

In work, better off: next steps to full employment

Response from Carers UK

October 2007

1. Introduction – about Carers UK

1.1 Carers UK is the leading organisation representing the views and interests of the six million carers in the UK who care for their frail, disabled or ill family member, friend or partner. Carers give so much to society yet as a consequence of caring, they experience ill health, poverty and discrimination. Carers UK seeks to end this injustice and will continue to campaign until the true value of carers' contribution to society is recognised and carers receive the practical, financial and emotional support they need.

1.2 Carers UK is an organisation of carers, for carers, with a reach of around 1,300 organisations (including over 70 branches, run by carers) who are in touch with around 1,000 carers each, making our potential reach around 1,300,000 people. With additional local organisations signing up to Carers Week each year, we are also often in contact with another 2,000 or so organisations which means a potential overall reach to nearly 3.5 million people.

1.3 Carers UK run an information and advice service and advise in excess of 18,500 carers and professionals working with carers every year. We also provide training to over 600 professionals each year.

1.4 Carers UK has offices in Wales, Scotland and Northern Ireland and we also run a specific project in London. This response reflects the views of the organisation, UK-wide.

2. Action for Carers and Employment, led by Carers UK

2.1 Carers UK is the lead partner in a European Social Fund programme, Action for Carers and Employment. ACE National is a development partnership working to support the inclusion of carers in training and work, funded by the European Social Fund's EQUAL Community Initiative Programme. ACE National has been funded in both rounds of EQUAL. In the first, its

partners included key public, private and not-for-profit organisations providing information, advice and guidance on accessing training and work, City&Guilds, the UK's leading accrediting body, and a leading group of employers, Employers for Carers, chaired by BT. In its second round, ACE is working with an innovative partnership consisting of key public, private and not-for-profit social care service providers and key policy stakeholders such as regulatory bodies and trade unions. All relevant government departments, including the Department of Health, the Department for Work and Pensions and the (former) Department for Trade and Industry, have been partners in both rounds of ACE.

2.2 ACE National's objectives are: to raise awareness in the widest possible forum of the barriers facing carers who want to work; to develop and test the mechanisms that can support carers to return to, or remain in, work; to mainstream support and have the greatest possible impact on local and national policy on carers and work.

3. Our response to the consultation paper - opening comments

3.1 Carers UK welcomes the Government's review of the welfare-to-work strategy and the opportunity to respond to this consultation paper. We strongly endorse the Government's aspirations for an 80% employment rate and the elimination of child poverty by 2020. We support the Government's strategic choice on a renewed focus on helping as many people as possible into paid work. However, we also believe that this drive needs to be complemented by greater attention to the individual employment and service needs of people who are out of work, or who are unable to work to their potential, because of their caring responsibilities.

3.2 Our definition of such carers, which is also accepted and used by the Department of Health, is people who ***"look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid"***. Carers are an often hidden but very substantial part of our population, constituting around 6 million people in the UK, i.e. 10% of the total population and approximately 12% of the adult population. With the number of people aged 85+ predicted to increase by over 900,000 in 2025 (*GAD 2003-based population projections, Crown Copyright*), and part of this longer life span likely to include more years in poor health, the number of carers is also set to rise, with an estimated additional 3 million required by 2034 (*Source: More than a job - Working Carers: evidence from the 2001 Census*).

3.3 The statistics are even more striking regarding carers and employment. The 2001 Census showed that there are 4.27 million carers of working age in Great Britain of whom only two thirds are in paid employment. This leaves an estimated 1.5 million carers of working age who are not in employment. What are the reasons for this? Our evidence suggests that carers want to work but are facing significant barriers in being able to do so. Most recently, for example, research commissioned by Carers UK from the University of Leeds (*Managing Care and Employment, CES Report Series, October 2007*) has found that "significant numbers of carers outside employment want(ed) to work – but were unable to get the support and services they needed to make this possible". This supports previous findings (*Stiell et al 2006*) that carers often feel it is important to maintain their other identities when they take on caring responsibilities and "worry about their ability to hold on to their job or career, and to the income, social contacts and mental stimulation which they get from paid work". Indeed, for

many carers, paid employment is part of their normal life and something from which they do not want to be excluded.

3.4 Despite this desire to work, however, one in five carers gives up work to care, experiencing loss of income, pension and long-term financial security as a result (*Source: EOC and Real Change Not Short Change, Carers UK 2007*). Such carers are clearly facing serious barriers to combining their caring and employment roles and we believe that any new welfare-to-work strategy needs to give detailed consideration to how to tackle these problems. This is particularly important given the demographic shift in the UK's population. Within the next twenty years there will be a larger retired population relative to a smaller working population and yet at the same time, as mentioned above, it is estimated that the UK will need substantially more carers. This increase in the need for people to provide care is also coupled with the increased expectation that people will work longer because of later receipt of state pensions and longer life spans. It will be ever more vital, therefore, to ensure that people are better able to balance care and work responsibilities in the future.

3.5 In the light of the above background, we have set out in our response our comments on the following key issues:

- Identifying carers as a priority group (section 4 of this response)
- Skills and training as a pathway to employment (section 5)
- Employment support and responsibilities (section 6)
- Developing more supportive workplaces (section 7)
- Developing more supportive services to support participation in the workplace (section 8)
- The benefits system (section 9)
- Concluding comments (section 10)

4. Identifying carers as a priority group

4.1 We welcome the short section on carers in the consultation paper (chapter four - the next steps towards full employment). We also appreciate, as referenced in the paper, DWP's ongoing work within the current review of the Prime Minister's 1999 Carer's Strategy to shape support for carers, including employment support. DWP is coordinating both the income and employment taskforces which are drawing up recommendations under the review and this response will be fed in to that process. However, we believe it is essential that carers are brought in to mainstream welfare to work policy to ensure that the outcome of the Strategy is joined up with existing policy.

4.2 We are disappointed that the paper covers carers only relatively briefly, under the general heading of "helping parents into work, helping children out of poverty", whereas they are to be found across a much wider section of the population than this implies and, as described above, will become an even more significant group in the future. We therefore think it is crucial to provide a more detailed look at the relevant issues regarding carers, employment and benefits as part of this consultation on welfare reform.

4.3 Firstly, we believe that consideration should be given to how employment and welfare services can identify people with caring responsibilities in order to ensure that their needs and potential are realised. In this respect, carers should be highlighted within Jobcentre Plus and

other agencies as a potential disadvantaged group who may need “specialised support” and priority help.

4.4 The 2001 Census was the first to include a question on caring responsibilities. This has given us a wealth of information on carers’ health, ethnicity, careers etc, and at a local level has allowed local authorities to plan services based on accurate information rather than guesswork. This question is at risk for the 2011 Census which we believe would seriously hinder the DWP and Jobcentre Plus’s ability to understand the needs of carers and analyse the impact of demographic change on the country. As more people become carers accurate data about them will be essential for policy making. Implementation of the National Carers Strategy will also be made more difficult without accurate data. Decisions are being made about the 2011 Census shortly and, as the Department will be aware, we have written to DWP ministers and to relevant ministers in other departments to urge them to discuss this matter with the Treasury and the Office for National Statistics. We are delighted to have received a letter from Anne McGuire MP, Minister for Disabled People (dated 4 August 2007) in support of including this question and believe it is crucial that it is covered in the Census.

Carers within other priority groups

4.5 The consultation paper states that in order to achieve 80% employment there will need to be a reduction of one million in the number of Incapacity Benefit claimants, 300,000 more lone parents in employment and one million more older people in work. Research by Carers UK shows that the number of carers is likely to be significant in all of these groups, either because statistically they will fit into that age category, they have some kind of disability or chronic illness resulting from caring that prevents them from working, or they are a lone parent caring for a sick or disabled child. In order for the Government to meet these targets, therefore, greater consideration needs to be given to identifying, and addressing the needs of, carers within these groups.

4.6 Carers on Incapacity Benefit. According to recent official figures, around one fifth of the 2.7 million Incapacity Benefit claimants are also carers and, of this group, around 40% care for over 20 hours per week. This means that around 216,000 carers currently provide substantial care and receive Incapacity Benefit. Data from the 2001 Census also reveals that carers are twice as likely to suffer ill-health if they are providing over 50 hours of care per week (*In Poor Health – the impact of caring on health, Carers UK, 2004*).

4.7 Carers who are lone parents. Research carried out by Carers UK also demonstrates that as many as 32% of children with a limiting long term illness live in lone parent families in England and Wales compared with 22.9% children overall (*Managing More than Most: a statistical analysis of families with sick or disabled children, Carers UK, 2006*). In the light of the consultation paper’s proposals to strengthen lone parents’ responsibility to look for work, it is particularly important that employment and benefits advisers identify lone parents who are carers, i.e. those who are caring for a sick or disabled child or for an adult. This is because, firstly, as the paper says, lone parents receiving Carer’s Allowance will be able to continue to claim Income Support if they so wish and it is important that people are aware of this. Secondly, our evidence suggests that there is a wider problem of people not recognising themselves as carers and therefore being unaware of their entitlements. Around 2 million people become carers each year, yet Carers UK has found that 65% of people with a caring responsibility did not identify themselves as a carer in the first year of caring. For a third of

them (32%) it took 5 years before they recognised they were a carer. An estimated £740 million worth of carers' benefits go unclaimed each year (*In the Know: the importance of information for carers, Carers UK 2006*).

4.8 For lone parents who do move onto Jobseeker's Allowance we note that "advisers are able to take into consideration specific circumstances such as domestic emergencies or bereavement when assessing an individual's availability for work". We also believe that there should be a **built in check** about whether people have caring responsibilities for a sick or disabled child or for an adult.

4.9 Carers in the older workers' group. We welcome the recognition in the earlier Green Paper (A New Deal for Welfare: Empowering people to work, 2006) that the peak age for carers comes between the ages of 45 and 54. Carers are therefore a significant part of this target group. However, recent research (*Appendix to Who Cares Wins, Carers UK 2006*) shows that carers in this age group are more likely to be out of work caring than in employment so the challenge will be how to support them to return to work.

4.10 In addition to the above three groups, carers can be found in all age groups of the population, from young to old, and there is an important caring dimension to be borne in mind among other groups who may experience disadvantage. For example Bangladeshi and Pakistani men and women are three times more likely to provide care compared with their white British counterparts (*Who Cares Wins, Statistical analysis of the Census 2001*).

5. From skills to employment

5.1 We welcome the proposals in the consultation paper (chapter three – Local Employment Partnerships) for Jobcentre Plus, together with the Learning and Skills Council and other providers, to offer a variety of support including working with individuals to diagnose their needs to enable a return to work. We note that this will include pre-employment and in-work training. We also welcome the proposals outlined in chapter four – the next steps towards full employment - for integrating employment and skills, including identifying those customers needing the greatest support.

5.2 Research commissioned by Carers UK has identified that carers are often clustered in low skill, low paid jobs. This may be because they are forced to access work which can fit around their caring responsibilities and, indeed, there is evidence that many carers are working below their potential. It may also relate to a lack of access to training as a result of caring (*Who Cares Wins, A report for Carers UK by the Centre for Social Inclusion, Sheffield Hallam University, 2006*).

5.3 We therefore think it is important that Jobcentre Plus, the Learning and Skills Council and other providers prioritise ways of **upskilling and reskilling** carers to enable them to reach their potential. This would be of benefit also to their families (and household income), employers and to the economy as a whole.

5.4 In the light of this, we are disappointed with the current rules regarding training for carers and would like to see greater attention given to their distinct needs. For example at present someone studying more than 21 hours cannot receive the main carer's benefit, **Carer's**

Allowance. This is an outdated rule in the age of internet and distance learning and acts as a barrier to many vocational as well as non-vocational courses and should be removed.

5.5 Other key barriers to carers accessing education and training are the cost of courses and the lack of alternative care services. Carers UK has met earlier this year with the Minister for Care Services Ivan Lewis MP and the Minister for Lifelong Learning Bill Rammell MP to discuss these issues. We would like to see increased investment and support to ensure carers have **greater access** to learning and educational opportunities and we believe that the DWP should have a strong interest in this area.

5.6 To ensure greater access to work for carers we believe that it is essential that training programmes and personal action plans etc are both practical and **realistic**. For example, our experience through local demonstration projects of trying to help carers back to work is that for those who have been out of work for some time, pre-vocational work support, rather than vocational, will be more effective in helping to build their skills. Innovative and tailored approaches to pre-vocational training have been pioneered by Carers UK, through its Action for Carers and Employment Project (ACE). These include the new learning tool, Learning for Living, developed by City & Guilds as part of ACE, which helps carers to build important skills and confidence so that they can re-engage with the labour market.

5.7 We also believe that support should be given at national and local level to share and build on the good practice which some public authorities are developing in the area of training for carers. The latest University of Leeds research referred to above (*Carers, Employment and Services Report series, October 2007*) includes an in-depth consideration of how services and support for working carers have developed in ten localities across England, Wales and Scotland and identified several authorities which had developed training courses supporting those carers whose preferred option was full-time caring and which “were designed to formalise and accredit the skills they had developed in their unpaid caring role. As well as adding to their CV, these courses built up carers’ self esteem and gave them access to a larger social network. This was particularly important for people who had been out of the labour market for a long time” (*Carers, Employment and Services in their Local Context*)

5.8 Carers UK feels strongly that learning opportunities, both pre-vocational and vocational, should be identified as part of **return to work support** for carers and funded where necessary.

5.9 We also believe that training and skills programmes need to be **flexible and accessible in design** as follows:

- Flexible in timing to coincide with times when the carer has alternative care
- Alternative care to be offered and provided in the first place to allow carers to participate – in the same way that childcare is offered as part of the New Deal for Lone Parents
- Access to the right advice to be offered about alternative care options – in the same way that childcare options are explored
- It should be borne in mind that the circumstances of carers can often be more challenging and uncertain than, for example, parents with childcare requirements. Care packages, whether for adults or sick or disabled children, are inevitably more complex than standard childcare provision and there is also often more uncertainty for carers

about how their caring role will change in the future. For example, the pattern of caring for an older person may increase unexpectedly or it may decrease if they go into a residential care home. The pattern of caring for a sick or disabled child will also change as the child grows older and, unlike, standard childcare responsibilities, does not end when the child becomes an adult.

5.10 We note the consultation paper's recognition that the number of young people "outside the employment, education and training systems" has increased from 86,000 to 105,500 since 1997. We welcome the Government's proposal to raise the minimum age young people can leave education or training to 18 and believe that consideration should be given to **young carers**, who face particular challenges in accessing education and training. Carers UK has long been calling for joined-up action on behalf of the UK's 175,000 young carers since 2004 when it published one of the largest studies on young carers. This showed that a fifth of such carers and their families received no external support other than young carers' projects and more than a quarter of young carers of secondary school age were experiencing problems at school. Education and training providers need to be able to identify young carers and learn from the experiences of providers who have provided training for older carers.

5.11 A problem of a lack of available **careers advice** has also been reported to us by carers seeking to return to work, for example, carers of sick or disabled children who have been unable to access advice relating to career direction, and applying for a job (*Caring for Sick or Disabled Children: Centre for Social Inclusion, Sheffield Hallam University*). Carers UK would therefore welcome consideration by government about how the new Adult Careers Service can ensure that careers advice services are made more accessible to carers, including through national and local networks.

6. Employment support and responsibilities

6.1 We have warmly welcomed the decision to remove carers from the list of benefit recipients who had to attend a Work Focused Interview as a condition of receiving a benefit (*Carers UK response to A New Deal for Welfare: Empowering people to work, 2006*). We also welcome the statement in the consultation paper (chapter four – the next steps towards full employment) that "we have considered increasing the work-related responsibilities for carers and do not believe that this would be appropriate". We note the recognition that carers and advisers view mandatory Work Focused Interviews at the start of a carer's benefit claim as "ill-timed and ineffective" and that "periods of caring vary significantly, so raising the issue of work-related activity when caring starts may be inappropriate in many circumstances".

6.2 However we are aware that a balance needs to be struck between keeping carers in touch with the world of work (and preparing them to return when they are able to do so) and removing the compulsory nature of Work Focused Interviews. We note that carers are able to volunteer for such an interview at any time; however, given that these are not mandatory it will still be important to ensure that carers are able to access skills and employment support in the same way as everyone else.

6.3 We welcome the fact that the DWP is **raising adviser awareness** of carers' issues "to ensure they are supported appropriately" and we would welcome further information about this. Carers have very distinct needs and face significant challenges in entering or remaining in paid work, which are often little understood by employers, service providers and policy

makers. One of the recommendations which is being considered by the employment taskforce for the National Carers Strategy is to introduce a Care Partnership Manager in each Jobcentre Plus who would be responsible for improving understanding of carers' issues among advisers but also working with carers, employers and training providers to find appropriate solutions.

6.4 We believe that advisers should be given specific training on carers to include recognition of the following issues:

- Many new claimants of carers' benefits may have been forced to give up work to care because of the inflexibility or lack of availability of appropriate care services or because of an inflexible workplace culture. For these carers, interviews should focus on **how these barriers might be overcome** or, where their caring responsibilities may be currently simply too heavy or complex for them to work at present, how they can be supported to remain in touch with the labour market. These approaches have been piloted in both phases of the ACE programme and found to be highly effective (ACE 1 Evaluation Report, Carers UK 2005, ACE 2 Interim Evaluation Report available from Carers UK on request).
- Without support for their caring role, carers can suffer **ill health** themselves, as mentioned earlier (see paragraph 4.5). Care services therefore have a role not only in supporting them to remain in or return to work in the short term but also to sustain this in the long term.
- The **value of the caring role** as a contribution to society. A new report by Carers UK, published in September this year, revealed that the value of unpaid care has increased to a staggering **£87 billion a year** more than the annual total spend on the NHS. This is 52% higher than previous estimates of how much carers save the UK (£57 billion in 2002) and the average carer is saving the nation over £15,260 a year. (*Valuing Carers: calculating the value of unpaid care, Carers UK 2007*). It is important that carers who cannot work while they are caring are not made to feel that they are not contributing and that the benefits system recognises and supports them appropriately. Many carers feel that employers do not recognise the **value of the skills gained** through caring and how these are transferable to the workplace; in a report recently published by Carers UK (*Real Change, Not Short Change, 2007*), carers clearly stated that they felt they should have some kind of recognition for their role and its value.

6.5 As also highlighted in our earlier section on skills and training, there should also be awareness of the need for:

- Flexibility in timing of employment support to coincide with times when the carer has alternative care
- Alternative care to be provided in the first place to allow carers to participate
- Access to the right advice about alternative care options
- Attention and sensitivity to the unique challenges that carers face including the complexity of the care packages which they often have to manage as well as the uncertainty and unpredictability of outcomes

6.6 All the above issues should be considered at each stage of engagement with carers, from initial contact, through review, to intervention where appropriate. In addition, on the specific issue of **Work Focused Interviews**, Carers UK has argued consistently (since we were on the first Stakeholder forum for the newly established Jobcentre Plus) that a change in the

language and approach would do a lot to reassure carers. Although many carers would clearly prefer to work, there needs to be sensitivity to the fact that some do also have fears that they will be abandoning the cared-for person if they keep working. (We are also concerned that increased conditionality for certain out of work groups is managed within the context of their particular needs and challenges and without assumptions that may be made about them, bearing in mind that these are groups who already feel disadvantaged and marginalised.)

6.7 Suggestions we have made about language and format of interviews include:

- Inviting carers to an interview in a way which appears more responsive, i.e. to “review possible support and options”
- Changing the name of the interview so that it is about “staying in touch” (or “getting in touch”) with the labour market
- Changing the first contact scripts to reflect this.
- Offering flexibility about how the interview is delivered, ie through outreach or a home visit
- Offering to provide, or cover the costs of, alternative care

6.8 We believe that an approach along these lines is more likely to be successful in re-engaging carers with the labour market as it will offer them options and enable support to be tailored to their specific circumstances.

6.9 Given the current recommendations for stronger conditionality for lone parents and proposals to move to delivering conditionality for those currently receiving Incapacity Benefit, we also believe that:

- It is particularly important that advisers are able to identify carers within these groups
- Forthcoming reforms to Lone Parent and Incapacity Benefits learn from these experiences with carers and build appropriate measures into the systems that support carers.

7. Developing more supportive workplaces

7.1 We welcome the section in the consultation paper on raising employment amongst ethnic minority groups (chapter four – the next steps to full employment) including the commitment to consider how best to support employers to tackle discrimination and promote equality in the workplace. We also warmly welcome the fact that DWP will be seeking to apply lessons learnt here to other groups facing labour market disadvantage due to discrimination, including long-term sick and disabled people. This will affect carers, either where they themselves have been or are ill or disabled over a long period or where the person they care for is in the situation.

7.2 We also strongly believe, however, that carers need to be considered as a group who face discrimination. They are not referred to in chapter four, or indeed in the section on disadvantaged groups in other chapters, but the discrimination that they face is very real and persistent. Indeed, carers speak openly to us every day about this; discrimination comes in many forms including when they are trying to access or return to work, in the workplace itself, and when they face problems in accessing flexible and affordable services. Such services may include alternative care provision, respite care, suitable childcare (which is often not

available for sick or disabled children), medical services, education and training, transport and leisure services.

7.3 We have welcomed the Government's broader drive to ensure that employees have a better and more supportive workplace environment and in particular the introduction of the Work and Families Act 2006 which extended the right to request flexible working to carers. However the type of flexibility covered in the Act cannot deal with the more fundamental problems of discrimination outlined above; and it is issues such as harassment and negative attitudes in the workplace and, even more strikingly, lack of suitable alternative care provision, which can force carers out of the workplace as much as inflexible working practices do.

7.4 In our response to the recent Government consultation on the Discrimination Law Review, we have therefore put forward what we believe to be a very strong case for ***extending legal protection to carers against discrimination*** in the three areas of:

1. employment
2. provision of goods, facilities and services
3. the proposed new public sector equality duties, for which Section 75 of the Northern Ireland Act 1998 provides a useful precedent.

7.5 We strongly believe that serious consideration should be given to all these three areas as:

- It is only through this combination of measures that the problems of carers' participation in the workplace, and their general welfare when they need to access benefits and services, can be assured.
- This would provide both the most practical way of tackling discrimination and the most clarity for carers, employers and service providers alike
- Anti discrimination policy for carers has been tried and tested by the best employers and service providers and should not be a difficult area to address in practice
- It recognises the existence of multiple discrimination which many carers face
- It recognises the realities of people's lives – by 2034 one in three of us is expected to take up caring responsibilities at some point in our lives. It is at such times of our lives – when we are in most need of accessing flexible employment and services – that the issue of protection against discrimination is at its most relevant.

7.6 Our call for changes to equality legislation to protect carers has been backed up strongly by the findings of the most recent and comprehensive research undertaken on carers (*Carers, Employment and Services (CES) Report Series, October 2007, University of Leeds*).

7.7 In the light of the above, as the lead Department progressing the Government's Single Equalities agenda, we believe that DWP has the potential to play a crucial role in driving the agenda forward to promote a carer-friendly workplace and service culture if carers are to enter or remain in the labour market.

7.8 *The central role of Jobcentre Plus:* In addition to the comprehensive role of Jobcentre Plus outlined in the consultation paper we believe that it could also provide a valuable role in facilitating carers' participation in the workplace by promoting carer awareness among employers and encouraging them to support carers both during the recruitment process and in the workplace.

7.9 Much of the support that carers need is about accessing information. Specific problems reported by carers which it would be helpful for Jobcentre Plus to help raise with employers include:

- Difficulties in knowing how to go about finding work. The following perception from a carer is typical: ***“I could probably find computer-based work to do at home, but since I am unable to leave the house without first finding someone to look after my father, and there is no mechanism for registering people such as me with the job centres, realistically I’m not going to find anything like that.”***
- Problems in accessing training courses provided by the employer, especially if these are held at weekends or during the evenings and no alternative care is provided. For example, even where employers take childcare requirements into consideration they often overlook carers of adults; e.g. our CarersLine took on a case where an employer had paid alternative care costs to enable an employee with a child to attend training but was not prepared to do so for an employee caring for a disabled adult.
- Lack of flexibility and understanding about the problems that carers face in accessing support services, such as alternative care provision, which would enable them to combine caring and work. Many have to use their paid annual leave to cover their care needs meaning they do not get a break themselves. Although some succeed in reducing their hours or changing their working patterns, many feel forced to look for a different type of work or to change their jobs.
- Lack of information about their rights and options at work. Questions which have been identified by carers in the above University of Leeds (October 2007) research include: what steps should they take if they need to take a period of leave, and how will this affect their earnings? Will they be able to reduce their working hours or alter their regular duties at work and how can they agree these? Will it be possible, perhaps at short notice, to work from home? Will they be able to have time away from work to accompany the person they care for to hospital or other appointments and how will this affect their pay or their reputation at work? How can they access information and support about coping with work and care in their own specific type of work?

7.10 On the positive side, there is a strong business case for supporting working carers about which, again, Jobcentre Plus could have a bigger role in helping to raise employers’ awareness. Evidence from case studies shows that, as well as the advantages for carers and for the wider economy in keeping them in work, the benefits for employers include: increased productivity, reduced sick leave, savings in recruitment and retention costs, a lower staff turnover, a wider pool of potential recruits, an increase in motivation, a higher level of trust in relationships at work and enhanced reputation from a more positive and inclusive profile. Research carried out by Professor Sue Yeandle at the Centre for Social Inclusion, Sheffield Hallam University for ACE in 2006 (*“Who Cares Wins”*) demonstrates these business benefits using case studies from Employers for Carers (see www.carersuk.org/Employersforcarers for more information on this group).

8 Developing more supportive services

8.1 Developing more supportive workplaces to enable people to access and remain in employment is clearly vital. But crucial too, in the case of carers, is the need to ensure that there are supporting services, especially alternative care provision, which will enable them to remain in work.

8.2 Indeed, the University of Leeds (October 2007) research has identified a number of key issues here. Firstly, some striking findings have emerged about the extent to which the lack of appropriate care provision is a barrier to carers' participation in the workplace:

- From a survey of new carers (defined as the first two years of regularly providing unpaid care), 46% of full-time employees and 62% of part-time employees felt they did not have adequate services to enable them to work.
- 41% of new carers did not know what services were available locally.
- 40% of new carers felt restricted in using services because they were not sufficiently flexible or sensitive to their specific needs. Problems experienced included hours of opening, distance from their home, and time and cost involved in making the necessary transport arrangements.
- Affordability can also be a barrier in accessing alternative care; unless a carer can afford to approach private care providers and pay for (often costly) alternative social care themselves, in most cases they have to firstly access funding and support through their local social services department.
- Longer term carers (those who had been caring for two years or longer) were even more dissatisfied with the nature of the support services available and often reported reaching "crisis point", with many feeling that they had been poorly supported by service providers in this situation. Many of the carers surveyed found that social services resources were severely limited and that there would be little assistance available to them. The following experience, for example, is typical:
"I'd just got to breaking point, and I'd phoned (social services), and phoned them, and asked: 'Can you just take him out, can someone take him for a couple of hours?' – No. So I got to breaking point and I phoned them and I said to them, 'You have two hours ... to come up with some sort of thing to help me', I said, 'I'm bringing him down to your office', and I said 'I'm leaving him there because I cannot cope with him any more with no help'. Then, funnily enough, within three hours later, I had the pack in the post, saying you have this many hours"
- Besides alternative care provision, other areas where carers often experience problems in accessing services because of inflexibility of timings and arrangements include: medical services eg hospital and GP appointments, childcare (for example after-school and school holiday provision is often not geared up to disabled children), public transport, education and training, leisure facilities, and legal services and advice.

8.3 Secondly there also seems to be a widespread problem in accessing information about basic services and benefits, with many carers surveyed stressing that the amount and quality of early information they had received had been "quite inadequate", including on the following:

- The state benefits and financial support available to them and to those for whom they are caring.

- What services are available in the home or near to where they live, providing safe and reliable alternative care when they are not themselves available (including how much these will cost, who supplies them and how they can be arranged).
- How and in what circumstances they can access respite services and support in “getting a break” from the combined pressures of work and care.
- How the assessment process in health and social care works and who will assist them in completing this swiftly and efficiently. A large number of carers were supporting someone whose needs had not been assessed, and only a minority had themselves had a carer’s assessment. Where assessments were experienced by carers, they were often seen as cumbersome and slow with agencies appearing poorly equipped to help them as their needs changed.
- A number of interviewees also “spoke about failures in communication between different departments across the health and social care spectrum, mentioning that this could be a particular problem for those at the beginning of caring”. (*Stages and Transitions in the Experience of Caring, CES Report Series, October 2007*).

8.4 The challenge is to develop appropriate support services, particularly social care, whether provided through social services or in the open market through voluntary or private sector organisations, that enable carers to work. Through its Action for Carers and Employment (ACE) partnership, Carers UK is exploring how the development and delivery of social care services can support carers to return to work or remain in work. Demonstration pilots exploring flexible and innovative service delivery are taking place in Hertfordshire, London, Surrey, West Sussex and Wales, and will be reported in full in the evaluation of ACE. At national level it is also therefore vital that ***the contribution of social care (and other related services) to the Government’s employment agenda is properly recognised*** when decisions are made about investment. Without it, employment and social inclusion goals will not be fully realised.

8.5 The central role of Jobcentre Plus: We welcome the consultation paper’s aspiration “further down the road ... for Jobcentre Plus to play a key role in meeting Sir David Varney’s vision of a joined-up government services to its citizens offering access to a wider range of services or acting as a broker in finding the right solutions”. In view of the above evidence of problems faced by carers, it would be helpful if Jobcentre Plus could be in a position to refer them to agencies who could advise about local services, including alternative care if needed. The critical element is “joining it all up” so that people struggling to balance care and work can be supported to stay in employment.

8.6 Providing specialised support for the hardest to help: We welcome the recognition in the consultation paper that many people without work for extended periods face “multiple barriers to work”. Caring responsibilities, and the lack of support services, are not mentioned here but, as outlined above, there is evidence that these can form a major barrier for people trying to access, remain in, or return to, work. We therefore believe that it is essential that carers are taken into account for priority support where they are wanting to, and needing to, combine care and work. As has been mentioned above, by 2034 one in three of us is expected to take up caring responsibilities at some point in our lives so the issue of combining work and care is likely to become ever more important in the future.

8.7 Partnership working: We note the reference in the consultation paper (Chapter 5 – Delivery through partnership) to the potential of private and third sector organisations in delivering this more specialised support. We believe strongly that this approach must be underpinned by minimum standards of support for all; as the paper recognises there is a “need to guard against providers concentrating on those people that they know they can move into work easily” rather than on those who may need more support. It is therefore important that any new system has clear lines of accountability and standards to ensure that the necessary resources will be provided to target the “hardest to reach” customers.

8.8 We note that the DWP “will undertake a detailed exercise” to address fundamental questions relating to the contracting and commissioning of employment programmes. We would particularly welcome wider consultation with regard to the question included on “What can we build into our approach to contracting to make the customer a more active participant in the system?” The needs of carers both as recipients of employment support and as carers of other people in receipt of such support need to be considered here. We would also welcome more detail on the role of the third sector and the involvement of key stakeholders from the outset in any changes to the system.

8.9 Partnership across government: We welcome the reference in this section to the issue of “joining-up between central and regional or local public sector bodies” including specifically the role of local authorities in facilitating closer working across partners at a local level. The need for a continued drive at national level to help establish frameworks to join things up **at local level** is highlighted particularly strongly in the latest University of Leeds research referred to above (*Carers, Employment and Services Report series, October 2007*). Report No 4 of this series (*Carers, Employment and Services in their Local Context*) includes an in-depth consideration of how services and support for working carers have developed in ten localities across England, Wales and Scotland. What is striking is that, despite new legal arrangements and a policy steer to support carers in combining work and care:

- Most authorities surveyed conceded that progress has been slow in supporting carers’ employment and training largely because “with no official monitoring requirements to exert leverage, they felt that action relied on changing the hearts and minds of key stakeholders”. These included social workers, those carrying out Carers Assessments, internal and external staff providing information/advocacy services to carers and local employers (including the local authority)
- Local authorities which employed dedicated staff to carry out carers’ assessments reported some progress as such staff had been appointed with a brief to promote carers’ employment. However, these individuals did not provide carer employment support but referred carers to separate services
- Several interviewees felt “that the restrictions on budgets and the associated eligibility criteria meant that they were only able to support carers at the heavy end of caring” and these individuals were “often thought to be a long way from the labour market”
- Interviewees considered that issues around carers’ employment had also been “difficult for their voluntary sector partners to grasp and deliver”. This was felt to be partly because some voluntary organisations had found it hard to broaden their view of carers’ rights and needs to include employment and their right to earn an income.

8.10 In terms of the way forward, we believe it would be helpful if Jobcentre Plus, the Learning and Skills Council and other agencies with responsibility for supporting employers and employees work together to help:

- Share and build on the good practice which some local authorities are developing in the area of training for carers, particularly for people who have been out of the labour market for some time (see Section 5.7 of this response).
- Share and build on the good practice that some local authorities have developed in targeting activities at supporting carers to work (examples include conducting surveys of carers about their employment circumstances / service needs and Jobs' Fairs for carers involving Jobcentre Plus, local colleges and other relevant agencies)
- Local authorities, Local Strategic Partnerships, Regional Development Agencies and other relevant local agencies to raise awareness of carers beyond the health and voluntary sectors to the areas of local social inclusion strategies, regeneration and economic development services. The Hertfordshire ACE project provides a good example of how carers' employment can be included in local regeneration and strategic planning (*Carers, Employment and Services in their Local Context report, University of Leeds, October 2007*).

8.11 We also firmly believe that if the care market is to be developed in the future in order to deliver the capacity and quality of care that we need, then **Regional Development Agencies** need to have a clear role in recognising the economic value of changing social care provision.

8.12 At national as well as local level we also see an important link between social care, employment and welfare services; in all working together to improve carers' work chances they will also each be making progress towards hitting **key PSA targets** on tackling poverty and promoting health and well-being.

9. Benefits and income

9.1 Some carers are not able to work due to the high level of care they provide and the barriers discussed above. Many, therefore, rely on benefits of some kind, whether a state pension, carers' benefits or means-tested benefits.

9.2 As we have outlined in our response to the Freud report, many of these carers are struggling financially. In a recent report produced by Carers UK (*"Real Change, Not Short Change", 2007*) carers tell us that the costs of looking after someone mean that they and their families cannot take up opportunities to improve their quality of life. The benefits they receive are completely inadequate and do not show that they are valued for what they do. The current benefits system also appears to work against those carers who are trying to combine work and care. For example, the following experiences of carers (from the latest University of Leeds research, October 2007) are typical:

"Suddenly, by going back to work, I lost Carer's Allowance, I lost the tax credit, and you just think – that's just because I don't want to sit back and sponge everything – but you take three times ... my tax off me".

“I’d have to do over 20 hours just to earn the same, you know – so it’s not worth doing any more really. That’s why I do the twelve. I did go back to do more, but it didn’t work out, so that’s why I had to reduce them ..”

“For someone to go into a home, it’s £400 a week – but for you to look after them, it’s £48.65 a week. There’s a big difference and I don’t know how they can say Carer’s Allowance is (only) worth £48.65 a week”

9.3 It is a well established principle that for most people the best route out of poverty is through work, yet whilst Government has applied this policy to other groups, it has not provided targeted support for carers, either as a discreet group or where they are found across other disadvantaged groups. For example, 187,000 households in which an adult is caring for 50 or more hours a week is workless, but also contain **children under the age of 16**. If the Government is to meet its targets on **child poverty**, caring must be a factor taken into consideration.

9.4 In the light of the above evidence, we strongly believe that any planned change to the conditionality of benefits that carers might access needs to be supplemented by a real terms increase in benefits and the support that is offered to carers through other mechanisms such as tax credits or pensions. We have called for a **wholesale review of carers’ income**, whether it be through employment, tax credits, benefits of pensions, in order to provide financial support which is fit for purpose. We therefore very much welcome the inclusion of carers’ income as an issue which is currently being considered within the review of the National Carers Strategy.

9.5 As we have stated earlier in this response, carers need to be valued for their contribution not only to their families but also to society. While “economically inactive” may be a term which is used to describe them when they are not in work, they should more accurately be described as “socially productive” as there is nothing “inactive” about their role and contribution to society.

10. Conclusion - summary of our response

10.1 Over the next 25 years the UK will need both 2 million more workers and 3 million more carers. Recent estimates are that 1.3m additional jobs will be created in the UK between 2004 and 2014 alone, with most of the additional demand for labour in the more skilled and higher level occupations. The 40 plus age group, where most caring occurs, includes many people in whom the state and employers have made expensive training investments. Carers are also distributed fairly evenly across most industrial sectors and occupational groups.

10.2 A key challenge for government will therefore be how to reconcile the need for people to work and the need for families to provide care. In conclusion we believe that any review of welfare reform needs to include the following elements:

Understanding of people’s caring responsibilities which may:

- Be at a level which prevent them from working at certain times of their lives and which therefore means they may need **tailored benefits advice** and an **opportunity to be kept in touch with the labour market**

- Require appropriate and **flexible health and social care services** which enable them to combine work and care
- Affect many of us at some point during our lifetime

Tailored return to work support which:

- Recognises the complexity of the types of care packages which carers have to manage and the unpredictable nature of caring which can increase or decrease at different times
- Offers **flexible, funded training and support** with alternative care provided where a carer intends to combine paid work and care
- Is facilitated by **carer-aware and flexible employment practices and service provision**

10.3 The evidence shows that the vast majority of carers would like to work if they could. However, the majority choose to continue caring whether or not it is possible to combine this with work; every poll undertaken still shows that the majority of people continue to expect to care for their relatives - this indeed is part of our expectations as a society. The challenge of combining work and care, and recognising the contribution that carers make to society when they are unable to work, is therefore not going to go away and needs to be addressed as a central issue of our time.

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