

<b>Title:</b> <b>Recognised, valued and supported: next steps for the Carers Strategy</b> <b>Lead department or agency:</b> DH <b>Other departments or agencies:</b> DfE, DWP, BIS	<b>Impact Assessment (IA)</b>
	IA No: 7005
	Date: 17/12/2010
	Stage: Final
	Source of intervention: Domestic
Type of measure: Other	

## Summary: Intervention and Options

### What is the problem under consideration? Why is government intervention necessary?

Caring responsibilities can place a mental and physical toll upon the 6 million carers in the United Kingdom, leading to poorer outcomes and health inequalities. 'Recognised valued and supported: next steps for the Carers Strategy' published in November 2010 focuses on priorities for the next four years. Government support is necessary to reduce the difficulties associated with imperfect information and advice for carers, decrease inequalities, and help to improve carer outcomes. Reduced levels of caring by carers would have an adverse effect on many aspects of society, such as increased NHS costs, increased social care costs, poor school performance among young carers and less paid employment among working age carers.

### What are the policy objectives and the intended effects?

Government's support for carers is vital in developing a more personalised and preventative approach to health and social care in local communities. 'Recognised valued and supported: next steps for the Carers Strategy' emphasises the key roles that carers, families, people needing care and support and communities can play in the design, development, delivery and review of innovative and personalised care and support arrangements. It also emphasises the shift to an outcomes-based approach in local services and flexible, innovative and cost-effective care and support.

### What policy options have been considered? Please justify preferred option (further details in Evidence Base)

Option 1 - To maintain the 2010/11 position through the next Spending Review but do nothing additional

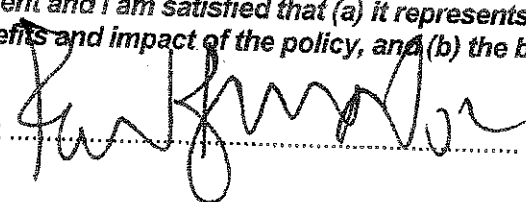
Option 2 - Implement the four priority areas identified in the updated carers strategy:

- Priority area 1: supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- Priority area 2: enabling those with caring responsibilities to fulfil their educational and employment potential
- Priority area 3: personalised support both for carers and those they support, enabling them to have a family and community life

Will the policy be reviewed? It will be reviewed	If applicable, set review date 04/2014
What is the basis for this review? PIR	If applicable, set sunset clause date 01/2010
Are there arrangements in place that will allow a systematic collection of monitoring information for future policy review?	Yes

**SELECT SIGNATORY Sign-off** For final proposal stage Impact Assessments:

*I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) the benefits justify the costs.*

Signed by the responsible Minister:  Date: 20 Dec 2010

# Summary: Analysis and Evidence

## Policy Option 2

**Description:**

Implement the four priority areas identified in the updated carers strategy

Price Base Year	PV Base Year 2010	Time Period Years 4	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	High: Optional	Best Estimate:
<b>COSTS (£m)</b>					
		Total Transition (Constant Price) Years		Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low		Optional		Optional	Optional
High		Optional		Optional	£960m
Best Estimate					
<p><b>Description and scale of key monetised costs by 'main affected groups'</b></p> <p>£400 m additional resources are being made available to PCTs/GP Consortia over the next four years as a result of evidence that carers' breaks have proved valuable. (This has an estimated opportunity cost of £960 m in healthgain foregone, following standard DH assumptions.) However the level of spending and ensuring that it delivers good value will be the responsibility of PCTs and GP Consortia themselves.</p>					
<p><b>Other key non-monetised costs by 'main affected groups'</b></p> <p>Other key non-monetised costs include: GP training, consequential increased assessments, which will be costed and appraised at implementation.</p>					
<b>BENEFITS (£m)</b>					
		Total Transition (Constant Price) Years		Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low		Optional		Optional	Optional
High		Optional		Optional	Optional
Best Estimate					
<p><b>Description and scale of key monetised benefits by 'main affected groups'</b></p> <p>Benefits should exceed costs given that PCTs and GP consortia will be responsible for judging the value for money of increased funding of carers' breaks. In making these judgments, in addition to the evidence cited on pages 18-19 of the evidence base, from 2011 commissioners will have evidence from the Carers Strategy demonstrator site evaluation, which should guide the level and method of support given to carers.</p>					
<p><b>Other key non-monetised benefits by 'main affected groups'</b></p> <p>Benefits would include: QALY gains from reduced carer and family stress, improved mental and physical health for carers and greater control over their lives. Benefits for those cared for include additional days gained in the community (rather than in residential care) for those with the highest care need, averted hospital use, greater control over their lives, improved welfare and physical health for and improved quality of life for those who are cared for.</p>					
<b>Key assumptions/sensitivities/risks</b>					Discount rate (%)
It is important to note that there is uncertainty over impact on demand for local authority assessments and support following the proposed policies within the updated carers strategy.					3.5
<b>Direct impact on business (Equivalent Annual) £m):</b>			<b>In scope of OIOO?</b>	<b>Measure classified as</b>	
Costs: N/A	Benefits: N/A	Net:	No	NA	

## Enforcement, Implementation and Wider Impacts

What is the geographic coverage of the policy/option?		England			
From what date will the policy be implemented?		04/11/2011			
Which organisation(s) will enforce the policy?		N/A			
What is the annual change in enforcement cost (£m)?		N/A			
Does enforcement comply with Hampton principles?		Yes			
Does implementation go beyond minimum EU requirements?		No			
What is the CO <sub>2</sub> equivalent change in greenhouse gas emissions? (Million tonnes CO <sub>2</sub> equivalent)		Traded: N/A		Non-traded: N/A	
Does the proposal have an impact on competition?		No			
What proportion (%) of Total PV costs/benefits is directly attributable to primary legislation, if applicable?		Costs: N/A		Benefits: N/A	
Annual cost (£m) per organisation (excl. Transition) (Constant Price)	Micro	< 20	Small	Medium	Large
Are any of these organisations exempt?	No	No	No	No	No

## Specific Impact Tests: Checklist

Set out in the table below where information on any SITs undertaken as part of the analysis of the policy options can be found in the evidence base. For guidance on how to complete each test, double-click on the link for the guidance provided by the relevant department.

Please note this checklist is not intended to list each and every statutory consideration that departments should take into account when deciding which policy option to follow. It is the responsibility of departments to make sure that their duties are complied with.

Does your policy option/proposal have an impact on...?	Impact	Page ref within IA
<b>Statutory equality duties<sup>1</sup></b> <a href="#">Statutory Equality Duties Impact Test guidance</a>	Yes	29 - 37
<b>Economic impacts</b>		
Competition <a href="#">Competition Assessment Impact Test guidance</a>	No	29 - 37
Small firms <a href="#">Small Firms Impact Test guidance</a>	No	29 - 37
<b>Environmental impacts</b>		
Greenhouse gas assessment <a href="#">Greenhouse Gas Assessment Impact Test guidance</a>	No	29 - 37
Wider environmental issues <a href="#">Wider Environmental Issues Impact Test guidance</a>	No	29 - 37
<b>Social impacts</b>		
Health and well-being <a href="#">Health and Well-being Impact Test guidance</a>	Yes	29 - 37
Human rights <a href="#">Human Rights Impact Test guidance</a>	Yes	29 - 37
Justice system <a href="#">Justice Impact Test guidance</a>	No	29 - 37
Rural proofing <a href="#">Rural Proofing Impact Test guidance</a>	Yes	29 - 37
<b>Sustainable development</b> <a href="#">Sustainable Development Impact Test guidance</a>	No	29 - 37

<sup>1</sup> Race, disability and gender Impact assessments are statutory requirements for relevant policies. Equality statutory requirements will be expanded 2011, once the Equality Bill comes into force. Statutory equality duties part of the Equality Bill apply to GB only. The Toolkit provides advice on statutory equality duties for public authorities with a remit in Northern Ireland.

## Evidence Base (for summary sheets) – Notes

Use this space to set out the relevant references, evidence, analysis and detailed narrative from which you have generated your policy options or proposal. Please fill in **References** section.

### References

Include the links to relevant legislation and publications, such as public impact assessment of earlier stages (e.g. Consultation, Final, Enactment).

No.	Legislation or publication
1	Department of Health (2008) <i>Carers at the Heart of the 21<sup>st</sup> Century families and communities: a caring system on your side, a life of your own</i> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345</a>
2	Department of Health (2008) Impact assessment of the Health and Social Care proposals in the <i>Carers at the Heart of the 21<sup>st</sup> Century families and communities: a caring system on your side, a life of your own</i> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345</a>
3	Glendinning, C et al (2009) Individual Budgets: Impacts and outcomes for carers, Research Findings, Social Policy Research Unit, University of York, York <a href="http://php.york.ac.uk/inst/spru/research/summs/lbsen.php">http://php.york.ac.uk/inst/spru/research/summs/lbsen.php</a>
4	Department of Health (2010) <i>Recognised, valued and supported: next steps for the Carers Strategy</i> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077</a>

### What is the problem under consideration? Summary of analytical narrative

*Recognised, valued and supported: next steps for the Carers Strategy* is a cross-government strategy setting out plans to improve support for carers over the period 2011 to 2015. This impact assessment concentrates on the costs and benefits for health and social care. The Government will review how welfare support for carers will be delivered in light of the significant reforms of the welfare system that are currently planned. Any changes to welfare support for carers will be included in the wider welfare reform impact assessments.

Costs arise almost entirely from plans relating to breaks for carers and training for GPs and their practice staff and from the additional demand for carer assessments that this is likely to generate. Costs of GP and GP practice training and the subsequent demand for assessments will be considered in depth within an implementation impact assessment.

*Recognised, valued and supported: next steps for the Carers Strategy* aims to embed consideration of carers in strategic and policy development across government. The impact of these will be considered outside this impact assessment. The analysis of costs and benefits of actions that have continued from the 2008 Carers Strategy can be found in the previous Impact Assessment:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085345](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345)

Health, social care and education matters in *Recognised, valued and supported: next steps for the Carers Strategy* relate to England only. Employment issues and the Equality Act relate to Great Britain, (with limited exceptions the Act does not apply to Northern Ireland).

## **Background/problem under consideration**

A carer can spend a significant proportion of their time providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Carers are not a homogenous group. Caring can take different forms and is undertaken by individuals from all walks of life at different stages in their lives. Caring can be rewarding but caring responsibilities can also have adverse health and financial impacts leading to poorer outcomes and inequalities.

## **Rationale for government support**

The role of carers, and government's support for carers, is vital in developing a more personalised and preventative approach to health and social care as outlined in The NHS White Paper, *Equity and excellence: Liberating the NHS and A Vision for Adult Social Care: Capable Communities and Active Citizens*.

The previous Government's Carers Strategy, *Carers at the heart of 21<sup>st</sup> century families and communities*, sets out a strategic ambition that holds good and the direction of travel is clear. This set out a strategic vision and five outcomes for carers as follows:

Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.

- carers will be respected as expert care partners and will have access to the integrated support and personalised services they need to support them in their caring role
- carers will be able to have a life of their own alongside their caring role
- carers will be supported so they are not forced into financial hardship by their caring role
- carers will be supported to stay mentally and physically well and treated with dignity
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods.

The updated strategy *Recognised, valued and supported: next steps for the Carers Strategy* prioritises actions for the next four years to ensure the best possible outcomes for carers and those they support. It sets out the key activities upon which the Government – working in partnership with councils, the NHS, employers, the voluntary sector, local communities and carers themselves - can focus on from April 2011 onwards.

## **Achieving the outcomes**

The priority areas identified in *Recognised, valued and supported: next steps for the Carers Strategy* draw upon the consultation, analysis and actions set out in the 2008 Carers Strategy. They also draw upon responses to a 'call for views' carried out in summer 2010. This 'call for views' gathered over 750 responses consisting of individual carers, councils, PCTs, carers' organisations and other voluntary organisations representing the views of over 4000 carers. An

analysis of these views can be found in Annex A in *Recognised, valued and supported: next steps for the Carers Strategy*.

The four priority areas are:

**Priority area 1:** supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

**Priority area 2:** enabling those with caring responsibilities to fulfil their educational and employment potential

**Priority area 3:** personalised support for both carers and those they support, enabling them to have a family and community life

**Priority area 4:** supporting carers to remain mentally and physically well.

Benefits for carers in focusing on these four priority areas include:

- good quality and timely information and advice on how to balance a caring role with other responsibilities and opportunities in their lives<sup>2 3</sup>
- good quality information and advice on the specific illness or condition of the person they are supporting to help them to care effectively and safely
- good quality information and advice to keep them making decisions about education and employment and access support from the welfare and benefits system
- information, advice and support on looking after their own health and well-being including taking breaks from caring responsibilities.

The Department of Health is working with other government departments to include support for carers in policy development in flexible working arrangements, equality, special education and family intervention as well as within policy development in health and social care.

## Policy Options

### **Option 1:**

To maintain the 2010/11 position through the next Spending Review but do nothing additional. See the Impact Assessment for the 2008 Strategy.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085345](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345)

<sup>2</sup> Carers UK (2006) In the Know The Importance of information for Carers <http://tinyurl.com/3xjuvw8>

<sup>3</sup> Department of Health (2010) *Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care* <http://tinyurl.com/vcd4wqr>

## Option 2:

To pursue the four priority areas set out in *Recognised, valued and supported: next steps for the Carers Strategy*.

## Analysis

### Option 2:

To pursue the four priorities set out in *Recognised, valued and supported: next steps for the Carers Strategy*

**Priority area 1** supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

## Context

Carers providing high levels of support are around twice as likely to suffer from poor health compared with people without caring responsibilities.<sup>4</sup> GPs and GP practice staff are often the first point of contact for carers, however, there are concerns about the variation in recognition and support carers receive from them.<sup>5</sup> Evidence suggests that educating GPs and GP practice staff about the need to support carers and providing practical advice would improve early identification of those with caring responsibilities and carers' health.<sup>6</sup> The Princess Royal Trust for Carers (PRTC) and the Royal College of General Practitioners (RCGP) have produced a good practice guide for GPs and GP practice staff and developed training.<sup>7</sup> (The benefits of this training are highlighted below).

Access to relevant and timely information and advice is vital at the onset and throughout the caring role, particularly at times of significant change, for example, to help parent carers negotiate the transition from children's services to adult health and social care services, and at the end of life. GPs and their practice staff play a vital role in signposting people to this information.

## Objectives

To support people to identify themselves as carers and recognise the benefits of early intervention in supporting carers and in valuing their expertise through:

<sup>4</sup> Carers UK (2004) *In Poor Health: The impact of caring on health*, <http://tinyurl.com/33xpmx6>

<sup>5</sup> A main concern in the 'call for views' carried out Summer 2010. A summary of the 'call for views' can be found in Annex A of *Recognised, valued and supported: next steps for the Carers Strategy* <http://tinyurl.com/35fokoo>

<sup>6</sup> Royal College of General Practitioners and Princess Royal Trust for Carers (2009) *Supporting Carers: An action guide for general practitioners and their teams*, <http://tinyurl.com/38sl54m>

<sup>7</sup> Ibid

- **training key professionals including GPs and their practice staff**
- **encouraging early intervention in health, social care, schools and the workplace**
- **supporting carers to access good quality and timely advice and information.**

### **Training key professionals including GPs and practice staff**

Training for key professionals on effective ways of supporting carers is important, as they are often unaware of carers' specific needs for support. Primary health care is often the first point of call for carers in their caring role and therefore plays a key part in improving outcomes for carers.

The Department of Health will provide additional resources to train GPs and practice staff to increase their awareness and understanding of carers' needs for support, building on successful pilot schemes, funded by DH and undertaken by the Royal College of General Practitioners.

Six pilot workshops organised by the RCGP took place across England in autumn 2009. Participants came mainly from primary care teams and included GPs, other clinical and non-clinical practice staff. A team from the Faculty of Health and Social Care Sciences (St George's University of London and Kingston University) evaluated the workshops and a full report can be accessed online.

There was an overwhelmingly good response to the workshops. Participants not only rated the workshops positively in terms of content and manner of presentation but three months later they also reported that they either had already or would be making changes in their practices as a direct result of attending the workshops. The vast majority felt that they had 'learnt a great deal' and two-thirds said the workshop had changed their attitude to carers and that they now felt more confident in supporting them. Immediately after the workshop, over nine in ten said they intended to share what they had learnt and that they would recommend the workshops to others. The training materials were developed in partnership between the RCGP and PRTC and are delivered by a GP and a carer.

The Department of Health is keen to roll out training more widely and we believe this is a low cost way of seeking to improve GP and practice staff support for carers, particularly in earlier identification of carers. The Department of Health will design a tender exercise to ensure good value and to generate innovative approaches to training. The procurement will only go ahead if the best tender represents good value for money. This tender exercise will explore options for a comprehensive training package for GPs and their practice staff including workshops, e-learning, distance learning and other innovative forms of learning.

#### **Costs:**

The costs will depend on the form of training and the numbers of staff receiving training.

An implementation impact assessment for GP and practice staff training will be undertaken at the point of tender. This will take into account the form of training and the number of staff receiving training. It will also calculate the opportunity cost of the attendees' time and the general cost of training.

It is recognised that increased awareness and understanding of carers among GPs and practice staff is likely to lead to an increase in referrals for carers' assessments to councils. Consequential assessments and their costs to councils are factored into the council baseline



over the four years of the spending review. These specific consequences for costs as well as benefits will feature in the tender decision. DH will quantify the costs of the increased burden on councils.

Non-monetised benefits have been identified in research of the impact of increased awareness among GPs and practice staff. These include:

- improved services for carers
- increased satisfaction from job holders that they are equipped to do their job
- greater uptake of services by carers
- increased awareness of carers' needs for support
- awareness raising at various points in "the system" ensures carers become 'everyone's business',
- carers within the primary health care workforces of these agencies may be recognised and supported in their caring role.

The benefits of early intervention and support were also identified strongly in the 'call for views'. The key themes that had a high number of responses were 'training for professionals', 'information and advice' 'listened to by clinicians' and 'early identification'.<sup>8</sup> Many carers commented that their lives would be very different if they had received support from GPs and their practice staff at an earlier stage.

### ***Development of a learning and training framework by Skills for Care and Skills for Health***

In 2011, Skills for Care and Skills for Health will publish a learning and training framework on supporting carers, a guide for employers and commissioners of training, together with a wide range of tools to support development. The framework will be made widely available to enable commissioners to devise bespoke training for their local health and social care workforce. The costs arising from this should sit within organisations allocated budgets for training.

There are few if any new direct costs, but if hospitals, councils etc were to decide to train staff using this framework there may be additional opportunity costs that arise. These costs would include the salary cost for days spent training, cost for trainers, and cost of running the training itself.

Even though there may be additional costs, these could be outweighed by the benefits of greater awareness among staff. Not involving carers in planning care, for example can lead to stress and anxiety in the patient and carer, a possible reduction in the carer's ability to care and potential unplanned re-admissions.<sup>9</sup>

## **Encouraging early intervention in health, social care, schools and the workplace**

### ***Encouraging early intervention in health and social care***

*Carers and Personalisation: improving outcomes* and carers published alongside *Recognised, valued and supported: next steps for the Carers Strategy*, provides practical advice and examples that will support the development of more personalised approaches to carers across health and social care. This practical advice provides local councils, the NHS and other

<sup>8</sup> Call for Views Annex A *Recognised, valued and supported: next steps for the Carers Strategy* <http://tinyurl.com/35fokoo>

<sup>9</sup> Borthwick.R, Newbronner, Stuttard.L (2009) 'Out of Hospital': a scoping study of services for carers of people being discharged from hospital Acton Shapiro, Volume 17, Issue 4 pp335-349

organisations with examples of early interventions that take into account the needs of the carer as well as the people they care for.

### ***Encouraging early intervention in the workplace***

Annex B to *Recognised, valued and supported: next steps for the Carers Strategy* sets out an evidence base for supporting carers in the workplace. It provides good practice examples of large and small employers supporting carers and signposting them to timely and quality information. It also highlights the economic and health benefits of early identification of carers in the workplace.

### ***Encouraging early intervention in schools***

A recent PRTC survey of 700 young carers found 68% reported being bullied at school; 39% said that not a single teacher at their school knew they were a young carer, and of those where the school did know 52% still did not feel supported.<sup>10</sup>

The Department for Education is developing a 'whole family working' approach to support families with complex and multiple problems. This includes a whole family approach to support young carers.

From July 2008 to March 2011, 17 Young Carer Pathfinders are being funded by DfE to test how joined-up support from adult and children's services can be better focused around the needs of the family and young carers to protect them from inappropriate caring. An early assessment of the impact of these projects show that where intensive support, coordinated by a key worker is focused around the whole family this resulted in, between entry and exit from the project, a 35% reduction in the number of young carers. The project was also effective in reducing by 33% the number for whom caring was having a negative impact. The full evaluation will be published in March 2011.

*Recognised, valued and supported: next steps for the Carers Strategy* promotes and encourages councils to consider the adoption of the Memorandum of Understanding (MoU) jointly published by the Association of Directors of Adult Social Services (ADASS) and the Association of Directors of Children's Services. The document aims to encourage adult and children's services to work closely together to ensure that no package of care relies on a young person having to take on inappropriate or excessive levels of care.<sup>11</sup>

### **Costs**

From April 2011 the Department for Education will channel resources through the Early Intervention Grant to bring together funding for services for the most vulnerable families and young people, including young carers.

### **Benefits**

A full evaluation of the whole family approach and joined up services will be published in March 2011. Good practice guides will provide examples of how local communities can work together

<sup>10</sup> Princess Royal Trust for Carers survey of young carers: <http://tinyurl.com/3358cj9>

<sup>11</sup> Association of Directors of Adult Social Services and Association of Directors of Children's Services (2009) *Working together to support young carers: A model memorandum of understanding between Statutory Directors for Children's Services and Adult Social Services* <http://tinyurl.com/3y1vk2b>

to support carers and young carers. Sharing these can reduce costs in terms of scoping out projects, and provide useful lessons learnt.

### **Supporting carers to access good quality and timely advice and information**

Access to relevant and timely information and advice is vital at the onset and throughout the caring role,

#### **Costs**

Following the current consultation on *Liberating the NHS: An Information Revolution*<sup>12</sup> the Department of Health will publish an information strategy and plans for its implementation, working closely with carers and carers' organisations. Future central support will be part of an Impact Assessment on the Information Revolution.

#### **Benefits**

It is not possible to monetise all the benefits of improved access to information for carers. Essentially improved and/or more information benefits carers and the people they support by helping them to have greater choice and control over every aspect of their lives. This may help to sustain caring relationships through for example, reduction in stress, improved welfare and physical health improvements.<sup>13</sup> These benefits accrue only where information is accessed that would not otherwise have been accessed, or in those cases where the same information is obtained more easily.

<sup>12</sup> Department of Health (2010) *Liberating the NHS: An Information Revolution* <http://tinyurl.com/3xounre>  
<sup>13</sup> Carers UK (2006) In the know The importance of information for carers  
<http://tinyurl.com/3xjuvw8>

## **Priority area 2: Enabling those with caring responsibilities to fulfil their educational and employment potential**

### **Context**

Caring can be a positive experience for people but it can have a detrimental impact on carers' lives, including their educational achievement. Young carers should be supported to achieve their potential and to have the same opportunities that other young people enjoy. Adult carers should also be supported to pursue education, training, work or leisure activities if they wish and these aspirations should be taken into account when assessing a carer's need for support. Education and training opportunities for adult carers who wish to develop and/or maintain their skills for entry/re-entry into the labour market are also important. The Department for Work and Pensions will continue to support carers to return to work through Jobcentre Plus.

While the 2008 Carers Strategy identified enabling carers to combine their caring role with paid employment as a key ambition, *Recognised, valued and supported: next steps for the Carers Strategy* recognises that a higher priority should be placed on supporting people of working age with caring responsibilities to remain in work, if they wish to do so.

A Carers UK survey reported that over 72 per cent of carers considered themselves worse off financially because of caring.<sup>14</sup> We know that many carers currently feel forced to give up work because they feel they have no other options available to them.<sup>15</sup> Not having a 'choice' about staying in work when becoming a carer, and the difficulty of re-entering the job market were both identified as key issues by carers who took part in the call for views.

Working across government and with the employment sector in a joined up approach on employment should provide the foundations for creating a culture of flexible working and flexible support for carers.

### **Objective**

To work across government and with partners to develop comprehensive information, advice, and support for those with caring responsibilities to fulfil their educational and employment potential through:

- **consulting on extending to all employees the right to request flexible working**
- **raising awareness of the Equality Act 2010**
- **maintaining support for carers in Jobcentre Plus**
- **producing good practice examples for workplaces, schools and social care providers.**

### **Consultation on extending the right to request flexible working to all employees**

Carers cite flexible working as one of the most important factors in allowing them to juggle paid work, their caring responsibilities and family life. Those carers who are looking to return to paid work cite flexible working as the most important component in their job search. Whilst there has been improvements in introducing flexible working, further work still needs to be done. The Government will issue a consultation document next year to consult with businesses on how

<sup>14</sup> Carers UK (2007) Real Change Not Short Change. (Carers UK survey;) <http://tinyurl.com/349aqno>

<sup>15</sup> Yeandle.S, Bennet.C, Buckner.L(2007)*Carers, Employment and Services Report Series*, Carers UK and University of Leeds. The research involved a survey and in-depth interviews with nearly 900 working age carers. Also in the 'call for views' summer 2010 Annex A of *next steps of the Carers Strategy*.

best to take forward the Coalition commitment to extend the right to request flexible working to all employees.

### **Raising awareness of the Equality Act 2010**

The Equality Act 2010, recognising the vital role that carers play and the disadvantage this role can bring with it, has strengthened carers' protection against discrimination both in the workplace and when accessing services. The Government Equalities Office and Citizens Advice have published a quick-start guide on how the new law can help carers.<sup>16</sup> The Equality and Human Rights Commission has also published wide-ranging guidance on the new law.<sup>17</sup> As this measure was only introduced in October 2010 the impact of this law will be kept under review.

### **Maintenance of support in Jobcentre Plus**

The introduction of new Jobcentre Plus support in 2009 to those people seeking to combine caring and working responsibilities has been well received by carers and carers' organisations and is popular with Jobcentre Plus staff. Jobcentre Plus will continue to build on these useful beginnings.

### **Producing good practice examples for workplaces, schools and social care providers.**

#### ***Workplaces***

Annex B to *Recognised, valued and supported: next steps for the Carers Strategy* presents an evidence base with good practice examples for workplaces. Employers for Carers offer employers practical support to develop and benchmark good practice.

#### ***Schools***

The full evaluation of the 17 Young Carer Pathfinders funded by the Department for Education will be published in March 2011 and best practice examples will be taken from this.

#### ***Social Care Providers***

*Practical approaches to market and provider development* provides guidance to assist councils, the NHS, other organisations and local partners to develop personalised approaches to supporting carers by supporting the growth of a market in the services that people want. This practical briefing paper sets out a simple framework for action.<sup>18</sup>

#### ***Costs***

The Department of Business Innovation and Skills will publish a full Impact Assessment on the impact of extending the right to request flexible working to all employees in due course. The Department for Work and Pensions will review how employment support for carers will be delivered in light of the significant reforms of the welfare system (including employment support via Jobcentre Plus). Any changes to welfare support for carers will be included in the wider welfare reform impact assessments.

<sup>16</sup> Government Equalities Office and Citizens Advice (2010) *Equality Act 2010: What do I need to know as a carer?* <http://tinyurl.com/36dgn7o>

<sup>17</sup> Equality and Human Rights Commission: New guidance on the Equality Act 2010 <http://tinyurl.com/37h8yep>

<sup>18</sup> Department of Health (2010) *Practical approaches to market and provider development* <http://tinyurl.com/32a86vy>

## Benefits

It has not been possible to monetise all the benefits fulfilling education and employment opportunities for those with caring responsibilities. Benefits regarding education and employment can be found in the Impact Assessments from the 2008 Carers Strategy and will be identified within future impact assessments of wider policy. Research<sup>19</sup> published in February 2010 sets out for the first time the economic and social benefits of investing in social care, calculating the amount of additional earnings (between £750 million - £1.5 billion per annum) and related tax and national insurance revenue that would come into the economy if working age carers were better supported by care and support services.

The wider economic benefits of carers staying in work are presented in Annex B to the *Recognised, valued and supported: next steps for the Carers Strategy*. This evidence is produced by Employers for Carers, a group of employers committed to working carers. They offer employers practical support to develop and benchmark good practice. This evidence base suggests that there will be both monetary and non-monetary benefits to employers and the economy as a whole because of supporting carers. It sets out the benefits to both smaller and larger companies of supporting carers. These benefits include:

- increased **retention** of staff
- improved **cost savings**
- reduced recruitment and retention costs
- increased **productivity** and performance
- reduced sick leave and absenteeism
- improved **service delivery**.

---

<sup>19</sup> Prof Jon Glasby, Prof Chris Ham, Rosemary Littlechild and Prof Steve McKay, HMSC and IASS, University of Birmingham (February 2010) *The case for social care reform – the wider economic and social benefits*. <http://tinyurl.com/352e7up>

**Priority area 3:** Personalised support for both carers and those they support, enabling them to have a family and community life

## Context

Personalisation can provide individuals, carers and families with more choice, more control and more flexibility in the way that care and support are provided. Personalisation and a whole family approach are complementary - it is important to look at a family's needs as a whilst making sure that individual carers' and users' views are sought and taken into account when considering how best to support a family. No assumptions should be made about a carer's ability and willingness to care. A whole family approach is particularly relevant where young carers and inter-generational carers are involved but users and carers of all ages can benefit from an integrated and holistic approach to providing personalised care and support.

Priority area 3 focuses on embedding personalisation and the whole family approach, and highlighting how they can improve the quality of life of carers, families and the people they care for. Good practice examples are provided, both in *A vision for adult social care: Capable communities and active citizens* and in *Carers and Personalisation: improving outcomes*.

## Objectives

*Recognised, valued and supported: next steps for the Carers Strategy* highlights the need to embed personalisation and the whole family approach in delivery of support for carers. *A Vision for Adult Social Care: Capable Communities and Active Citizens* makes clear that greater use should be made of personal budgets with everyone who is eligible having access to a personal budget, ideally as a direct payment, by April 2013.<sup>20</sup>

- **Through personalisation and personal budgets**

## Personal Budgets

*Carers and Personalisation: improving outcomes*, the Department of Health's best practice guide on personalisation and carers will assist councils' delivery of this commitment.

## Costs

Specific costs cannot be calculated. Research suggests that costs to the social care sector as a result of Individual Budgets 'were the same or lower' than those who did not have access to personalised budgets.<sup>21</sup> *Carers and Personalisation: improving outcomes* provides good examples of personalisation and carers building upon support that is already present within the public sector. Identifying the needs of the whole family rather than seeing the carer and the person they support in isolation might reduce additional costs arising as a result of not considering the wider picture. Combining the whole family approach with a focus on personalisation and personal budgets provides flexibility in supporting carers and those they support.

<sup>20</sup> Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*  
<http://tinyurl.com/35xkhew>

<sup>21</sup> Glendinning, C et al (2009) Individual budgets: Impacts and outcomes for carers, Research Findings, Social Policy Research Unit, University of York, York

## Benefits

Research from evidence gathered from 13 pilot sites for individual budgets across England provides some evidence on the positive benefits of personal budgets on carers.<sup>22</sup>

Compared to conventional social care, individual budgets (IBs) were associated with statistically significant positive effects on carers' quality of life and, when other factors were controlled for, on carers' social care outcomes. These positive outcomes were achieved despite no higher public expenditure costs, suggesting that IBs for service users are cost-effective for carers. Satisfaction with the support planning process was an important predictor of outcomes. This suggests that, compared with conventional practice, carers' greater involvement in IB assessment and support-planning processes might contribute to care and support arrangements that better suit carers.

In semi-structured interviews, carers of older people were more positive than carers of people with learning disabilities about IBs, partly because they had more choice and control over how they spent their time – for example, being able to pay someone else to do some of the tasks they had previously done. Carers also reported benefits from IBs where these had given service users better quality of life or independence – in other words, carers' outcomes partly depended on service user outcomes. See Annex 2 for further evidence.

Research on IBs and carers also found that carers gained increased satisfaction from IBs assessment and support planning which allowed carers to have more opportunities to be involved with the care planning process. This was particularly appreciated among those who cared for older people who felt that the holistic, family-based approach that IBs offered was good.<sup>23</sup>

Monetised benefits are hard to quantify. Once the whole family approach is taken and embedded into practice it would be beneficial to monitor monetised benefits further. Personalisation of services can also benefit those with caring responsibilities that would like to return to, or remain in, work by providing more flexible replacement care to fit in with more flexible working arrangements.

## **Priority area 4:** Helping carers to remain mentally and physically well

### Context

Those who care for long hours are twice as likely to be in poor health.<sup>24</sup> Carers are more likely to suffer from anxiety, depression, self-esteem and loss of confidence.<sup>25</sup> Studies carried out with carers highlight the detrimental effect on mental and physical health of those with caring responsibilities.<sup>26</sup> Carers that look after those with mobility problems risk muscular-skeletal

---

<sup>22</sup> Ibid

<sup>23</sup> Ibid

<sup>24</sup> Carers UK (2004) In Poor Health : the impact of caring on health. <http://tinyurl.com/27xlvqw>

<sup>25</sup> SPRU University of York (2004); Health Inequalities and Informal Care – Hearts and Minds, the health effects of caring

<sup>26</sup> Ibid



problems. Evidence of shorter life years for carers of people with dementia can be found in the 2001 census.<sup>27</sup> Breaks from caring responsibilities are one way in which this stress can be alleviated.

Research carried out by carers' organisations, information gathered from the consultation from the 2008 Carers Strategy and the 'call for views' carried out this year<sup>28</sup> all highlight the importance of taking a break from caring responsibilities on the mental health of carers. The Centre for International Research on Care, Labour and Equalities (CIRCLE) at the University of Leeds is conducting an independent evaluation of the 12 Carers Strategy demonstrator sites that DH set up to look at innovative ways of taking breaks and cost effectiveness. Its interim report has been published and its final report will be available in 2011. Interim evidence from demonstrator sites has gone some way to highlight the positive impact of innovative breaks.<sup>29</sup>

## Objectives

To support carers to remain mentally and physically well through:

- **making additional resources available to the NHS to support carers to take breaks from their caring responsibilities.**

## Breaks from caring responsibilities

Local councils are increasingly utilising personal budgets and direct payments to allow carers to use how they wish, in taking a break from their caring responsibilities. Evidence on the cost-effectiveness of utilising direct payments and personal budgets to access breaks is not definitive but shows high levels of user satisfaction and some improvement in carers' health.<sup>30</sup>

## Costs

Additional resources are being made available to PCTs as a result of evidence that carers' breaks have proved valuable, however the level of spending and ensuring that it delivers good value is the responsibility of PCTs themselves. Commissioners will be accountable to deliver outcomes according to the NHS outcomes framework.

The Operating Framework for the NHS in England has been published. This sets out what needs to happen over the transition year 2011/12.<sup>31</sup>

The consultation document *Transparency in outcomes: A framework for adult social care*<sup>32</sup> sets out proposals for building the evidence base, supporting transparency and demonstrating progress in social care.

At present, the NHS funds some breaks for carers. £100m is in baseline PCT allocations for 2010/11. DH will make an additional £400 million resources available to PCTs and GP Consortia over the next four years.

<sup>27</sup> Office of National Statistics (Census 2001) <http://tinyurl.com/37af7vz>

<sup>28</sup> Call for views Annex A Recognised, valued and supported: next steps for the Carers Strategy. <http://tinyurl.com/35fokoo>

<sup>29</sup> Centre for International Research on Care, Labour and Equalities (CIRCLE) (2010) National Carers Strategy Demonstrator sites National Evaluation Interim Report: <http://tinyurl.com/2auefu8>

<sup>30</sup> Ibid

<sup>31</sup> Department of Health (2010) The Operating Framework for the NHS in England <http://tinyurl.com/yzxh88z>

<sup>32</sup> Department of Health (2010) A consultation on proposals- *Transparency in outcomes: a framework for adult social care* <http://tinyurl.com/37vo29h>

The costs of a break varies significantly because it will depend on what the carer might wish to do to have a break. It could be gym membership, a computer, a greenhouse, or paying for someone else to spend time with the person they support to enable the carer to pursue a particular hobby or interest.

*Recognised, valued and supported: next steps for the Carers Strategy* encourages local councils and PCTs to work together to undertake joint planning to support carers.

## **Benefits**

There is a range of benefits resulting from carers breaks that cannot be quantified. For the purpose of this IA we have illustrated benefits in two areas:

1. Benefit to carers – QALY gains from reduced stress
2. Benefits to exchequer – reduced social and health care expenditure.

### **1) Benefit to carers – QALY gains from reduced stress**

The Wanless review (2006) suggested a benefit of 0.15 QALYS from 2 sessions of care per week, which is assumed to equal 9 hours per week for 52 weeks a year (based on average 4-5 hour sessions). Assuming the benefit from each hour of care is equal, (this assumes the potential lower impact of a shorter 'session' is balanced by the diminishing returns to care) the benefit from 1 hour of care would be 0.000321 QALYs.

We assume that a person will receive around 30 hours of respite care per year. Valuing a QALY at £60k<sup>33</sup> and using the above calculation, this gives a benefit from the above stress QALY of 0.000321. This equates to £550 per person.

### **2) Benefit to the exchequer– reduced social care expenditure**

A report by the Audit Commission and Personal Social Services Research Unit (PSSRU) in 2004 found that social care services, especially respite care and day care, are effective in both delaying the need for people to go into care homes (because it delays a breakdown of the caring situation at home), and by reducing carer stress.<sup>34</sup>

Davies and Fernández's study (2000 in Pickard 2004) reported that day care had a large positive impact on length of time in the community for all recipients of the social care service. They found that one day a week of daycare (costing around £40 a week in 1996 prices) for older people with cognitive impairment increased the time spent in the community by approximately 200 days, while two days a week of daycare increased the time spent in the community by approximately 270 days (Davies and Fernandez 2000 in Pickard 2004).

In addition, there is evidence that respite care can reduce use of hospital care. A study by Davies and Fernández (2000) looked at all main community services and found that respite care reduced the probability of readmission to hospital among people who had recently been admitted to hospital. Respite care was also found to be the only service, of main community services, that reduced the length of stay in hospital (in addition to its impact on the probability of admission.)<sup>35</sup>

<sup>33</sup> (internal DH guidance derived from DfT empirical estimates of the value of a prevented fatality and other empirical literature)

<sup>34</sup> Pickard L (2004). *The Effectiveness and Cost-effectiveness of Support and Services to Informal Carers of Older People*. London: Audit Commission and PSSRU.

<sup>35</sup> Please note that this study relates to frail older people only.

Other studies on day care respite services also show high levels of user satisfaction with services but differ in their findings on the impact on carers' psychological health (with some studies showing a positive effect and some showing no effect). Sitting services are popular with carers and those they care for.

Research (in the USA) on mixed respite care services show high levels of user satisfaction with services but differ in their findings on the impact on carers' psychological health (with some studies showing a positive effect and some showing no effect).

A scoping review on carers commissioned by the DH recognised that whilst qualitative evidence shows that carers regard breaks for carers as a lifeline, research has often been too small to allow statistically significant effects to be identified.<sup>36</sup>

Investment by DH in demonstrator sites to look at the cost effectiveness and benefits of breaks will be reported on fully in 2011. Subject to the outcome of this evaluation, further investigation into the costs and benefits of breaks may need to be explored. There is already evidence of the benefit of breaks for carers (see above) however the evaluation of the demonstrator sites could help guide what happens at the end of year one of *Recognised, valued and supported: next steps for the Carers Strategy*. The bulk of the £400m will not be spent before the demonstrator sites report. The demonstrator sites evaluation report, *Recognised, valued and supported: next steps for the Carers Strategy* and *Carers and Personalisation: improving outcomes* should guide PCTs and future GP consortia to provide breaks that are beneficial to supporting carers.

## Summary of costs and benefits

The input costs - £400m, based on Spending Review calculations assumes an average cost per break of £430. The original Spending Review bid reflects the Coalition Programme commitment to increase breaks for carers.

The estimated opportunity cost of £960m (Page 4) is 'a health gain forgone' following standard DH assumptions. This means that for anything DH spends money on, there is an assumed opportunity cost of 2.4x the actual expenditure. The challenge is to demonstrate £960m of benefit. We are not able to monetise benefit to the value of £960m, however we have shown that there is significant non-monetised (qualitative) benefit.

Qualitative benefits for carers have been listed including QALY gains from reduced stress and reduced social care expenditure, and more evidence will be available once the evaluation of demonstrator sites becomes available in October 2011. We have expressed the benefits as extensively as we can. Breaks from caring responsibilities were what most carers said they wanted in response to the 'call for views' summer 2010, Annex A to the main strategy.

In summary, our recommendation is on the basis of the evidence available, overall the benefits do justify the expenditure - see the evidence on QALYs, reduced social care expenditure and the demand for breaks by carers to allow them to go on caring in the longer term. We will have further evidence once the breaks demonstrator sites have been evaluated.

<sup>36</sup> University of York SPRU (Social Policy Research Unit) January 2010 Scoping Review on Carers Working Paper:

## **Administrative Burden and policy savings calculations;**

*Recognised, valued and supported: next steps for the Carers Strategy* does not significantly increase administrative burdens for those involved.

### ***Central Government***

The cost of continuing administrative support in central government will sit within the departmental administration budgets. The overarching aim of the *Recognised, valued and supported: next steps for the Carers Strategy* is to embed consideration of carers in work already planned so that it is considered in relevant, strategic, policy and legislative developments, whilst also not creating additional costs. Therefore, it is estimated that the DH and other Government departments involved in the implementation of *Recognised, valued and supported: next steps for the Carers Strategy* will carry out their responsibilities within their already allocated administration budgets.

### ***Local councils, NHS and the voluntary sector***

Good practice examples are given in *Carers and Personalisation: improving outcomes*. There is a possibility that these may produce administration burdens as local councils and voluntary organisations carry out actions that are concerned with implementing central government policy.

It is estimated that the benefits of the good practice outweighs any additional administrative costs. Evidence from the demonstrator sites should offer a wealth of good practice examples in Autumn 2011.

## Annex 1: Post Implementation Review (PIR) Plan

A PIR should be undertaken, usually three to five years after implementation of the policy, but exceptionally a longer period may be more appropriate. A PIR should examine the extent to which the implemented regulations have achieved their objectives, assess their costs and benefits and identify whether they are having any unintended consequences. Please set out the PIR Plan as detailed below. If there is no plan to do a PIR please provide reasons below.

### **Basis of the review:**

Political - there will be a non-statutory review of 'Recognised, valued and supported: next steps for the Carers Strategy' at the end of the spending review.

### **Review objective:**

Policy objective - To determine whether commitments as identified in the four priority areas have been progressed.

### **Review approach and rationale:**

Scan of stakeholders' views and, subject to the outcome of the demonstrator sites evaluation, further investigation into the costs and benefits of breaks from caring responsibilities.

### **Baseline:**

N/A (no legislation)

### **Success criteria:**

In carers' experience, that progress is being made to achieve the outcomes set out in the strategic vision of 2008

### **Monitoring information arrangements:**

We expect to review progress towards the objectives through:

- the NHS Operating Framework for 2011/2012
- the NHS Outcomes Framework
- subject to consultation, Transparency in Outcomes: a framework for adult social care and a carers experience survey

**Reasons for not planning a PIR:** [If there is no plan to do a PIR please provide reasons here]

## Annex 2: Main findings of IBSEN report

A study on the impact of carers from individual budgets (IBs)<sup>37</sup> found that when carers of people with IBs were compared with carers of people using conventional social care services, IBs were significantly associated with positive impacts on carers' reported quality of life and, when other factors were taken into account, with social care outcomes. Positive outcomes for carers were partly reflected in the fact that carers and IB users were more able to engage in activities of their choice.

Carers gained increased satisfaction from IBs assessment and support planning which allowed carers to have more opportunities to be involved with the care planning process. This was particularly appreciated among those who cared for older people who felt that the holistic, family-based approach that IBs offered was good.

This study found that there was no statistically significant difference between the costs of IBs and conventional services, nor in the time spent or opportunity costs of the help given by carers in either group. However, the direction of effect suggested that higher opportunity costs to carers in the IBs group. Better outcomes at no higher cost suggests IBs for service users may be cost-effective for carers.

Although again not statistically significant, carers supporting IB users appeared to spend more time on care-related tasks than carers supporting someone receiving standard social care services.

It is possible for carers to receive a payment for their services from the IB. This was piloted in a few areas, however only a small minority of carers or other relatives received a payment. Payments were usually small and carers did not consider these adequately reflected the actual amount of help they gave. As a result, some were unhappy about the level of payment. That said, many carers did not think it was appropriate to pay them in this way.

Carers of IB users were significantly more likely than carers of people in receipt of conventional services to have been involved in planning the user's support arrangements.

Carers were also satisfied with the value of the IB and how it was paid. However, there was no statistically significant difference in carers' satisfaction with IB support planning than conventional service planning.

Semi-structured interviews revealed that carers of people with learning disabilities were more likely than carers of older people to have contributed to service users' assessments and support planning. This may reflect both the different support needs of each group and user group-related differences in social care practice. However, carers of older people were more likely to report that their own needs and circumstances had been taken into account in the service user's IB assessment and service planning, compared with previous experiences of conventional service planning. Although there was no difference in the proportions of carers spending time on managing paperwork and on-going support arrangements, semi-structured interviews suggested that IBs generated more work for carers in managing paperwork and on-going support arrangements. Carers reported uncertainty over how the IBs could be used; the management of underspent IBs; and problems with support plans that failed to materialise.

---

<sup>37</sup> Glendinning, C et al (2009) Individual budgets: Impacts and outcomes for carers, Research Findings, Social Policy Research Unit, University of York, York <http://tinyurl.com/3ykf7lo>

## Annex 3 Other Impact Assessments

### Economic Impacts

#### **Competition Assessment:**

Do the proposals directly limit the number or range of suppliers?

No. Priority 2 which includes examining how to reduce barriers to market entry for small local flexible enterprises may increase the number of suppliers. We now have the whole system demonstrator sites. This examination will take a while to carry out and therefore the impact upon the competition would only emerge in the long term.

Indirectly limit the number or range of suppliers?

No

Limit the ability of suppliers to compete?

No

Reduce suppliers' incentives to compete vigorously?

No

#### **Small Firms Impact test:**

In general, we do not forecast that any of the proposals will have any major impact on small firms. Care homes may see increased demand in their services due to the increased funding provided for breaks for carers. The Department for Business Innovation and Skills will publish a full Impact Assessment on the impact of an extension to the right to request flexible working, in due course.

### Environmental Impacts

The priority areas within *Recognised, valued and supported: next steps for the Carers Strategy* are not expected to have an impact upon greenhouse gases or wider environmental issues.

### Social Impact Tests

#### **Health Impact Assessment**

The priority areas in the *Recognised, valued and supported: next steps for the Carers Strategy*, particularly priority area four which focuses on helping carers to remain mentally and physically well should have a positive impact on both the health of the carer, and that of the person being cared for.

Carers' health and well-being is vital. If carers are unwell they may be unable to support those they care for, and either the health and social care systems must take on caring responsibilities or the health of the person who is cared for may suffer. Carers who provide high levels of

unpaid care for sick or disabled relatives and friends are twice as likely to suffer from poor health compared to those that do not have caring responsibilities.<sup>38</sup>

It is well documented that work is significant to the well-being of individuals<sup>39</sup> in particularly for the mental health of those that have caring responsibilities (this however is only the case if there are good replacement services). Many carers that want to carry on working, or return to work, often face barriers including lack of information and lack of flexible working options. The move towards extending the right to request flexible working to all should make it easier for carers to stay in work. This could have a significant positive impact upon their health not only through gaining confidence through working but also reducing isolation that can occur as a result of caring full time. The Department for Business Innovation and Skills will conduct a full Impact Assessment in due course.

The 2010 Equality Act includes measures regarding discrimination by association (in relation to disabled or older persons). This Act has the potential to reduce the strain on some carers' mental health within the workplace when fitting caring responsibilities around their work, as they will have greater protection from discrimination as a result of their responsibilities. This could also be the case in accessing services. This Act however, will take a little time to embed and case law will inform practice. The Equalities and Human Rights Commission provides comprehensive guidance for employers and others on practicalities around the Equality Act 2010. <http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/equality-act-2010-guidance/>

Training for GPs to support the early identification of carers, should have a positive impact on mental health and physical health of carers, by giving them the access to information, advice and support at an earlier stage. Training of GPs could also help reach those traditionally 'hidden' carers, improving health to all, not just some sections of society.<sup>40</sup> This should mean that there is a focus on the health of the carer as well as the person they care for. There is evidence from the 'call for views' and other consultations that when GPs are 'carer aware', this impacts positively on the health of the carer.<sup>41</sup>

Resources for breaks for carers, and the focus on personalisation of care should mean that carers can benefit from flexible breaks. It has been demonstrated that whilst some carers still want access to residential breaks, many families do not. The Department of Health demonstrator sites that were set up in 2009 have started to collect information on ideas for innovative breaks from caring responsibilities.<sup>42</sup> For example, personalised breaks incorporate a diverse range of activities including but not limited to guitar lessons, courses, spa treatments, weekend breaks, painting materials, and gym membership. In some sites personalised breaks from caring may take place with a group of carers or with the people they support which can provide a holistic family approach.

---

<sup>38</sup> Office of National Statistics (Census 2001) <http://tinyurl.com/37af7vz> Standard Tables UK

<sup>39</sup> HM Government (2005) Health, Work and Wellbeing Strategy: Caring for our future <http://tinyurl.com/3ao899s>

<sup>40</sup> Royal College of General Practitioners and Princess Royal Trust for Carers (2009) *Supporting Carers: An action guide for general practitioners and their teams*, <http://tinyurl.com/38sl54m>

The good practice guide produced by the Royal College of General Practitioners with Princess Royal Trust for Carers highlights the need to support 'hidden carers'

<sup>41</sup> 'call for views' Annex A *Recognised valued and supported: next Steps for the Carers Strategy* <http://tinyurl.com/35fokoo>

<sup>42</sup> Centre for International Research on Care, Labour and Equalities (CIRCLE) (2010) National Carers Strategy Demonstrator sites National Evaluation Interim Report: <http://tinyurl.com/2auefu8>



Funding for breaks for carers will be allocated via PCTs. The opportunity to have access to flexible breaks will enable carers to have greater control and choice over how they wish to take a break from their caring responsibilities.

The demographic of the population is getting older and children and young adults are also surviving with complex health conditions. The impact of caring for someone does not simply lie with carers and the people they support, but the whole family. The improvement of the health of the carer can have a positive impact on the health of the whole family.

### **Race Equality**

See Annex 4: EqIA

### **Disability Equality**

See Annex 4: EqIA

### **Gender Equality**

See Annex 4: EqIA

### **Human Rights**

See Annex 4: EqIA

### **Rural Proofing**

See Annex 4: EqIA

### **Legal Aid:**

It is not anticipated that proposals will have any major impact on legal aid. Legal aid may see a small increase in demand as a result of the new provisions within the Equality Act 2010. Priority area 2 highlights raising awareness through guidance on discrimination by association with older people and those with disabilities.

### **Justice System**

It is not expected that *Recognised, valued and supported: next steps for the Carers Strategy* will have an impact upon the justice system.

### **Sustainable Development:**

The proposals take account of and support the five principles of sustainable development. There is little evidence of the impact on the environment of the policies supporting carers. The personalisation agenda may lead to some carers, for example in rural areas, no longer travelling long distances to social care settings. However this may be offset by the likelihood that personalisation enables more carers and those that they care for to travel as they choose.

## Annex 4: Equality Impact Assessment

### Aims and Purposes

This equalities impact assessment indicates the likely impact on different sections of the population of *Recognised, valued and supported: next steps for the Carers Strategy*. The assessment explores the likely impact for men and women; people of different ethnicity; disabled people; people of different ages, people who are in civil partnerships, people of different religions and none; and people of different sexual orientations. It also examines the potential impact on human rights.

The 2008 *Carers Strategy* set out an ambitious agenda of change over the next decade. Building on a vision which values carers, the agenda to make this happen is substantial and challenging. The Government wishes to prioritise future actions to ensure the best possible outcomes for all carers and those they support. This equalities impact assessment relates to the priority areas set out in the updated strategy *Recognised, valued and supported: next steps for the Carers Strategy*. The 2008 Equalities Impact Assessment remains relevant for continuing actions.<sup>43</sup>

The priority areas (except where stated) are directed at all carers. The assessment does not take into account the cost or wider benefits of each of the proposed developments, and considers only whether, based on existing knowledge, it is possible to make an estimate of impact with regard to equalities.

### Introduction/Background

Carers play a vital role in providing care to people of all ages, those with impairments, disabilities or mental health needs, to live as independent life as possible. In turn, carers need support in order to carry out their caring role effectively.

Whilst there have been improvements in support for carers since the publication of the 2008 Carers Strategy, too often people still find it difficult and confusing to access support. What is on offer is often inflexible and not suited to their needs. Consultations and research in recent years have found that carers want more choice, control and flexibility in carrying out their caring role.<sup>44</sup>

*Recognised, valued and supported: next steps for the Carers Strategy* highlights the strategies and policies that are happening across government to support carers. These strategies and policies will have their own equality impact assessments, which will complement this equality impact assessment.<sup>45</sup>

### Recognised, valued and supported: next steps for the Carers Strategy

*Recognised, valued and supported: next steps for the Carers Strategy* retains the strategic vision and objectives from the 2008 strategy and identifies four priority areas on which to focus

---

<sup>43</sup> Department of Health (2008) Equality Impact Assessment 2008 Carers Strategy: <http://tinyurl.com/69b8lt>

<sup>44</sup> 'call for views' Summer 2010 Summary Annex A to *Recognised, valued and supported: next steps for the carers strategy* and Glendinning, C et al (2009) Individual budgets: Impacts and outcomes for carers, Research Findings, Social Policy Research Unit, University of York, York

<sup>45</sup> The IA and EQIA for the 2008 Strategy and the analysis on which they are based are still relevant. <http://tinyurl.com/69b8lt>

in the next four years. It sets out what central Government will do to support carers and how focusing on the four priority areas in local communities can make a positive difference for carers.

## The priority areas

The priority areas in *Recognised, valued and supported: next steps for the Carers Strategy* have been developed through cross government discussion, information gathered from the public 'call for views' conducted over summer 2010 and advice from the Standing Commission on Carers. The 'call for views' yielded over 750 responses which represented the views of 4000 carers (Annex A of *Recognised, valued and supported: next steps for the Carers Strategy*).<sup>46</sup>

**Priority area 1:** supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

**Priority area 2:** enabling those with caring responsibilities to fulfil their educational and employment potential

**Priority area 3:** personalised support both for carers and those they support, enabling them to have a family and community life

**Priority area 4:** helping carers to remain mentally and physically well.

The Government does not mandate a particular approach to implement the priority areas in local communities. The NHS, councils and providers of support for carers are encouraged throughout to work in partnership with carers, families and local communities in order to develop solutions that best fit local needs and desired outcomes. *Carers and Personalisation: improving outcomes* sets out lessons learnt and innovative approaches that have already been tested or are being tested currently. This guide is published alongside *Recognised, valued and supported: next steps for the Carers Strategy* and supports the priority areas in providing practical advice and guidance.

In developing local solutions the public sector will want to conduct their own equality impact assessments to assure themselves that their chosen way forward will assist them in their duties in relation to equalities and human rights, working to reduce discrimination and inequality while promoting equality and good community relations.

## Specific impacts on equality

### Age

People of all ages have caring responsibilities. The UK population is ageing and it is projected that by 2031 there will be 3 million people aged over 85 increasing from 1.2 million in 2006. Almost one third of unpaid carers in England are aged 60 or over and the growing demand for long-term care is expected to be met increasingly by older carers.<sup>47</sup> There are approximately

<sup>46</sup> Annex A of this EQIA presents a list of the organisations that responded to the 'call for views'

<sup>47</sup> Cheshire, H., Lloyd, J., Ross, A., and M. Weinhardt (2008) *Living and Caring? An Investigation of the Experiences of Older Carers*: National Centre for Social Research: <http://tinyurl.com/2u65556>

4.27 million carers of working age in England and Wales<sup>48</sup> of which two thirds combine paid work with caring. The vast majority (90%) of working carers are aged 30 years or over, with a significant proportion aged over 50.<sup>49</sup> Caring has been identified as a key contributory factor in lowering the labour market activity rates of those aged 50 years and over.<sup>50</sup> In 2001, 1.2 million men and 1.6 million women aged 50 and over in England and Wales were providing unpaid care. This represents 16% and 17% of older men and women respectively.<sup>51</sup> Evidence suggests that there are also a significant number of younger carers – some 175,000 aged under 18 in 2001.<sup>52</sup> Secondary analysis of Census data shows that the number of young adult carers 18-24 is 229,318.<sup>53</sup> Among young adults aged 16-24, caring reduces the likelihood of participating in further or higher education, with a resulting impact on future earnings as well as their own personal development.<sup>54</sup>

The benefits of autonomy and flexibility which many service users appreciate about direct payments are just as relevant to carers. However some barriers to managing direct payments have been identified.<sup>55</sup> There is still anxiety among carers, particularly older carers, about money management and concern that the appropriate services may not be available.<sup>56</sup>

In the 'call for views' a large number of working age carers felt that they had been forced to give up work and said that they would not have done so had the support and information been available to them when they took on their caring responsibilities.<sup>57</sup>

There is increasing evidence of improved outcomes for carers through the use of personal budgets and the increased choice and control they offer. Evidence from the 'call for views' sets out positive examples of the use of personal budgets in ways which sustain and improve the quality of lives for partners, parents and siblings. Carers who have used personal budgets have said 'we now have our family back' 'it now feels like brothers and sisters' and not 'him/her and them.'<sup>58</sup> Responses to the 'call for views' identified the whole family approach as the key to change for young carers.<sup>59</sup>

The Government aims to address the age related equality issues in the following ways:

- The Government has produced guidance for councils and their partners to help them make budgets work for older people and their families.<sup>60</sup> This should impact positively for older carers who have anxiety about money management and concern over lack of services to buy.
- The Government will issue a consultation document on how best to take forward the Coalition commitment to extend flexible working. This should have a positive impact on

<sup>48</sup> Office of National Statistics (Census 2001) <http://tinyurl.com/37af7vz>

<sup>49</sup> Yeandle, S. et al (2007) *Managing Caring and Employment*. Carers UK (using Census 2001 SAR<sup>49</sup>, England and Wales sample)

<sup>50</sup> Loretto et al (2007) from Vickerstaff et al (2008) *Employment Support for Carers* DWP RR597

<sup>51</sup> Evandrou, M. (2005) 'Health and Social Care' in Soule et al (eds) (2005) *ONS: Focus on Older People* London: HMSO

<sup>52</sup> Office of National Statistics (Census 2001) <http://tinyurl.com/37af7vz>

<sup>53</sup> Becker, S. and Dearden, C. (2004) *Young Carers in the UK: the 2004 report*, London, UK, 2004

<sup>54</sup> Yeandle, S. and Buckner, L. (2007) *Carers, Employment and Services: Time for a new social contract?* Carers UK (using Census 2001 SAR<sup>54</sup>, GB sample)

<sup>55</sup> Glendinning, C et al (2009) *Individual budgets: Impacts and outcomes for carers*, Research Findings, Social Policy Research Unit, University of York, York, Social Care Institute of Excellence (2007) research briefing 20: *The implementation of individual budget schemes in adult social care* <http://tinyurl.com/3466plq>

<sup>56</sup> 'call for views' (2010) response to 'call for views' Annex A to *Recognised, valued and supported: next steps for the carers strategy* <http://tinyurl.com/2wh54da>

<sup>57</sup> Ibid

<sup>58</sup> Ibid

<sup>59</sup> Ibid

<sup>60</sup> Department of Health (2010) *Putting People First: Personal budgets for older people- making it happen* <http://tinyurl.com/personal-budgets>

carers of working age who want to work along side their caring responsibilities. The continuation of Jobcentre Plus will also support working age carers in returning to work.

- The Government encourages a whole-family approach in supporting carers which is likely to result in individual care packages that can be sustained effectively benefiting carers of all ages. A whole-family approach is particularly relevant where young carers and inter-generational carers are involved but service users and carers of all ages can benefit from an integrated and holistic approach to providing personalised care and support.
- The Department for Education and the Department for Business Innovation and Skills will work together to develop the first all age careers service which will support young adults (including young carers) with continuity of careers advice.

## **Disability**

People with significant caring responsibilities are twice as likely to be in poor health as non-carers.<sup>61</sup> Among carers providing care for 20 hours a week or more, one in three report having a limiting long-term illness.<sup>62</sup> More people are becoming 'mutual' carers, for example people with learning disabilities who care for their parents as they become older and more frail while parents continue to support their offspring.

Evidence collected in the 'call for views' highlights the importance of carers and disabled people being assessed together so that it is easier to address the needs of disabled carers, and prevent them becoming mentally and physically ill.<sup>63</sup> Over half the respondents from the 'call for views' on priorities cited the importance of regular breaks from caring responsibilities to help carers look after their own health and well-being and to sustain them in their caring role.<sup>64</sup>

The Government aims to address the disability equality issues in the following ways:

- The Government is making £400 million available to support carers to take breaks from their caring responsibilities over the next 4 years.
- The Department of Health will provide additional resources for GP training, to increase GPs' awareness and understanding of carers' needs for support. Early intervention and signposting to information and advice should have a positive impact upon disabled carers, in providing them with support earlier in their caring role.
- The government will seek to expand access to psychological therapies (IAPT) programme to carers.
- *Recognised, valued and supported: next steps for the Carers Strategy* encourages all carers to be more involved in care design and planning individual care packages. That includes carers who have learning disabilities caring for parents (mutual caring) as well as older frail people caring for their partners/spouses/offspring.
- The Right to Control pilot scheme also aims to provide disabled people with greater choice and control over how public money is spent to meet their individual needs and

<sup>61</sup> Office of National Statistics (Census 2001) Standard Tables 2001 UK <http://tinyurl.com/37af7vz>

<sup>62</sup> Pickard, L. (2007) 'Unpaid care and the family' from Smallwood and Wilson (eds) (2007) *ONS: Focus on Families* London: HMSO (Census GB)

<sup>63</sup> 'call for views' (summer 2010) Summary in Annex A to *Recognised, valued and supported: next steps for the Carers Strategy*. <http://tinyurl.com/2wh54da>

<sup>64</sup> Ibid

ambitions. The importance of involving carers in planning the support required for disabled people is well understood in the scheme.

- The Equality Act 2010 provides protection against discrimination by association with a disabled person. As this measure was only introduced in October 2010 the impact of this law will be kept under review, however this should have a positive impact for both disabled people and their carers. Guidance on the Equality Act 2010 and its implication for carers has been developed by the Government Equalities Office.<sup>65</sup> Further advice on disability and equality is provided by the Equality and Human Rights Commission.<sup>66</sup>
- Practical guidance highlighted in the strategy sets out a range of supporting materials to assist councils to develop their local community capacity to provide a personal approach particularly in relation to improving the lives of disabled and older people.<sup>67</sup>

## Gender

The 2001 Census shows that women are more likely to be carers than men. Across the UK there were 3,400,000 female carers (58% of carers) and 2,460,000 male carers (42%). Women have a 50:50 chance of providing care by the time they are 59, compared with men who have the same chance by the time they are 75 years old. Women are also more likely to give up work in order to care.<sup>68</sup>

Women are more likely to provide long hours of caring. Of those spending more than 20 hours per week caring, around 60% were women.<sup>69</sup> Furthermore female carers who are in paid employment are much more likely to work part-time (30%) than men (7%).<sup>70</sup> In a survey of working carers, almost half of those working part-time had reduced their hours from full-time exclusively to accommodate care-related responsibilities.<sup>71</sup>

Whilst women are more likely to provide long hours of caring and more likely to work part-time we know that men are less likely to ask for flexible working. They are also less likely to have their request accepted than women. A greater proportion of requests by men were declined by employers than by women, compounding the effect of men making fewer requests in the first place. A third of requests were turned down from full-time employees who were not working flexibly - almost double the average refusal rate.<sup>72</sup> Carers cite flexible working as one of the most important factors in allowing them to juggle paid work, their caring responsibilities and family life. Where flexible working arrangements are not available this often compels those with caring responsibilities to leave their job.<sup>73</sup>

The Government aims to address the gender equality issues in the following ways:

---

<sup>65</sup> Government Equalities Office and Citizens Advice Bureau (2010) Equality Act 2010: What do I need to know as a carer? <http://tinyurl.com/32qan7k>

<sup>66</sup> Equality and Human Rights Commission Disability Guidance <http://tinyurl.com/2atqhkj>

<sup>67</sup> Department of Health (2010) *Practical approaches to improving the lives of disabled and older people through building stronger communities* <http://tinyurl.com/32a86vv>

<sup>68</sup> Carers UK, (2001) It could be you – a report on the chances of becoming a carer <http://tinyurl.com/28f1bzz>

<sup>69</sup> Office of National Statistics (Census Standard Tables 2001) <http://tinyurl.com/37af7vz>

<sup>70</sup> Yeandle, S. and Buckner, L. (2007) *Carers, Employment and Services: Time for a new social contract?* Carers UK (using Census 2001 SAR<sup>70</sup> GB)

<sup>71</sup> Yeandle, S. and Buckner, L. (2007) *Carers, Employment and Services: Time for a new social contract?* Carers UK (CES survey)

<sup>72</sup> Hooker, H., Neathey, F., Casebourne, J. and Munro, M. (2007) The Third Work Life Balance Employee Survey. Department for Business, Innovation and Skills, Research series No. 58.

<sup>73</sup> 'call for views' Summer 2010 Annex A Recognised, valued and supported: next steps for the Carers Strategy. <http://tinyurl.com/2wh54da>

- The Government emphasises the importance of supporting carers to stay in and return to paid employment if they wish. Extending the right to request flexible working arrangements to all employees (on which the Department for Business Innovation and Skills is consulting on in the New Year) could have a significant impact for both women and men.
- A key policy of the Coalition Government is the development of the concept of Big Society, encouraging people to work together to support each other in their local communities. Encouraging communities to work together should have a positive impact for both women who represent a higher percentage of carers, and for men, who are less likely to seek support when in a caring role. *Recognised, valued and supported: next steps for the Carers Strategy* emphasises the importance of encouraging communities to work together.

### **Gender reassignment**

Research by the Equalities and Human Rights Commission suggests that transgender people are less able to rely on family support due to rejection, and are more likely to turn to “families of choice” and support from informal trans community organisations. This may make them more reliant on formal social care.<sup>74</sup>

The Department of Health is not aware of much evidence on the particular experiences of transgender carers and those that care for people who are transgender. This was not brought up as a key issue in the ‘call for views’ carried out this summer 2010.

The Government aims to address any transgender equality issues that may arise in the following ways:

- *Recognised, valued and supported: next steps for the carers strategy* sets out the benefits of personalisation for all carers and encourages councils to identify opportunities for local models of care and support. This personalised approach should have a positive impact on all carers.
- This gap in evidence will be considered when DH is considering future research priorities.

### **Ethnicity**

Pakistani and Bangladeshi residents of working age are twice as likely to live with someone with a limiting long-term illness as white British residents.<sup>75</sup> Compared to white British carers, other ethnic groups are less likely to combine caring with part-time employment, and this can have a negative impact on their resources carers from ethnic minority communities are considerably more likely to say that it is ‘a constant struggle to make ends meet.’<sup>76</sup> Furthermore they report that they feel restricted in using services because of a lack of information, or because they perceive the services to be too expensive, inflexible or not suitable for their individual needs.<sup>77</sup>

<sup>74</sup> Howarth.C, and Mitchell.M (2009) Equalities and Human Rights Commission Trans research review Research report 24 <http://tinyurl.com/vz2qavc>

<sup>75</sup> Yeandle, S. et al (2007) *Diversity in Caring: Towards equality for carers*. Carers UK (CES survey)

<sup>76</sup> Ibid

<sup>77</sup> Ibid

In some languages there is no translation for the word carer, and some people in different cultures have different attitudes to the caring role where there can be pre-existing expectations around giving care.<sup>78</sup> As a result many carers from ethnic minority communities tend to care unaided and in isolation.<sup>79</sup>

There is evidence that personal budgets can have a positive impact on the lives of those with caring responsibilities.<sup>80</sup> However some evidence shows that individual budgets can place additional stress on carers when there is no information and support.<sup>81</sup> Personalisation needs to be supported by culturally sensitive services, and advice, and relevant support in advocacy and brokerage.<sup>82</sup> Feedback from the Carers Strategy Demonstrator sites provide examples of innovative ways of reaching out to carers in ethnic minority communities, through GP surgeries, and health checks.<sup>83</sup> These demonstrator sites are exploring ways in which the NHS can offer better support to carers and various ways of supporting breaks from caring, and are testing the effectiveness of health and well-being checks, specifically focusing on carers.

A significant number of respondents in the 'call for views' highlighted the importance of reaching out to carers who have previously been 'hidden' from traditional support. Responses to the 'call for views' suggest that it is local community groups that are often best placed to inform and support carers from ethnic minority communities.<sup>84</sup>

The Government aims to address ethnicity equality issues in the following ways:

- *Recognised, valued and supported: next steps for the Carers Strategy* recognises that there are particular issues to consider in terms of supporting carers from ethnic minority communities. Carers who are frequently seen as 'hidden' from traditional support should benefit from the emphasis on personalisation which will provide additional options to those that have not identified with the current support on offer.<sup>85</sup>
- The Government encourages councils to engage with local populations including those who are not regularly in touch with the care and support system in their local area, as part of an effort to reduce discrimination and promote fair and equal access to services. It encourages councils and their strategic partners to involve carers in their Joint Strategic Needs Assessment and development of local carers' strategies to ensure that all carers of all ages within the local population, including carers within ethnic minority communities, are adequately reflected.<sup>86</sup> There should be a positive impact for carers from ethnic minority communities if councils and their strategic partners act in partnership in supporting carers whilst taking into account and acting upon equality issues that have an impact on ethnic minority communities.

<sup>78</sup> The Afya Trust – National Black Carers and Carers Workers Network (2008) *Beyond We Care Too – Putting Black Carers in the Picture* <http://tinyurl.com/3xkvfpt>

<sup>79</sup> Seabrooke and Milne (2004) *Culture and Care in Dementia: A Study of the Asian Community in North west Kent*, The Mental Health Foundation

<sup>80</sup> Glendinning, C et al (2009) *Individual budgets: Impacts and outcomes for carers*, Research Findings, Social Policy Research Unit, University of York, York <http://php.york.ac.uk/inst/spru/research/summs/ibsen.php>

<sup>81</sup> Ibid

<sup>82</sup> The Afya Trust – National Black Carers and Carers Workers Network (2008) *Beyond We Care Too – Putting Black Carers in the Picture* <http://tinyurl.com/3xkvfpt>

<sup>83</sup> Centre for International Research on Care, Labour and Equalities (CIRCLE) (2010) *National Carers Strategy Demonstrator sites National Evaluation Interim Report*: <http://tinyurl.com/2auefu8>

<sup>84</sup> call for Views (2010) – found in Annex A to *Recognised, valued and supported: next steps for the Carers Strategy*.

<http://tinyurl.com/2wh54da>

<sup>85</sup> HM Government (2010) *Recognised, valued and supported: Next Steps for the Carers Strategy* <http://tinyurl.com/2wh54da>

<sup>86</sup> Ibid



- The Department of Health is also supporting two specific projects this year to support carers in ethnic minority communities. The Afiya Trust will build the capacity of the National Black Carers and Carers Workers Network and enable good practice and information to be disseminated and embedded into mainstream services across voluntary and statutory sectors. The Children's Society will support young adult carers from ethnic minority communities to develop their life opportunities alongside their caring role. The society will build on the expertise from working with young carers from ethnic minority communities.
- Good practice examples that specifically focus on delivering accessible and culturally sensitive services to carers of an ethnic minority background are set out in *Carers and Personalisation: improving outcomes*, which accompanies *Recognised, valued and supported: next steps for the Carers Strategy*.

### **Religion or belief**

People with different religions and beliefs may have different attitudes to the caring role. Some carers do not feel comfortable taking advantage of the support on offer<sup>87</sup> for example replacement care of the same sex may not be available. As a result many carers remain 'hidden' from support and remain isolated in their caring role.

There is evidence that traditional methods of identifying and supporting carers are not always relevant for some carers.<sup>88</sup> GPs and their practice staff may not always be aware that carers may need specific support depending on their religion or belief. Research suggests that direct payments could be beneficial in allowing carers to attend important family events, community festivals and allowing people to follow their religion.<sup>89</sup>

The interim report from seven of the Department of Health's demonstrator sites which focus on health checks<sup>90</sup> sets out evidence of the effectiveness of innovative approaches in providing health checks and other carer support in mosques and other places of worship.

The Government aims to address the religion and belief equality issues in the following ways:

- The Government's focus on personalisation and personal budgets could have a positive impact both for carers and the people they support who do not identify with traditional support. Personal budgets and more specifically direct payments can help families to select alternative care of their choice.
- The final report of comprehensive evidence from the demonstrator sites will be published in October 2011 and is expected to provide evidence and examples of innovative solutions in providing breaks and other support that are sensitive to carers who do not identify with traditional support.
- The Department of Health will provide additional resources for training GPs and their practice staff to increase awareness and understanding of carers' needs for support. The

<sup>87</sup> Carers UK (2007) Carers and the Equality and Diversity Agenda <http://tinyurl.com/26caxvu>

<sup>88</sup> The Afiya Trust – National Black Carers and Carers Workers Network (2008) Beyond We Care Too – Putting Black Carers in the Picture <http://tinyurl.com/3xkvfpt>

<sup>89</sup> Ibid

<sup>90</sup> Centre for International Research on Care, Labour and Equalities (CIRCLE) (2010) National Carers Strategy Demonstrator sites National Evaluation Interim Report: <http://tinyurl.com/2auefu8>

training will include identification and advice on supporting 'hidden' carers, including those who hold religious or other beliefs. Supporting carers to identify themselves and signposting them to relevant information and organisations that offer quality and specific advice should have a positive impact on equality issues.

### **Sexual orientation**

Out of the 6 million carers in the UK a significant amount are lesbian, gay or bisexual.<sup>91</sup> Lesbian, gay and bisexual carers on the whole face many of the same barriers and difficulties that affect carers universally when carrying out their caring responsibilities. However it is important that social care and health professionals treat carers equally regardless of their sexual orientation.

Research from The Equality and Human Rights Commission highlights that lesbian, gay and bisexual people may be more likely to seek support from friends rather than family ("family of choice" rather than "family of origin"). Lesbian, gay and bisexual people may be less able to rely on support from partners or children for care support. This may make them more reliant on formal social care.<sup>92</sup>

The Department of Health is not aware of much evidence on the particular experiences of carers as a result of their sexual orientation. This was not brought up as a key issue in the 'call for views' carried out this summer 2010. This gap in evidence will be considered when DH is considering future research priorities.

- As part of the focus on personalisation, the Government encourages councils to think holistically and innovatively, working with the person to determine their desired outcomes. This may include taking into account any needs arising specifically because of sexual orientation of both the carer and the person they support.

### **Socio-economic disadvantage**

There is evidence that people in lower socio-economic groups are both more likely to receive care and more likely to give care.<sup>93</sup> Becoming a carer can have an adverse impact on people's financial situation, with many carers saying that they are worse off once they become a carer.<sup>94</sup> Non-working carers are more likely than working carers to struggle financially<sup>95</sup> however a third of carers in full or part-time work also considered they were struggling financially.<sup>96</sup>

Key messages from the response for the 'call for views' highlighted the need for better information and advice on financial and employment issues.<sup>97</sup> Despite benefits being outside of the scope of the 'call for views' many respondents felt that benefits could not be ignored. The Equalities and Human Rights Commission also reported that to support carers there is a need

<sup>91</sup> Carers Week Emily's Story (Summer 2010) <http://tinyurl.com/34623er>

<sup>92</sup> Mitchell, M, Howarth, C, Kotecha, M and C Creegan (2008) Sexual Orientation research review: Equality and Human Rights Commission Research Report 34. <http://tinyurl.com/35al5rk>

<sup>93</sup> Equality and Human Rights Commission Triennial Review (2010) How fair is Britain? Equality, Human Rights and Good Relations in 2010, The First Triennial Review. <http://tinyurl.com/2ujjb4k>

<sup>94</sup> Yeandle, S. (2007) *Stages and Transitions in the Experience of Caring* (CES survey GB)

<sup>95</sup> Yeandle, S. et al (2007) *Managing Caring and Employment*. Carers UK (CES survey)

<sup>96</sup> Yeandle, S. and Buckner, L. (2007) *Carers, Employment and Services: Time for a new social contract?* Carers UK (CES survey)

<sup>97</sup> 'call for views' (Summer 2010) Summary Annex A to Recognised, valued and supported, next steps for the carers strategy.

<http://tinyurl.com/2wh54da>

to consider policies such as 'inclusive workplace practices that enable people to combine paid work with other responsibilities.'<sup>98</sup>

The Government aims to address socio-economic equality issues in the following ways:

- The financial impact of care is being considered in more detail by the independent Commission on the Funding of Care and Support. The Commission has been asked to make recommendations on how to achieve a fair, affordable and sustainable funding system for care and support, for all adults in England, both in the home and other settings. The Commission will consider various options, taking into consideration four key criteria: choice, fairness, value for money and sustainability. The Commission is expected to report in summer 2011.<sup>99</sup>
- The Department of Health has provided additional funding for GP and GP practice staff training which should encourage early identification of carers, including those who are at a socio-economic disadvantage.
- *Recognised, valued and supported: next steps for the Carers Strategy* sets out priorities that apply to all carers, taking into account those who use state funding and those who are self-funded.
- Examples of community support and the impact on carers can be found in *Carers and Personalisation: improving outcomes*.
- Benefits for carers is being considered as part of the Government's wider work on welfare reform.

### ***Pregnancy and Maternity***

The Department of Health is not aware of much evidence on the particular experiences of carers as a result of pregnancy and maternity. This was not brought up as a key issue in the 'call for views' carried out this summer 2010. This gap in evidence will be considered when DH is considering future research priorities.

The Government's actions below should address any pregnancy and maternity equality issues that do arise in the following ways:

- As part of the focus on personalisation, the Government encourages councils to think holistically and innovatively, working with the person to determine their desired outcomes. This may include taking into account any needs for social care arising specifically because of pregnancy and maternity.
- Following the current consultation on *Liberating the NHS: An information revolution*, the Department of Health will publish an information strategy and plans for its implementation, working closely with carers and carers' organisations. Mothers can benefit from early access to information and advice if they have an ill or disabled child.

<sup>98</sup> Equality and Human Rights Commission Triennial Review (2010) How fair is Britain? Equality, Human Rights and Good Relations in 2010, The First Triennial Review. <http://tinyurl.com/2ujjb4k>

<sup>99</sup> Commission on the Funding of Care and Support (to report 2011) <http://carecommission.dh.gov.uk>

- Extending the right to request flexible working for all will provide more flexibility for mothers in a caring role as will the new measures in the Equality Act 2010 about discrimination by association with disabled or older persons.

## **Human Rights**

Two articles in the 1998 Human Rights Act are particularly important for carers; the right to life (Article 2) and the right to respect for private and family life (Article 8).<sup>100</sup> Carers are sometimes put in the situation of having no choice but to forego essential medical treatment because they cannot access adequate replacement care. This can happen if public bodies fail to address the needs of individuals by allocating inflexible support.<sup>101</sup> If this threatens the life of the carer then this can result in a breach of Article 2; the right to life. Article 8; the right to respect for private and family life can be breached if care packages fail to meet carers' needs and this impacts upon their family and private lives. A significant proportion of responses to the 'call for views' called for professionals to treat carers as equal partners in care.<sup>102</sup>

The Government aims to protect and promote human rights in the following ways:

- The Government's focus on personalisation and personal budgets means that support for carers and the person they support should be more flexible
- Additional resources for GPs and their practice staff should increase early identification of carers, signposting carers to quality and timely information and advice to support them in their caring responsibilities and raise awareness of carers and their vital role as partners in care.<sup>103</sup>
- The Government encourages Councils and their strategic partners to involve carers in their Joint Strategic Needs Assessment and development of local carers' strategies to ensure that all carers of the local population are adequately reflected.<sup>104</sup>

The Human Rights Act 1998 applies to public authorities, such as councils, hospitals and together NHS organisation who must take account of its provisions, in supporting those with caring responsibilities.

## **Other equality issues**

At present, carers living in rural areas may find they have to pay more for support, as there are various constraints on the recruitment of care workers to these areas, such as limited access to transport, and a smaller pool of suitable applicants. They may also feel more isolated. The more flexible and innovative alternatives to traditional care services that should be available to people with personal budgets are set out in *Carers and Personalisation: improving outcomes*<sup>105</sup> and *A vision for adult social care: Capable communities and active citizens*.<sup>106</sup> These provide guidance for councils when looking to stimulate the local market of providers in helping to combat these issues.

<sup>100</sup> Human Rights Act (1998) <http://tinyurl.com/2b4rax5>

<sup>101</sup> Carers UK (2006) Spotlight on Carers Human Rights <http://tinyurl.com/234zmaw>

<sup>102</sup> 'call for views' (summer 2010) Summary Annex A of Recognised, valued and supported: next steps for the Carers Strategy.

<http://tinyurl.com/2wh54da>

<sup>103</sup> Respondents for the 'call for views' summer 2010 highlighted the importance of GP training and early identification. Summary of the 'call for views' can be found in Annex A of Recognised, valued and supported: next steps for the Carers Strategy

<http://tinyurl.com/2wh54da>

<sup>104</sup> HM Government (2010) Recognised, valued and supported: Next steps for the Carers Strategy <http://tinyurl.com/2wh54da>

<sup>105</sup> Commission for Rural Communities (2008) *The personalisation of adult social care in rural areas*. <http://tinyurl.com/36plx4w>

<sup>106</sup> Department of Health (2010) *A vision for adult social care: Capable communities and active citizens*: <http://tinyurl.com/32a86vy>

## **Challenges and opportunities**

There are many opportunities for councils to work in partnership with the NHS, local businesses, schools and with the voluntary sector to support carers. Funding for breaks from caring responsibilities through the NHS and training for GPs and practice staff creates the opportunity for the NHS to work with social care in providing comprehensive support for carers.

Good practice examples of the benefits, both monetary and non-monetary, of maintaining a broad range of services for carers can be found in *Carers and Personalisation: improving outcomes*<sup>107</sup>, which accompanies *Recognised, valued and supported: next steps for the Carers Strategy* and in *Improving the lives of disabled and older people through stronger communities*<sup>108</sup> which accompanied the *Vision for adult social care: Capable communities and active citizens*.

While no significant negative impacts are on carers expected from *Recognised, valued and supported: next steps for the Carers Strategy* itself, this relies on sufficient support being given by councils and the NHS to support carers. Councils and the NHS are also encouraged to take specific targeted actions where inequalities exist, or could arise, as a result of policy.

## **Summary**

*Recognised, valued and supported: next steps for the Carers Strategy* will inform the development of a White Paper on social care in Autumn 2011 and subsequent legislation in 2012.

Local councils, schools, the NHS, the voluntary sector and local communities will be responsible for considering the best way to implement priorities set out in the strategy in their own areas and considering the impact of their chosen approach in the light of their duties set out in human rights and equalities legislation.

## **Action plan**

The Government is committed to shifting power away from Whitehall to those who know best what will work in their local communities. Carers are key players in their local communities in terms of their knowledge and experience and should be supported in their roles.

At national level the Government will consider how to maintain a national overview of carers' experience. The 2001 Census included a question on carers which provided invaluable information about carers and the 2011 Census will contain the same question as in 2001. The results will provide up to date comprehensive information about carers which the Government, councils, the NHS, local businesses, schools and the voluntary sector can use to inform them further about equality issues.

---

<sup>107</sup> Department of Health (2010) *Carers and Personalisation: improving outcomes* <http://tinyurl.com/3373e32>

<sup>108</sup> Department of Health (2010) *Practical approaches to improving the lives of disabled and older people through building stronger communities* <http://tinyurl.com/2dw92bm>

In 2009, GfK NOP Social Research was commissioned by the NHS Information Centre to conduct a face-to face survey of adult carers in England. Full results were published December 2010 and can be accessed online.<sup>109</sup>

The Department for Business Innovation and Skills already identify carers in its work/life balance survey that focuses on the current workplace and extending the right to request flexible working. The last work/life balance survey was carried out in 2007. The pilots of the next survey are underway and the results will be available in 2011.

The Department of Health is currently seeking views on repeating the Carers' Experience Survey as part of its consultation on *Transparency in outcomes: a framework for adult social care*.<sup>110</sup>

The priority areas set out in *Recognised, valued and supported: next steps for the Carers Strategy* have been assessed for their impact on equality issues. The assessment concludes that if the priority areas are carried out with due regard to equality issues then there will be no negative impact on equality. Councils and the NHS are encouraged to be directive in reducing inequalities in their policies.

---

<sup>109</sup> GfK NOP Social Research (NHS Information Centre) (2010) Survey of Carers in Households 2009/2010  
<http://tinyurl.com/258zemm>

<sup>110</sup> Department of Health (2010) A consultation on proposals – Transparency in outcomes: a framework for adult social care.  
<http://tinyurl.com/37vo29h>