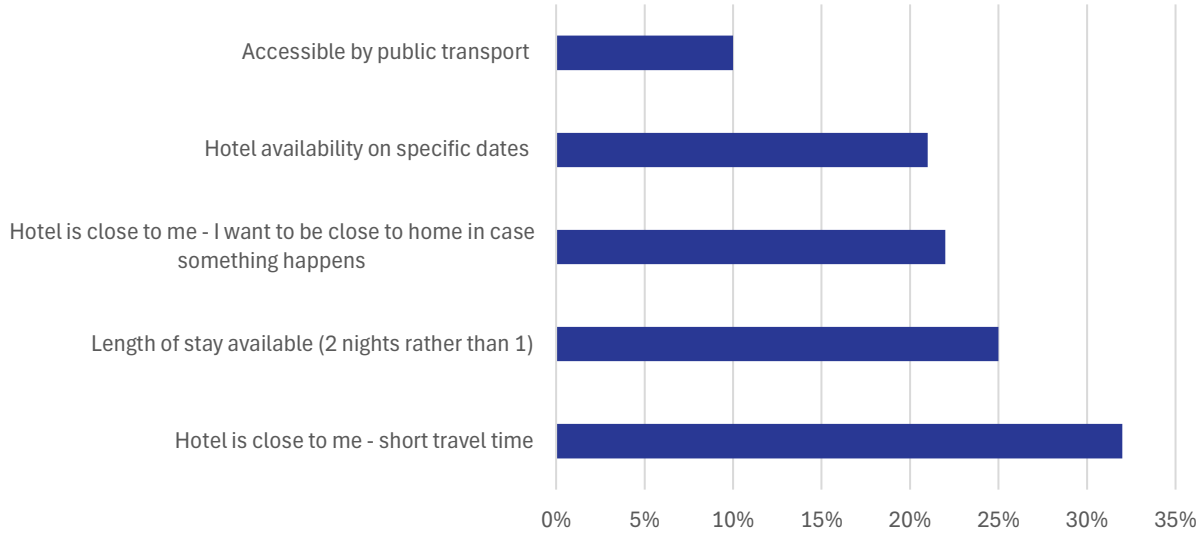

Figure 18. What factors are most important for them when choosing a break.

Enablers for carers will differ depending on their requirements for a break. From the interviews with carers who took a Carefree break, one carer expressed the want for the break to be close to home. As well as transparency around what the break is and how much it costs.

> *"it was really transparent about you don't have to pay for this...It's just really clear...So there wasn't any anxiety around am I going to have to pay for something I haven't got"*
>
> *[Carer Interview 7]*

However, others preferred to travel away from home to use the break to experience somewhere new.

Carers looked for breaks mainly for 2 nights that included breakfast and would like the hotel to have facilities they could use like a spa.

> *"Place probably in middle of nowhere. Maybe that's got even got a spa involved"*
>
> *[Carer Interview 6]*

> *"probably get the two nights, because I do think there would have been a benefit to another night"*
>
> *[Carer Interview 6]*

3.3.5 Impact

What has been the impact of carers accessing Carefree breaks

Carefree distributed a survey to unpaid carers who had attended a Carefree break in Cornwall. Overall, the results from the survey illustrated both a positive experience and impact on overall carer wellbeing. Following the Carefree break, 89% of carers reported an improvement in their overall wellbeing, while 87% noted a better ability to cope with their caring responsibilities. Additionally, 85% of carers felt more socially connected as a result of their break. 65% of carers had not taken a break in one to two years prior, highlighting the value of Carefree in

providing much needed respite that may not have otherwise been possible. This is further illustrated as 85% of carers indicated they would not have been able to take a break this year without the support of Carefree.

Following the Carefree break, carers were asked how the break made a difference in their caring role. The following graph shows the different responses with 18% stating they feel more able to prioritise taking care of themselves and 15% feel more confident in taking time away from their cared-for person (s).

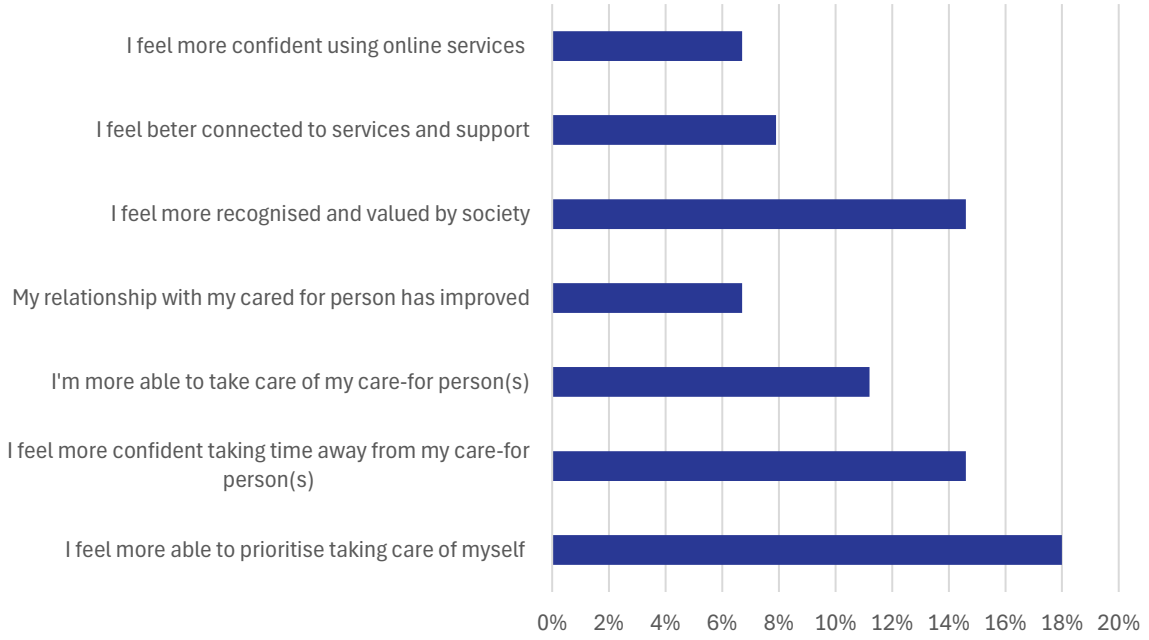

Figure 19. How the Carefree break made a difference in their caring role.

The emotional impact of the breaks was also captured through Carefree testimonials and interviews with carers who had accessed a Carefree break in the last year.

Carers perspective

The interviews with carers illustrated clearly the experience of feeling isolated, burnout and mental exhaustion as well as the emotional impact on long term caring. One carer talked about feeling social devaluation as a carer.

However, the interviews highlighted the impact that Carefree breaks have had on both the carers and the cared-for person. Registering with Carefree gave them a sense of community and that they are not alone *"there are other people out there" [Carer Interview 7].* They feel that carers networks and carers breaks act as little touch points.

As well as saying the break provided rare personal space, rest and freedom of caring responsibilities, one carer described the break as *"deeply restorative".* The break allowed carers to foster gratitude for small pleasures and build confidence in reclaiming small parts of identity and independence.

> *"the sense of freedom…no responsibility other than myself and my little suitcase…it was such a rest, mentally, emotionally as well as physically".*
>
> *[Carer Interview 8]*

“it enabled us to access part of our old life as well as just having the break away... enables you to sleep, enables you to do something different which is refreshing... to do something different”.

[Carer Interview 6]

The break allowed carers to go back to their caring role feeling refreshed. Without the break the caring role would've just worn them down.

“Just being able to put that down or just to one side for those few hours and not have to think about it, totally went back refreshed”

[Carer Interview 8]

“change is good as a rest and just to be somewhere different”

[Carer Interview 4]

“helps you with your resilience when you have to go back into the role”

[Carer Interview 6]

“I came back more relaxed and my sense of humor was restored”

[Carer Interview 3]

However, one carer felt that the positive impact on their wellbeing was short-lived.

“it was good for about half a day until. All the juggling kicks back in and all the stress”

[Carer Interview 1]

Carers had varying responses around the impact them as a carer taking a break had on their cared-for person. One carer described the break to be beneficial/ helpful for their cared-for person as it allowed them to see their carer start living a little. This reflects a wider ripple effect that can occur from the carers improved wellbeing.

“I think it reminded them that there is a world out there ... I'm sure me stepping out had an impact on them”

[Carer Interview 8]

“they do have to sort of standalone and ... do their own thing a bit and have help from somewhere else… it's nice for them to think that I'm having a rest and a bit of fun”

[Carer Interview 5]

One carer felt them taking a break makes it harder for their cared-for person however they realise that it would also be hard for them having someone care for them *“that's really getting too tired and frustrated”* from their caring responsibilities.

Carefree provided some testimonies from carers who had received a break which demonstrates the value of unpaid carers being able to take time out for themselves and rest and recharge.

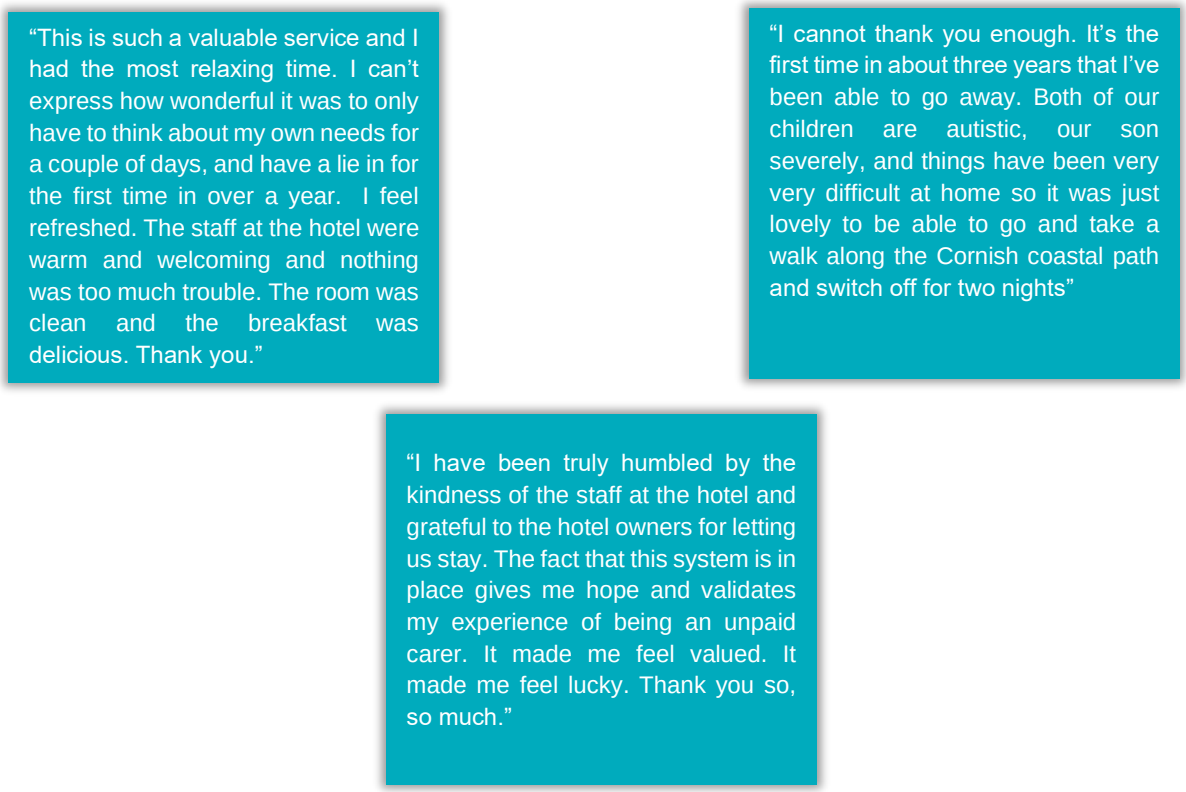

Figure 20. Carefree testimonies from carers who had been on a break.

Practitioners perspective

A rapid insight session was held with care practitioners. They were asked what the benefits of Carefree on the carer they work with. The main benefit of Carefree for carers is the ability to take a break for time to relax, destress and take time for themselves. An opportunity to step out of daily routines and responsibilities and take part in activities they enjoy. The ability to travel to places they may not have been able to without Carefree. Examples include London, Bristol and Scotland which can be used to do fun activities, attend family events or just take time for themselves and relax. Practitioners felt this improves the wellbeing of the carer which will enable them to continue with their caring role. One care practitioner also mentioned that even if the carer can't access the break at this time, it is nice for them to be aware that this is available to them, this was also highlighted in one of the interviews with a carer who had accessed a Carefree break.

3.3.6 Learning and recommendations

Maintain and Expand Targeted Marketing to Drive Self-Referrals

The significant increase in self-referrals following ARF-funded outreach activities highlights the effectiveness of targeted marketing and peer engagement in raising awareness of Carefree's offer among unpaid carers. Strategies such as social media adverts, refer-a-friend campaigns, and visibility across carer networks and newsletters have proven effective, contributing to a fourfold increase in self-referrals (from 44 to 183 in the same period from April to March 24 and April to March 25). Continued investment in these outreach channels will be essential to sustain momentum and ensure more carers can access respite opportunities.

Recommendation

- Ensure a proportion of ongoing funding is used to support regional marketing campaigns, continue peer referral incentives, and ensure Carefree's presence across both digital and community-based carer platforms.

Strengthen and Scale the Hidden Carer Referral Scheme

The Hidden Carer Referral initiative has proven a valuable tool for identifying and supporting self-referred carers who are not yet connected to formal support services. By linking 93 self-referring carers to the Cornwall Carers Service, this model ensures that these individuals gain not only access to breaks but also to ongoing wraparound support. With over half of Carefree's registrants falling into this category, the hidden carer model addresses a critical gap in carer outreach.

Recommendation

- Continue to embed the Hidden Carer Referral system into Carefree's core offer, and consider replicating this model in other regions to connect more isolated carers to wider support networks.

Limited local hotel options

As of June 2025, Carefree had only one partner hotel in Cornwall and had been unable to recruit additional hotels in the area. Many hotels in the region operate seasonally, with closures or refurbishments during quieter months and limited availability during peak times due to high demand. This restricts consistent, year-round access to accommodation.

Recommendation

- Carefree remain committed to increasing the number of hotels within Cornwall and the neighbouring county of Devon to ensure availability close to home for carers across the peninsula.

Referrals come from practitioners who understand the Carefree offer

Rapid insight sessions with CCS workers highlighted inconsistent understanding of Carefree referral criteria among care practitioners. Some staff may require further training to better understand the service, which would help them more effectively promote and refer carers to Carefree.

Recommendation

- Ensure staff are fully trained and new staff are onboarded onto the Carefree platform as part of their induction processes within the carer services. Carefree could offer easy to access updates and training online.

Barriers to access remain

Carers identified several barriers to accessing Carefree breaks, including the difficulty of arranging appropriate respite care, personal scheduling conflicts, limited availability of nearby hotels, and the extra costs included in taking a break.

Recommendation

- Suggestions for improving access included increasing the availability of partner hotels, providing greater financial support to cover associated expenses and offering assistance with arranging respite care for the cared-for person. These themes were echoed on interview with carers who had used the service, who also noted the value of support with admin fees and additional costs, the potential inclusion of meals, and help with organising respite care.

3.4 The 24/7 Grid

3.4.1 Context

The 24/7 Grid is a care planning tool designed to support more person-centred conversations around care needs by mapping out the full range of care and support an individual receives across a typical week. Originally developed to help unpaid carers visualise and manage their responsibilities, the tool has also proven valuable for care agencies, professionals, and support workers. By capturing both formal and informal care inputs, including family involvement, paid care, and community-based support, the 24/7 Grid creates a clear, shared picture of the care landscape. With funding from the Accelerating Reform Fund (ARF), Cornwall Council aimed to implement the 24/7 Grid across the region to facilitate collaborative planning between carers, individuals in receipt of care, and professionals, enabling more tailored, holistic support packages.

By offering a support planning tool that allows people and their support workers to understand, plan and control their care leading to more independence and more efficient use of budgets, people who draw on care will be more empowered to increase independence and efficiencies can be made across the system. This approach is being taken to improve outcomes for the person being cared for by centring their lived experience, preferences, and routines, but also highlights opportunities to strengthen support.

Figure 21. 24/7 Grids High Level Programme Theory.

3.4.2 Methodology

The evaluation sought to answer a series of evaluation questions for the 24/7 Grid. These questions were adjusted across the project timeline to account for delays to project implementation. The final list of evaluation questions is set out below:

Reach and Recruitment:

- Who has access to, who is using and who is benefitting from the 24/7 Grid?

Experience:

- What is the user experience of the three areas of activity:
    - Training and awareness raising
    - Assessment and planning
    - Review progress

Impact

- What is the impact of using 24/7 grids for:
    - Assessment and planning
    - Review progress

Learning and recommendations

- What are the main learning points and recommendations for the sustainability of the project?

Methods

To address the evaluation questions, a mixed-methods design was implemented between April 2024 and July 2025. Data was gathered from the following sources:

- 24/7 licence data
- Interviews with care practitioners x 2
- Informal interview with 24/7 lead
- Secondary case study

3.4.3 Reach and Recruitment

Who has access to, who is using and who is benefitting from the 24/7 grid?

Awareness and training sessions on the 24/7 Grid system were delivered to a total of 215 frontline staff across Cornwall Council. These staff members represented a wide range of service areas including transitions teams, children's social care, occupational therapists, adult social care teams, the high cost package review team, the councils direct payment team, the independent direct payment support service, discharge from hospital teams, the carers support services and framework providers. These sessions were designed to introduce staff to the purpose and function of the 24/7 Grid and prepare them to begin using system in practice.

Following the completion of training, 142 staff members were recorded as having active 24/7 Grid accounts.

There is currently no formal way to understand the level of adoption of the grids across care providers in Cornwall.

The 24/7 Grid was formally introduced into adult social care services in Cornwall during late summer 2024, following the awarding of allocated funding to the provider. However, the introduction of the system faced delays due to a range of factors. These included pressures on team capacity and competing demands from other mandatory training, such as case management systems and procurement. Additionally, delays in the confirmation of

Accelerating Reform Fund (ARF) funding caused a knock-on effect on the start date of 24/7 Grid introduction, further postponing the systems rollout.

Once training began, initial uptake of the 24/7 Grid was slower than anticipated. In response to this, a number of measures were implemented to encourage engagement and support practical use of the tool. Surgeries were arranged to help staff work through specific cases and build confidence in using the system. The decision was also made to focus implementation efforts on the high cost placement team, given their work with individuals who have complex and high value packages of care.

Further efforts were made to expand usage through the Direct Payment Support Services who also provide Independent Individual Service Funds (ISF). It was agreed that the use of 24/7 Grids would be written into contracts, making them a requirement for all suitable ISF packages. In addition, communication efforts were intensified through the publication of regular newsletters aimed at raising awareness. The tool was also promoted in team meetings with regular agenda slots introduced in all locality teams to highlight how 24/7 Grid could support practitioners' day-to-day work. To reduce barriers to participation, the booking process for training was simplified to improve accessibility.

3.4.4 Experience

Training and Awareness Raising

The intention of the 24/7 grid training sessions was to ensure that people who are planning care for individuals have access to and understand how to use the 24/7 grid and understand the benefits of doing so.

Support workers who had taken part in the training reported that it was useful to better understand how to use the grids.

> *It was really good. It was just enough to kind of get an idea as to the programme and how it works and some of the ways in which you can use it in a bit of a more complex way and then it's kind of just like over to us to have a look at it and have a play around with it, which is to be honest, the best way to work it out, it's not overly complex system to use… they gave us some examples of what the grids could look like and how that can be used and that sort of ranges, it sort of ranges in complexity because you can make the grids kind of almost as complex as you want it to be or as simple as you want it to be*
>
> [Care practitioner - Interview 2]

The training gave a thorough explanation of the theory behind why using the grids is important, as recalled by one support worker:

> *"It had the opportunity to provide a shared understanding of what one to one support could look like for person A versus person B with … person A who requires being bathed in order to make sure that they are clean and well versus person B, who still requires one person to be around, but the support is actually in the shape of lining up single serving shampoo and conditioner."*
>
> [Care practitioner - Interview 1]

The trainer at 24/7 also felt the training was a success:

"Every team I have trained have overwhelmingly taken on board the information I have shared and been inspired by it"

[24/7 grid staff]

Assessments and planning

The 24/7 Grid tool presents a full weekly schedule in 30-minute blocks, offering a clear visual of how care and support are arranged over a seven-day period. Designed to support co-produced care planning, it enables individuals and professionals to build a tailored support package aligned with the person's needs and available budget. As activities are added, associated costs are automatically deducted, providing a real-time budget balance to guide decision-making. A consistent colour-coded system helps identify different types of support: red for varying levels of one-to-one care, yellow for shared support, green for structured day services or education, grey for assistive technology solutions, and blue to recognise and celebrate areas of independence where no funded support is needed.

Support workers expressed an intention and desire to use the grids in their work.

"If I think that it's going to be useful for that person, then I'll, I'll try and use it."

[Care practitioner - Interview 2]

The grids were described as being very easy and straight-forward to use

"The IT process was relatively straightforward. So we do work with some less tech confident folk. I would imagine that they, it's excel, it's a fairly accessible software."

[Care practitioner - Interview 1]

"Adding the different colour-coded labels for different themes of support ratio is perfectly user friendly"

[Care practitioner - Interview 1]

"It's very straightforward"

[Care practitioner - Interview 2]

One support worker described how he used the grids with the people he supported.

"The most recent it's a young chap with, I think it's undiagnosed autism and learning disability, but he's got this weekly routine that he likes in his plan. And so when I was doing the care planning with the family, I literally print it out on paper and then I draw it in and then when I come back to the office I can [transfer it to the grid]. It's just a way of visually representing what his week looks like for him. It's easier for him to look at that as well. So that's kind of how I've been using it. "

[Care practitioner - Interview 2]

The tool's flexibility allows for varied complexity and adaptation to different individuals.

"You can make the grids… as complex as you want it to be or as simple as you want it to be."

[Care practitioner - Interview 2]

However, support workers also described their perceived limitations of grids in terms of the people it would be appropriate to use with. Support workers reported not using the grids with

all clients or not using all of the functionality available because it wasn't appropriate for the client (for example for someone who was legally required to have certain support).

> *The breakdown of costings that was a function we just didn't touch on at all. It was just about the themes of support that we looked at.*
>
> *There were no appropriate kind of assistive technologies that we could look at in place of more formal support. So some of those considerations of alternate ways of meeting assessed needs just didn't have a place to be considered at this time in particularly because of our need to supervise use of the Internet. There was a bit of friction with looking at reminders through Alexa, for example.*
>
> [Care practitioner - Interview 1]
>
> *I found for a lot of the people we work with, there's a lot of older people with dementia and that sort of thing because it's quite a heavy service that way. So most of the times where I've used the grid has been for sort of younger person with learning disabilities, that sort of thing.*
>
> [Care practitioner - Interview 2]
>
> *I don't think the grid is particularly going to be beneficial for Margaret, who's 89 years old and we're looking at residential care like that's not what the grid's for. So that's why there's probably limited amounts. But if we were a learning disability exclusive team [the grid] would probably be used a lot more.*
>
> [Care practitioner - Interview 2]

While this prevented practitioners from using the tool with all clients, the 24/7 grid has been designed to be used across situations.

> *"The training covers numerous opportunities to use the 24/7grid resource…there can be a perception that when commissioning a traditional residential bed or supported living placement or 3 visits a day from a dom care provider for meal support etc, this doesn't require a personalised approach with a grid…the resource is designed to inspire and challenge practitioners to think about how much these traditional beds cost and could a more creative and personalised support package provide better life outcomes and cost less?"*
>
> [24/7 grid staff]

Review progress

Recognising that people hadn't been using the grid for long enough for it to be used to review and compare care over time, support workers had some clear views about the benefits of reviewing grids.

> *"Comparison of the intensity of engagement in that one-to-one support dynamic could be illustrated over a more longitudinal review."*
>
> [Care practitioner - Interview 1]
>
> *"Have they progressed on the grid? like it would show one-to-one support or whether it's prompting or whether it's just a phone call or assisted tech. So you could see in the review what progress has been made and you could change it on the grid accordingly"*
>
> [Care practitioner - Interview 2]

"You said at six months towards your goal, you would need to be this independent. We can have a look at the 24/7 grid and see that actually you've done more."

[Care practitioner - Interview 1]

3.4.5 Impact

Assessments and planning

Care workers reported that the grids were simple to use and review and that made it easier to manage care for individuals

"Having a single document that could capture day service, friendly bus driver, football club, mum and Dad, fortnightly weekend overnights with Nan and Granddad all in one place to adequately understand the complexity of drawing together bitty Community support could be really useful tool. "

[Care practitioner - Interview 1]

"So at a glance, it's a lot easier than mulling through 40 pages of a care plan"

[Care practitioner - Interview 2]

"And then conveniently, it calculates the cost of it as well… because otherwise I sit with a calculator trying to calculate it. So actually it's quite good having that."

[Care practitioner - Interview 2]

The grid helps individuals and families reflect on the nature and scope of support—often prompting new awareness of their own contributions.

"Some feedback I did get from somebody was that it showed them how much they were doing because they just as carers, they take it for granted that they do all of this stuff and then when they saw that [the grid] they were like, oh, hang on. So what we're really asking for was actually a few hours here and here and all the rest of this time this is support by family, but you know so that I think they found it just as an acknowledgement maybe of what they're doing."

[Care practitioner - Interview 2]

The 24/7 grid is widely praised for making care planning more visual, accessible, and person-centred—especially for those with cognitive or communication difficulties.

"It is good because it is split down [into activities] and obviously it's colour coded and it's a lot more visual. … the care plan, just imagine like a wall of writing in margin about this small. So you imagine you have visual impairment or you have cognitive difficulties processing lots of information. They're terrible forms. So… this makes a bit of a difference having it."

[Care practitioner - Interview 2]

"it's probably a more person centred way of care planning if all we're doing is asking questions and then I'm writing it down on a page of paper, it's probably less person centred than saying, "OK, look, this is our week, what we're going to do here and what do we do on a Monday or Tuesday. And do you like that? Is it working for you?" that sort of thing? It's just they're a bit more involved, I think. And then if you can get it sent

out to them, you've got this nice visual thing… I would say it's probably going to make them feel more involved in the process"

[Care practitioner - Interview 2]

"It's easy to zone out if all you're doing is asking questions and then I'm writing it down on a paper that's not the ideal way of doing a care plan really, especially for somebody with autism or learning disability or something like that. It's just, you know, it's easy for them to disconnect from that. The grids probably a lot better for that."

[Care practitioner - Interview 2]

Review process

Due to delays in the implementation of the 24/7 grid, practitioners across the region who have adopted the grid will have not yet come to a point of review. While the two practitioners interviewed did agree that the review process would be beneficial for them and their clients due to the way the conversation changed around care planning, it is not possible to evidence the impact from Cornwall.

To help demonstrate the impact of the review process and the continual presence of the grid in care planning, the evaluation has borrowed an existing case study from the neighbouring county of Devon[26].

Devon Case Study

Trudy is a 63-year-old woman from Devon with learning disabilities who previously lived in residential care. After the closure of her care home, she moved into supported living with two others, sharing 105 hours of daily support and 63 hours of sleep-in night care each week. She also receives three day service sessions and five hours of one-to-one support. Her Individual Service Fund (ISF) was £906 per week.

Trudy's grid in December 2019

Each week, Trudy used the 24/7 grid with support staff to plan how her budget was spent. Using PATH (Planning Alternative Tomorrows with Hope) planning and the 24/7 grid tool with her social care assessor, Trudy has gained more control over her support. The colour-coded grid helps her visualise and manage her weekly care. Trudy reviews her grid regularly, choosing how to spend her budget and often saying, "I want more blue in my grid."

Since stopping in-house day services, Trudy became more active in the community, started volunteering at a local stables, and took on an allotment. These changes have boosted her independence and wellbeing. In the first month alone, Trudy saved £405.60 reducing her spending from £906 per week to an average of £670 per week from her budget. She did this by sharing hours and reducing formal support. Her progress is clearly reflected in the positive changes seen in her weekly grids.

Trudy's grid as of March 2021

Figure 22. 24/7 Grid devon case study.

Staff at 24/7 grid recognised the need for further evaluative work, once enough time has passed to see the comparisons of grids over time.

> *"Time hasn't been on our side, but as this is a 3-year project, the year 2/3 will be the real indicator as to its success."*
>
> [24/7 grid staff]

3.4.6 Learning and recommendations

From the few conversations with care practitioners who are using the grid it seems that the training was well received and portrayed the grid as a different way of talking about care planning. Practitioners took this learning back to their roles and have employed the grid with those clients who they deem appropriate.

Practitioners have offered evidence of how they have changed the conversations they are having while care planning to the benefit of the person in receipt of care.

Although no practitioner had completed a follow up care review for the people they had used the grid with (due to the timescales of the roll out of the grid against the evaluation), practitioners anticipated benefits in the way of more tailored care plans, specific to the exact needs of the people in receipt of care. They also acknowledged potential cost savings through reduced care packages. This would need to be tested in future evaluations.

Barriers to use

Despite its benefits, lack of integration into existing systems, time pressures, and technology issues were cited as major obstacles. A full corporate licence for all practitioners across a local authority for the 24/7grid is under £3,000 a year. To keep costs low, the tool uses simple

systems. While these are easy to use and support access, the costs do not cover integration into other systems.

> *"It being another form to fill in for a lot of people will be a difficulty and where there are lots and lots of forms that have varying priorities, an optional one is likely, as has been in a noticeable part of the case with my three guys, it's going to be one that gets dropped off the bottom of priority list."*
>
> [Care practitioner - Interview 1]

> *"I think that one of the issues is at the moment is this is something that's completely separate to our care planning processes and all of that. So essentially it's an additional piece of work that I'm doing on top of. I've then got to do all the care planning and everything anyway, so if I'm doing it, it's only because I think actually they might find it beneficial to look at or because actually it helps me get my head round all this information that's on a massive print out on the care plan"*
>
> [Care practitioner - Interview 2]

> *"It doesn't integrate into the systems you know and yeah, so it's something we're doing on top of the other work that we've got. Don't get me wrong, it doesn't take an exceptional amount of time or anything to knock up a grid. It's not a huge piece of [work]. But it is just something that we've got to do."*
>
> [Care practitioner - Interview 2]

Some participants reported scepticism or resistance to the grid, particularly from families or in contexts where it's seen as bureaucratic or intrusive.

> *"His dad… found it really offensive that there was a record of informal support when he was sleeping… became an unacceptable additional bit of bureaucracy."*
>
> [Care practitioner - Interview 1]

> *"There is likely to be a sceptical view… of it being a cost saving mechanism."*
>
> [Care practitioner - Interview 1]

Less useful as a proactive planning tool for people in receipt of highly complex, high ratio care.

> *"Actually planning something for the vast majority of the people we work with is going to require somebody being available 24/7, whether that be us formally commissioned or in partnership with parents, there will need to be someone around 24/7, and so in terms of planning ahead where that could be a shared support mechanism with employment representing an occupation of a period during a day or Informal support from friends or peers or engagement in clubs. We are not in a position with any of the people we support right now to kind of forecast and that feels like a little way off. And so, it would sit most appropriately as a review tool."*
>
> [Care practitioner - Interview 1]

Recommendations

- Ongoing training and awareness-raising are necessary for broader uptake, especially among social care professionals and external stakeholders. Continued use of the coaching sessions will also support people to better tackle conversations with potentially sceptical colleagues or family members.

“I guess the one of the key factors that has informed it not being something we've prioritised more highly has been the awareness of our social care colleagues so. For all three clients, the social care teams I think are aware of the 24/7 group process, but haven't specifically requested feedback in its format, [they] weren't clear on how to implement it. There was a greater skill set within [clients’] team.”

[Care practitioner - Interview 1]

“I don’t know how many people… only aware of the grid as something kind of on the periphery.”

[Care practitioner - Interview 2]

“Training probably would be key… support for the practitioners using it. “

[Care practitioner - Interview 1]

- Updating the training materials in line with technology would reduce opportunity for cynicism, although this would likely come at a cost to the Council so should be considered against the benefits of the current software meeting the needs of clients.

“I think so clearly that the software is a few years old, so that there were just in in some of the training resources. There were references to tech that has been surpassed since the training resource was put together, which might benefit from a bit of an edit because cynics would potentially look at it as an already obsolete bit of software and the software itself may be, I think the concept behind it doesn't need to be overcomplicated and I think remains valid.”

[Care practitioner - Interview 1]

- If the council are seeking routine and sustained use of the grid across services in the long term, then it would benefit from integration into existing systems or mandating for specific teams or groups of service users.

“[Other county]’s first year was an identical experience, until grids were mandated for panel in year 2. 24/7grids are embedded now in [other county]”

[24/7 grid staff]

- Offer clarity on who the grid will benefit most and target areas of the care system who work with these populations.

3.5 Shared Lives

3.5.1 Context

Shared Lives is a model of care (the local scheme is called Shared Lives South West, or SLSW) that can support ASC needs through quality, person-centred approaches to long-term or short-stay placements[27]. The person that is cared for lives within the home of their approved carer[28] (in other countries this model is referred to as 'Adult Foster Care' which describes it well). The model has proven benefits for:

- people supported (they are supported to live within a home and community environment, reach independence goals, often becoming 'part of the family') [29]
- families of people supported (respite, freedom to live own life, better relationships with person supported) [30]
- Shared Lives carers (despite relatively low pay, many report high levels of satisfaction from providing 1:1 care, working from home, flexibility and autonomy, freedom from other forms of ASC) [31]
- local authorities (substantial cost savings) [32]

The model supports people with a range of disabilities, mainly intellectual, who often 'fall between the cracks' in services – where needs may not require full-time residential care, but they cannot live independently.

However, there is varied uptake across the local authority areas in the South West and there have been long term, unfilled vacancies for SL carers leading to missed opportunities for care. Furthermore, there are people in the population with an unmet care need or a care need that could be better met by shared lives, creating better value to the local authority and the person supported.[33]

The ARF-funded project aimed to expand the SL scheme with a range of research, marketing, community engagement and carer retention activities aimed at: better understanding the motivations and barriers to become a Shared Lives carer, recruiting more Shared Lives carers, and being able to serve a larger cohort of people needing care and improve their lives whilst saving money for local authorities. [34]

Figure 23. Shared Lives High Level Programme Theory

This evaluation

The ARF-funded activities relate to recruiting and retaining SLSW carers, and, for most prospective carers, making the decision to allow someone you care for to live in your home, either permanently or as part of regular short stays, represents a major life change. Therefore, many of the outcomes above are expected to be realised in the longer-term (after this evaluation), with the short-term outcomes of the marketing and community engagement activities more likely to be an increase in public awareness and consideration of the service. As a result of this, this evaluation takes two main angles:

- **Evaluation of ARF-funded activities** to date (results of key activities, shorter-term)
- **Evaluation of the existing SLSW scheme** to understand potential (longer-term) opportunities of continuing to grow and improve the scheme

The evaluation sought to answer a series of evaluation questions about the reach and experience of Shared Lives South West:

Reach and Recruitment:

- How are carers recruited and what can we learn about optimising the recruitment processes?
- How many carers and service users are in SLSW over time?

Experience:

- Who is being cared for?
- What is the experience of people supported and their families?
- What is the experience of SLSW carers?
- What is the experience of referring social workers?

Impact:

- What is the impact of Shared Lives on costs for Cornwall council?
- What is the impact of Shared Lives on people supported and their families?
- What impact has the ARF funding had?

Learning and recommendations

- What are the main learning points and recommendations for the sustainability of the project?

3.5.2 Methodology

Methods used in this evaluation include the following.

Review of **quantitative data** provided by SLSW or partners:

- **Marketing reports** – updates from the marketing agency (Freshwater) on impressions, clicks and actions across different marketing channels;
- **Service reports** – standard quarterly updates from SLSW showing rolling monthly numbers of carers, new carer enquiries, carer applications, people supported, vacancies etc.

- **Demographics** of people cared for in SLSW

Engagement with the Cornwall **Community Engagement Officer** (recruited on a short-term contract with ARF funding to raise awareness and interest in the community, mainly at in-person settings):

- **In-depth discussion** to understand their work and learnings on what has/hasn't worked and why;
- **Reports** they provided – numbers of events, conversations, enquiries, flyers handed out, etc.

Engagement with referring **social workers** from Cornwall Council

- **A survey** of social workers (n=36) to understand how they interact with the scheme, what is good about it and what could be better;
- **Interviews and informal discussions** with three social workers to hear their feedback and understand potential for avoided costs through SLSW.

Engagement with **SLSW carers and care coordinators**:

- Health Innovation South West also conducted the initial research, funded through ARF, that was positioned earlier in the project. As part of this, **a survey of SLSW carers** (n=60 in Cornwall) and 4x **interviews with care coordinators** were conducted. The findings from these activities are referenced in this report where appropriate;
- **Attendance at training day** – an interactive, discussion-based training day was delivered in Cornwall to SLSW carers (n= 6) by Gloriously Ordinary Lives, to improve personalised approaches to care. This day was attended by Health Innovation South West to hear directly from the training provider and SLSW carers as the training was delivered.

Engagement with **people supported** through SLSW:

- Three **interviews** (45 minutes each) were conducted with people supported by Shared Lives over Microsoft Teams. Discussion included the experiences of people supported, the changes to their lives as a result of Shared Lives, and any areas for improvement;
- **Review of existing surveys** from the previous 12 months that SLSW have conducted with people supported and their family members.

Other sources:

- Findings from the **research report** (produced by Health Innovation South West) which included a literature review and data analysis;
- Other ad hoc **literature and documents** to inform discreet parts of this evaluation (for example, understanding avoided costs to council by using SLSW);
- An **online learning workshop** was also facilitated by Health Innovation South West with key stakeholders from SLSW, Devon County Council and Cornwall Council to share reflections and learnings.

3.5.3 Reach and Recruitment

How are carers recruited and what can we learn about optimising the recruitment processes?

Research

The foundational research that was conducted (by Health Innovation South West) to inform the recruitment and retention activities estimated, based on 2021 census data and a survey of existing carers, that there may be between 5,000 and 10,000 people in Cornwall and Devon that align with key characteristics of SLSW carers and have an interest in caring (between 0.3% and 0.6% of the Devon and Cornwall population)[35]. Although this is not specific to Cornwall, it identifies a relatively large pool. However, key barriers exist, such as payment which is relatively low compared to other lines of work and ASC.

Reach - marketing

Using ARF-funding, a marketing agency (Freshwater) was commissioned to produce high-quality industry-standard marketing materials and run campaigns to raise awareness of the scheme and promote the idea of becoming a Shared Lives carer.

Activities included:

- Online advertising: Meta (Facebook), Google Search, Google Demand Gen
- Audio advertising: Radio (Hits Radio, Heart South West), Podcasts (Acast), Digital audio (Octave, DAX)
- Offline/other channels: Newsquest (including an advert in the Falmouth Packet, a Facebook post, and a retargeted online ad), printed ads on pharmacy bags, i-van.

Figure 24 shows an excerpt of the Cornwall dashboard[3] showing marketing outputs as of 31st July 2025.

[3] CTR: Click through rate, CPC: cost per click

Meta

Reach	Impressions	Clicks	CTR
171,751	1,450,789	16,304	1.12%

CPC	Reactions	Shares	Conversions
£0.30	861	56	4

Google Demand Gen

Impressions	Clicks	CTR	CPC	Conversions
2,447,907	41,431	1.69%	£0.05	1

Google Search

Impressions	Clicks	CTR	CPC	Conversions
72,653	1,571	2.16%	£1.73	15

Acast (podcast advertising)

Impressions	Unique listeners	CPM	Conversions
43,053	15,307	£16.89	0

Offline channels

Newsquest	Falmouth Packet	3,084 circulation
		292,551 unique browsers (monthly)
	Facebook post	50,000 impressions
	Retargeted online ad	62,500 impressions
Hits Radio	Impacts: 1,024,380 Reach: 154,267 OTH: 6.64	
Heart South West	Impacts: 1,320,000 Reach: 166,000 OTH: 8	
Digital audio (Octave)	150,000 impressions	
Digital audio (DAX)	218,750 impressions	
Pharmacy bags	20,000 reach	

Figure 24. Snapshot of marketing dashboard for Cornwall, 31 July 2025.

Table 3.1 to Table 5.3 combine time stamped data provided by Freshwater across multiple ‘contact reports’. They show that as continued ad spend across Meta and Google increases impressions, clicks also increase, indicating an audience interest, and cost per click (CPC) can be relatively low. However, this is not translating to proportional increases in enquiries about becoming a SLSW carer.

- On Meta (Facebook), as impressions and clicks grew, conversions (‘contact us’ form submissions) plateaued at 4, with a cost per conversion of £1,223).

- Google Search achieved the most conversions of the digital channels (15), with a cost per conversion of £184. This is to be expected given how specific search engine advertising can be. From the limited data reviewed so far, this shows promise for further testing.
- On Google Demand Gen, conversations remained at 1, suggesting a cost per conversion of £2,072.

With each channel performing differently and having different technical considerations, insights from Freshwater will help to add context and steer future marketing activity.

Insights from Freshwater:

Meta advertising was particularly effective, with click-through-rates (CTR) consistently above industry benchmarks and improving month-on-month. A mix of static and video formats maintained creative variety, helping prevent ad fatigue and sustaining performance over time.

Google Search advertising delivered the highest conversion rates by reaching users with high intent based on their search queries.

Google Demand Gen proved highly cost-efficient, achieving a CPC of just £0.05 and delivering millions of impressions to raise mass awareness of SLSW. However, it was less effective at driving website enquiries.

Acast advertising worked well as an awareness tool early in the campaign, engaging audiences in an immersive podcast environment. Due to low conversion performance, this channel was paused mid-campaign and budget was redirected to better-performing channels.

Offline channels were harder to measure for their impact on website traffic and enquiries. Anecdotal feedback indicated that radio was mentioned by several people with regards to how they heard about SLSW when enquiring.

Table 3.1 Key statistics, Meta advertising (cumulative over months).

Meta, data from contact reports (2025)	15-Apr	13-May	27-May	01-Jul	08-Jul	30-Jul
Impressions	302,188	727,727	899,281	1,200,000	1,300,000	1,450,789
Clicks	2,796	6,436	8,313	13,256	14,334	16,304
CTR	0.93%	0.88%	0.92%	1.08%	1.10%	1.12%
CPC	£0.30	£0.30	£0.30	£0.30	£0.30	£0.30
Reactions	181	392	497	717	762	861
Reactions as a % of clicks	6.5%	6.1%	6.0%	5.4%	5.3%	5.3%
Shares	22	40	46	55	56	56
Shares as a % of clicks	0.8%	0.6%	0.6%	0.4%	0.4%	0.3%

Conversions ('Contact us' form submissions)	1	3	3	4	4	4
Total spend	£838.80	£1,930.80	£2,493.90	£3,976.80	£4,300.20	£4,891.20
Cost per conversion						£1,222.80

Table 4.2 Key statistics, Google Demand Gen advertising (cumulative over months).

Google Demand Gen, data from contact reports (2025)	15-Apr	13-May	27-May	01-Jul	08-Jul	30-Jul
Impressions	638,852	1,100,000	1,300,000	2,000,000	2,200,000	2,447,907
Clicks	10,649	19,711	23,152	35,210	36,990	41,431
CTR	1.67%	1.65%	1.66%	1.68%	1.68%	1.69%
CPC	£0.05	£0.05	£0.05	£0.05	£0.05	£0.05
Conversions ('Contact us' form submissions)			1	1	1	1
Total spend	£532.45	£985.55	£1,157.60	£1,760.50	£1,849.50	£2,071.55
Cost per conversion						£2,071.55

Table 5.3 Key statistics, Google Search (PPC) advertising (cumulative over months).

Google Search (PPC), data from contact reports (2025)	15-Apr	13-May	27-May	01-Jul	08-Jul	30-Jul
Impressions	61,525	67,238	68,171	71,551	71,966	72,653
Clicks	629	914	1,027	1,424	1,461	1,571
CTR	1.02%	1.36%	1.51%	1.99%	2.03%	2.16%
CPC	£0.45	£0.74	£1.13	£1.61	£1.64	£1.73
Conversions ('Contact us' form submissions)			13	13	13	15

Conversions as % of imps			0.019%	0.018%	0.018%	0.021%
Total spend	£283.05	£676.36	£1,160.51	£2,292.64	£2,396.04	£2,717.83
Cost per conversion						£181.19

While these campaigns confirm substantial reach (impressions) and high-level interest (clicks), they highlight a significant drop-off between awareness and action (conversions), likely due to the major life decision involved in becoming a Shared Lives carer.

However, stakeholders have reflected regularly throughout the project that the impact of these activities is more likely to be realised in the longer term. Table 6 shows that monthly active and new website users spiked in March/April 2025 when Freshwater started running adverts. Although visits to the 'become a carer' website page have declined since then, enquiries through the 'Contact us' page have remained high (notably, higher than the preceding months), suggesting that people may be starting to move from awareness building (e.g., visits to 'become a carer page') to action ('Contact us' enquiries).

Table 6. SLSW website engagement and enquiries - total South West (not Cornwall-specific).

	Active Users	New Users	Views	Visits to 'Become a carer' page (A)	Enquiries through 'Contact us' page (B)	Contact us' enquiries as a % of visits to 'Become a carer' page
(Minimal ads running)						
December 2024-Jan 2025	1.3K	1K	3.9K	186	12	6%
Feb-March 2025	3.1K	2.1K	7.2k	203	7	3%
(Freshwater ads from mid-March)						
March-April 2025	14K	13K	20k	520	25	5%
April-May 2025	6.5K	6K	10K	376	30	8%
May- June 2025	2.8K	1.8K	5.5K	204	29	14%
June-July 2025	2.4K	1.4K	4.4K	132	14	11%
July- August 2025	2.5K	1.6K	4.7K	127	22	17%

Reach – Community Engagement Officer

With the ARF funding, two Community Engagement Officers (one in Devon, one in Cornwall) were hired on short-term contracts to promote the scheme within communities.

In Cornwall between September 2024 and early May 2025 (8 months), presence at over 38 events was recorded, as was more than 236 conversations with community members, **41 enquiries generated**, and more than 429 flyers and leaflets distributed, although it is understood there have been a lot of other activities that are not recorded.

Given the time taken for people to learn about the scheme, consider becoming a carer, apply to become a carer, and then have that application accepted (by SLSW), any impacts of the community engagement work on carer recruitment will not be realised until later in 2025 or 2026 (or later). However, the Community Engagement Officer and other staff at SLSW have reflected very positively about the impact of the role in terms of learning what works and what doesn't and contributing to future strategy.

The Community Engagement Officer has engaged in a range of settings, formal and informal. For example:

- stalls in general community spaces and events such as markets and supermarkets
- stalls in health or care specific spaces and events (e.g., NHS wellbeing fairs)
- promoting to organisations such as, and initiatives run by, Carers Cornwall, AIDS UK, Proud to Care, and other charities that provide access to carers
- talking on podcasts and appearing on TV (ITV, BBC)
- connecting with local businesses, libraries, job centres
- connecting with groups such as faith groups, ICB, Admiral Nurses

The main activity of the role is talking to people, but other ways of communicating include distributing leaflets and flyers, putting content into newsletters and putting posters up.

Their objectives are to connect with people about SLSW, but also generate enquiries to become a carer. The Community Engagement Officer found mixed success from different types of events with different audiences. Qualitatively, smaller grassroots events and local markets, in smaller communities, have generated more enquiries than bigger events.

> *"Accessing small communities in Cornwall, as soon as someone goes to talk to people they light up."*
>
> (Cornwall Community Engagement Officer)

Some enquiries and conversations have initiated intention to become a Shared Lives carer, with community members enquiring about joining 'next year but not necessarily this year'. This reflects the fact that becoming a Shared Lives carer is a major lifestyle change and depends heavily on individual circumstances (having spare rooms and financial security) and is not something people want to rush.

The Community Engagement Officer also commented on a drop off between enquiry and application, suggesting that as people learn more about becoming a Shared Lives carer, they

can lose enthusiasm. Insights from the initial research suggested that the key reasons why people may not become a Shared Lives carer include:

- not having enough rooms/space in their house
- concerns over income
- concerns over the challenging nature of the work
- to a lesser extent, people may be put off by paperwork or being self-employed.

How many carers and service users are in SLSW over time?

As the marketing and community engagement activity has indicated, it may take time for people to consider becoming, and take action to become, a Shared Lives carer. Monthly SLSW service statistics confirm this (Table 7), with no meaningful trends or patterns observed since April 2024. This should be monitored for the remainder of 2025 and into 2026.

Table 47. Summary of key service statistics from SLSW.

	Carers				Service users		
	Total	Starters	Leavers	Application form received	Total	Starters	Leavers
Apr-24	119	0	3	1	111	1	5
May-24	119	1	1	3	110	2	3
Jun-24	117	1	3	1	111	1	0
Jul-24	118	2	1	1	115	5	1
Aug-24	115	1	4	1	113	1	3
Sep-24	117	2	0	5	116	3	0
Oct-24	118	1	0	3	117	2	1
Nov-24	118	1	1	1	117	1	1
Dec-24	118	0	0	1	115	0	2
Jan-25	119	2	1	2	114	0	1
Feb-25	120	1	0	2	115	1	0
(Freshwater ads from mid-March)							
Mar-25	118	0	2	0	116	2	1
Apr-25	118	3	3	0	116	0	0
May-25	118	2	2	0	115	1	2
Jun-25	118	0	0	2	115	2	2

3.5.4 Experience

Who is being cared for?

In Cornwall, most people supported by Shared Lives (from a data set of N=119 extracted from SLSW systems in April 2025) are under the age of 65 (87%). Shared Lives offer different bands of support, dependent on the persons' needs:

- Band 1 is close to independence
- Band 2 requires some or moderate support across most aspects of life
- Band 3 requires significant support across most aspects
- Band 4 requires extensive specialist support
- People in the 'complex' banding vary but always require extensive specialist support, usually requiring 24/7 one on one care, sometimes with two carers.

Most people supported are banded in the middle of the levels of need supported by the scheme (68% are in bands 3 and 4). This reflects a similar balance in the neighbouring county of Devon (including Devon, Torbay and Plymouth local authorities, where 87% are also under 65, and 61% are in bands 3 or 4).

Figure 25. People supported in Cornwall by band (corresponding with level of need).

Often younger people are placed in Shared Lives because of perceptions that there is more potential to develop independence and live a purposeful life in the future. However, one social worker commented that there could be an opportunity to 'widen the offer'.

> *"We refer people with learning difficulties, they are always younger, I haven't referred anyone older. If you were looking at widening the offer, that's where you could make some real changes and savings. We get lots of people [needing support] who don't need res care but can't stay at home alone either. Here in [part of Cornwall] we've got one extra care facility to cater for people that fall in the gap. They don't need 24/7 care and their care costs are up to two thousand pounds per week."*
>
> [Social Worker, Interview]

Interestingly, SLSW considers its service to cater for this group that 'falls in the gaps' but this is not always how referring staff see it. Gaps in capacity are heavily cited by referring social

workers as the main barrier to using Shared Lives, and there is a sense that any capacity in Shared Lives is reserved for younger adults with lower needs.

What is the experience of people supported and their families?

Three people supported by SLSW in Cornwall were interviewed, all reporting fantastic experiences in their placement. Some were relatively new to Shared Lives (less than 6 months) and others had been supported for over twenty years. Some commented on learning new skills, volunteering in the community, and going on holiday as being highlights. Others described being able to move on from challenging previous living arrangements with family, and the difference being cared for through Shared Lives.

A survey of family members across the South West (usually a previous carer of the person supported) was conducted by SLSW, received 12 responses, and was reviewed by Health Innovation South West. All respondents reported being 'very happy' with:

- the **SLSW carer/household** the person supported was matched with
- how **safe** their carer makes the person supported feel
- how their carer supports them with their **health and wellbeing**
- the overall **quality of the support** provided by the carer/household.

Other questions that received a positive response (those marked at the higher end of the scale) from a majority of respondents were around:

- **choices and input** of the individual around the support they receive
- being treated **fairly**
- **support** with finances, accessing education, day opportunity, employment, etc.
- inclusion in **local community**
- **communication and visits** between SLSW carer and family members
- promoting **independence**

Questions that were less about the person's placement and more around administration such as information management, funding, or the scheme as a whole, had higher proportions of people selecting 'unsure'.

However, although the survey responses and interviews provide strongly positive feedback, some Social Workers, although positive overall, shared different perspectives in the open ended comments of the Social Worker survey.

> *"In my experience of knowing people who have been referred to shared lives, it has not worked well for them and they have felt let down by the service and the people providing the service. One gentleman told me, 'she made me feel as though she was doing me a huge favour, that no-one else wanted to help me and by the end, I felt that I had just been dumped there'."*
>
> *[Social Worker, Survey]*
>
> *"The support of certain shared lives carers has been an amazingly high standard."*
>
> *[Social Worker, Survey]*

"For people I am supporting who are living in a Shared Lives placement, there have been mixed outcomes - it works for some, but not for others."

[Social Worker, Survey]

"I have only had good experiences with Shared Lives and the individuals I have worked with are doing well in their new homes."

[Social Worker, Survey]

This suggests largely positive experience for people in receipt of Shared Lives care across Cornwall but with some variance. This variance may be accounted for by a lack of fit with the programme or a compromised match between the carer and the individual in receipt of care. This demonstrates the importance of that matching process on the successful outcome of the service.

What is the experience of SLSW carers?

The initial research found that SLSW carers are over-represented in the following demographic categories:

- Married with non-dependent children
- Age 55-64
- Detached and semi-detached housing
- 3 or more bedrooms
- House owned
- Bedroom occupancy of 2+ (2 or more spare bedrooms)
- Over-represented in Index of Multiple Deprivation (IMD) deciles 3 and 4 compared to the general population

There were n=60 respondents from Cornwall. They had been SLSW carers mostly for long times, with 70% over 5 years (Figure 26). Most (87%) were either satisfied or very satisfied with being a SLSW carer (Figure 27).

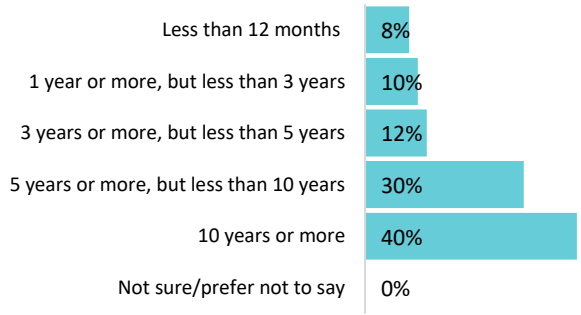

Figure 26. Duration as a Shared Lives carer (Cornwall, n=60).

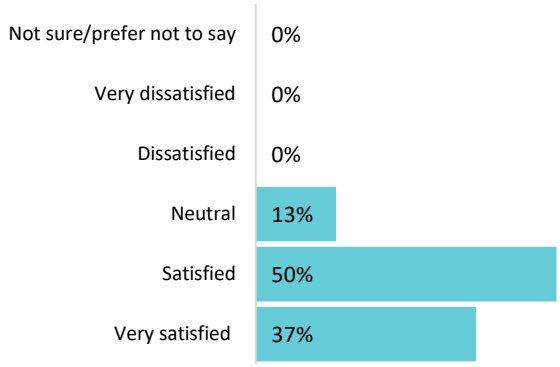

Figure 27. Satisfaction with being a SLSW carer (Cornwall, n=60).

Carers reported that the best things about being a Shared Lives carer are the sense of achievement they get from helping (79%), freedom of working from home (67%), and enjoying the company and relationships (64%).

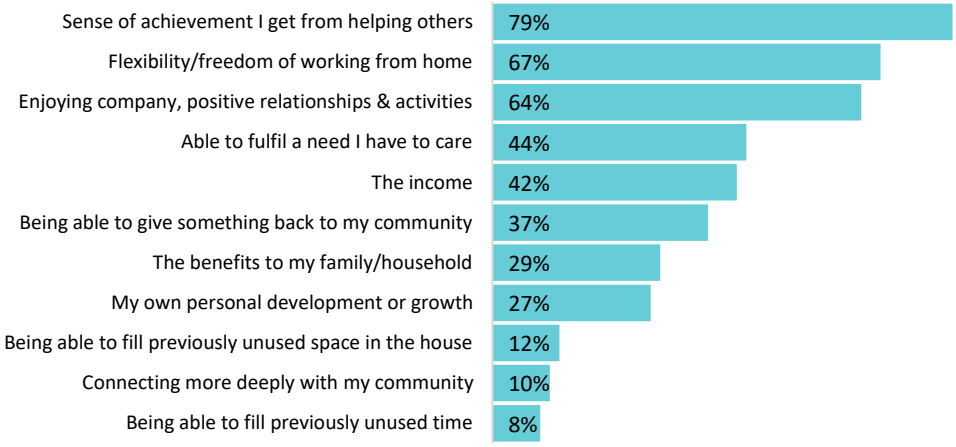

Figure 28. Best things about being a Shared Lives carer (total sample, n=121).

The main challenges of being a Shared Lives carer include managing challenging behaviours (41%), when placements break down or end (37%) and the time commitment (27%).

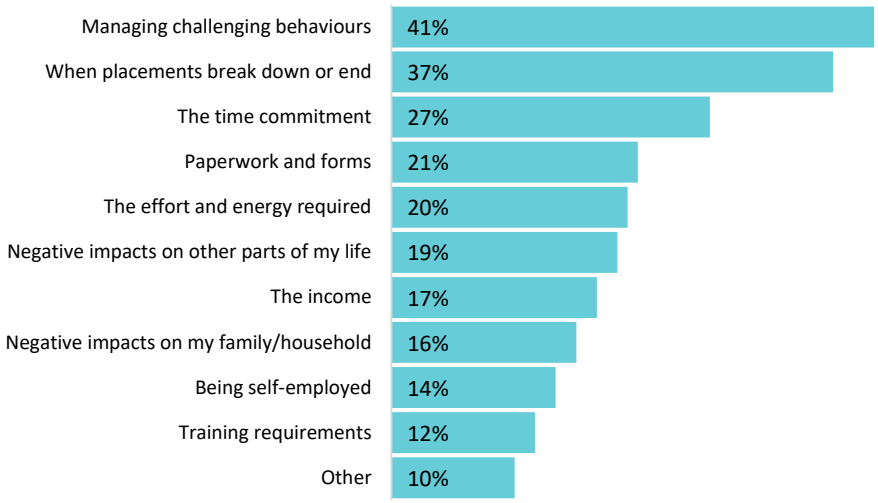

Figure 29. Main challenges of being a Shared Lives carer (total sample, n=57).

As described in the research report, because of the challenges involved, it takes a specific kind of person to give up their home and become a SLSW carer. These people can be hard to find but, once they get used to the benefits of working from home, the rewards and the way of life, they report high levels of satisfaction and often remain a Shared Lives carer for a long time.

> *Shared Lives placements can be challenging. Carers and the people they support become emotionally attached to each other and consider each other family, which can make it difficult when behaviours become challenging, placements break down, or people pass away. In addition, the work itself is often very challenging, with high levels of emotional and physical support required from the carer throughout the day and night (unpredictable behaviours and incontinence are common challenges reported) (Dagnan, 1994). Sacrifices are huge - with carers often reporting a negative impact on other parts of their life, a reduced social life, limited freedoms and so on (Brown, 2015; Joshua, 2012). Stress is very common among carers, and when the person supported is having a difficult time it very much impacts on the carer and their families (if applicable). And all this, often for an income much lower than in other jobs (Institute of Health and Social Care, 2021; Shared Lives Plus, 2023). However, the rewards that carers cite tend to overcome these sacrifices. Carers refer to the people they support as family. The sacrifices are ones many people would make for a child, family member, or loved one, and often the person supported stays with the same family for decades - moving through generations of carers. The flexibility of working from home, especially as someone approaches retirement age, can be appealing, and the prospect of developing deep personal connections and providing bespoke one-to-one care can be too. Many survey respondents talked about the rewards of seeing someone grow and develop, and the fulfilment from knowing that they supported that. Care coordinators have commented that people who become Shared Lives carers often can't go back to other jobs because the Shared Lives approach becomes their way of life - they wouldn't want their lives any other way.*
>
> [Initial research report: Shared Lives South West Carers in Cornwall and Devon: Understanding Characteristics, Enablers and Motivations (not published)[36]]

What is the experience of referring social workers?

Thirty six Cornwall social workers responded to a survey about their experiences of Shared Lives and the way they use the service. The survey was voluntary (distributed via email newsletters) so the sample is likely to be biased towards those who already engage with Shared Lives.

Awareness

- All respondents reported **awareness of the scheme** (100%), and most became aware **over a year ago** (92%), so awareness among the surveyed group is unlikely to be driven by ARF-funded activities.
- These respondents became aware of Shared Lives mainly via **informal conversations with colleagues** (56%), **communications or training from their employer** (31%) and from **clients or members of the public** (28%).

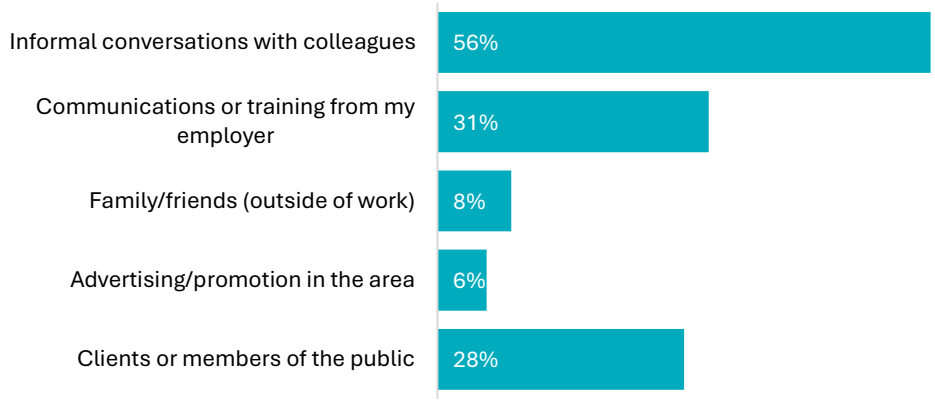

Figure 30. Social worker survey - how became aware of SLSW (n=36).

Referral activity

- **58% of the surveyed group (n=36) had referred clients** into Shared Lives, with a range of client numbers referred (1 or 2 clients (33%); 3 to 5 clients (43%); 6 to 10 clients (10%); more than 10 clients (14%), n=21).
- Among people who had referred clients (n=21), around half (55%) reported referring about the same amount in the past year compared with prior years, but interestingly, more reported referring less (30%) than more (10%) in the past year compared with prior years.

Some referring Social Workers have commented qualitatively (outside of the survey) on the additional time and commitment it takes to place someone in Shared Lives compared to placing them in residential care or supported living. Social workers need to find the right carer, who can meet the needs of the person and whose availability aligns with what is needed. They also have to navigate a different bureaucratic process to normal, that apparently could be streamlined. All in all it can take weeks or months. This, alongside any targets imposed by Council on placing individuals (if applicable, e.g., two per week), means that social workers often do not feel incentivised to use Shared Lives.

"From a Local Authority perspective, we could make it easier with our processes. As it stands it's a bit ping pong with emails. We have a very streamlined process for residential care homes, and for Shared Lives it's a bit clunky. We could probably make that process better and easier [E.g., using online forms]. Shared Lives have their referral form but it's not brought in line with the way we would request a placement in a supported living or a care home. So these things, they are not difficult, but they can put people off. And the matching process, it does take leg work."

[Social Worker, Interview]

Satisfaction

- The total surveyed group (n=36) provided **mixed ratings of Shared Lives** (Figure 31) but among those who had referred clients (n=21), **satisfaction was a lot higher** as Figure 32 shows.
- Main reasons for satisfaction include the **family/home environment** being better for the person supported than alternatives. Other reasons include the staff being responsive, professional and helpful.
- The main reason for dissatisfaction was around **limited availability of carers** to place people with – which was the most common theme expressed among the whole surveyed group. Others include a disagreement in banding the level of need (and therefore funding), a perception that SLSW are more likely to accept those considered to have low needs, and long process to complete the referral form and get a match.
- 92% of the surveyed group (n=36) said they **would refer more people to Shared Lives** if they felt they were a good fit.

"I think shared lives is a wonderful opportunity, however capacity seems low."

[Social Worker, Survey]

"For some people it works really well. It is all about the matching."

[Social Worker, Survey]

Figure 31. Social worker survey - overall rating of Shared Lives (all, n=36).

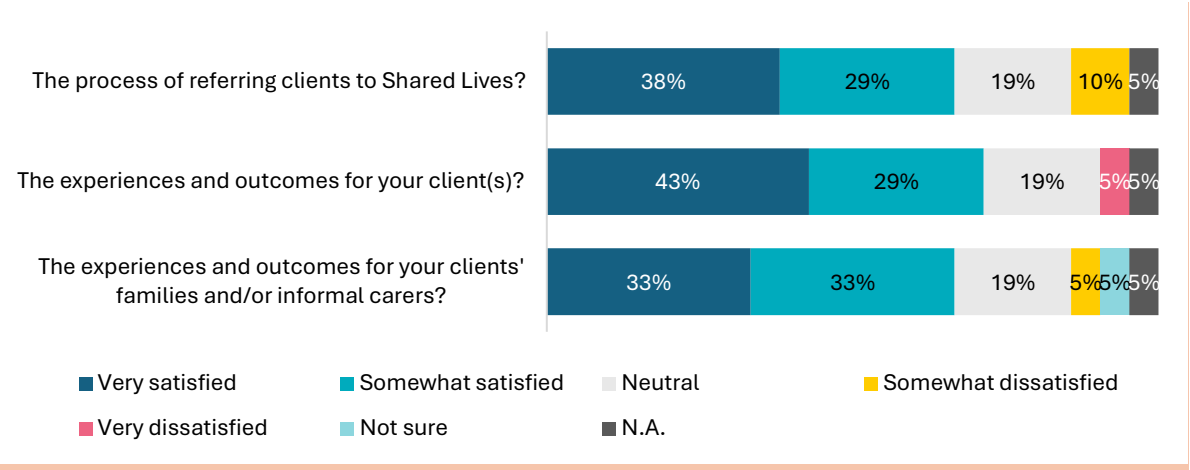

Figure 32. Social worker survey - Satisfaction Shared Lives aspects (people who have referred, n=21).

Employer (Cornwall Council) activities such as communications and training were set out to improve promotion and awareness of the scheme among the workforces. Apart from small proportions reading communications (36%) and listening to verbal communications (28%) from their employer about Shared Lives, most respondents had not come across these activities (Figure 33).

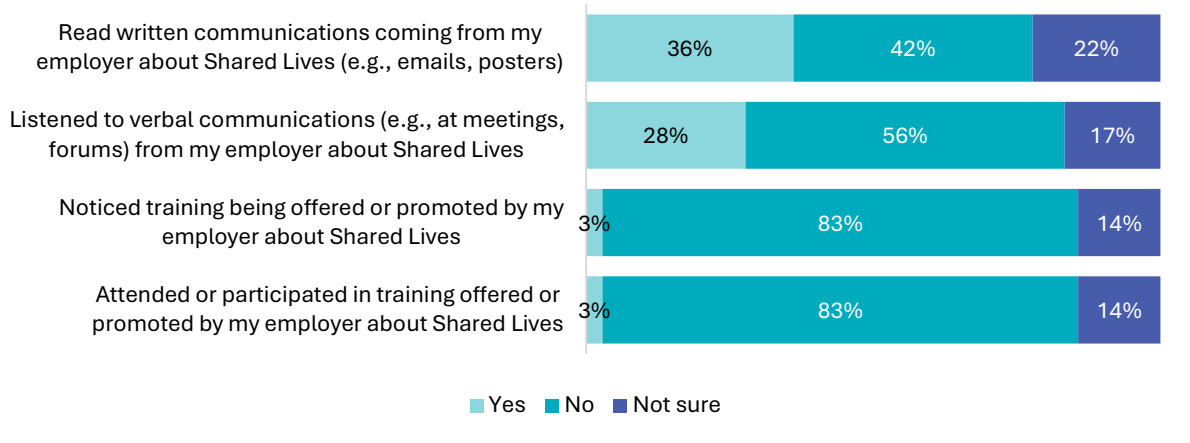

Figure 33. Social worker survey - engagement with employer promotional activity (n=32).

3.5.5 Impact

What is the impact of shared lives on costs for Cornwall council?

Two social workers in Cornwall Council were engaged to discuss the potential cost savings to the Council of placing somebody in Shared Lives compared with what their alternative care and support package would have cost.

Note that this cost avoidance work doesn't consider avoided costs into the future. For example, there is a case here of somebody in Shared Lives whose placement ended, who moved to independence as a result of Shared Lives, and now do not require any Council funding or

support. According to the social worker, this would not have been possible in their most likely alternative care arrangement (residential care), which would most likely have been ongoing. This is not considered an 'avoided cost' in these calculations, because it relates to post-placement outcomes, despite providing a clear long term value and cost saving.

Several cases are described below. The costs compared here are direct costs of placements and, where information is available, additional costs that are incurred within a placement (for example, day services, travel and other supports that are added onto a care package).

Caterina

One young woman had cerebral palsy, affecting her ability to move, and a learning disability, so she was considered as someone with relatively high support needs, which is typical of the cohort supported by Shared Lives in Cornwall.

The total cost to Cornwall Council of placing her in Shared Lives is £1,422 per week, which includes the £619.33 cost of the Shared Lives placement plus additional costs for day services and transport.

Her most likely alternative care package would have been a supported living placement with a weekly cost of between £1,500 and £1,800. She may have received additional services such as day services and transport in this supported living arrangement, but equally she may not have done, as these additional services are less likely to be provided in supported living or residential placements. Typically, for supported living or residential care, the care provider is expected to cover all care needs wherever possible. However, in Shared Lives placements, which are in a family/home setting, it is more likely for additional services to be considered.

So, assuming the minimum likely alternative cost of £1,500 per week, compared with the full cost of placing this person with Shared Lives (£1,422 including additional services), this represents a relatively small **potential saving of £78 per week, or £4,056 per year.**

Kevin

An older man in his 60s with a learning disability came to Shared Lives, at a cost of £439 per week to Cornwall Council. With four days in a day service added on per week, the total cost was £751.28 (which includes Shared Lives support, day services and transport). His alternative would have been a residential home, with no additional services added on because he was relatively independent. The fees for this individual would have been around £1,200 per week in a residential setting. **This is a saving of £448.72 per week, or £23,333 per year.**

Mo

A young man with complex mental health issues was supported through Shared Lives at a cost of £619.33 per week and no additional services paid for by Cornwall Council. With ongoing issues, it was a challenging placement and has since ended, but ultimately this person moved into independent living, with no support from Cornwall Council. The social worker believed that this outcome (independent living) would not have happened in an alternative model of care, and, due to the challenges he was experiencing, a residential care package would have been most appropriate, ranging from £2,500 to £3,000 per week. **This represents a potential £1,881 saving per week, or £97,795 per year.**

Richard and Jen

Two older people had multiple support needs – learning disabilities (both), frailty through old age (both) and dementia (one of the two). They lived in a registered care home, but with the number of people living in the home reducing, soon they were the only people left in the home. So, the people operating the home became Shared Lives carers and started to operate under this model. The current cost of equivalent residential care is estimated as £1,300 per week per person, compared to £619.33 per week, per person in Shared Lives. This would be a **saving of £680.67 per week, or £35,395 per year.**

Cost avoidance - summary

The four cases described here show potential cost differences ranging from a saving of £4,056 to £97,794 per year, compared to most likely alternative care packages (**with a median of £29,364 annual saving** across all four). This demonstrates how different each case is and this diversity is typical throughout the cohort.

With so many unknowns around the person's alternative care package, what might happen in those environments that would affect costs, and the high sensitivity that different parameters present (i.e., small changes to any could meaningfully change the result), it is hard to estimate an overall avoided cost through Shared Lives. However, the median arrived at here (£29,364) broadly aligns with other work assessing cost avoidance when using Shared Lives that suggests a potential cost saving of **£20,000 to £30,000 per person per year**:

- Some quantitative modelling was conducted as part of this evaluation, inputting numbers of people supported by Shared Lives in Cornwall, by banding (level of need), and estimating most likely alternative costs based on Cornwall Council rates[37] and discussions with Social Workers. It predicted a cost saving of £20,000 to £29,000 per person.
- Social Finance estimated in 2013 a cost saving of £25,000 to £27,000 per person per year for people with learning difficulties.[38]

- Shared Lives Plus estimated in November 2024 a cost saving of between £12,000 and £26,000 per person supported in Shared Lives per year, with estimates varying based on likely alternative (residential care, supported living) and level of need[39].

What is the impact of shared lives on people supported and their families?

The impact of Shared Lives goes well beyond cost savings. Positive impacts on people's ability to live independently, contribute to society and integrate within communities will inevitably generate longer-term cost savings for governments. However, the value beyond this for people supported and their families cannot be understated.

Positive differences that Shared Lives has made to people receiving care (according to limited survey responses (n=9 to n=11) from family members) include:

- Their life at home
- Their confidence and self esteem
- Their health and wellbeing
- Their social life and the amount of time they enjoy with other people
- The activities they take part in
- The opportunities and experiences they are offered
- Their independence skills/daily living skills

People supported were positive about the scheme, with all three interviewees indicating their placement had changed their lives for the better. Specific benefits included:

- More of an active life. Getting 'out and about' more than before – activities such as swimming, volunteering and working, going on holiday, going to concerts
- New skills, for example, cooking, cleaning, managing waste disposal
- New friendships and connections
- Laughter and enjoyment in the household
- Improving relationships with family members
- Reduced stress from previous living arrangements

"It makes me feel happy. [Life is] less stressful. Better now."

[Person supported, Interview]

[about relationship with parent] "It's a bit different than before. In a good way."

[Person supported, Interview]

"[Carer] has been amazing with me. Because the thing is, without doing what she does, like going out and stuff, it would've been impossible wouldn't it? While I was living with [family member] I didn't get a chance to go on holiday and stuff like that. I was stuck indoors all the time."

[Person supported, Interview]

"She [carer] has changed my life"

[Person supported, Interview]

Interviewees were also asked about what has gone less well. No areas for improvement were raised with regards to the care or services they receive, but some mentioned having good days and bad days, and falling out with their carer.

> *"Me and [carer], we have good days, we have bad days. But it's part of life. …when I'm losing my temper with [carer] because sometimes she thinks I've done something wrong and I didn't."*
>
> *[Person supported, Interview]*

What impact has the ARF funding had?

Although the ARF-funded activities have not yet led to expansion of the scheme, we can see measurable indications of some benefits:

- The research and marketing activity have led to **increased understanding about Shared Lives carers** and the potential pool of carers that exist in Cornwall.
- There has been a significant increase in website visits since the start of the Marketing suggesting **increased public awareness of Shared Lives**.
    - Marketing campaigns have produced large increases in traffic to the SLSW website. Website visits were around 1,000 to 3,000 per month prior to the marketing, and this rose to 14,000 in March 2025. Notably, since then, visits to the 'Become a carer' page have declined but enquiries through the 'Contact us' page remain relatively high (between 14 and 30 per month) compared to before (between 7 and 12 per month), suggesting that people may be starting to move from awareness building (e.g., visits to 'become a carer page') to action ('Contact us' enquiries).
- Contact us forms / enquiries over time look to be increasing since the introduction of the marketing and community engagement officers.
- The online marketing activity generated 20 enquiries (contact us forms completed) across 4.5 months. Marketing is set to continue beyond this report. If rates continue, **we would expect to see a total of 53 additional enquiries generated through the marketing within a full 12 month period.**.
- The community engagement officer generated 41 enquiries in 8 months, if we annualise this figure (as the ARF funding covered 12 months of the role), **we would expect a total of around 62 additional enquiries generated through community engagement within a full 12 month period..**
- Previous years of data on the conversion rate between enquiries and approved applications shows that around 5% of enquiries convert. If we apply this to the additional enquiries we expect from the marketing and community engagement officer, **we would expect to see an additional 5.7 applications for Shared Lives carers approved by the end of the year** 25/26 (or soon after)[4].

[4] These are conservative estimates as this does not account for the people coming back to the website following initial awareness raising through the marketing channels (particularly the offline channels). These figures are only based on direct and immediate impact of the interventions. However, they do assume that the effects of the marketing will continue beyond the final campaign (late 2025).

- Based on these figures, an additional 6 Shared Lives carers could equate to 8 people supported[5], **resulting in a possible system saving of around £235,000 per year** for likely numerous years.

Further benefits of the ARF funding for Cornwall Council and SLSW includes:

- Having more resource out in the community to try different events and groups has reportedly increased brand awareness within local communities.
- **Improved organisational assets & resources for SLSW** (from the marketing). Accessing external marketing support produced high quality marketing materials and communication tools, which have been useful for their core purposes (marketing campaigns) but are also 'products/tools which we can use again and again' (SLSW stakeholder). For example, a Stakeholder/Partner Toolkit 2025 includes digital assets, videos, key messaging, email templates, social media posts, FAQs, and more, for communicating with ASC referring staff and other stakeholders.
- **Improved SLSW organisational direction, strategy guidance for future** (from the research, marketing and community engagement).
  - The community engagement officers have used trial and error to build a strategy for future community engagement. Both officers (1 in Devon, 1 in Cornwall) could easily identify the channels and opportunities that were most effective, why, and why other channels were less effective, and where future efforts should be directed. This information is being fed back into SLSW's ongoing recruitment approaches.
  - The research also identified key carer demographics and geographic areas that are higher in these profiles, for targeting recruitment efforts. These have been used by SLSW to aid in recruitment efforts.
  - If the marketing is unsuccessful at growing the scheme, it has been suggested that, given it was done at a high quality and to industry standards, this can aid further learning about what works and what doesn't, and other ways of recruiting can be considered into the future.
- **Increased engagement from existing SL carers** (retention work). Engagement from SLSW carers coming to carer meetings in the past 12 months has reportedly risen.

It seems that momentum is building and there are some early signs of success, although further monitoring of carer enquiries and applications will be necessary into 2026 to better understand the longer term impacts of the ARF-funded activities.

3.5.6 Learning and Recommendations

The Model Offers Strong Outcomes and Long-Term Savings

All the evidence collected and reviewed in this evaluation (e.g., from people receiving care, their families, carers, social workers, cost benefits, previous research and published literature)

[5] Some carers care for more than one individual, on average carers have space (have agreed to look after) 1.47 people.

support the idea that Shared Lives is a model of care that can help people to live and develop in ways that other models can't.

Shared Lives continues to deliver high satisfaction, independence, and wellbeing for individuals supported, while offering substantial cost savings to the local authority—up to £97,000 per year in some cases

Recommendation:

- Continue to invest in Shared Lives and to monitor the success of marketing schemes and campaigns, noting the following learning points and recommendations.

Recruitment Remains a Bottleneck. Awareness Campaigns are Reaching Audiences, but Conversions Remain Low

ARF-funded marketing campaigns reached a wide audience and significantly increased website traffic and awareness of Shared Lives in Cornwall. However, this visibility did not proportionally translate into enquiries or applications to become a carer, with online conversions remaining low and cost per enquiry high across most channels. The biggest constraint to growth is the limited supply of approved carers.

Recommendation:

- Given the clear value of Shared Lives, Cornwall Council should explore sustained investment in recruitment infrastructure, including reviewing carer remuneration, expanding the pool of eligible carers (e.g. older adults, single households), and creating a long-term pipeline via community partnerships, media outreach and strategic engagement.
- Future campaigns should focus on nurturing interested audiences—for example, by using follow-up communications, email sequences, or personalised content to support people through the decision-making process.
- Carer enquiries and applications need to be monitored into 2026 and beyond to understand the longer term impacts of these activities.

Community Engagement has High Value in Building Trust and Generating Enquiries

The deployment of a Community Engagement Officer led to strong qualitative feedback and generated 41 enquiries in eight months—more than any individual online channel. Face-to-face conversations, especially in smaller, local events, proved more impactful than larger-scale venues.

Recommendation:

- Continue investing in local, grassroots engagement, especially in rural areas where trust and familiarity drive action. Building long-term presence in communities—through sustained conversations, local networks and repeat visits—should be a core part of future recruitment strategy.

System Barriers are Limiting Referrals Despite Social Worker Support

While social workers generally value Shared Lives, barriers such as slow referral processes, lack of available carers, and mismatched perception of who the service is for have led to underuse.

Most social work staff reported awareness of SLSW through word of mouth (conversations with colleagues) as opposed to communications and training from Cornwall Council. Most also reported lack of care availability as a barrier in referring clients.

Some were disenchanted with the process of referring and didn't understand the benefits. Some may be incentivised to place a minimum number of people per week, and the approach of Shared Lives doesn't lend itself to this, with referrals undergoing a lengthy matching process.

Recommendation:

- Cornwall Council should engage ASC teams around SLSW, address myths and issues. For example, SLSW will accept any referral form (including the Councils) yet some of the workforce still site this as a barrier to referral.
- Cornwall Council should streamline internal referral processes (e.g. align forms with other care services, digitise steps) and clarify eligibility to empower more frequent, confident use of Shared Lives among professionals. Capacity issues must also be addressed to ensure referrals can be fulfilled.
- Consider what incentivises social work staff (e.g., weekly targets to place people?) and how this can be optimised to prioritise referrals into Shared Lives (Cornwall Council).
- More communications and training delivered to bust myths and improve perceptions (Cornwall Council), this might be better timed when there is increased SLSW carer capacity.
- Publicising positive stories within the ASC workforce to generate discussion and word of mouth among colleagues (SLSW, Cornwall Council).

Strategic Insights and Tools from the ARF Project Can Shape Future Growth

The project produced a bank of insights, tested strategies, and practical resources (e.g. the Stakeholder/Partner Toolkit) that can inform ongoing recruitment, retention, and community engagement efforts. Importantly, these outputs also offer value even if marketing returns remain modest.

Recommendation:

- Continue to apply and refine insights gathered through the ARF-funded work. Share learnings with regional and national Shared Lives networks to inform future practice and ensure materials and messaging are reused and adapted for long-term, cost-effective impact.

4 Programme Impact

The Accelerating Reform Fund offered a unique opportunity for Cornwall Council to commission services in a slightly different way. This section of the report captures the provider experience of the fund.

Providers of all of the ARF initiatives were asked to feedback on their perceived impact of the ARF programme. Feedback has been summarised against three questions:

What was the impact of the ARF funding on the providers involved?

ARF funding had a significant and positive impact across all providers, enabling them to deliver innovative work that would not have been possible under their usual budgets. Shared Lives South West undertook in-depth research and piloted new recruitment approaches; Carefree also piloted recruitment approaches to expanded their reach to unpaid carers and launched new referral pathways; the 24/7 Grid project introduced a widely supported planning tool across Cornwall; and the Andi Hub project was able to scale and evidence proactive TEC innovation.

Providers valued the flexibility and learning focus of the programme, with several describing it as a “boost” that allowed them to test, adapt, and respond creatively to local needs. However, some noted delays in fund disbursement or short delivery timeframes as constraints that affected implementation.

What have providers learned about the sustainability of their offer?

The ARF programme offered providers important insights into the sustainability challenges of their services. A common theme was that current operating models and contracts do not sufficiently fund essential developmental activities such as outreach, innovation, or co-delivery models.

Shared Lives highlighted a long-standing underinvestment in carer recruitment and awareness-building, while Promas and Memory Matters flagged the higher costs of dual delivery models that include carers and the people they care for. Carefree identified logistical constraints in delivering breaks within Cornwall and the importance of flexibility. Overall, providers agreed that while the ARF programme laid important groundwork, long-term sustainability will require ongoing investment, structural support, and strategic commissioning.

What was the provider experience of the management of the ARF fund in Cornwall?

Experiences of programme management were generally positive, with providers appreciating the structured approach, clarity in contracting, and regular support through catch-up meetings. Cornwall Council was praised for its prompt payments and efficient contract handling, especially compared to other regions. Some challenges were reported, including limited early access to key partners, delays in releasing funds, and short timeframes for delivery relative to project ambitions.

Providers also noted that managing complex projects internally, without dedicated project management support, could be difficult alongside service delivery. However, most providers felt well supported and described the programme as a valuable and collaborative experience.

5 Learning and Sustainability

Through the Accelerating Reform Fund, the DHSC aims to support the growth of services that make person-centred care a reality for those who draw on it, support unpaid carers to live healthy and fulfilling lives alongside their caring role and respond to rising demand and the changing needs of local populations. Locally, Cornwall Council aimed to use the fund to understand what works to support their population and how sustainable these innovations or services could be beyond the funding.

This section of the report summarises the main learning from the project evaluations and sets this out against the financial investment made from the ARF programme to support the Councils consideration of future investment.

Unfortunately, the compressed timeline and slow implementation for some projects have meant that some information is limited. It should also be noted that the evaluations were not designed to be economic evaluations so where costs are discussed, we focus on immediate service activity, rather than on social return or longer term impact of improved wellbeing.

Shared Lives

The ARF-funded Shared Lives project in Cornwall has successfully increased awareness of the scheme through high-quality marketing and outreach, laying strong foundations for long-term growth. While digital campaigns raised significant interest, the community engagement work, particularly face-to-face conversations, proved most effective in generating genuine enquiries and building trust.

Shared Lives continues to demonstrate excellent outcomes for those supported and meaningful cost savings for the local authority. The project has produced a valuable set of insights, tools, and engagement strategies that can inform and strengthen future delivery. This positions Shared Lives as a key part of a more personalised, community-based approach to adult social care.

The investment in Shared Lives was £100,000. It is estimated that the marketing and community engagement activity will likely result in approximately 8 additional approved applications (although follow up analysis will need to confirm this). The evaluation found large variation in the costs of services for people accessing Shared Lives with a median cost avoidance of £29,364 per annum per individual supported. Based on these figures, an additional 5.7 Shared Lives carers could equate to 8 people supported, resulting in a system saving of around £235,000 per year for likely numerous years.

These figures suggest that continued investment in Shared Lives and in some continued recruitment strategies are likely to be cost effective.

Carefree Breaks

Carefree breaks have had a significant and positive impact on unpaid carers in Cornwall, offering much-needed respite that many would not have otherwise accessed. Survey data shows that 89% of carers experienced an improvement in overall wellbeing, 87% felt better able to cope with caring responsibilities, and 85% reported feeling more socially connected. Notably, 65% had not taken a break in one to two years, and 85% said they would not have

been able to take a break at all without Carefree's support. Qualitative feedback reinforces these findings, with carers describing the breaks as "deeply restorative" and giving them space to rest, reflect, and reconnect with their sense of self. Carers returned feeling refreshed, more resilient, and better prepared to continue their roles, with some noting a ripple effect of improved wellbeing on the person they care for. While the positive effects may not be sustained in every case, the value of offering even short-term respite - physically, emotionally and mentally - is clear. Care practitioners echoed these findings, emphasising that the breaks help prevent burnout, sustain the carer's ability to provide support, and remind them that they are not alone.

The investment in Carefree breaks was £55,000. This funding enabled a successful marketing campaign that increased self-referrals from 44 to 183, and initiated work with the Cornwall Carer service which enabled an increase in referrals from 8 to 71 and enabled 93 reverse referrals (from Carefree into Cornwall Carer Service). These increased referrals resulted in an increase in the number of breaks taken from 32 in the year prior to ARF to 81 in the 12 months of ARF funding.

While the financial value of the breaks taken over the ARF funding year was £22,275 and continues to grow, the financial benefit to the breaks may be greater. Preventative investment in carer breaks like those offered by Carefree can result in significant system-wide savings, helping local authorities reduce long-term care costs, and avoid crisis-driven spending by helping carers to remain in their caring role for longer.

AndiHub

The implementation of AndiHub in Cornwall has demonstrated strong potential to enhance independent living, improve carer peace of mind, and reduce unnecessary emergency interventions. Since its rollout in October 2024, 194 AndiHubs have been installed - primarily supporting older adults with mobility issues, dementia, and long-term health conditions.

The system generated over 50,000 tailored alerts, including emergency, behavioural, and environmental triggers, enabling early detection of potential risks and 287 proactive calls to emergency contacts.

Importantly, 21 false alarms were identified where ambulance call-outs were avoided among the 15 ARF funded users, demonstrating AndiHub's value in accurate triage and reducing pressure on urgent care services. Users and carers reported feeling reassured, safer, and more confident, with several highlighting the emotional and practical benefits of being able to maintain independence and reduce constant carer supervision. Overall, AndiHub has proven to be a meaningful tool in promoting proactive, personalised, and cost-effective care across Cornwall.

Despite its positive impact, the implementation of AndiHub under the ARF programme faced several challenges. Delays in ARF funding confirmation led to a compressed delivery timeline, limiting early training and awareness-building among referral partners such as the Cornwall Carers Service (CCS). Initial recruitment efforts were hindered by over-reliance on email communication, a lack of clarity around referral pathways, and limited public familiarity with the technology. These issues underscore the importance of early planning, workforce readiness, and multi-channel engagement in successfully embedding new digital care solutions.

The investment in AndiHub from the ARF was £100,000, of which £35,000 has been allocated to equipment, monitoring and support (the remaining £65,000 has yet to be spent). While it is likely that the AndiHubs have had a positive impact on the health and care costs associated with the 15 users funded through the ARF programme (for example, the cost per ambulance call out without conveyance is around £327[40] resulting in an approximate cost avoidance of £6,867). There could have also been further cost savings across the support packages in place for these individuals, however it is unlikely this would have amounted to the cost of the project given such low numbers of people supported from the fund.

However, the implementation of AndiHub in Cornwall has demonstrated strong potential to enhance independent living, improve carer peace of mind, and reduce unnecessary emergency interventions. Going forward, it is strongly recommended that there is a standard practice around the implementation of the technology to enable clear messaging to potential referring partners and users.

24/7 grids

The 24/7 Grid has demonstrated strong potential to improve person-centred care planning by enabling individuals, carers, and professionals to visualise weekly support needs in a clear, accessible format. Its colour-coded, costed design helps highlight opportunities to increase independence, reduce unnecessary support, and make more efficient use of care budgets. In Cornwall, the tool has been successfully used with individuals receiving direct payments or individual service funds (ISFs), and is especially effective for those with learning disabilities or structured routines. Care practitioners report that it enhances conversations around care, reveals the scale of unpaid support, and encourages more meaningful engagement from individuals and families. While uptake has been gradual and barriers remain, the 24/7 Grid has already shifted practice towards more reflective, tailored planning, with anticipated longer-term benefits for outcomes and cost-efficiency.

The investment in 24/7 grid was £30,000. This funding enabled systematic training of staff across Cornwall in the grid and its use and kick started the implementation of the use of grids for some providers.

In theory, structured, person-centred planning and support can shift costs from Adult Social Care to more sustainable community or home settings. Tools like the 24/7 Grid could support these mechanisms by increasing independence, enabling early intervention, improving coordination, and reinforcing informal/family care. While there is some anecdotal evidence of this from neighbouring counties, further evaluation is needed to understand the impact of 24/7 grid and the shift in planning conversation to a more person-centred approach on packages of care at 6, 12 and future review timepoints.

> *it's really clear that the intentions are this is a way of maximising support provision for people. The most person centred way of which will result in cost savings because there's not many folk who want two people following them around, they'd much rather be in a position where they can be more independent. So maintaining that ethos behind the tool I think would need to be again an ongoing investment to maintain it.*
>
> [Care Practitioner - Interview 1]

Promas/ Memory matters

A total of 38 carers were supported to achieve positive outcomes relating to their resilience and ability to continue in a caring role, particularly those who completed the mentoring (n=27).

Completion of the full course and mentoring, had a profound and empowering impact on carers, offering a safe, personalised space to reflect, reframe and re-balance their caring roles. Carers consistently described feeling heard, supported and guided by Promas mentor's compassionate and knowledgeable approach, which helped them develop new strategies for managing stress, setting boundaries, and prioritising self-care without guilt. Many spoke of feeling less overwhelmed, more confident, and better equipped to cope emotionally and practically with the demands of caring.

Several reported life-changing shifts in mindset—moving from a sense of isolation and burnout to increased calm, clarity, and self-worth—with one carer describing the course as "life saving". The mentoring gave participants a practical 'toolkit' and renewed emotional resilience to respond rather than react, reclaim time for themselves, and build more sustainable approaches to care.

From these findings it is reasonable to assume that a significant proportion of those who completed the course and mentoring benefitted in the way intended and improved their resilience to avoid or postpone burnout or crisis and the person they care for requiring residential care.

The investment into Promas and Memory Matters training and mentoring was £50,000. Given the cost of residential care in Cornwall is £933-£1,253 per week[41] in a residential home without nursing and £1,309 to £1,760 per week in a home with nursing, it would only take one dementia carer to postpone or avoid breakdown for one year to more than pay back the investment.

While the evaluation did not aim to examine the financial impact of the course, the evidence demonstrates a likely significant cost avoidance, based on carer reported outcomes of improved resilience and ability to cope in their role and therefore a reduced likelihood of reaching burnout and crisis.

6 Conclusion

The Accelerating Reform Fund (ARF) aims to scale up impactful innovations in Adult Social Care by embedding person-centred, community-based solutions that promote independence and support unpaid carers. Cornwall's approach under the ARF focused on three priority areas:

- expanding Shared Lives to offer more short and long-term placements;
- using digital solutions like Carefree's self-booking breaks, 24/7 care planning grids, and Andi's smart home technology to increase control and oversight for carers; and
- extending tailored support to unpaid carers, particularly those caring for people with dementia.

The fund generated significant activity and learning across these priority areas and demonstrated promising progress towards improving carer resilience, enhancing the quality of life for people receiving care, and optimising system resources.

Despite some implementation challenges, the programme has delivered measurable benefits for individuals, families, and the system. Its legacy lies in the relationships built, lessons learned, and the momentum created toward a more responsive and preventative model of care. Continued investment in innovation and collaboration will be essential to build on this foundation and sustain improvements in outcomes for people across Cornwall.

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