

Carers, Employment and Services in Hertfordshire

*Sue Yeandle, Cinnamon Bennett, Lisa Buckner, Gary Fry and Christopher Price:
University of Leeds*



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 Hertfordshire

In Hertfordshire 51,918 people have both a paid job and unpaid care responsibilities, supporting a relative, partner or friend who is sick, disabled or frail.

They include:

22,903 MEN (73% of male carers)

and

13,672 WOMEN (35% of female carers)

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

and

2,211 MEN (7% of male carers)

and

13,132 WOMEN (33% of female carers)

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

8,237 working carers (16%) provide 20 or more hours of unpaid care each week

Hertfordshire's official return to the *Commission for Social Care Inspection* showed that in 2005-6, the county had succeeded in assessing the needs of 1,500 carers of working age. As elsewhere in England, the numbers of carers being assessed has been growing since assessment was introduced, but this figure nevertheless represents only a very small percentage of all carers of working age in the county.

This report focuses on the situation of carers living in Hertfordshire. It uses official statistics and new data from the CES survey to explore the extent of unpaid caring among people of working age in the county, and examines the circumstances of employed carers living in Hertfordshire and the views of those who took part in the study. There were 130 responses to the survey from carers of working age living in Hertfordshire: 71% were providing 20+ hours of care per week and 61% were in employment. 15 of the 134 CES in-depth interviews with carers were with Hertfordshire carers. This report outlines the support available to working carers in Hertfordshire, 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 national survey targeting carers of working age (1,909 responses), and an in-depth study in Hertfordshire and 9 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 Hertfordshire

In this part of the report we consider carers of working age in Hertfordshire, 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 unpaid caring roles. In Hertfordshire in 2001 over 115,700 households (28% of all households) contained at least one person with a limiting long-term illness (LLTI). The county's population of people aged 85+ is set to increase by 14,100 people (up 74%) by 2021⁴. In this age group 70% of people already report having a LLTI, and 30% are in poor health. These figures have risen since 1991, when 49% of the 85+ group had a LLTI⁵.

The 2001 Census showed Hertfordshire had 95,763 carers providing support for their friends and relatives who needed help:

- 137,777 people in Hertfordshire have a LLTI, among them 52,632 who are also in poor health.
- With age, many older people become frail (18,957 people in Hertfordshire were aged 85 or older).
- Disability and other conditions have increased.

They included 3,150 people who identified themselves as carers in households which contained a sick or disabled child aged 0-15⁶.

We estimate that, in Hertfordshire alone, the care these unpaid carers provide would cost £1,214m to deliver using paid support⁷. 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.

In 2001, 9% of carers in Hertfordshire (almost 9,000 carers) belonged to ethnic minority groups

(Figure 1), a percentage a little below their share of the county's total population (11%). This is not surprising, given the younger age profile of ethnic minority groups. Among those of working age, Indian and Pakistani men and Pakistani and Bangladeshi women have higher rates of caring than White British men and women. In CES Report 6 we show that these higher rates of caring are related to higher rates of sickness and disability in ethnic minority households.

Figure 1 Carers in Hertfordshire by ethnicity

Source: 2001 Census Standard Tables, Crown Copyright 2003.
 Note: Data in this figure are for carers of all ages.

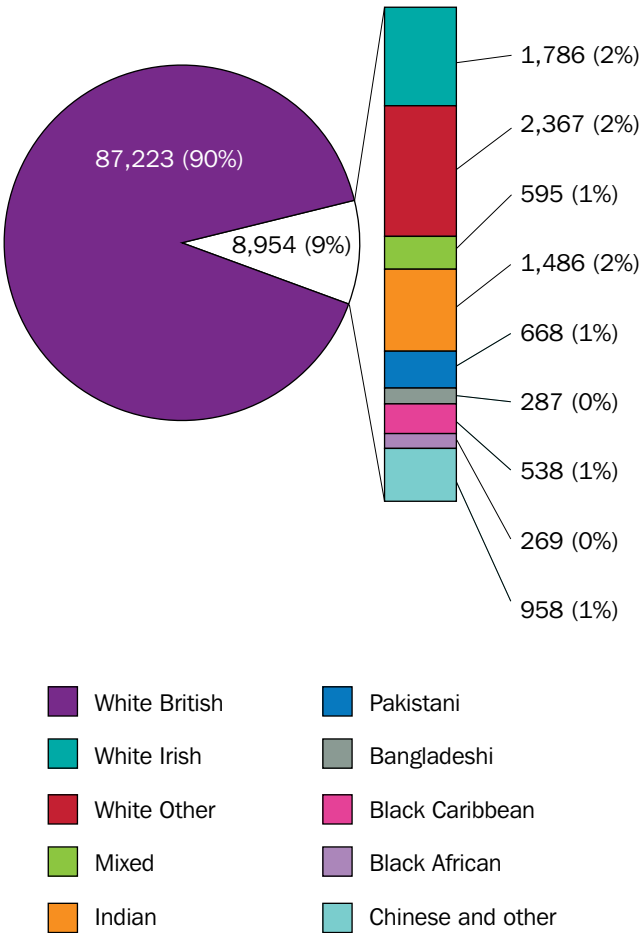
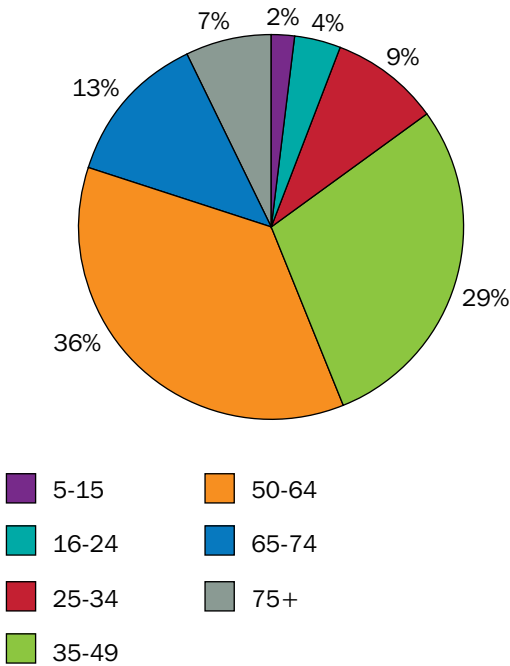


Figure 2 shows all carers in Hertfordshire by age: 2% of carers were under 16, and 20% were aged 65+, but most were people of working age. In fact almost two thirds of carers in the county were aged 35-64, for many people years in which their career or earnings are very important.

Figure 2 Carers in Hertfordshire by age

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Within Hertfordshire, caring is particularly concentrated in areas of socio-economic deprivation (see Figure 3). 12% of carers in Hertfordshire live in workless households (8% of carers providing 1-19 hours of care a week, 16% of carers providing 20-49 hours and 30% of carers providing 50+ hours), compared with 7% of people who are not carers⁸.

Carers of Working Age

74% of carers in Hertfordshire (70,864 people) are of working age; 44% are men and 56% women. Their economic activity status and weekly hours of care are shown in Table 1.

Among people of working age, the likelihood of being a carer rises with age (Figure 4). Among male carers in Hertfordshire, most also hold paid jobs. 66% of men who care for 20-49 hours per week have full-time jobs, 7% work part-time, and 5% are unemployed and seeking work. 6% care for their family full-time, 7% have retired early and 6% are themselves sick or disabled. Even among men with very heavy caring roles (50+ hours per week) 54% are in full-time paid work; these carers also have high rates of sickness and disability (12%), and a significant minority care for their family full-time (16%).

Figure 3 Carers of working age in Hertfordshire by geographical distribution within the county

Sources: 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, figures in brackets indicate the number of Super Output Areas (each approximately 615 households) in the relevant category.

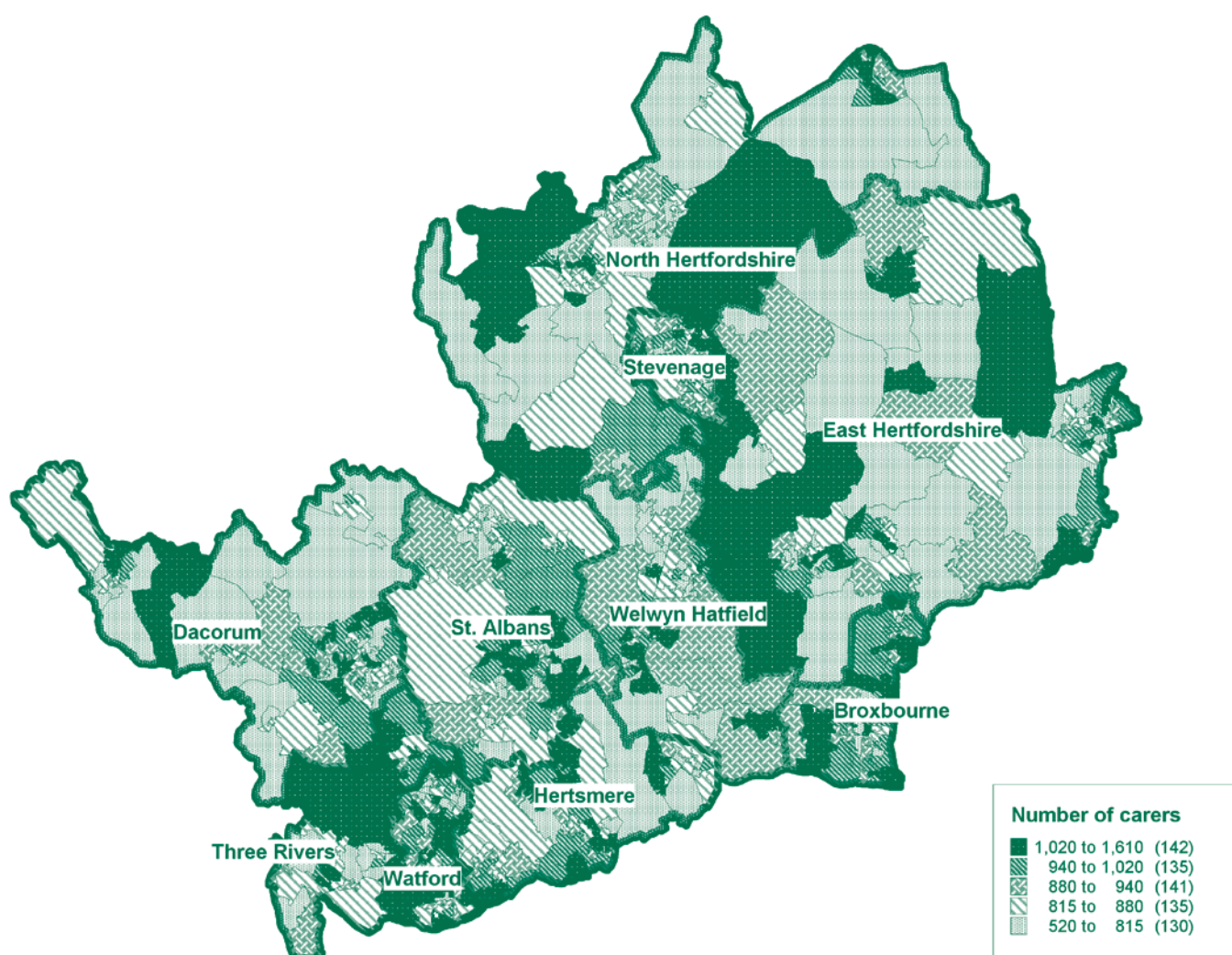
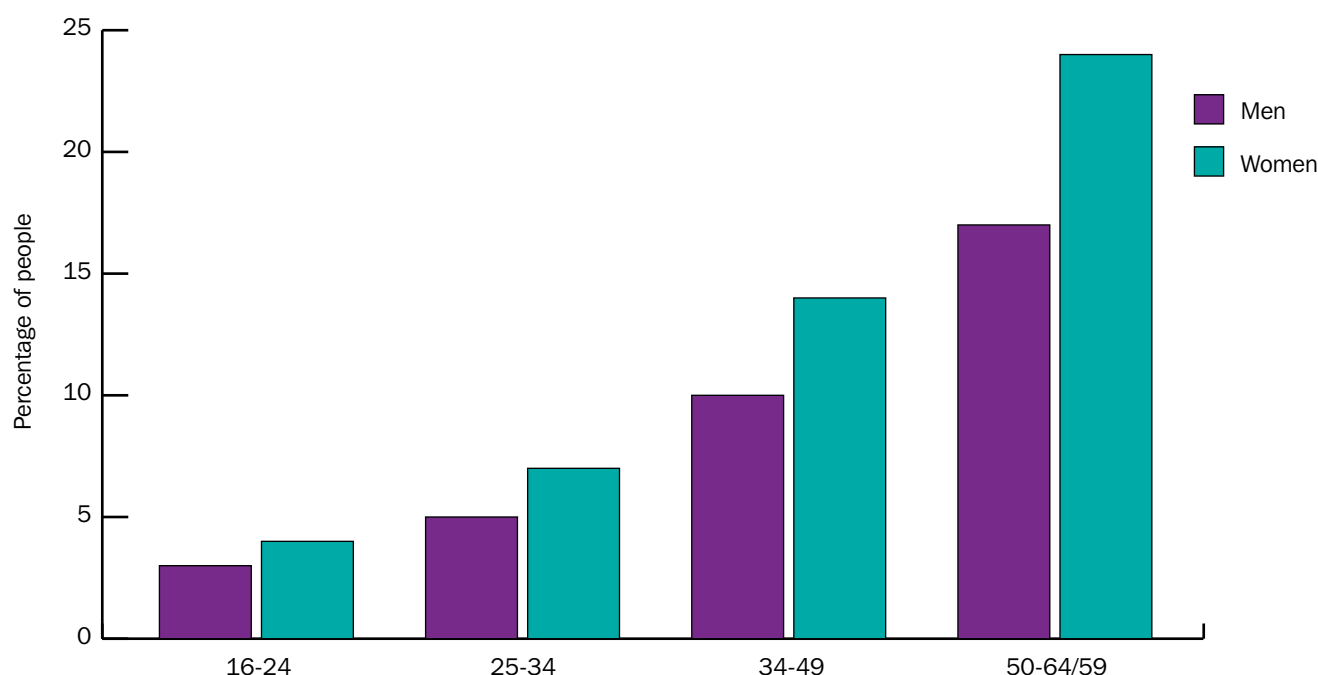


Table 1 Carers of working age in Hertfordshire by sex, employment status and weekly hours of care Source: 2001 Census Standard Tables, Crown Copyright 2003.

	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
All of working age	25,347	2,511	3,384	30,521	3,641	5,460
In full-time work	19,420	1,646	1,837	11,657	1,125	890
In part-time work	1,873	170	168	10,731	1,036	1,365
Unemployed	621	123	101	584	70	97
Permanently sick or disabled	618	140	389	671	202	418
Looking after home/family FT	191	145	539	4,569	927	2,327
(Early) retired	1,675	178	239	912	100	108

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

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Almost three fifths (59%) of **female carers** who care for 20-49 hours per week have paid jobs too. They are fairly equally divided between those in full-time (31%) and those in part-time paid work (29%), while 6% are themselves sick or disabled and 26% care for their family full-time. Among women who care for 50+ hours per week, 16% work full-time and 24% part-time, while in this group 43% care for their family full-time, and 8% are sick or disabled themselves.

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

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 Hertfordshire (indicating their level of unpaid care responsibility) are shown in Figure 5. 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. 130 respondents were carers living in Hertfordshire. While not fully representative of all carers in the county, 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 the county.

- 21% of Hertfordshire carers told us their health was 'not good' (26% of our whole GB sample).
- 69% of Hertfordshire carers had been caring for 5 or more years (68% of our GB sample).
- 71% of Hertfordshire carers provided 20+ hours of care per week (82% of our GB sample).
- 34% of Hertfordshire carers were struggling to make ends meet (33% of our GB sample).

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

- Services are too expensive (33% compared with 33% of our whole GB sample).
- They do not like the way services are organised (36% compared with 31% of our whole GB sample).
- There are no suitable services in their area (29% compared with 32% of our whole GB sample).
- Services are not reliable (30% compared with 30% of our whole GB sample).
- Services are not flexible (45% compared with 46% of our whole GB sample).
- Services are not sensitive to needs (57% compared with 44% of the whole GB sample).
- They do not know what is available locally (35% compared with 31% of our whole GB sample).
- The cared for person does not want to use services (46% compared with 37% of our whole GB sample).

In Hertfordshire, 51 respondents were carers of working age (16-64) who were not currently in paid work. Of these:

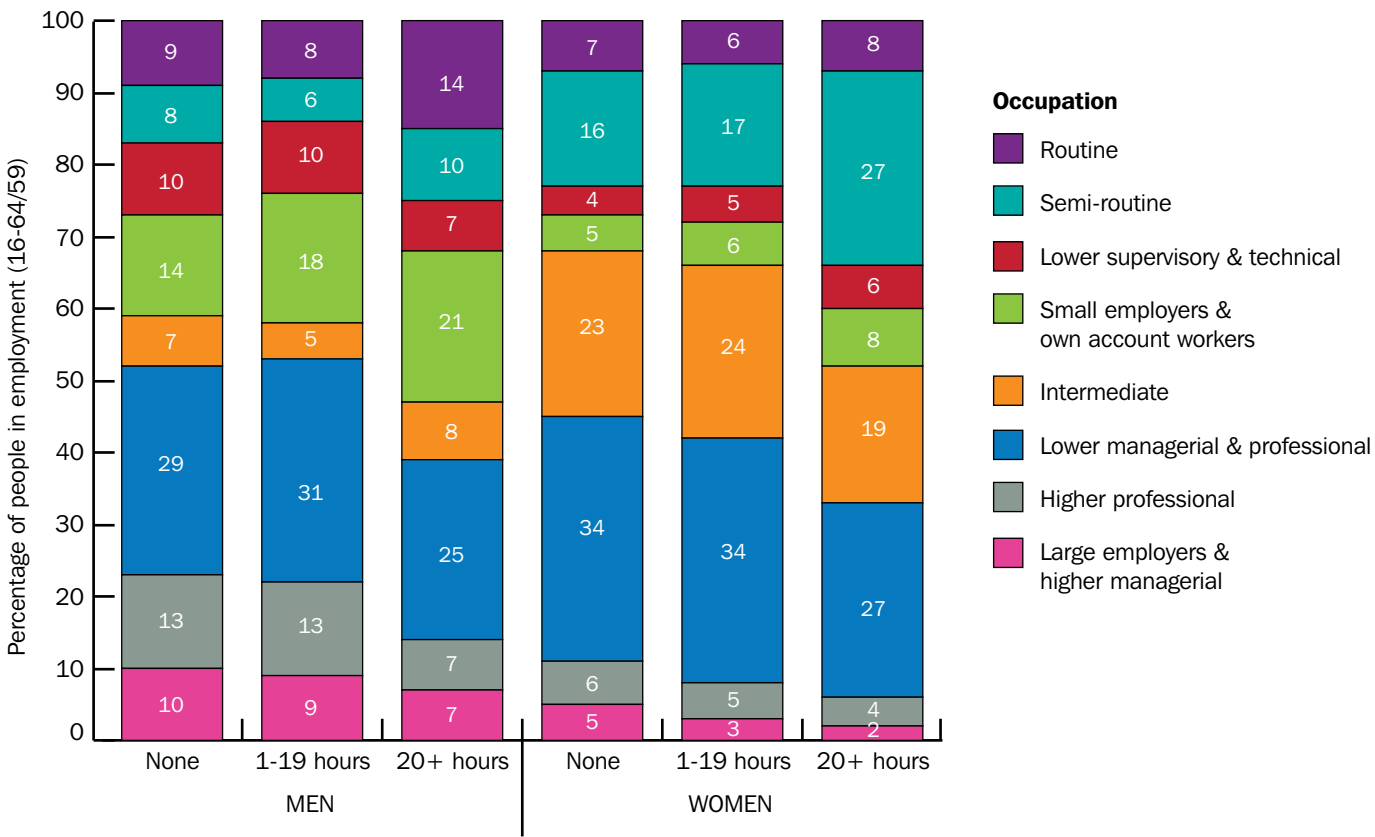
- 12 had retired early from a paid job.
- 4 were looking for work.
- 27 were looking after home and family full-time.
- 6 were themselves sick or disabled.
- Almost half (42%) would prefer to be working (compared with 39% of all GB carers).

Hertfordshire working carers in the CES survey included:

- 9 men and 53 women.
- 33 people working FT and 23 people working PT.
- 20 people caring for a sick or disabled child.
- 17 people caring for a partner or spouse.
- 26 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 Hertfordshire. A much fuller discussion of all the study findings can be found in the CES national Reports.

Figure 5 People in employment in Hertfordshire by caring responsibilities and socio-economic group
 Source: 2001 Census SAM⁸. Note: Data in this figure are for men aged 16-64 and for women aged 16-59.



Combining Work and Care

Many carers in Hertfordshire are working carers: in 2001 22,903 men and 13,672 women were combining care with full-time employment (73% and 35% of male and female carers respectively), while a further 2,211 men and 13,132 women were providing unpaid care while working part-time (7% and 33% of male and female carers respectively). Table 2 shows working carers' views as expressed in the CES survey.

The carers who gave us face-to-face interviews in Hertfordshire 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:

I had to pack up a reasonable job to look after my wife and son.

It was hard to give work my full attention. I was supposed to be running worldwide projects and I would have to say, 'No, I'm not going to'.

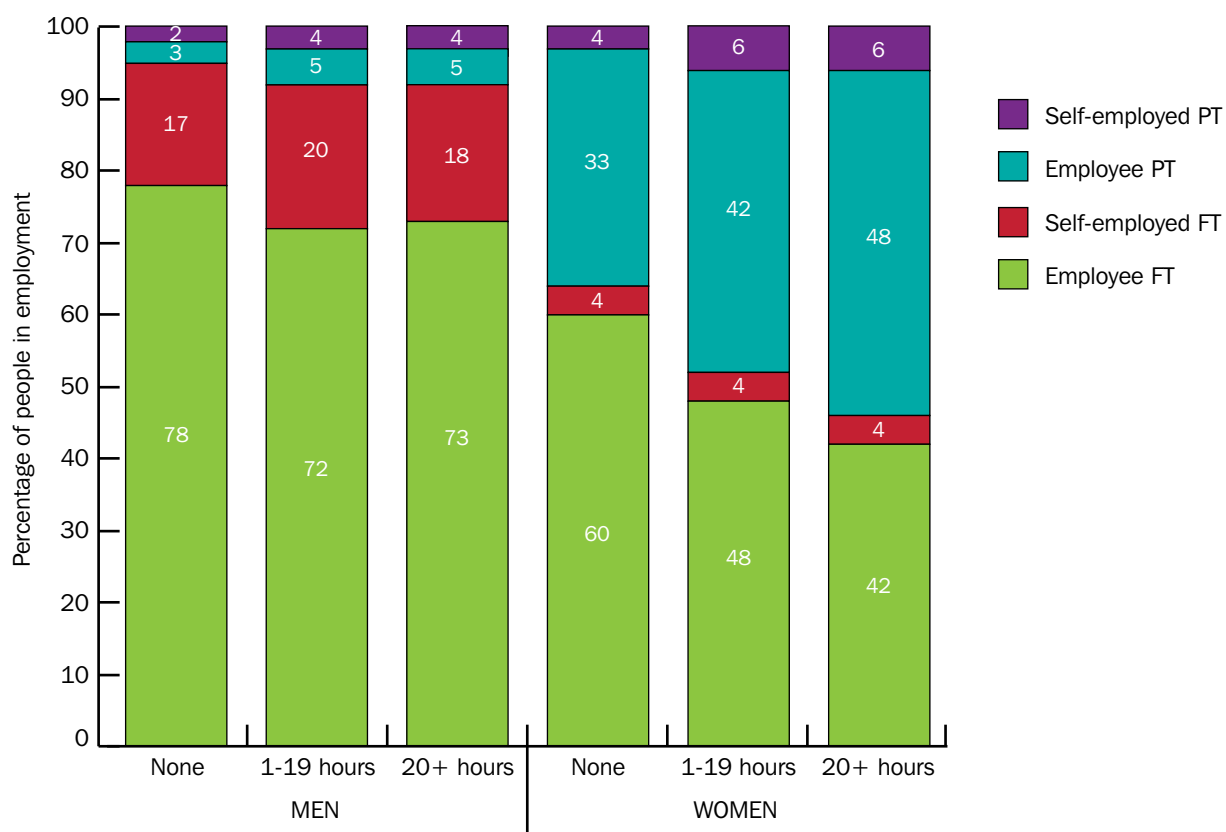
Table 2 Carers' views on combining work and care

Source: CES Survey, University of Leeds, 2007.

% in paid work agreeing that: number =	Herts 53	GB 786
I have adequate services to enable me to work	34	27
My employer is carer-friendly and I feel supported at work	65	58
I rely on family and friends to enable me to work	63	70
I am considering giving up my job	48	39
My caring responsibilities do not affect my job	18	22

Figure 6 People in employment in Hertfordshire by caring responsibilities and employment status

Source: Census Standard Tables, Crown Copyright 2003. Note: Data in this figure are for men aged 16-64 and for women aged 16-59.



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

Actually I'm now of retirement age, but I don't want to be shut in this house 24 hours a day, which is why I carry on working.

Many had found obtaining appropriate services a struggle; accessing social services and getting a response at the point of need was particularly problematic; some said it had taken years of requests to get a suitable care package:

If you don't shout loud, you don't get.

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

Between Dad, work and hospital visits I can't really take on anything else. Any little gap that does crop up, I can't fill that with anything I'd want to do.

Three carers in the county described their experiences in ways which highlight both what can be achieved when carer support is flexible and responsive, and the problems which carers face when the services received do not provide the carer with appropriate or sufficient support.

Susan has been able to return to work, despite the demands of caring for a profoundly disabled child, because of the support she has secured.

SUSAN'S EXPERIENCE

"I could not work at all without Direct Payments. I just wouldn't be able to do it at all. I wouldn't even entertain it."

Susan lives with her husband and three dependent children. Her youngest child, George, has a profound physical disability and she has provided hands-on practical and personal care, as well as fighting for his rights, since birth.

The family are now in receipt of Direct Payments and this has enhanced their lives immensely. Susan had been out of work since the birth of George and although all three children attend school she was not able to find adequate childcare during summer holidays to enable her to work.

The flexibility of Direct Payments allows her to save her allotted hours for the school holidays and times of need. Using the Direct Payments to purchase personal assistant support out of term time, Susan has been able to re-enter paid employment. She works for an organisation that understands her caring responsibilities. She is allowed to organise her own diary and this degree of freedom allows her to organise her working week around the specific needs of George.

In returning to work she has taken pleasure in being able to stimulate her mind, being active outside of the home and having time to socialise. Having the personal assistants has made a difference to the whole family, as she can spread her time more evenly between her children.

By contrast, Eva's difficulty in obtaining dependable and good quality support for her father has impacted on her business, reduced her income and threatens her own financial security in later life. Her case highlights the importance for carers and users of a reliable service and continuity of home care workers.

EVA's EXPERIENCE

"We've had so many problems with the carers [paid care workers], they sent all different carers and he began to feel a burden."

Eva provides care for her elderly father, David, on a daily basis. David lives alone and Eva visits him every day after work to keep him company, clean the house, prepare his evening meal and ensure his safety. She feels that she has to check and cover the tasks of the paid home care worker as the service is so unreliable.

There have been some excellent care workers, and David has established meaningful relationships with one or two, but there is very little continuity and this is a source of stress to David who can become depressed and, on one occasion, was suicidal. Eva described the service as very unreliable and of poor quality, with home care workers sometimes arriving late or not at all.

Eva is self employed and can work long hours on some days. She has often received phone calls from her father in crisis situations and has had to leave work in response. The nature of her work is that if she is not present, she gains no income. Having already reduced her hours to spend more time with her father, she is concerned, as she approaches pensionable age, that she does not have a financially secure future.

The limited services which Maria's son receives reduce the number of hours she is able to work and make combining both roles extremely stressful. Her situation draws attention to the need for timed targets for case reviews, with all reviews including a Carers Assessment.

MARIA's EXPERIENCE

"To the outside world I'm coping but inside, the inner me – I don't think I am coping."

Maria cares for her 11 year-old son who has learning difficulties. Maria finds juggling paid work and her caring role difficult, especially since her husband works full-time and has recently been involved in a road accident. Although Maria receives some support from social services – respite care, community transport, disability benefits – she was told a short time ago that she could not have a social worker because of a lack of funds in social services. As a result, Maria has not been in touch with social services for a year, and has to pay privately for services she requires to help with her caring role: a summer play scheme and after-school activity sessions.

Maria works part-time as a cleaner, and relies on her husband's shift patterns, which allow him to look after their son while she works. Maria would like more contact with social services and a sitting service which would free up more of her time.

These examples highlight weaknesses in current arrangements, but also illustrate the transformative power of high quality, accessible services. These can improve the quality of life for individual carers and their families, enable carers to participate in paid employment and contribute to the support of their families, and put their skills to work in the formal economy – where securing an adequate labour supply is an increasing problem for local employers.

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, both nationally and in the county of Hertfordshire.

2. Support for Working Carers

National Policy Context

Over the past decade, professionals and practitioners have been working in closer partnership with carers of those using social care services. Underpinning their approach has been an emerging 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 which provides carers with a limited range of rights and entitlements.

The legislation and policy now in place (Figure 7) secures: carers' right to 'emergency leave' from work to deal with caring crises; the right to request flexible working arrangements (since April 2007⁹); and a right to an assessment of their own needs which takes their wishes with regard to education, training, employment and leisure into account (since 2005¹⁰).

These recent changes have placed new statutory obligations on local authorities, employers and others. Since 1999, government has also allocated special funding (Carers Grant) to local authorities to help them deliver better support for carers. In Hertfordshire, this funding allocation, in 2005-6, was almost £3.5m. Across the country, many local agencies have been innovative and resourceful in their response. However, delivering new forms of support for carers, and in particular to employed carers, has in many localities been affected by resource constraints, organisational blockages, and difficulties in building genuine partnerships. In the workplace, and elsewhere, developments have sometimes been affected by out-of-date attitudes towards carers, or by ignorance of the ubiquity, importance and necessity of carers' roles.

Services relevant to carers in Hertfordshire

Table 3 presents recent official data about Carers Assessments and about services provided to carers in Hertfordshire, as collected in formal returns to the *Commission for Social Care Inspection* (CSCI). While this shows that Hertfordshire succeeded in assessing

the needs of 1,500 carers of working age in 2005-6, this figure represents only a small percentage of the county's almost 71,000 carers of working age (almost 52,000 of whom have paid jobs as well as caring roles) – a situation also seen in other parts of the country. Thus only a small minority of carers had had their own needs assessed, or had received services in their own right as carers.

Evidence in the national CES Report Series indicates that it cannot be assumed that carers not in touch with the assessment and service provision process have only very light caring duties, or do not need or want a service. Many working carers 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.

Activities and services developed to address this in Hertfordshire, through the County Council's involvement in the *Action for Carers and Employment* (ACE2) partnership between 2005 and 2007, are provided in CES Report 5.

Policy developments in Hertfordshire

Hertfordshire County Council Adults' Services has played a national role in the development of policies for carers from the mid 1990s onwards. Members of the authority have made significant contributions to the work of the *Department of Health*, the CSCI, and the *Association of Directors of Social Services* (ADSS), championing carers' issues¹¹.

The value of this contribution was formally recognised in 2005 when, following competitive application, Hertfordshire was awarded Beacon Status for its services supporting carers (2005-2006), an accolade extended in the following year when Hertfordshire secured peer mentoring funding through competitive application. The award panel commented:

Hertfordshire provides an extremely well organised, sophisticated and dynamic approach to its services based on a belief in a multi-agency approach. The

depth and variety of projects and services gives many opportunities for finding and supporting carers. The Council believes in valuing carers as co-workers, partner organisations as equals and that services should be flexible, universal, innovative, and directly accessible and that prevention of crisis is as important as supporting carers who are in difficulties.

Resources allocated to Hertfordshire as part of the Beacon Award have been used, together with other external monies (including funds from the European Social Fund through the ACE2 partnership) to develop new services and workforce training materials in Hertfordshire and to free up officers' time to work with other authorities to improve practices in the sector as a whole. In 2006, the CSCI noted in its *Performance Assessment for Adult Social Care in Hertfordshire* (2005/06) that consultation with service users and carers 'has been extensive'. The county has employed an Involvement Worker for Black and Minority Ethnic Users and Carers to focus on different groups of carers. By setting up forums and using surveys and targeted events, this officer has been able to increase carers' access to and use of services, and a wider range of carers' perspectives have been incorporated into the training and induction of paid care staff. The county now has a Carers' Group consisting of councillors, representatives from carers' voluntary organisations and individual carers. This feeds its views into strategic planning and decision-making.

Hertfordshire has a number of specialist posts with a 'carers remit'. The Carers' Development Manager administers the allocation of the Carers Grant and coordinates a group of Carers Leads situated in the different specialisms within Adult Care Services. Carers Grant resources have been allocated mainly to voluntary sector service providers who offer a diverse range of effective support services on a flexible basis which cater for carers in all client groups. Adult Care Services in the county have also used Carers Grant funding to promote the use of Direct Payments by carers, aiming to put carers in control of how money is spent to assist them:

While resources will always be limited, carers are generally very realistic and flexible. Where a thorough assessment is done by a worker who understands the carer's circumstances, adequate

positive outcomes can usually be achieved in Adult Care Services to help people continue to care and manage the commitments in the rest of their lives, as employees, parents, spouses and so on. (Senior manager, HCC.)

Some of the key outcomes achieved in the county through use of Carers Grant have been:

- 4,627 carers received breaks services in 2004-05 (a further 10% increase is predicted in 2005-6).
- 568 carers received flexible carers' services (up 83% from the previous year), at an average cost of £302 per carer, enabling a wide range of low-level flexible responses to be delivered.

New specialist services for working carers have also been developed. These are discussed in more detail below and have been supported by the ACE partnership. Hertfordshire County Council has also received additional funding from the Department of Health to expand the range of Telecare equipment installed, as an 'early warning' system in users' (and carers') homes.

The Policy Manager for Users and Carers plays a key role in coordinating the county's *Multi-Agency Carers Strategy Group*. The ambition of Adult Care Services has been to increase the number of agencies which are aware of local carers' issues, and to encourage them to adapt their services to better suit carers' circumstances. The group has links with *Hertfordshire Partnership Trust* (mental health), the *Primary Care Trusts*, *Jobcentre Plus*, a large number of voluntary sector organisations and the *East of England Regional Assembly*. Its work is informed by a number of subgroups which cover: emotional support; information strategy; emergency planning; carers in employment; and lifelong learning for carers. The county has had a Multi-Agency Carers Strategy, periodically reviewed, since 1996. A new 5 year strategy was developed and put in place from 2006 addressing the 'Seven Outcomes' outlined by the *Department of Health* for health and social care services.¹²

As an employer with 18% of its workforce recognising themselves as carers, the council has also created a *Carers Only Group* to offer its employees peer support and information about their rights and entitlements.

Figure 7 Main legislative/policy developments affecting carers in England 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.
Caring About Carers: a national strategy for carers Policy statement, Department of Health (1999)	Stressed that enabling carers to combine paid work and care was a priority for government.
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 carers of disabled children). Allowed carers to receive services in their own right, and 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 <i>'the most critical influence on children's lives'</i> .
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 Policy document (2004)	Indicated 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> .
Our Health, Our Care, Our Say: a new direction for community services , Department of Health White Paper (2006) New Deal for Carers Policy announcement (2007)	Outlined an expectation that local authorities and Primary Care Trusts would identify a Carers Lead. Recommended the introduction of funds for emergency respite care, and development of an Expert Carers Programme and a national Carers Helpline. Initiated a consultation on a 'New Deal for Carers'. Package of measures relating to respite, emergency planning and help-lines for carers.
Pensions Act (2007)	Recognised carers' situation, and reduced the number of qualifying years carers need for a full basic state pension; introduced a new Carers Credit for those caring 20+ hours a week for someone who is severely disabled.
Revised National Carers Strategy (due 2008)	The UK government's consultation process on this began in 2007.

Table 3 Carers Assessments and services provided directly to carers, Hertfordshire and England

Source: Community Care Statistics 2005-06: Referrals, assessments and packages of care for adults, England: The Health and Social Care Information Centre. * Services are provided by Hertfordshire Partnership Trust (Mental Health), data not currently available.

1st April 2005-31st March 2006	Hertfordshire	England
Total number of carers assessed and reviewed	3,950	388,000
Number of carers assessed or reviewed separately	980	91,000
Number of carers assessed or reviewed jointly with client	2,270	247,000
Number of carers who refused assessment	700	49,000
Number of Carers Assessments and reviews undertaken by age		
<18	10	4,100
18-64	1,500	169,000
65-74	690	66,000
75+	1,050	100,000
Age unknown	0	0
Number of carers receiving services after assessment or review	3,250	284,000
<i>Carers receiving breaks or carers specific services</i>	1,790	142,000
<i>Carers receiving advice and information only</i>	1,460	142,000
Number of carers receiving services after assessment or review by age		
<18	10	3,700
18-64	1,500	141,000
65-74	690	55,000
75+	1,050	84,000
Age unknown	0	0
Number of carers receiving services or information, by client group of cared for person		
Physical disability, frailty and sensory impairment		
<i>Carers receiving breaks or carers specific services</i>	1,300	95,000
<i>Carers receiving advice and information only</i>	1,100	110,000
Mental Health		
<i>Carers receiving breaks or carers specific services</i>	300	23,000
<i>Carers receiving advice and information only</i>	200	18,000
Learning Disability		
<i>Carers receiving breaks or carers specific services</i>	200	16,000
<i>Carers receiving advice and information only</i>	0	10,000
Substance Misuse*		
<i>Carers receiving breaks or carers specific services</i>	n/a	1,900
<i>Carers receiving advice and information only</i>	n/a	500
Vulnerable People		
<i>Carers receiving breaks or carers specific services</i>	30	6,100
<i>Carers receiving advice and information only</i>	90	3,000
% carers receiving services following assessment or review	100	84

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' for Hertfordshire, as for all local authorities. Currently, the level of Carers Assessments, as a gateway to services, is capturing only a small minority of all local carers – and as most of the carers receiving support were not in paid work, very few of the county's 52,000 working carers have had their needs assessed.

In Hertfordshire, as elsewhere, restrictions on the Adult Care Services budget 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; local experience is that many of those in touch with services are a long way from the labour market. Evidence in the CES study suggests that it is important not to assume that such carers cannot or do not want to work, as carers' experience, up and down the country, indicates 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, **Hertfordshire Adult Care Services** has responded to this challenge using the powers conferred by the *Carers and Disabled Children Act 2000* to provide flexible carers' services, through the use of Direct Payments. In 2005/6 more than 700 carers, using Direct Payments, were able to decide what they most needed to assist them to manage their caring situations; examples of their choices include paying for the transport of relatives to visit and help them, and paying for basic household repairs which were causing inconvenience and anxiety.

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. Hertfordshire now provides targeted support including entry to employment and education, and careers advice. Its work in this area has nevertheless mainly been delivered through pilots, special projects and short-term initiatives.

To mainstream 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. Hertfordshire County Council recognises that there are emerging opportunities in the areas of local regeneration and local strategic planning into which a focus on carers' employment could be inserted, and is now developing this work.

Hertfordshire Adult Care Services has had a multi-agency Carers Strategy in place since 1996. A cornerstone of its approach has been to put carers' employment on to the agenda of other local agencies and partners. For example, work is being developed to:

- Make work-focused interviews through Jobcentre Plus more carer-friendly.
- Produce a *Guide for Care Managers* to help them signpost carers to other agencies who can provide employment services or access to training opportunities.
- Examine the opportunities to raise carers' employment issues with Primary Care Trusts, through the use of a Local Area Agreement target.
- Incorporate carers and employment targets into the East of England Regional Assembly's Social (Inclusion) Strategy Action Plan 2007-2010.
- Promote carers' access to adult learning through collaboration with the Learning and Skills Council.

Through its project in the *Action for Carers and Employment (ACE2)* project, Hertfordshire Adult Care Services has also put in place a suite of sustainable

resources and tailored services to meet working carers' needs. A *Carers Pre-Career Guidance Pack* has been created to enable carers to explore all their employment options, including those they may not have considered, such as retraining and volunteering. A Money Advice Unit is available to answer carers' questions by phone or email about their likely income should they return to work, taking into account lost benefits and care replacement costs. Professional advice has been promoted to carers in work who want to make changes to their working arrangements. A *Carer/Management Agreement* has been developed, with carers' input, which sets out the agreement reached with a line manager and aims to protect the carer from arbitrary changes in the event of a change of personnel.

Carers Grant, introduced in England in 1999 as an additional resource allocation to local authority social services departments, has been a very important and effective catalyst for service development, yet these funds 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' Adults' Services and Children's Services core budgets, are extremely important in supporting carers.

As part of the ACE2 project, Hertfordshire Adult Care Services set itself the objective of improving awareness and knowledge among the social care workforce of carer's rights under the *Carers (Equal Opportunities) Act 2004*. The project collected case studies of carers' circumstances in their own words, and created a training programme and DVD, *Working for Carers*. These materials are used to induct all new staff and have been shown to existing care management staff and other private and voluntary sector homecare providers. A new protocol is being developed to enable service providers funded through Carers Grant to purchase careers advice for carers who are ineligible¹³ for a free careers guidance service.

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 2001 Census Standard Tables and 1991 LBS, 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 Source: 2001 SAM (Small Area Microdata), 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. In GB as a whole, 18% of carers live in workless households (12% of those caring for 1-19 hrs pw, 26% of those caring 20-49 hrs pw, and 42% of those caring 50+ hr pw). 12% of people in GB who are not carers live in workless households.
- ⁹ Under the *Work and Families Act 2006*, which came into force in 2007. This right had previously been granted to carers who were parents of a disabled child aged under 18 in the *Employment Act 2002*.
- ¹⁰ Under the *Carers (Equal Opportunities) Act 2004*, which came into force in 2005, and applies in England and Wales but not in Scotland.
- ¹¹ From 2005, ADSS (Association of Directors of Social Services) was separated into two bodies, ADASS (Association of Directors of Adult Social Services) and ADCS (Association of Directors of Children's Services).
- ¹² The 'Seven Outcomes' are: improved health and emotional well-being; improved quality of life; making a positive contribution; choice and control; freedom from discrimination; economic well-being; personal dignity, as identified in para. 2.63 of the government White Paper *Our Health, Our Care, Our Say: a new direction for community services* (2006).
- ¹³ Those who have level 2 qualification or above (e.g. 5 GCSEs including English and Maths) are ineligible for free careers advice.

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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:

Carers UK

20/25 Glasshouse Yard
London EC1A 4JT

Telephone 020 7490 8818
Fax 020 7490 8824
Email info@carersuk.org
Website www.carersuk.org
CarersLine 0808 808 7777
Open Weds and Thurs 10-12 and 2-4pm

Carers Wales

River House
Ynys Bridge Court
Gwaelod y Garth
Cardiff CF15 9SS

Telephone 029 2081 1370
Fax 029 2081 1575
Email info@carerswales.org
Website www.carerswales.org

Carers Scotland

91 Mitchell Street
Glasgow G1 3LN

Telephone 0141 221 9141
Fax 0141 221 9140
Email info@carersscotland.org
Website www.carersscotland.org



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