

Carers, Employment and Services in Wales: focus on Anglesey and Swansea

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CARERS look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Key Findings from the CES survey of carers in England, Scotland and Wales

Demand for care is growing, with more people needing to combine work and care.

In the CES survey, working carers told us that:

- Most had not had their needs assessed.
- Many were supporting someone who was not receiving services.
- Most had help from family and friends.
- Over half had a 'carer friendly' employer.
- Only a quarter had adequate support from formal services to enable them to combine work and care.
- Most named at least one service that was needed but was not currently received.

Key Findings about carers in Wales

In Wales 157,021 people have both a paid job and unpaid care responsibilities, supporting a relative, partner or friend who is sick, disabled or frail.

They include:

66,468 MEN (60% of male carers)

and

45,175 WOMEN (32% of female carers)

who combine unpaid care with **FULL-TIME employment**

6,352 MEN (6% of male carers)

and

39,026 WOMEN (27% of female carers)

who combine unpaid care with **PART-TIME employment**

38,370 people (24% of working carers) provide 20 or more hours of unpaid care each week

This report focuses on the situation of carers living in Wales and features detailed information about Anglesey and Swansea. It uses official statistics and new data from the CES survey to explore the extent of unpaid caring among people of working age, and examines the circumstances of employed carers who live in Wales and the views of those who took part in the study. There were 206 responses to the survey from carers of working age living in Wales as a whole (including 51 from Anglesey and 131 from Swansea): 90% were providing 20+ hours of care per week and 38% were in employment. 28 of the 134 CES in-depth interviews with carers were with carers in Anglesey and Swansea. This report outlines the support available to working carers in Wales, highlights innovation and service developments, and offers a contribution to the current policy debate about the role of carers in the delivery of social care in Britain, and about carers' need for support.

Introduction

About the study

This report is one of a series¹ relating to the Carers, Employment and Services (CES) study conducted in 2006-7 at the University of Leeds, commissioned by Carers UK.

The CES research team is based in the *Centre for International Research on Care, Labour and Equalities* (CIRCLE) at the University of Leeds. The CES study was funded by the European Social Fund and commissioned by Carers UK, lead partner of the Action for Carers and Employment (ACE) partnership, with funds allocated through the EU EQUAL Community Initiative Programme, 2005-7.

The study² included a GB-wide survey targeting carers of working age (1,909 responses) and an in-depth study in Anglesey and Swansea and 8 other localities in Britain based on interviews with carers (134), an investigation of local policy and provision relating to carers of working age, and detailed analysis of the 2001 Census³.

1. Carers and Employment in Anglesey and Swansea, Wales

In this part of the report we consider carers of working age in Wales (looking in detail at Anglesey and Swansea), focusing on the growing demand for care, the characteristics of carers of working age, and the circumstances of those carers who are combining their unpaid caring role with paid work.

Demand for Care

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Changes in the age structure of the population and advances in medicine are increasing the demand for care and drawing more people into caring roles. In Wales in 2001 over 513,000 households (42% of all households) contained at least one person with a limiting long-term illness (LLTI). In Wales the population of people aged 85+ is set to increase by 47,000 people (up 79%) by 2024⁴. In this age group 76% of people already report having a LLTI, and 39% are in poor health. These figures have risen since 1991, when 50% of the 85+ group had a LLTI⁵.

The 2001 Census showed Wales had 340,000 carers providing support for their friends and relatives who needed help:

- 650,068 people in Wales have a LLTI, among them 311,522 who are also in poor health.
- With age, many older people become frail (58,381 people in Wales were aged 85 or older).
- Disability and other conditions have increased.

They included an estimated 9,550 people who identified themselves as carers in households which contained a sick or disabled child⁶.

We estimate that, in Wales, the care these unpaid carers provide would cost £5.69 billion p.a. to deliver using paid support⁷. This care would cost £124 million in Anglesey and £474 million in Swansea. Most carers give their help willingly, and wish to work in partnership with health and social service providers; often they enable those they care for to remain at home where they wish to be. All commentators expect demand for care to increase in coming years.

Table 1 Local data on health, ageing and carers

Source: 2001 Standard Tables, Crown Copyright 2003.

	Anglesey	Swansea
Households containing a person with a LLTI		
Number	11,525	41,900
%	41	44
Health of people aged 85+ (%)		
Limiting Long-Term Illness	73	79
Poor health	31	43
All carers	7,215	28,308
All people with LLTI	14,406	53,044
People with a LLTI who are in poor health	6,092	25,825
People aged 85+	1,518	4,389
Carers in households with sick or disabled children	200	780

In 2001, 3% of carers in Wales (almost 10,300 carers) belonged to ethnic minority groups⁸ (Figure 1), a percentage a little below their share of the total population in Wales (4%). This is not surprising, given the younger age profile of ethnic minority groups.

Figure 2 shows all carers in Wales by age: 2% of carers were under 16 (1% in Anglesey and 2% in Swansea), and 18% were aged 65+, but most were people of working age. In fact two thirds of carers in Wales were aged 35-64, for many people years in which their career or earnings are very important.

Within Wales, caring is particularly concentrated in areas of socio-economic deprivation (see Figures 3a and 3b showing the detailed distribution of carers in Anglesey and Swansea respectively). 23% of carers in Wales live in workless households (14% of carers providing 1-19 hours of care a week, 28% of carers providing 20-49 hours and 46% of carers providing 50+ hours), compared with 16% of people who are not carers⁹.

Figure 1 Carers in Wales by ethnic group

Source: 2001 Census Standard Tables, Crown Copyright 2003. Note: Data in this figure are for carers of all ages, and show all carers who identified themselves as belonging to the groups shown.

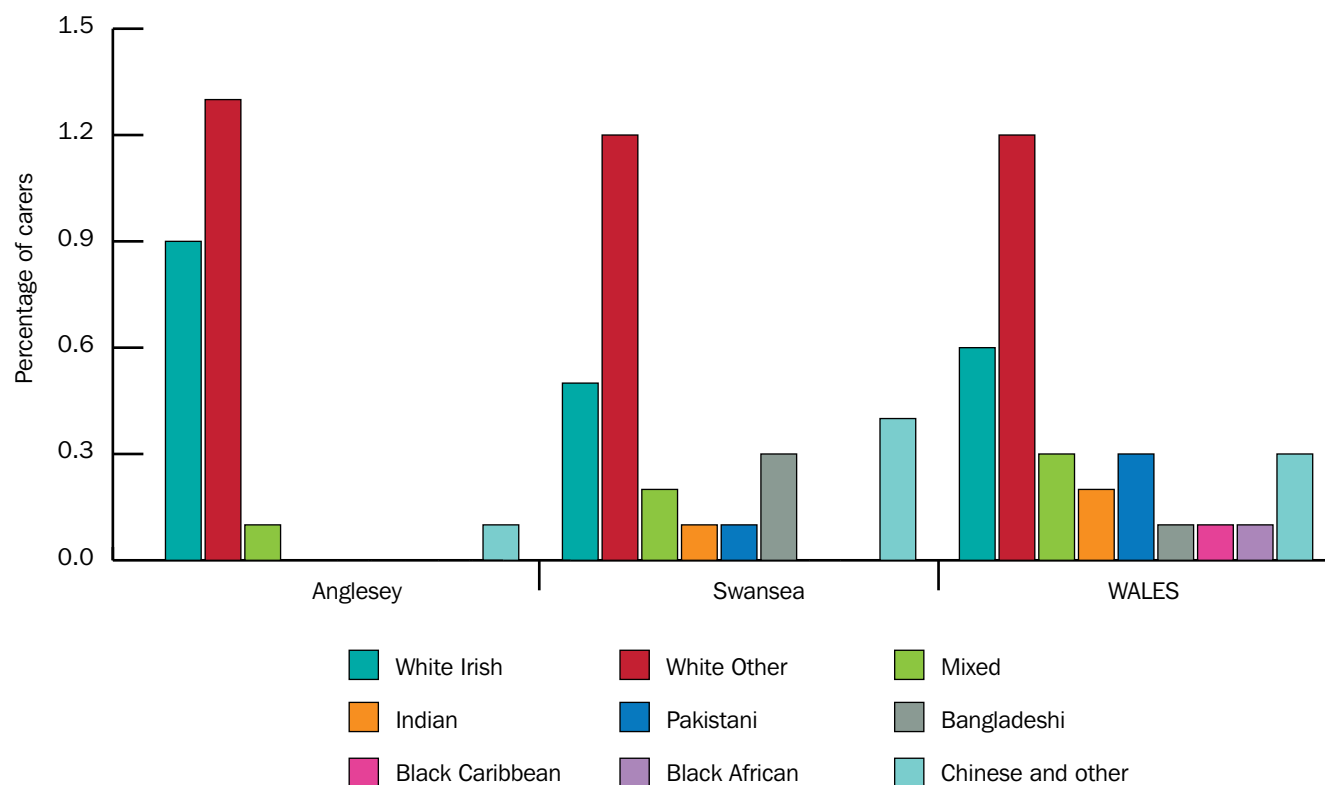


Figure 2 Carers in Wales by age

Source: 2001 Census Standard Tables, Crown Copyright 2003.

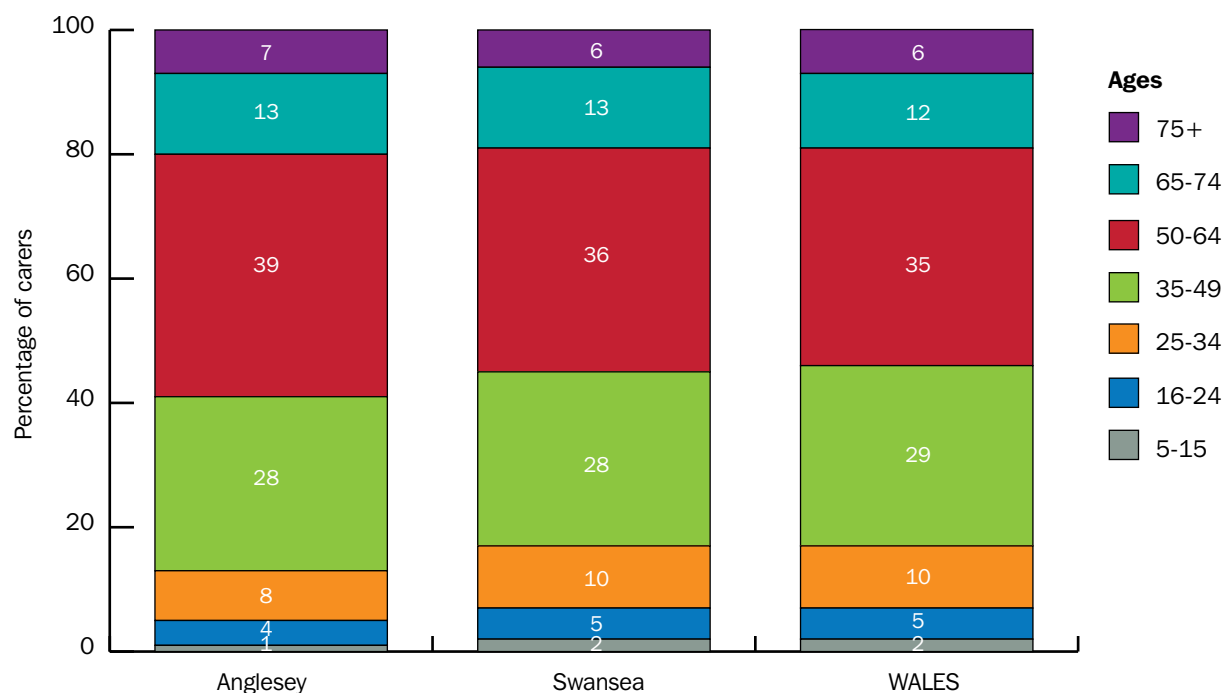


Figure 4 shows that there are many areas within Wales in which more than 60% of carers of working age are in employment. The likelihood of a carer in this age group also being in paid work nevertheless varies, as shown in the map, between the different districts within Wales. This situation is likely to reflect both differences in the availability of suitable employment opportunities, differences in the caring needs of the people cared for, and differences in the alternative support and services available.

Carers of Working Age

74% of carers in Wales (almost 253,117 people) are of working age; 44% are men and 56% women. In Anglesey and Swansea, the proportion of carers who are of working age is similar to that in Wales as a whole at 73% (5,265 people) and 74% (20,877 people) respectively. Their economic activity status and weekly hours of care are shown in Table 2.

Among people of working age, the likelihood of being a carer rises with age (Figure 4). Among male carers in Wales, most also hold paid jobs. 53% of men who care for 20-49 hours per week have full-time

jobs, 6% work part-time, and 6% are unemployed and seeking work. 8% care for their family full-time, 7% have retired early and 14% are themselves sick or disabled. Even among those men who have very heavy caring roles (50+ hours per week) 37% are in full-time paid work. However these male carers also have high rates of sickness and disability (19%), and a significant minority care for their family full-time (23%).

Over half (52%) of female carers who care for 20-49 hours per week have paid jobs too. They are equally divided between those in full-time (26%) and those in part-time paid work (26%), while 9% are themselves sick or disabled and 27% care for their family full-time. Among women who care for 50+ hours per week, 15% work full-time and 18% part-time, while in this group 42% care for their family full-time, and 14% are sick or disabled themselves.

Working carers are thus a very important group, yet, as we will see, many feel poorly supported, suffering impacts on their health and financial position, and feel they need more help from formal services.

Figure 3a Carers of working age in Anglesey by geographical distribution within the area

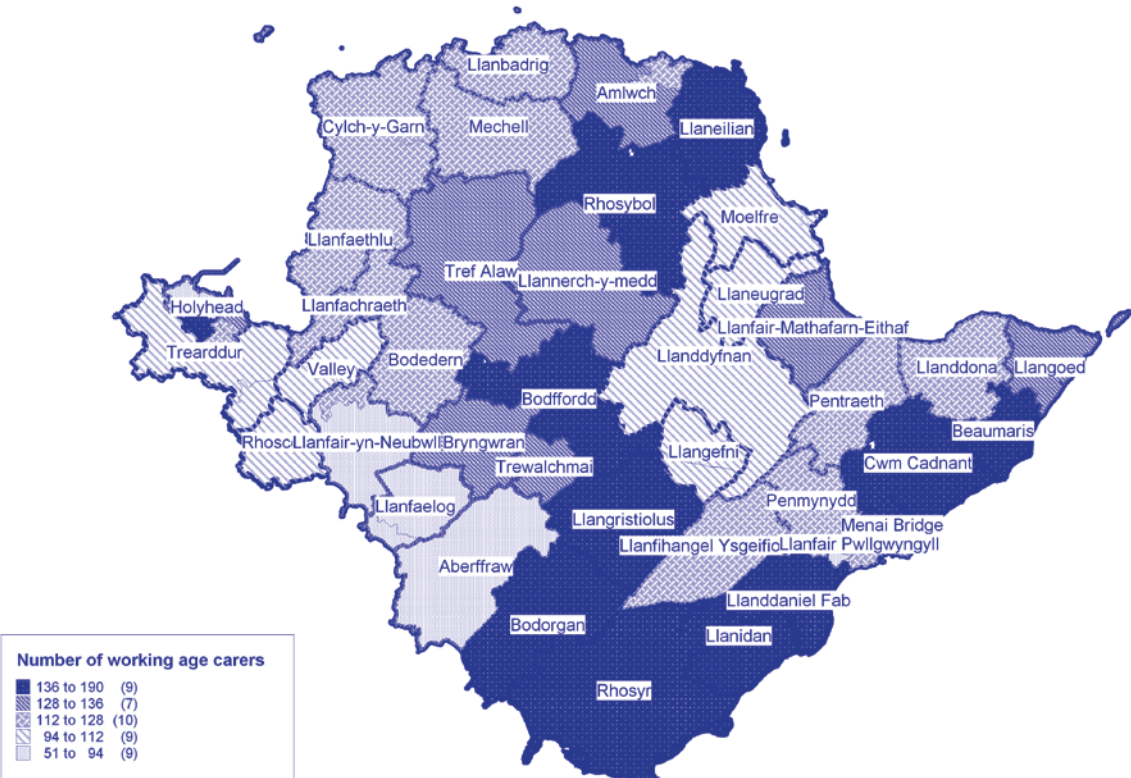


Figure 3b Carers of working age in Swansea by geographical distribution within the area

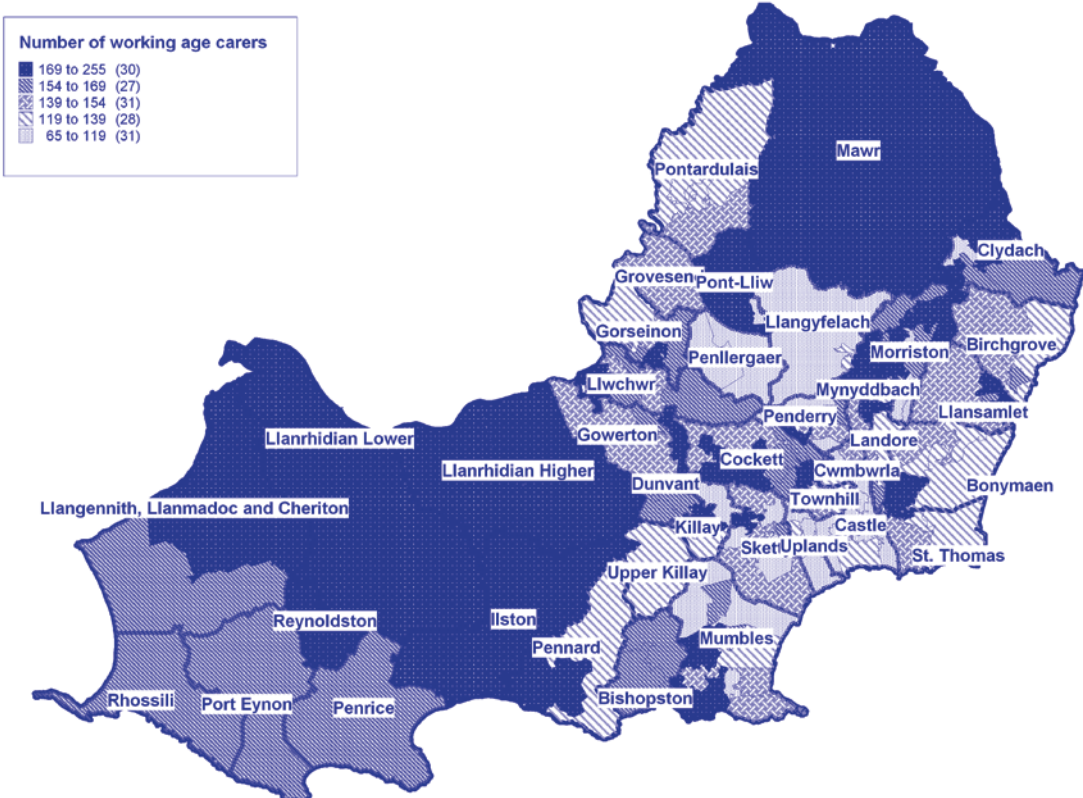
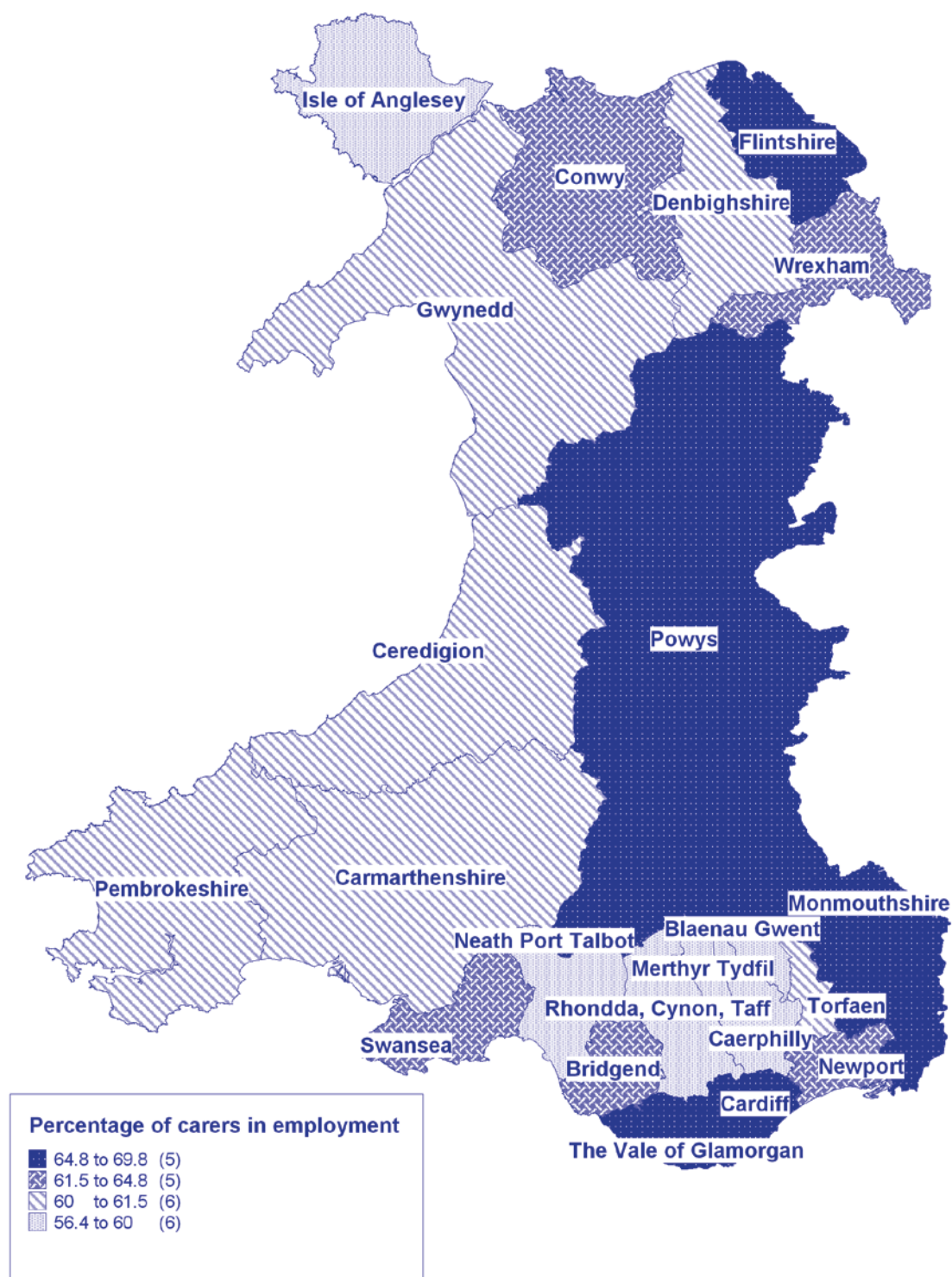


Figure 3c Carers of working age who are in employment: Welsh unitary authorities



Source for Figures 3a-3c: 2001 Census Area Statistics, Crown Copyright 2003. This work is based on data provided through EDINA UKBORDERS with the support of the ESRC and JISC and uses boundary material which is Copyright of the Crown; 2001 Census, Output Area Boundaries, Crown Copyright 2003.

Note: In the key for Figures 3a and 3b, figures in brackets indicate the number of Super Output Areas (each approximately 120 households) in the relevant category.

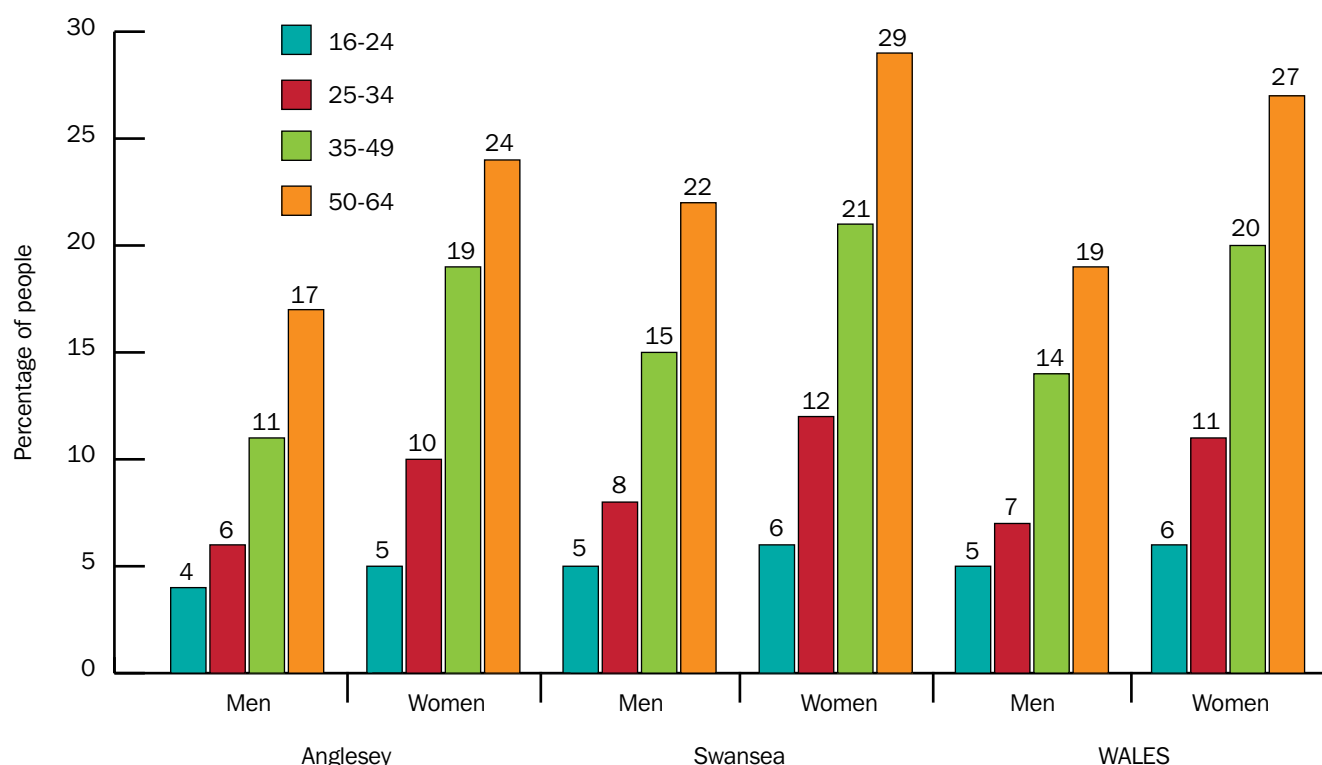
Table 2: Carers of working age in Anglesey and Swansea by sex, employment status and weekly hours of care

Source: 2001 Census Standard Tables, Crown Copyright 2003.

	Men (16-64)						Women (16-59)					
	Caring 1-19 hours		Caring 20-49 hours		Caring 50+ hours		Caring 1-19 hours		Caring 20-49 hours		Caring 50+ hours	
		%		%		%		%		%		%
ANGLESEY												
All of working age	1,503		265		466		1,827		430		774	
In full-time work	964	64	127	48	136	29	646	35	93	22	95	12
In part-time work	98	7	17	6	27	6	562	31	107	25	141	18
Unemployed	86	6	22	8	36	8	53	3	19	4	11	1
Permanently sick or disabled	139	9	38	14	116	25	84	5	45	10	101	13
Looking after home/ family FT	14	1	24	9	86	18	301	16	128	30	366	47
(Early) retired	133	9	20	8	43	9	66	4	12	3	33	4
SWANSEA												
All of working age	6,286		1,047		1,844		7,394		1,589		2,717	
In full-time work	4,183	67	545	52	704	38	2,742	37	425	27	407	15
In part-time work	399	6	58	6	69	4	2,394	32	424	27	509	19
Unemployed	301	5	67	6	74	4	159	2	33	2	34	1
Permanently sick or disabled	535	9	136	13	448	24	406	5	165	10	402	15
Looking after home/ family FT	75	1	82	8	310	17	945	13	393	25	1,113	41
(Early) retired	436	7	93	9	157	9	228	3	40	3	93	3
WALES												
All of working age	74,230		13,004		23,109		90,331		19,532		32,911	
In full-time work	50,955	69	6,955	53	8,558	37	35,005	39	5,008	23	5,082	15
In part-time work	4,656	6	738	6	960	4	28,037	31	5,027	26	5,962	18
Unemployed	3,251	4	767	6	915	4	2,336	3	521	3	531	2
Permanently sick or disabled	5,894	8	1,774	14	5,287	23	5,000	6	1,745	9	4,683	14
Looking after home/ family FT	741	1	1,068	8	4,444	19	11,529	13	5,211	27	13,749	42
(Early) retired	4,697	6	872	7	1,810	8	2,650	3	569	3	1,023	3

Figure 4 Percentage of people in Wales who are carers by age and sex

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Working Carers

We know from the 2001 Census that across Britain, carers are found in all occupations and in all industries, making working carers an important part of virtually every workforce throughout the whole economy. The occupations of employed men and women in Anglesey and Swansea (indicating their level of unpaid care responsibility) are shown in Figures 5 and 6. Carers who provide 20 or more hours of care per week are more strongly concentrated in lower level jobs than other workers, a picture also seen at national level. Both male and female carers are more likely to work in 'routine' occupations, and less likely to work in managerial or professional jobs, if they care for 20+ hours per week.

The CES survey was designed to explore the circumstances of working age carers in more depth. It obtained responses from 1,909 carers, including 812 working carers. 222 respondents were carers living in Wales (52 in Anglesey and 146 in Swansea). While not fully representative of all carers

in the country, the information provided by these carers gives some insight into carers' circumstances and into what combining work and care is like for someone living in Wales.

- 25% of carers in Wales told us their health was 'not good' (26% of our whole GB sample).
- 68% of carers in Wales had been caring for 5 or more years (68% of our GB sample).
- 82% of carers in Wales provided 20+ hours of care per week (82% of our GB sample).
- 33% of carers in Wales were struggling to make ends meet (33% of our GB sample).

Like carers elsewhere in Britain, carers in Wales often felt their use of services was limited because:

- Services are too expensive (34% compared with 33% of our whole GB sample).
- They do not like the way services are organised (23% compared with 31% of our whole GB sample).

Figure 5 Men in employment by caring responsibilities and socio-economic group: Wales and selected areas

Source: 2001 Census SAM 8.⁹ Note: Data in this figure are for men aged 16-64.

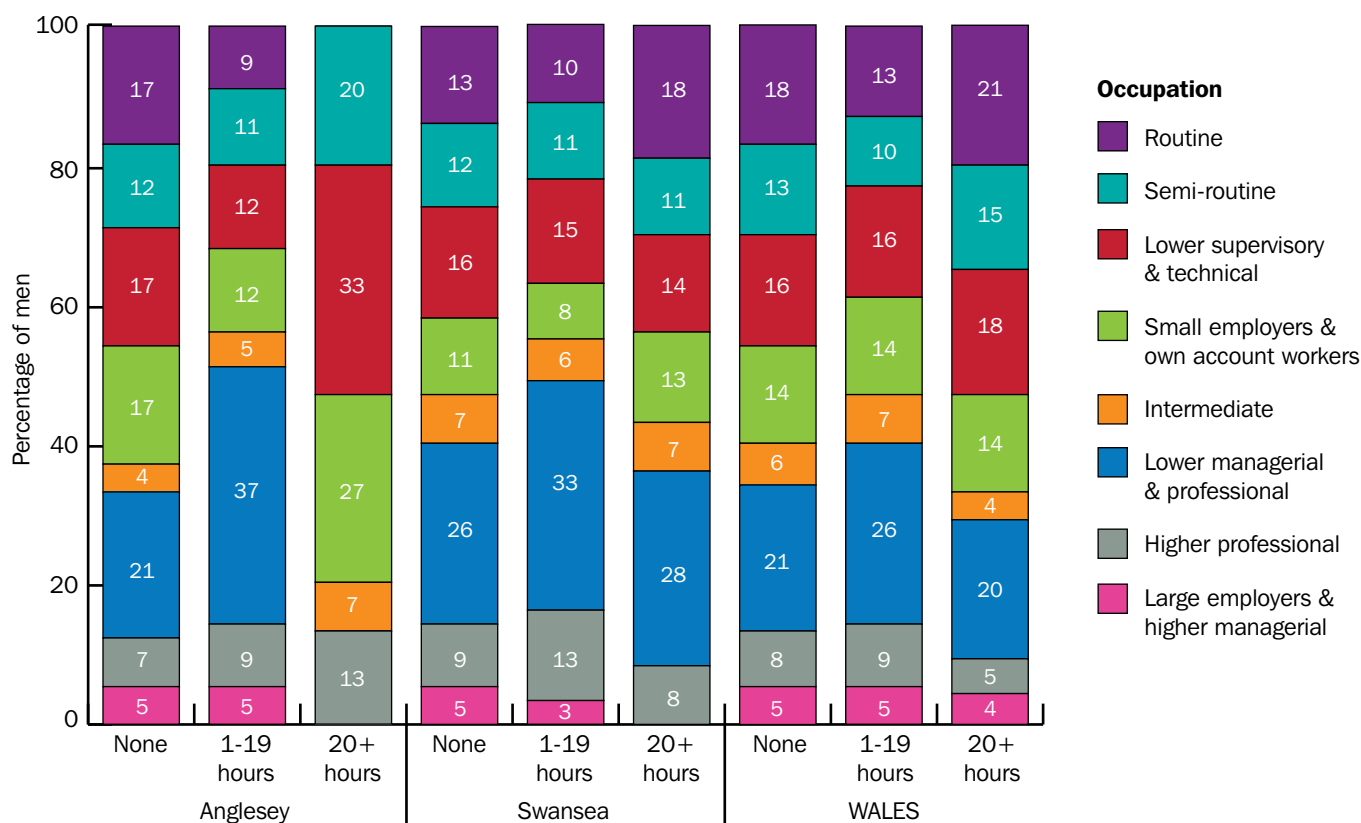


Figure 6 Women in employment by caring responsibilities and socio-economic group: Wales and selected areas

Source: 2001 Census SAM 8.⁹ Note: Data in this figure are for women aged 16-59. There is no data available for female carers working in higher professional or large employers due to small numbers¹⁰. The SAM is a 5% sample of the Census.

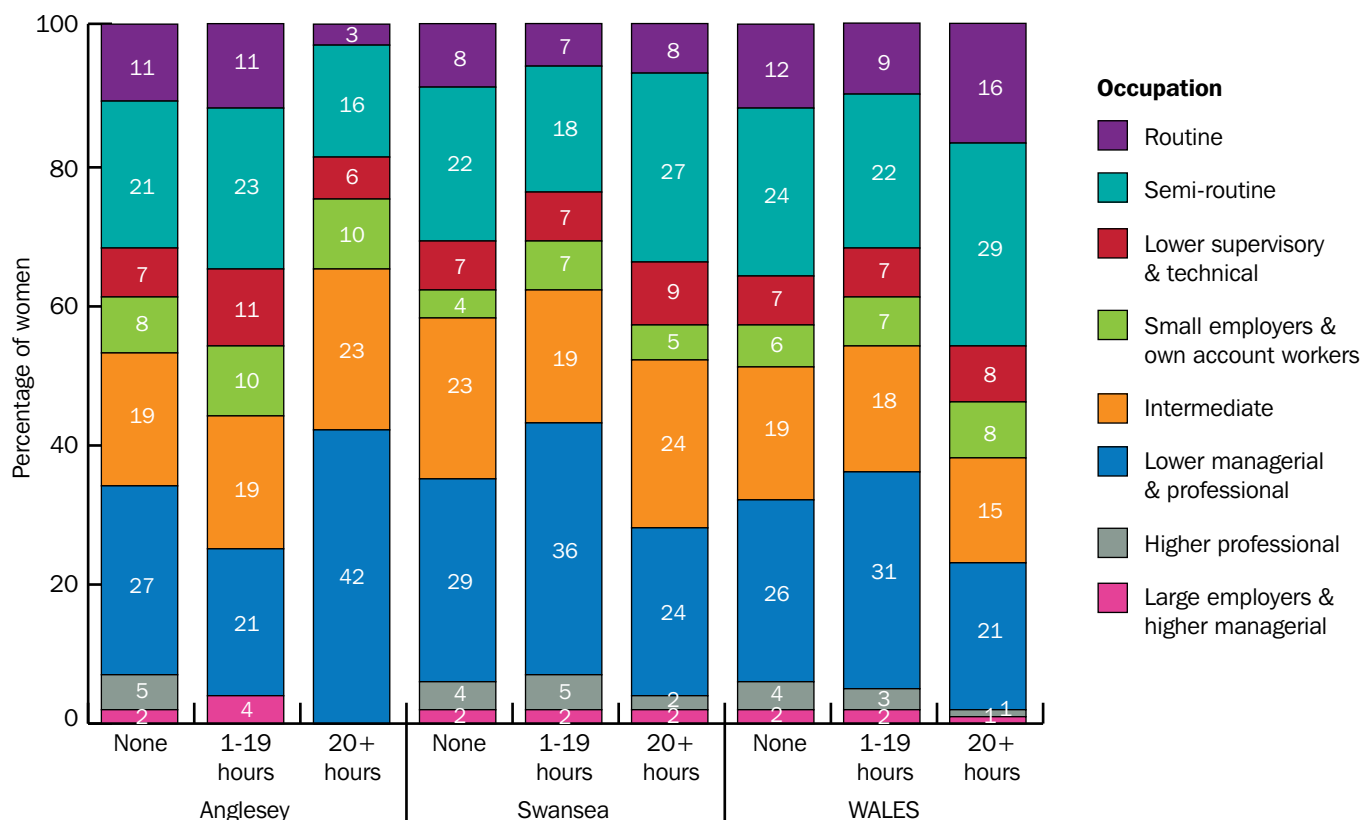


Table 3 Local area responses in CES Survey

Source: CES Survey, University of Leeds 2007.

	Anglesey	Swansea	Wales	GB
Survey responses – number	52	146	222	1,909
Carers whose health is 'not good' (%)	21	26	25	26
Carers who have been caring for 5+ years (%)	64	79	74	68
Carers who provide 20+ hours care a week (%)	88	93	90	82
Carers who are 'struggling to make ends meet' (%)	50	45	45	33
Carers' use of services limited because:				
Services too expensive	13	39	34	33
Do not like way services are organised (%)	19	26	23	31
There are no suitable services in the area (%)	28	55	43	32
Services are not reliable (%)	13	34	28	30
Services are not flexible (%)	41	49	46	46
Services not sensitive to need (%)	42	47	44	44
Do not know what is available locally (%)	29	48	38	31
The cared for person does not want to use services (%)	62	45	45	37

- There are no suitable services in their area (43% compared with 32% of our whole GB sample).
- Services are not reliable (28% compared with 30% of our whole GB sample).
- Services are not flexible (46% compared with 46% of our whole GB sample).
- Services are not sensitive to needs (44% compared with 44% of the whole GB sample).
- They do not know what is available locally (45% compared with 31% of our whole GB sample).
- The cared for person does not want to use services (38% compared with 37% of our whole GB sample).

In Wales, 124 respondents were carers of working age (16-64) who were not currently in paid work (34 in Anglesey and 84 in Swansea). Of these:

- 13 had retired from a paid job (2 in Anglesey and 9 in Swansea).
- 5 were looking for work (1 in Anglesey and 4 in Swansea).
- 91 were looking after home and family full-time (26 in Anglesey and 62 in Swansea).
- 10 were themselves sick or disabled (4 in Anglesey and 6 in Swansea).

- Over a third (36%) would prefer to be working (18% in Anglesey and 46% in Swansea).

Working carers in the CES survey in Wales included:

- 11 men and 64 women.
- 25 people working FT and 44 people working PT.
- 37 people caring for a sick or disabled child.
- 11 people caring for a partner or spouse.
- 29 people caring for a parent or parent-in-law.

Some of the views expressed by working carers about the way they are supported – by family and friends, in the workplace, and by formal services – are indicated in the next section of this report, which also highlights some contrasting examples of carers' experiences in Wales. A much fuller discussion of all the study findings can be found in the CES national Reports.

Combining Work and Care

Many carers in Wales are working carers: in 2001 66,468 men and 45,175 women were combining care with full-time employment (60% and 32% of male and female carers respectively), while a further 6,352 men and 39,026 women were providing unpaid care while working part-time (6% and 27% of male and female carers respectively). Table 4 shows working carers' views as expressed in the

Figure 7 Men in employment in Wales by caring responsibilities and employment status

Source: 2001 Census Standard Tables, Crown Copyright 2003. Note: Data in this figure are for men aged 16-64.

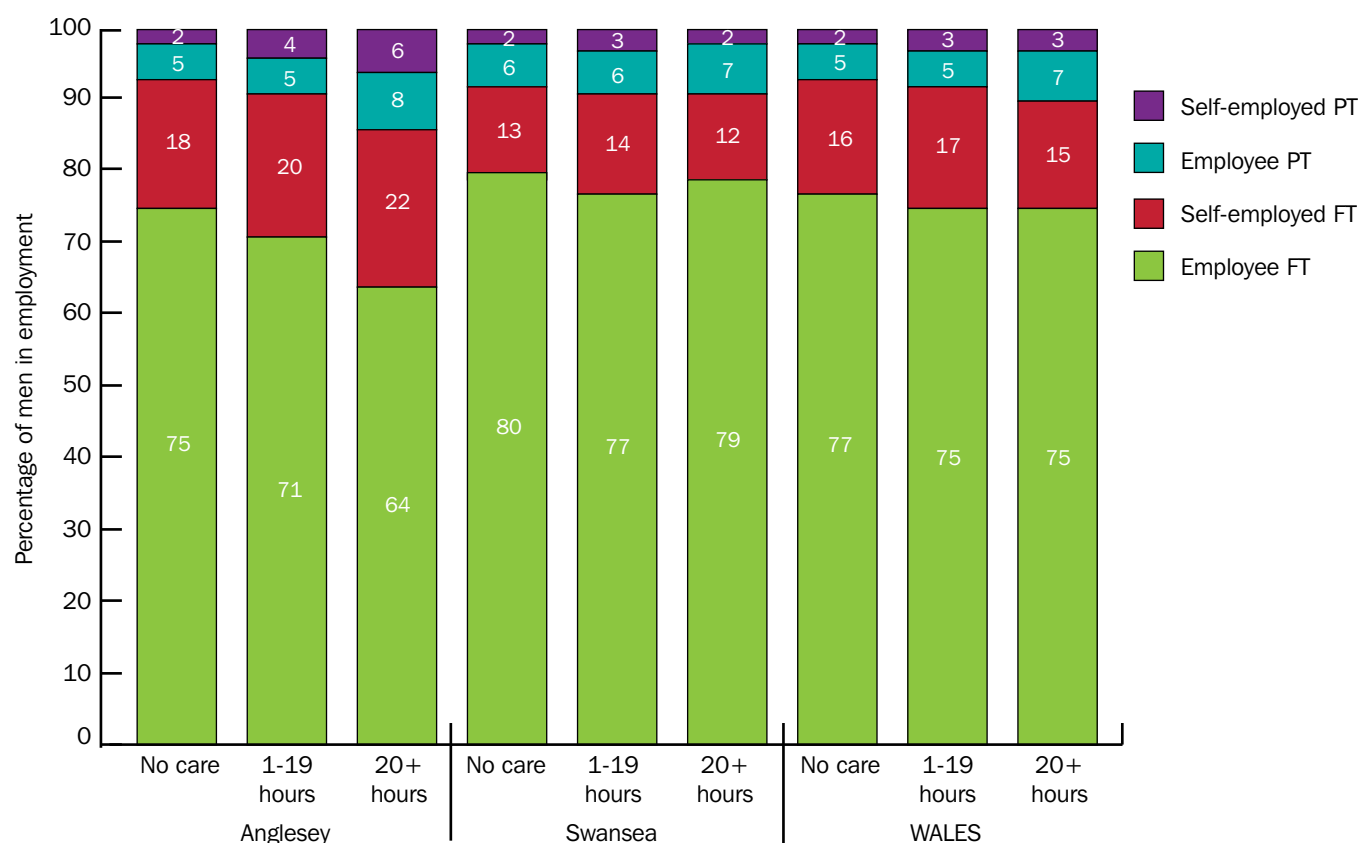


Figure 8 Women in employment in Wales by caring responsibilities and employment status

Source: 2001 Census Standard Tables, Crown Copyright 2003. Note: Data in this figure are for women aged 16-59.

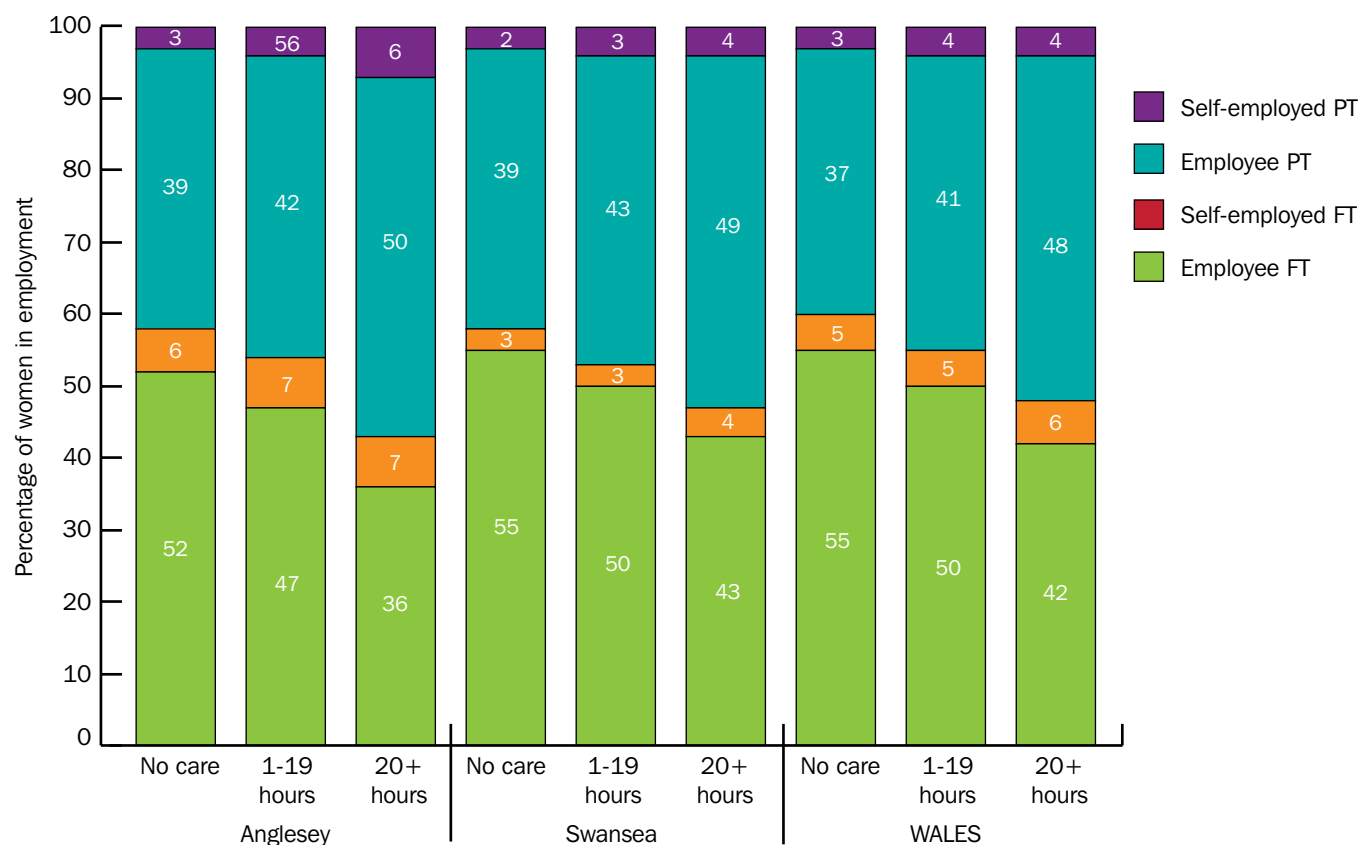


Table 4 Wales: carers in employment by sex and employment status

Source: 2001 Census Commissioned Tables, CES Survey, University of Leeds, 2007.

	Anglesey	Swansea	Wales	GB
Carers in employment – 2001 Census				
Men full-time	1,227 (55%)	5,432 (59%)	66,468 (60%)	1,199,263 (65%)
Women full-time	834 (28%)	3,574 (31%)	45,175 (32%)	791,168 (33%)
Men part-time	142 (6%)	526 (6%)	6,352 (6%)	123,669 (7%)
Women part-time	810 (27%)	3,327 (28%)	39,026 (27%)	716,583 (30%)

Table 5 Carers' views on combining work and care

Source: 2001 Census Commissioned Tables, CES Survey, University of Leeds, 2007.

	Anglesey	Swansea	Wales	GB
% in paid work agreeing that: (n=)	13	45	72	786
<i>I have adequate services to enable me to work</i>	46	16	28	27
<i>My employer is carer-friendly and I feel supported at work</i>	54	53	58	58
<i>I rely on family and friends to enable me to work</i>	82	83	74	70
<i>I am considering giving up my job</i>	46	58	53	39
<i>My caring responsibilities do not affect my job</i>	15	18	21	22

CES survey. Figures 7 and 8 show the relationship between caring and type of employment for male and female working carers in Wales.

The carers who gave us face-to-face interviews in Anglesey and Swansea highlighted a number of important issues. As elsewhere, they often found maintaining paid work a challenge, and some had been forced to leave their jobs, or to reduce their hours:

I stopped work for a while, to sort things out a bit, and I chose my hours, so I work only one day a week or two days a week.

For most, a job was a financial necessity; some also valued their paid work as a break from caring:

I have to work, because you can get to a point where you can dwell on it, you know, and it is depressing.

Many had found accessing appropriate services a struggle; obtaining support at the immediate point of need was particularly problematic. Some felt there was a lack of personal contact with carers:

Social services just rely on me to say what I think my mother needs, rather than them seeing, hearing for themselves.

Many reported that the demands of caring left little time for other aspects of life:

I don't feel I have an awful lot of relaxation – me-time.

Carers in Wales described their experiences in ways which highlight the need for carer support to be flexible and responsive, and the problems which carers face when they lack services or have doubts about their quality:

JOYCE'S EXPERIENCE

The information I suppose is there, but you have to go and look for it.

Since her father died recently, Joyce has been caring for her mother, who has MS but does not want Home Care support.

Joyce works full-time as a catering co-ordinator. Her sister receives Carers Allowance, and the two women share the caring responsibilities. Joyce is supported by her employer, though she has recently reduced her hours to allow her sister a day off from caring.

The main problems for the family are that there are no facilities they consider suitable to support their mother on the island of Anglesey, and it is too far to travel to mainland Wales to access a hospital outside of their GPs' hours. Joyce would like sitting services to allow her (and her sister) to take some time away from their caring responsibilities, but she respects their mother's decision about not wanting Home Care even though this would make it easier for her to manage both her work and care.

With difficulty, **Joyce** has been able to maintain her employment because she is able to share the demands of caring for their mother with her sister. These women struggle without Home Care services because this is their mother's preference. Similarly, **Alice** finds her role demanding because she chooses not to use services: she is reluctant to use respite services for herself, because she does not believe they benefit her mother's health. Her ability to work has been curtailed by her caring role, along with other aspects in her life, such as spending time with her grandchildren.

ALICE'S EXPERIENCE

I'm not a martyr or anything, you just sort of get on with it.

Alice cares for her elderly mother who has Alzheimer's disease and poor mobility, and currently lives with Alice and her husband. Alice finds her caring role demanding because she is reluctant to place her mother in respite care, since this frequently leads to deterioration in her condition.

In order to work part-time at a local supermarket, Alice takes her mother to a day care centre, although this involves a constant struggle. Her employers are supportive of her only if Alice's caring demands do not affect their business. Recently she has also had to reduce her hours to remain eligible for Carers Allowance. Alice feels concerned too that her caring situation impacts upon the time she would like to spend with her grandchildren.

She says she considers social services to be impersonal in the way they approach the assessment of cared for people, and feels they often exclude them if they are older people with communication and comprehension difficulties.

Gareth's and **Sally's** experiences echo those of Joyce and Alice and also underline the need for services which can be tailored to meet the needs of individuals, taking their family setting into account.

GARETH'S EXPERIENCE

When someone isn't well, you don't want to be chasing people.

Gareth cares for his wife, who has chronic asthma and severe food allergies, and for his daughter who has mild cerebral palsy. The main caring problem Gareth has is in the unpredictability of his wife's condition: a sudden attack can lead to hospitalisation.

Although Gareth works full-time as a service officer for people with disabilities, and therefore knows what he is entitled to as a carer, he has struggled to get the care package he desires. This has led to additional stress, an issue compounded by the difficulties he has experienced at work: his employers and colleagues have not been sympathetic. The problem is that his wife's condition is not 'visible'; Gareth believes that other people think he is exaggerating her caring needs.

Nevertheless, now that the care package is in place (purchased using a Direct Payment), Gareth is happy with social services. He claims that Direct Payments are demanding, but that he is well enough informed to deal with them (although he fears other people may not be).

SALLY'S EXPERIENCE

For me personally, and for my husband as well, a lot of the excitement of life has gone really.

Sally, now in her fifties, cares for her 15 year-old daughter who is profoundly disabled and totally dependent on her parents. Sally feels that such constant care has impacted on her family; holidays are difficult and there is no spontaneity in their lives, even though they access regular respite services.

Sally works as a nurse, but in the early stages of care she had to limit her working hours. Now that her daughter's condition has settled to some degree, however, Sally is able to work three days a week; she considers this essential, as she needs to interact with the wider world.

Even though she acknowledges that local services have improved recently, Sally believes services for disabled children need improving: for instance, she says that Home Care feels like an intrusion in her home, and points out that there are few summertime leisure facilities available for her daughter. Sally also feels that services should regard the caring family as a unit, rather than assess the cared for person independently.

In England, Wales and Scotland, many carers in the CES study lacked confidence in the ability of statutory agencies to respond quickly and appropriately to their situation, and, because of this and other problems in securing support, some were at risk of giving up work.

We turn next to arrangements for supporting carers of working age, especially those who are in paid employment, in Wales.

2. Support for Working Carers

Policy Context in Wales

Over the past decade, there has been a greater focus on carers in policy on social care in Wales. At the national level, work to influence policy on carers and employment has been led by Carers Wales (part of Carers UK). Carers Wales has worked with the Welsh Assembly Government to improve support for working carers and has also led a number of partnerships with professionals and practitioners, and developed closer working with carers of those using social care services. Underpinning their approach has been the development of a better understanding of the key role carers play in the delivery of health and social care, and a growing recognition of the importance of acknowledging their contribution and treating them

with dignity and respect. Since 1995, carers have been recognised in law, and new legislation has been passed to provide carers with a limited range of rights and entitlements.

The legislation and policy now in place in Wales is shown in Figure 9. This has secured carers' right to leave from work to deal with emergencies and caring crises; the right to request flexible working arrangements; the right to a Carers Assessment which acknowledges their desire to work as well as to care; and a right to an assessment of their own needs which takes their wishes with regard to education, training and employment into account. These recent changes have placed new statutory obligations on local authorities, employers and others.

In Wales the debate about the need to modernise social care services outlined in the 1998 White Paper¹¹ has increased the prominence of carers' issues and the effectiveness of delivery of services for carers. *Wales: A Better Country 2003-2007* gave Welsh Local Health Boards and Welsh local authorities a joint statutory responsibility to produce local *Health, Social Care and Well-being Strategies* as the main driver for commissioning local health improvement and social care services. Each agency is required to work closely with local stakeholders, including carers, in the creation and operation of the strategy. The *Welsh Health and Social Care Act 2001* also created new powers to establish Care Trusts, by building on existing health and local authority powers to forge partnerships and provide integrated care.

In line with the national strategies for carers elsewhere in Great Britain, the *Carers Strategy in Wales: Implementation Plan 1 (2000)* was accompanied by an annual allocation of funding to local authorities to help them deliver better support for carers (formerly Carers Special Grant, now known as the Carers Grant Scheme). In 2006, the Welsh Assembly Government also agreed additional funding to support carers of those with mental health issues (Mental Health Carers Grant¹²). Carers and service users living in shared households in Wales have also benefited from the Welsh Assembly's approach to charging. In 2002, the Government issued good practice guidance to local authorities on 'Fairer Charging Policies for Home Care and Other Non-residential Social Services'. The aim of this guidance was to help local authorities design fair and reasonable charging policies for non-residential services. While authorities retain substantial discretion, the guidance now guarantees that individuals are left with a basic level of income after paying charges for services. The Welsh Assembly Government increased these basic levels in April 2007, and simultaneously removed all charges on medical prescriptions. Both moves differentiate its approach from that taken in England.

Across Wales, local agencies have been innovative and resourceful in their response to the carers' agenda. However, as elsewhere in Britain, delivering new forms of support for carers, and in particular to employed carers, has sometimes been affected by out-of-date perceptions of who undertakes caring

roles, or by ignorance of the ubiquity and necessity of the tasks they do and support they give.

Services relevant to carers in Wales

Table 6 presents recent official data about domiciliary care and community based services and about Direct Payments arranged through local authorities in the two selected localities as well as in Wales as a whole. This table shows the volume of home services, the number of clients being supported in different ways, and the relative distribution of service delivery between local authority, voluntary and independent sectors. (The figures do not include services provided to children).

Unlike in England and Scotland, in Wales data from local authorities on the number of Carers Assessments carried out have not been published. Evidence presented elsewhere in the CES Report Series indicates that only a small minority of carers had had their own needs assessed or had received services in their own right as carers. It cannot be assumed, however, that carers not in touch with the assessment and service provision process have only very light caring duties, or do not need or want support. Many working carers (as shown in the national CES Reports) need and want better support. Their needs include more suitable services for those they care for, and information about how to secure these; information about what is available locally, and guidance about managing caring and employment. In Anglesey and Swansea steps have been taken to address these issues, and some of these are outlined below.

Policy developments in Swansea

Swansea has a well developed voluntary sector infrastructure for carers. The Swansea Carers Centre, developed with support from the local authority, opened in 1994 as part of Age Concern. Amid growing consensus that all carers should have equal access to its services (not only carers of older people) the Centre became an independent charity in 2005. From 2001 onwards it has been building on its '*Caring Break Project*' to give carers a break from their caring role. As the number of volunteers and hence available sitting hours has increased the service now aspires to provide a respite service that carers know they can call on in an emergency,

Figure 9 Main legislative / policy developments affecting carers in Wales since 1995

**This column highlights selected provisions, and does not aim to summarise all aspects of the development indicated.*

Development	Key change for carers*
Carers (Recognition and Services) Act (1995)	Introduced the concept of a Carers Assessment.
Carers Strategy in Wales: Implementation Plan 1 (2000) Policy document	Stressed that enabling carers to combine paid work and care was a priority for government, in line with the UK National Strategy issued in 1999.
Employment Relations Act (1999)	Gave employees the right to 'reasonable time off' to deal with emergencies.
Carers and Disabled Children Act (2000)	Gave carers the right to an assessment (carers of adults and disabled children). Allowed carers to receive services in their own right, introduced Direct Payments to purchase these. Direct Payments offered to parents of disabled children to manage on their children's behalf.
Changes to Invalid Care Allowance (now known as Carers Allowance) (2000)	Amendment to the <i>Social Security Contributions and Benefits Act 1992</i> , which included extending carers' benefits to people aged 65 and over.
Employment Act (2002)	Gave employed parents of disabled children under the age of 18 the right to request flexible working arrangements.
Children Act (2004)	Required local authorities to lead on joined up service delivery through multi-agency Children's Trusts. Strong emphasis on supporting families and carers, described as 'the most critical influence on children's lives'.
Carers (Equal Opportunities) Act (2004)	Placed a statutory duty on local authorities to inform carers of their rights, and to consider carers' wishes in relation to education, training and employment when conducting Carers Assessments.
Every Child Matters: change for children (2004) Policy document	Indicates that disabled children and children with long term health conditions should ' <i>receive co-ordinated services which allow them and their families to live as ordinary lives as possible.</i> '
Work and Families Act (2006)	Extended the right to request flexible working arrangements to all carers in employment, from April 2007.
Childcare Act (2006)	Placed a duty on local authorities to provide sufficient childcare for working parents ' <i>which includes provision suitable for disabled children</i> '.
Pensions Act (2007)	Recognised carers' situation, and reduced the number of qualifying years needed for a full basic state pension; introduced a new Carers Credit for those caring 20+ hours a week for someone who is severely disabled.
One Wales 2007	Coalition Agreement between Labour and Plaid Cymru includes pledge to introduce legislation to improve support for carers.
Revised National Carers' Strategy (2008)	The Welsh Assembly carried out a consultation exercise to re-focus its Carers Strategy in 2006, issuing an Action Plan in 2007. In 2007 it was working closely with the UK Government in its consultation and has pledged to revise the Wales Carers Strategy in light of the New Deal for Carers.

as well as to provide regular slots each week so that they can make plans and have something to look forward to. The Centre currently offers a wide range of services, including advocacy, training, and information services. In 2005, the Social Services Inspectorate for Wales (SSIW) Review of Swansea Adult Services recognised local ‘carers’ appreciation’ of the work of the Centre.

In Swansea, the Carers Grant Scheme has also been used to target carers in different circumstances¹³, drawing on the specialist expertise of other voluntary organisations, including:

- A flexible sitting service for younger people (under 65) with a physical disability (SNPT Crossroads).
- A similar service for older people (Crossroads).
- A support service for young carers (Crossroads).
- Home support for families in which a child has a disability (NCH).
- Respite breaks for carers of people with dementia (Alzheimer’s Disease Society).
- Day time activities for adults with severe and enduring mental health problems (National Schizophrenia Fellowship).
- Swansea Care and Repair – carers’ handy person scheme, small adaptations and repairs.

Prompted by research at Swansea University which showed that the Bangladeshi community was the group least likely to use social services, the local authority funded a specialist outreach worker in 2005 to support Bangladeshi carers. This officer is employed by and based in the social services department and is able to link carers to mainstream and specialist provision.

A multi agency approach has been taken in most work on carers’ issues: the Swansea Carers Action Group (CAG), coordinated by Social Services, has been meeting for many years and comprises representatives of the main statutory and voluntary organisations in Swansea who provide services or support directly to carers. It includes representatives from the Swansea NHS Trust and Swansea Carers Centre, Carers Wales Swansea Branch, and other carers’ agencies. This group played a key role in arguing for a Carers Strategy to be developed.

The Carers Action Group was the reason for the Carers’ Action Plan. We were aware that we’d meet quarterly and discuss lots of issues - but how did we monitor what we were actually doing, or achieving, or what we still needed to do? It [came about] from the group itself saying we need some form of action plan to take work forward.

(Officer, Swansea Social Services)

The legislative context in Wales has meant that, unlike in many parts of England, the local Health Board has been a key advocate of carers’ issues alongside the council. *Improving Health in Wales – a Plan for the NHS with its Partners* argues that its vision can only be achieved through the involvement of the public, patients and carers in planning and providing services. Consequently, the Public and Patient Involvement Manager at the local Health Board is a longstanding member of the CAG and has strong links with the Swansea Carers Centre.

The Social Services Inspectorate for Wales (SSIW) reviewed Adults’ Services in the City and County of Swansea in 2005. It praised a number of developments, including the authority’s use of funding from its Carers Grant Scheme to extend and develop service provision in the voluntary sector, the development of its Carers Plan, published in 2004, and the progress made on the take-up of Direct Payments. However, it concluded that, whilst these measures contributed to promoting the independence and social inclusion of carers, there was still work to do to make support for carers more effective.

As in other Welsh authorities, Swansea has introduced a unified assessment process for potential users of social care services. Despite detailed guidance on policy and legislation issued to social care staff, many have found the new assessment form long and difficult to administer. In some cases, assessment of carers’ needs using the unified form has been seen as sufficient, with carers not routinely offered assessment in their own right¹⁴. To boost the numbers of Carers Assessments, one-off payments have been made available from Carers Grant Scheme funds, on completion of a separate Carers Assessment with an eligible carer.

[The payment] is up to a maximum of £350 per carer, per annum. It’s extremely flexible [and

Table 6 Home care provision and Direct Payments in place: Wales and selected areas

Source: *Volume of day and domiciliary adult services 2006 (from Local Government Data Unit – Wales).

** Adult homecare service intensity analysis 2005-06.

*** Clients aged 18+ on the book to receive community-based services on the last day of the period 2005-2006.

Note: Data on Carers Assessments and services are not currently published for Wales.

	Anglesey	Swansea	Wales
Home care*			
Contact Hours			
All	318,793	675,268	12,800,417
Local Authority	301,581	336,826	6,386,373
Independent	17,212	338,442	6,414,044
% contact hours supplied by the Local Authority	95	50	50
Number of clients receiving home care aged 18+ (in the survey week)**	698	1,830	25,161
Number of clients receiving 10+ hours of homecare per week (in the survey week) ** (%)	177 (25%)	790 (43%)	7,390 (29%)
The rate of older people (aged 65+) help to live at home per 1,000 population aged 65+	66.82	56.46	85.54
The rate of older people (aged 65+) receiving homecare per 1,000 population aged 65+	47.96	29.47	40.71
COMMUNITY-BASED SERVICES AND DIRECT PAYMENTS***			
Number of clients receiving community based services	1,818	8,184	81,780
Number of clients receiving Direct Payments	3	50	907

can be used to pay for] mobile phones to driving lessons, short breaks, home adaptations, one-off cleaning if that's needed, or garden clearance.

(Officer, Swansea Social Services)

Swansea Social Services has a number of specialist posts with a 'carers remit' which are the key to the delivery of these systems and initiatives. A member of the Adult Services senior management team has been given specific responsibility for the carers' agenda. Responsibility for Carers Grant Scheme and the Mental Health Carers' Grant has been incorporated as part of two officers' posts based in the Commissioning Support Unit. These officers play an important role in maintaining the consultative structures and relationships with the health and voluntary agencies.

Policy developments in Anglesey

In 2005, Anglesey County Council launched two key strategies for carers; the Council's *Carers Strategy 2005-2008* and the first three year *Health, Social Care and Wellbeing Strategy*, jointly with the Anglesey Local Health Board.

The Carers Strategy outlines the Council's intention to provide prompt services to meet individual carers' needs, delivered directly by specialist Social Work Teams and through Service Level Agreements with the voluntary sector, and indirectly through established respite and other services to users. Its action plan links to the priorities of its Health, Social Care and Wellbeing Strategy (HSCWBS). The latter strategy drew heavily on an assessment of the needs

of the population¹⁵ and on extensive consultation with partners¹⁶ drawn together into a Strategic Partnership Board. 'Informal (Family) Carers' were identified as one of nine Priority Areas, standing alongside a focus on the health needs of the young and old and of people with prevalent conditions. A performance management framework of high level indicators has been produced to measure progress and achievements against each priority.

In line with the *Carers (Equal Opportunities) Act 2004*, 'Carers in Employment and Income Maximisation' is one of the themes in the Informal (Family) Carers Priority, and aims to promote:

- Carer-friendly employment policies and practice.
- Opportunities for carers to remain in employment or to return to work.
- Training and employment opportunities for carers.
- Continued development of information and advice services for carers.
- The availability of information and advice regarding income maximisation and take-up of available benefits.

Actions to meet these aims include intervention through special projects such as *Action for Carers and Employment* (ACE). This has commissioned tailored services through the Carers Grant Scheme, working closely with the HSCWBS partners, employers and training providers to increase carer awareness and (in some cases) to mainstream a focus on carers into all activities. A more detailed discussion of all these activities follows below.

Carers living on the Isle of Anglesey benefit from an established voluntary and community sector which provides services and advocacy to carers and to those they care for (focused on condition). Related to the size and geography of the island, many of these agencies are based on the mainland with a remit which extends to the whole of North Wales. Residents are served by outreach workers and satellite offices. Efforts have been made by the Council to increase the availability of building-based facilities on the island, particularly in the area of support services for those with dementia and the carers who support them¹⁷. Service level agreements with voluntary sector organisations are

in place to ensure the provision of information to carers and advice about assessment and benefits. In mental health, the Council, working closely with Hafal (formerly the National Schizophrenia Fellowship), has developed a service for carers of people with mental health issues. This service is run by a multi disciplinary staff within the Community Mental Health Team, jointly managed between the Health Trust and Social Services.

The *Joint Review of the Isle of Anglesey County Council Social Services* published in July 2007 praised the council's development of 'sound working relations with partner agencies' and the structures in place to undertake service planning. While it noted that advocacy arrangements to support children and adults are good, it urged the Council to take more notice of the 'concerns of its service users and carers' in respect of current provision and the future development of services. These comments underpin the evolving nature of the outreach work being undertaken across the island.

We are developing a very effective network of frontline workers. We've got a Carers Assessor (in the authority). We've got an officer within Hafal¹⁸ working out in the field. There's good links with Crossroads, the Alzheimer's society and their field officers, the Carers' Outreach Service North West Wales (PRTC Carers Centre) and Age Concern. They're linking in very well together in identifying carers and referring on to the appropriate agencies for formal assessment of their needs – and then we can locate all these different service providers in order to provide flexible support.

(Senior Manager, Anglesey Council)

In addition to receiving evaluation reports from carers accessing services through each externally funded intervention and projects, the Council has commissioned the Carers Outreach Service to hold a forum for carers to capture carers' views and feed them back through the social care planning process; the service is in contact with approximately 700 carers.

Anglesey Social Services delivers a range of services to meet the needs of carers indirectly through its provision of services to users. In addition a Flexible Purchasing Budget (including contributions from the Carers Grant Scheme and the Mental Health

Carers Grant) has been established to meet the specified assessed needs of carers: this is used to commission a range of flexible support services from providers in the statutory, voluntary and independent sectors. Over the last 5 years, there has been a fourfold increase in expenditure on the Flexible Purchasing Budget and a substantial increase in the number of carers who receive support services. The provision of residential respite care specifically to support carers in the caring role and to provide them with overnight, weekend or 7-day breaks has increased fivefold.

Anglesey has a number of specialist posts with a 'carers remit' which are the key to the delivery of these systems and initiatives. A member of the Housing and Social Services Department's senior management team has been given specific

responsibility for the Carers Priority in the HSCWBS. This officer is responsible for the Carers Strategy and for commissioning services from the Carers Grant Scheme.

Anglesey Adult Services has had a focus on increasing the number of Carers Assessments since 2002. It invested £50,000 from its Revenue Support Grant 2002 to increase the Department's capacity to undertake assessments and to promote take-up by carers. A Carers Review and Assessment Officer has been appointed to undertake Carers Assessments, and is responsible for conducting reviews of the needs of carers and their families. This post-holder also plays an important role in maintaining the consultative structures and relationships with local health and voluntary agencies.

3. Issues and Challenges

Despite these achievements, reaching working carers, providing them with information and encouraging them to use carers' services is still 'work-in-progress' in Anglesey and Swansea, as in all local authorities in the CES study. Currently, the level of Carers Assessments, as a 'gateway' to services, is capturing only a small minority of all carers in Britain – and as most of the carers receiving support were not in paid work, very few working carers nationally have had their needs assessed.

Evidence in the CES study at national level suggests that restrictions on social services budgets and the eligibility criteria used in identifying those who can receive support through social services mean that it is mainly carers at the 'heavy' end of caring who get support; the perception of practitioners is that many of those who are in touch with services are a long way from the labour market. The study has revealed that it is important not to assume that such carers cannot or do not want to work; carers' experience, up and down the country, is that they are rarely asked about their preferences, or if they need support in accessing a paid job. Carers Assessments

are one vehicle for identifying ways of improving the support available to working carers – both by identifying direct help for carers (e.g. through respite and breaks) and by delivering services to those they care for in more flexible, sensitive and situation-specific ways.

As already indicated, Anglesey has responded to this challenge by implementing a Flexible Purchasing Budget, which has enabled the Carers Assessment and Reviewing Officer to respond in an innovative and flexible manner: to agree care plans and services that provide emergency respite care; to give carers a meaningful break from caring and an opportunity to pursue their own social and leisure activities; to support them in their caring role; to provide evening and weekend breaks from caring; and to enable carers to attend education and training activities or remain in work. In Swansea, services are delivered flexibly through one-off payments following Carers Assessments and services, such as the *Caring Break Project* funded through the Carers Grant Scheme and delivered by Swansea Carers Centre. Its approach involves

actively listening to what carers want and building the capacity of the voluntary sector to deliver services in line with carers' wishes.

A second challenge is delivering the changes required by the *Carers (Equal Opportunities) Act 2004*. It is recognised that promoting the right of carers to a life outside caring by safeguarding their employment and training opportunities is moving forward only slowly, with work in this area tending to take the form of small, pilot projects.

To fulfil their obligations to carers under the *Carers (Equal Opportunities) Act* agencies in both Anglesey and Swansea have worked closely with Carers Wales in the Action for Carers and Employment (ACE) National Partnership. In Anglesey, ACE funding has been used to support a small but increasing number of carers to attend training programmes provided by local further education colleges on Anglesey to build their confidence and develop skills related to their interests or to equip them to pursue formal education or return to the labour market.

Through the ACE National project we developed good links with Coleg Harlech and Coleg Menai which are Further Education providers. Over the last 12 months, they have been arranging a lot of courses to develop skills, personal development skills or special interest skills for carers, either to boost their confidence or prepare them for returning to training, education and employment. We have helped carers with respite services and costs associated with attendance as well.

(Senior manager, Anglesey Council)

Crossroads has used ACE funding to work with employed carers in Swansea through a pilot project which aims to design appropriate respite services to 'work around' work', allowing carers to remain in employment¹⁹.

The Carers Grant Scheme (2000) and the Mental Health Carers Grant (2006) were both introduced as additional resource allocations to local authority social services departments in Wales. As developments in Anglesey and Swansea show, these sources of funding have been an important and effective catalyst for significant service developments, yet these funds nevertheless represent a 'drop in the ocean' in achieving the transformation of services needed by working carers. Some local authorities

involved in the CES study were concerned about whether funding of this type would continue and about how to protect such funds as core budgets were affected by other pressures. Some argued that until a carers' perspective was adequately embedded in the thinking of all social care and health staff, core funding which supported services for users would not necessarily be allocated in ways which best support carers. As both carers and service providers told us, high quality services to users, funded out of local authorities' social services core budgets, are extremely important in supporting carers.

Mainstreaming responsibility for supporting carers in employment to all relevant local agencies – those responsible for job creation, recruitment and the supply of skilled labour, as well as local employers – is a major challenge for all CES authorities. As employers, both Anglesey and Swansea Councils have developed their own internal policies relating to employees' options and entitlements upon becoming a carer, which provides a model for other large local employers to follow. Furthermore, the CES study identified that there are emerging opportunities in the areas of local regeneration and local strategic planning: a focus on carers' employment could be inserted into the work of Local Strategic Partnerships and the Communities First Programme, providing a mechanism to bring this agenda to practitioners' attention across many agencies.

Notes

- ¹ The *CES Report Series* includes 6 titles presenting national level analysis: 1.Stages and Transitions in the Experience of Caring; 2.Managing Caring and Employment; 3. Diversity in Caring: towards equality for carers; 4.Carers, Employment and Services in their Local Context; 5. Action for Carers and Employment: impact of the ACE partnership 2002-7; 6.Carers, Employment and Services: time for a new social contract? Separate reports relating to Scotland and Wales and to the English localities studied are also available.
- ² Details of methods used are given in CES Report 6.
- ³ Data on carers' characteristics are from the 2001 Census Standard and Commissioned Tables, Crown Copyright 2003 and the 2004-based Sub-national Population Projections, except where the indicated source is the CES survey 2007.
- ⁴ 2004-based sub-national population projections, ONS, Crown Copyright.
- ⁵ 1991 Census LBS and 2001 Census Standard Tables, Crown Copyright. The question about general health used in 2001 was not asked in the 1991 Census.
- ⁶ Figure estimated using 2001 Census Standard Tables with data on households with a resident aged 0-15 with a LLTI and the number of carers in the household.
- ⁷ Buckner, L and Yeandle, S (2007) *Valuing Carers: calculating the value of unpaid care* London: Carers UK.
- ⁸ All ethnic groups, excluding White Scottish and Other White British.
- ⁹ Source: 2001 SAM. The 2001 SAM (Small Area Microdata) is provided through the Cathie Marsh Centre for Census and Survey Research (University of Manchester), with the support of the ESRC and JISC. All tables containing Census data, and the results of analysis, are reproduced with the permission of the Controller of Her Majesty's Stationery Office and the Queen's Printer for Scotland.
- ¹⁰ As individuals are more readily identifiable from a 5% sample, the data is omitted where numbers are very small. This applies here in the data for Anglesey, where the number of carers providing 20+ hours of care is quite small, reflecting the area's small population.
- ¹¹ The White Paper *Modernising Social Services* (1998) demanded that care services should meet each individual's specific needs by drawing together statutory services, working in partnership, accessed, provided and financed in a fair way.
- ¹² The Mental Health Carers Grant was introduced 2006-2007 to support carers of people with dementia, those with these conditions that co-exist with other disabilities or people with other mental health conditions. The Department for Health and Social Services has agreed that the priorities will be extended to include the provision of emergency respite services for all carers, and the grant has been correspondingly increased from £3 million to £4 million with effect from 1 April 2007.
- ¹³ Report on Progress of Corporate Objectives 2000.
- ¹⁴ Report by Social Services Inspectorate Wales SSIW Review of Adult Services Swansea July 2006.
- ¹⁵ An assessment of the needs of the population was undertaken in partnership with the Isle of Anglesey Community Partnership, published as 'Anglesey Life' in January 2004.
- ¹⁶ Partners included the North West Wales NHS Trust, National Public Health Services, Health Commission Wales (Specialist Services), Ynys Môn Community Health Council and Medrwn Mô (County Voluntary Council).

¹⁷ An Alzheimer café has been funded to provide carers with a place to meet and run support groups.

¹⁸ Hafal supports the wellbeing of people with mental health needs and their carers.

¹⁹ <http://www.neath-porttalbot.gov.uk/carers/ace.cfm>.

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Finding out more

Carers UK improves carers' lives through information provision, research and campaigning. This research was commissioned by Carers UK on behalf of the ACE National partnership, and part-funded under the European Social Fund's EQUAL Community Initiative Programme. To find out more about Carers UK, contact:

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