

Carers, Employment and Services in Sandwell

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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 Sandwell

In Sandwell 13,948 people have both a paid job and unpaid care responsibilities, supporting a relative, partner or friend who is sick, disabled or frail.

They include:

6,179 MEN (62% of male carers)

and

3,943 WOMEN (30% of female carers)

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

and

466 MEN (5% of male carers)

and

3,360 WOMEN (30% of female carers)

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

3,456 people (25% of working carers) provide 20 or more hours of unpaid care each week

Sandwell's official return to the *Commission for Social Care Inspection* showed that in 2005-6, the borough had succeeded in assessing the needs of 480 carers of working age. As elsewhere in England, the number 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 borough.

This report focuses on the situation of carers living in Sandwell. 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 borough, and examines the circumstances of employed carers who live in Sandwell and the views of those who took part in the study. There were 82 responses to the survey from carers of working age living in Sandwell: 90% were providing 20+ hours of care per week and 43% were in employment. 10 of the 134 CES in-depth interviews were with carers in Sandwell. This report outlines the support available to working carers in Sandwell, 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* 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 Sandwell 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 Sandwell

In this part of the report we consider carers of working age in Sandwell, 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 Sandwell in 2001 over 47,000 households (41% of all households) contained at least one person with a limiting long-term illness (LLTI). The borough's population of people aged 85+ is set to increase by 1,900 people (up 38%) by 2021⁴. In this age group 78% of people already report having a LLTI, and 42% are in poor health. These figures have risen since 1991, when 57% of the 85+ group had a LLTI⁵.

The 2001 Census showed Sandwell had 30,077 carers providing support for their friends and relatives who needed help:

- 59,611 people in Sandwell have a LLTI, among them 28,128 who are also in poor health.
- With age, many older people become frail (4,855 people in Sandwell were aged 85 or older).
- Disability and other conditions have increased.

They included 880 parents who identified themselves as carers in households which contained a sick or disabled child⁶.

We estimate that, in Sandwell alone, the care these unpaid carers provide would cost £513 million per year 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, 17% of carers in Sandwell (over 5,200 carers) belonged to ethnic minority groups (Figure

1), a percentage a little below their share of the borough's total population (22%). This is not surprising, given the younger age profile of ethnic minority groups. Among those of working age, Bangladeshi men 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 Sandwell by ethnicity

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

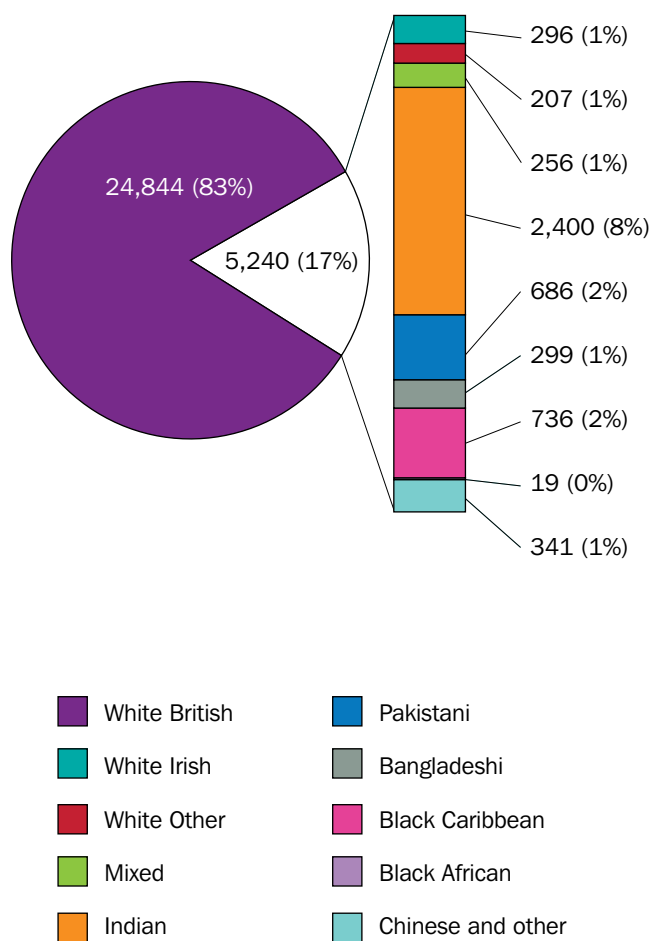
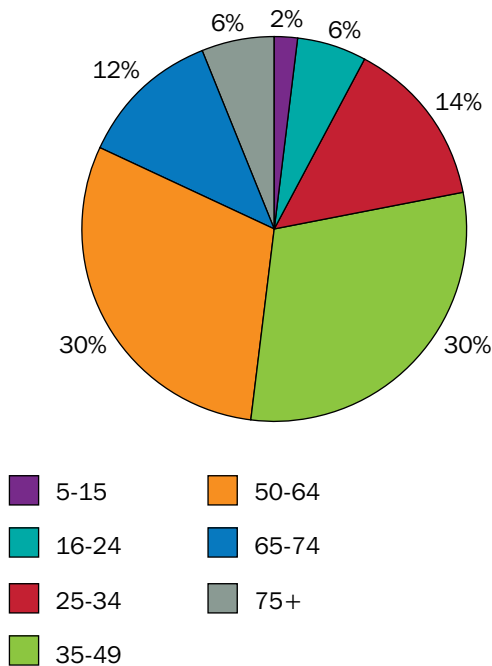


Figure 2 shows all carers in Sandwell by age: 2% of carers were under 16, and 18% were aged 65+, but most were people of working age. In fact three fifths of carers in the borough were aged 35-64, for many people years in which their career or earnings are very important.

Figure 2 Carers in Sandwell by age

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Within Sandwell, caring is particularly concentrated in areas of socio-economic deprivation (see Figure 3). 23% of carers in Sandwell live in workless households (13% of carers providing 1-19 hours of care a week, 32% of carers providing 20-49 hours and 43% of carers providing 50+ hours), compared with 18% of people who are not carers⁸.

Carers of Working Age

76% of carers in Sandwell (22,971 people) are of working age; 43% are men and 57% 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 Sandwell, most also hold paid jobs. 53% of men who care for 20-49 hours per week have full-time jobs, 5% work part-time, and 9% are unemployed and seeking work. 11% care for their family full-time, 4% have retired early and 11% are themselves sick or disabled. Even among those men who have very heavy caring roles (50+ hours per week) 36% are in full-time paid work. However these male carers also have high rates of sickness and disability (17%), and a significant minority care for their family full-time (24%).

Figure 3 Carers of working age in Sandwell by geographical distribution within the borough

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 405 households) in the relevant category.

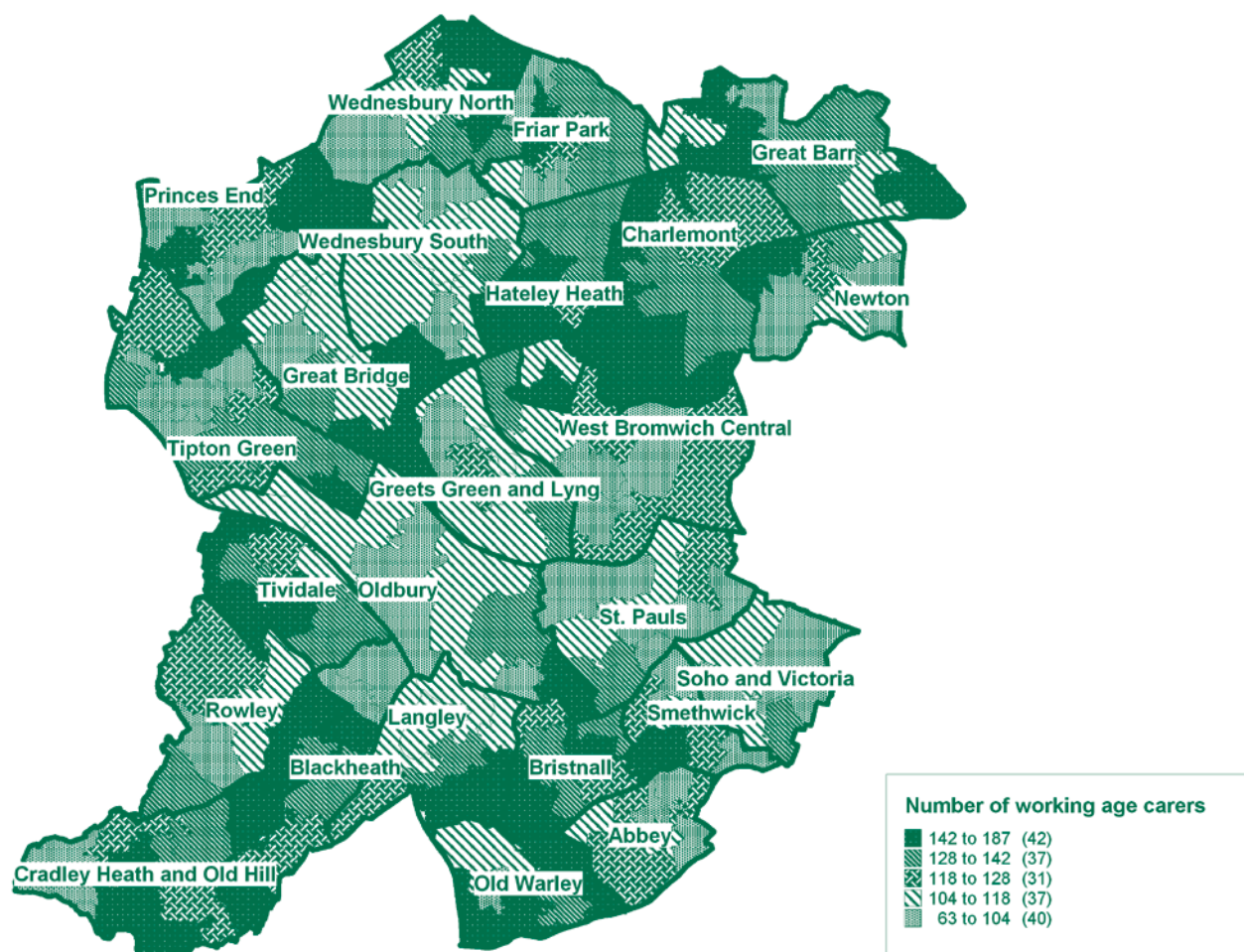


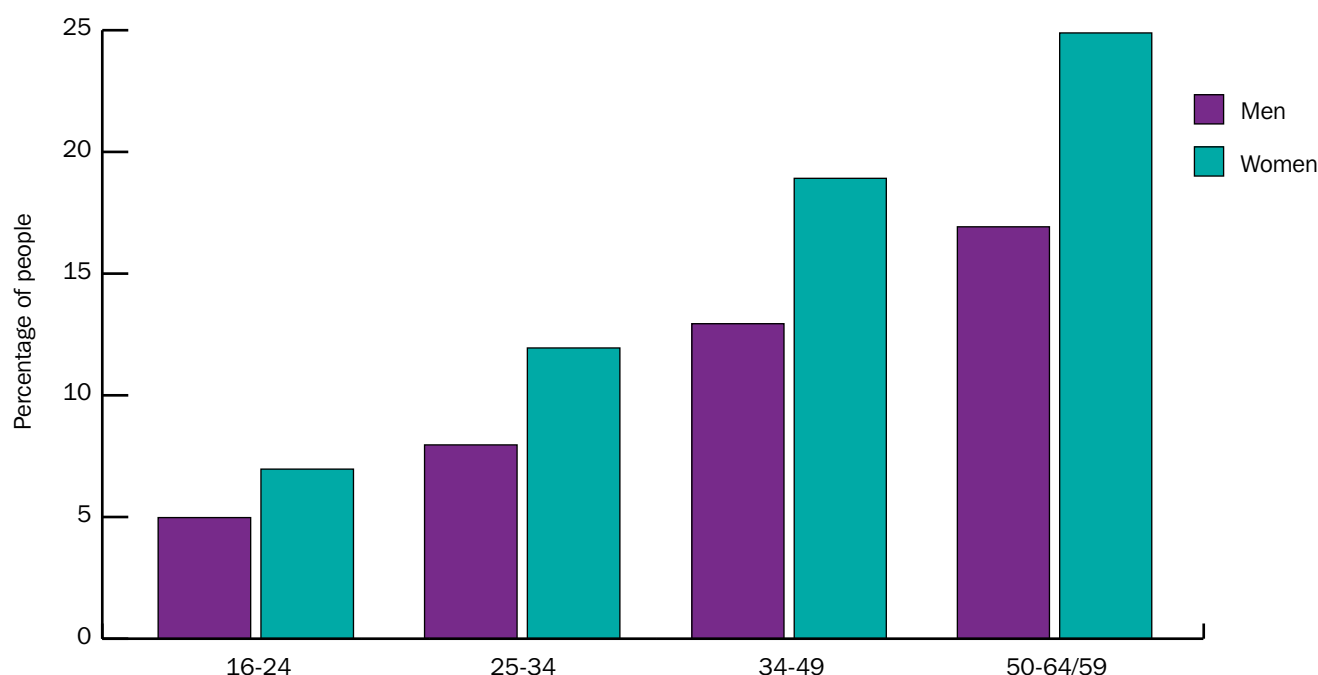
Table 1 Carers of working age in Sandwell by sex, employment status and weekly hours of care

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	6,600	1,351	2,026	7,929	2,143	2,922
In full-time work	4,729	717	733	3,052	514	377
In part-time work	331	66	69	2,380	515	465
Unemployed	476	118	152	329	75	54
Permanently sick or disabled	352	151	340	299	146	300
Looking after home/family FT	82	150	492	1,187	678	1,487
(Early) retired	209	56	115	115	41	42

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

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Almost a half (48%) of female carers who care for 20-49 hours per week have paid jobs too. They are equally divided between those in full-time (24%) and those in part-time paid work (24%), while 7% are themselves sick or disabled and 32% care for their family full-time. Among women who care for 50+ hours per week, 13% work full-time and 16% part-time, while in this group 51% care for their family full-time, and 10% 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 Sandwell (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. 109 respondents were carers living in Sandwell. While not fully representative of all carers in the borough, 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 borough.

- 28% of Sandwell carers told us their health was 'not good' (26% of our whole GB sample).
- 88% of Sandwell carers had been caring for 5 or more years (68% of our GB sample).
- 91% of Sandwell carers provided 20+ hours of care per week (82% of our GB sample).
- 39% of Sandwell carers were struggling to make ends meet (33% of our GB sample).

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

- Services are too expensive (39% compared with

33% of our whole GB sample).

- They do not like the way services are organised (25% compared with 31% of our whole GB sample).
- There are no suitable services in their area (42% compared with 32% of our whole GB sample).
- Services are not reliable (27% compared with 30% of our whole GB sample).
- Services are not flexible (44% compared with 46% of our whole GB sample).
- Services are not sensitive to needs (43% compared with 44% of the whole GB sample).
- They do not know what is available locally (42% compared with 31% of our whole GB sample).
- The cared for person does not want to use services (40% compared with 37% of our whole GB sample).

In Sandwell, 52 respondents were carers of working age (16-64) who were not currently in paid work. Of these:

- 4 had retired early from a paid job.
- 6 were looking for work.
- 30 were looking after home and family full-time.
- 9 were themselves sick or disabled.
- Well over a third (39%) would prefer to be working.

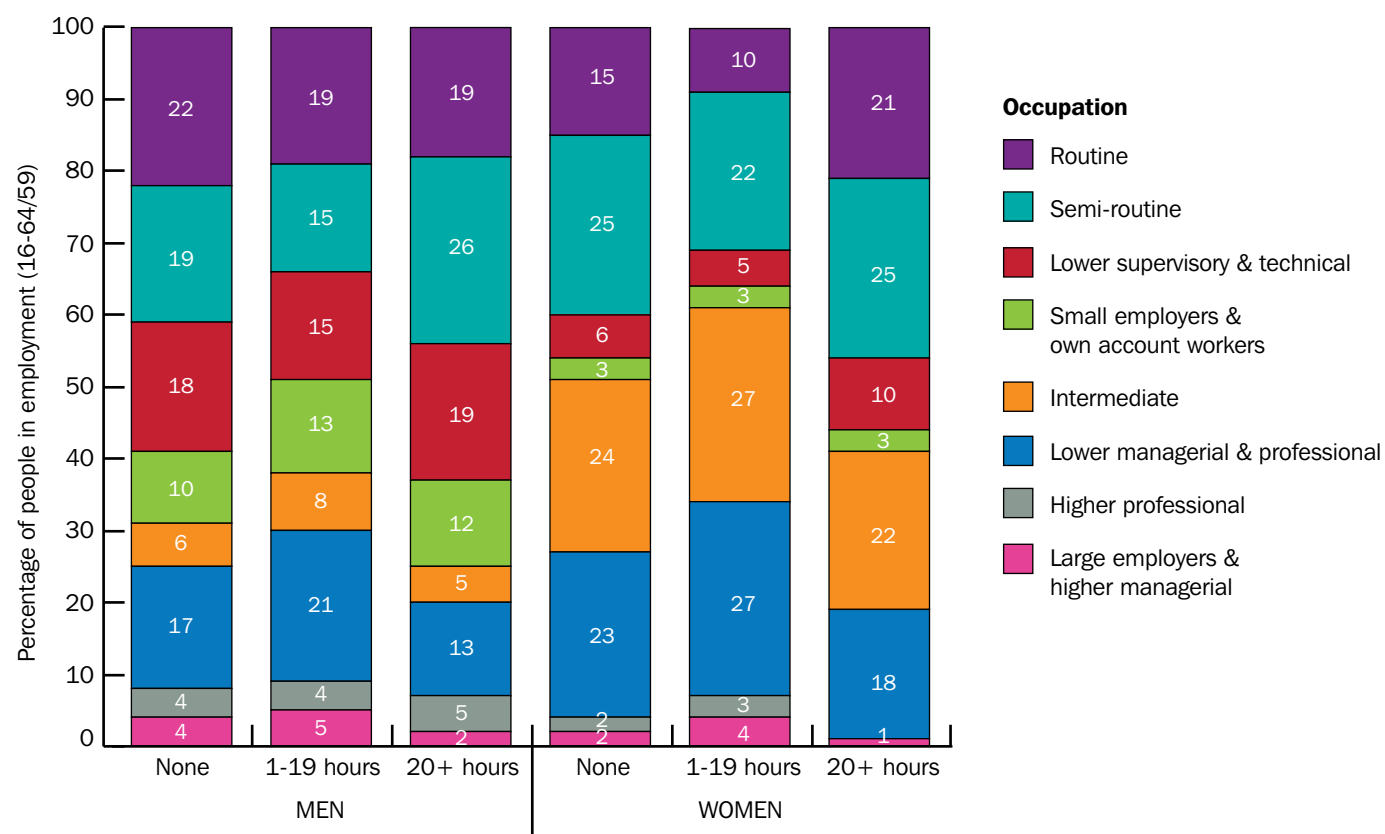
Sandwell working carers in the CES survey included:

- 3 men and 26 women.
- 10 people working FT and 19 people working PT.
- 20 people caring for a sick or disabled child.
- 6 people caring for a partner or spouse.
- 3 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 Sandwell. A much fuller discussion of all the study findings can be found in the CES national Reports.

Figure 5 People in employment 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 Sandwell are working carers: in 2001 6,174 men and 3,943 women were combining care with full-time employment (62% and 30% of male and female carers respectively), while a further 466 men and 3,360 women were providing unpaid care while working part-time (5% and 36% 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 Sandwell 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, leading to further difficulties:

It's been very difficult because having gone out to work for twenty-plus years, and now staying within the home, it's not been easy. I feel isolated sometimes, I feel there's a big world out there, which you know about and you've been a part of it.

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

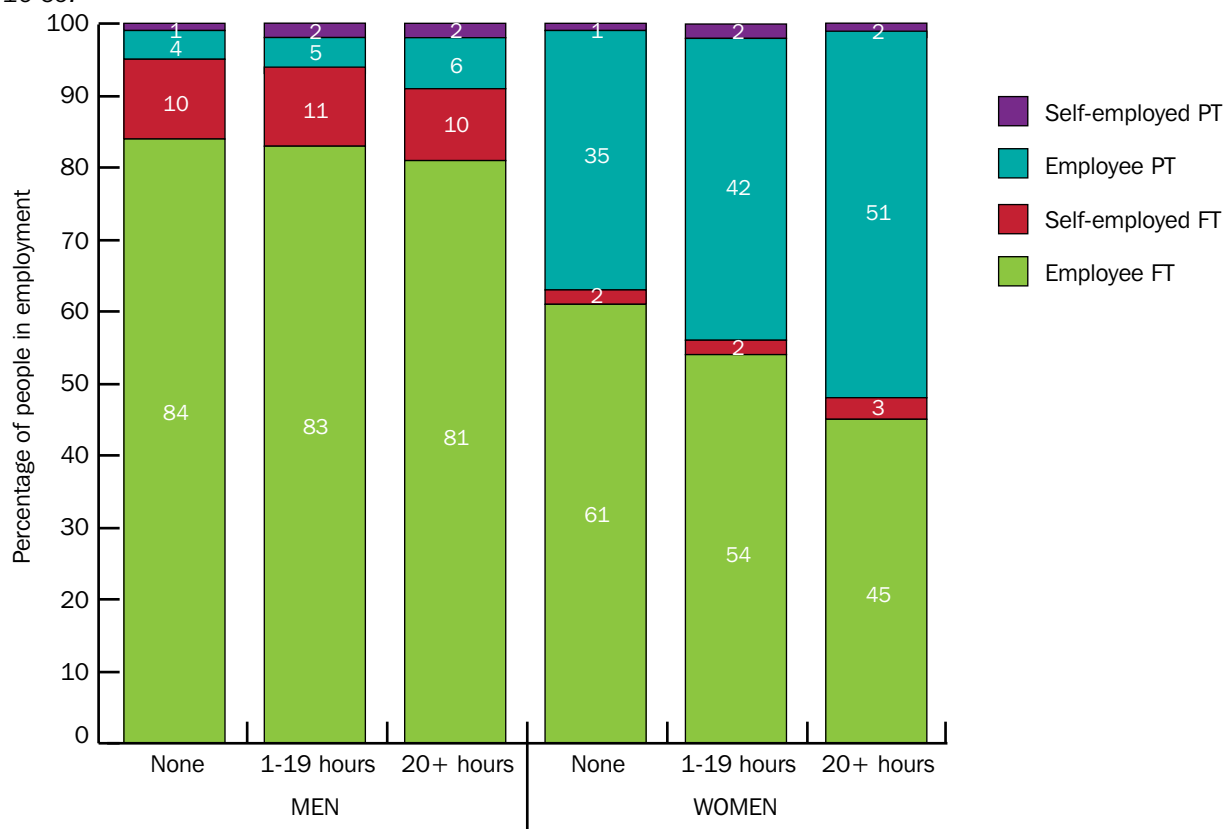
Table 2 Combining work and care

Source: CES Survey, University of Leeds, 2007.

% in paid work agreeing that: number =	Sandwell 29	GB 786
I have adequate services to enable me to work	24	27
My employer is carer-friendly and I feel supported at work	35	58
I rely on family and friends to enable me to work	88	70
I am considering giving up my job	52	39
My caring responsibilities do not affect my job	21	22

Figure 6 Carers in employment in Sandwell 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 and for women aged 16-59.



I loved it actually because of the community, different people coming in, the conversation, it was a lovely job.

Many had found accessing appropriate services a struggle; obtaining support at the immediate point of need was particularly problematic. Some said it had taken years to get the support they needed:

I took what I could get and then I worked on it from then. When I actually got it, I pushed for what I really wanted. I had to do it bit by bit.

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

Oh, it's changed my life completely. It's terrible. I mean, before I could go out when I wanted to, do what I wanted to. I mean, if my son was a normal child, not disabled, he'd be 19 now, and I'd probably have got my own job, probably better myself or whatever.

Two carers in the borough described their experiences in ways which highlight the type and nature of support which carers may need in order to work and care.

SANJAY'S EXPERIENCE

I don't feel the way I used to. It's very draining mentally. And physically you don't feel particularly strong, alert or sharp or anything.

Sanjay, aged 35-49, cares for his father who has Parkinson's Disease. Sanjay was made redundant recently, but this came at a time when his caring role grew too demanding to continue working full-time. Sanjay believes that in his culture it is essential to care for elderly relatives, and since his wife is now working full-time, he is happy to be the primary carer. However, Sanjay and his wife find their life together restricted by his caring role. Despite home adaptations and access to leisure facilities for his father, Sanjay regrets the lack of opportunity he has to pursue his own ambitions: he would like to study to be an accountant, but even doing so at home has proven too difficult. Nevertheless, although Sanjay would like more respite at weekends and cannot access this, he is pleased with the help he has received from social services and feels he can rely on them.

Sanjay has identified a possible way of developing his employment skills whilst caring, but at the moment is unable to access enough respite care for his father to allow him to study. Nora is able to work part time and care because of the significant help her partner is able to give, however it is a constant and daily struggle. She would like a more co-ordinated approach between the professions delivering her son's care, as this would simplify her caring commitments, and result in a more manageable routine.

NORA'S EXPERIENCE

We'd just like an easy life really. We'd just like to sit down and enjoy life with our son.

Nora, aged 35-49, cares for her 11 year-old son who has global developmental delay and is a wheelchair-user. Although she and her husband share the caring responsibilities, in her experience applications for help from social services are restricted to individual carers. Nora has found her caring role demanding, despite receiving regular respite support; she works part-time and has constantly to juggle her hours to fit in her son's many appointments. Her experience has been that to get the services she desires and needs, she has to find out what is available without professional advice and then to fight for them. Although some individual social workers have been very sympathetic, she has found the social services system unwieldy and feel it lacks centralised support arrangements. Nora would like all social and health departments involved in her son's care to collaborate more effectively.

These examples highlight weaknesses in current arrangements, and underline the need for high quality, flexible and individually-tailored 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 some 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 borough of Sandwell.

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 Sandwell, this funding allocation, in 2005-6, was £1.38m. 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 Sandwell

Table 3 presents recent official data about Carers Assessments and about services provided to carers in Sandwell, as collected in formal returns to the *Commission for Social Care Inspection* (CSCI). While this shows that Sandwell succeeded in assessing the needs of 480 carers of working age in 2005-6, it should be noted that this figure represents a very small percentage of the borough's almost 23,000 carers of working age (almost 14,000 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 presented elsewhere in the CES Report Series indicates, however, 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 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 Sandwell steps have been taken to address these issues, and some of these are outlined below.

Policy developments in Sandwell

Sandwell Adult Services and Health has been developing its approach to carers for more than a decade. The value of this early development was recognised in 1997, in the Social Services Inspectorate Report *A Matter of Chance for Carers: an inspection of local authority support for carers*, which investigated how the Carers (Recognition

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, Sandwell and England

Source: Community Care Statistics 2005-06: Referrals, assessments and packages of care for adults, England: The Health and Social Care Information Centre. Note: * <6, columns may not sum due to rounding of the data.

1st April 2005-31st March 2006	Sandwell	England
Total number of carers assessed and reviewed	1,340	388,000
Number of carers assessed or reviewed separately	1,110	91,000
Number of carers assessed or reviewed jointly with client	220	247,000
Number of carers who refused assessment	10	49,000
Number of Carers Assessments and reviews undertaken by age		
<18	10	4,100
18-64	480	169,000
65-74	130	66,000
75+	390	100,000
Age unknown	320	0
Number of carers receiving services after assessment or review	760	284,000
<i>Carers receiving breaks or carers specific services</i>	520	142,000
<i>Carers receiving advice and information only</i>	250	142,000
Number of carers receiving services after assessment or review by age		
<18	*	3,700
18-64	380	141,000
65-74	70	55,000
75+	130	84,000
Age unknown	80	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>	200	95,000
<i>Carers receiving advice and information only</i>	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>	20	18,000
Learning Disability		
<i>Carers receiving breaks or carers specific services</i>	10	16,000
<i>Carers receiving advice and information only</i>	0	10,000
Substance Misuse		
<i>Carers receiving breaks or carers specific services</i>	0	1,900
<i>Carers receiving advice and information only</i>	0	500
Vulnerable People		
<i>Carers receiving breaks or carers specific services</i>	20	6,100
<i>Carers receiving advice and information only</i>	10	3,000
% carers receiving services following assessment or review	57	84

and Services) Act 1995 was being implemented. It commended Sandwell for its services for carers and named the authority as an example of good practice.

Since 2004 Sandwell Metropolitan Borough Council's Adult Services and Health Department has operated in close collaboration with the local Primary Care Trust. A Joint Health and Social Care Policy Unit accountable to both agencies has been funded from pooled budgets and from grant funding such as the Neighbourhood Renewal Fund and Lottery Grants¹¹. Its purpose is to manage a joint commissioning budget in excess of £60 million to deliver joined-up services to tackle the very significant health inequalities in the borough. Its work is a key part of the Council's 'Transforming Sandwell' agenda¹² through a 'whole systems' approach.

The unit has a senior officer with responsibility for carers supported by a Carers Development Manager and six outreach workers. An inter-agency Steering Group for Carers co-ordinated jointly by the Carers Development Manager and CARES (the Carers Advice and Resource Establishment, a voluntary sector organisation) meets bi-monthly to plan and review the use of Sandwell's Carers Grant allocation and to prepare the Carers' Strategy for Sandwell. Membership of the group includes representatives from Social Services and Health, Housing, the Health Authority, Primary Care Groups, Health Providers and Carers' Organisations¹³.

The borough's Carers Strategy has been drawn up through a number of interlinked structures, and based on systematic consultation with carers and carers' organisations. At 'grass roots' level, CARES, an important local provider of carers services, coordinates a Carers Network of more than 250 participants who can be approached by statutory agencies for feedback on policies and services. The Carers Development Manager organises an annual carers' conference, open to all carers in the borough. The Sandwell Ethnic Minority Umbrella Forum, which represents religious and ethnic minority interests, is another important sounding board.

Through multiple consultation processes and the work of the Inter-agency Steering Group the Carers Strategy *Supporting Carers in Sandwell* was

published in June 2001 in several languages and formats. It lays out the arrangements for needs assessments for different groups of carers, the Council's vision for carers, and planned actions designed to meet the needs identified. It also contains a Quality Standards Checklist which can be used to review and evaluate any service that may have an impact on carers. In 2006 the authority began a wide consultation process to review and update the strategy. Underpinning the Council's approach to carers has been a commitment to meet the diversity of their needs in the borough, in particular widening access to people who are less likely to access social services.

As part of its commitment to all carers, Sandwell has tried to develop support services that meet the needs of those who face additional difficulties in accessing services.

(Supporting Carers in Sandwell: a local strategy, 2001)

As in many of the authorities studied, the voluntary sector is a key service provider and partner in Sandwell; linking carers to information services, advocacy and counselling services, and respite support. Since the introduction of Carers Grant in 2000 considerable investment has been made to build the capacity of small and specialist voluntary organisations to successfully apply for grants to deliver services and to become sustainable¹⁴. Securing Local Area Agreements with the voluntary sector has been a priority.

There is so much investment in the voluntary sector for ease for the carer, choice for the carer, direct access service – carers can just go straight to a voluntary organisation without contacting us.

(Senior Officer, Joint Health and Social Care Policy Unit)

Through Carers Grant funding, the Council supports a wide range of small organisations which provide services to members of their communities, such as Sandwell Asian Family Support Service and West Bromwich African Caribbean Resource Centre. The organisations contracted using Carers Grant funding have been supported to form the Carers Services Providers Forum, which can flag up issues to do with contracting and identify service gaps. One area of

expert service delivery to carers which has been kept 'in-house' is support for people caring for those with mental health difficulties. The Mental Health Carers Team operates a well used building-based service, offering regular group support, drop-in services and large family-orientated events¹⁵.

To increase the quality and flexibility of its response to carers, Sandwell Adult Services and Health has made considerable investment to increase the numbers of carers being offered Carers Assessments and a subsequent review. The six outreach workers appointed in 2006 have been funded from the core social services budget and Carers Grant to undertake assessments in each of the six towns in the borough. They are also able to encourage and support carers and users to take up Direct Payments.

Their role is on the assessment and review side; to increase the number of carers who are gaining access to our services to raise awareness amongst our social work teams and our health colleagues.

(Senior Officer, Joint Health and Social Care Policy Unit)

The employment agenda for carers has been taken up as a key part of all assessors' training, to meet the Council's statutory obligations under the *Carers*

(*Equal Opportunities*) Act 2004. The Council also funds a number of related services delivered by voluntary sector partners, for example benefits take-up work aimed at carers. In its role as an employer, Sandwell Council has also developed its own internal policies to improve the options available to its employees who are or who become carers, placing particular emphasis on raising their awareness of their entitlements as carers through the statutory worker rights service.

The local authority is a huge employer not just locally, the NHS too. So that's a good place to start. One of the practical things that we have done is a survey of just how many people we have within the organisation who are juggling caring responsibilities.

(Senior Officer, Joint Health and Social Care Policy Unit)

Officers we spoke to acknowledged that to engage effectively with employed carers the Council must work through other agencies such as the local Chamber of Commerce and Jobcentre Plus, agencies which are in contact with local employers. One of the actions in the revised Carers Strategy will be to place more emphasis on activities to engage local employers in implementing policies on carers and employment.

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 Sandwell, 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 borough's 13,000 working carers have had their needs assessed.

In Sandwell, as elsewhere, restrictions on Adults' 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; local experience is that many of those who are 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, Sandwell Adults' Services and Health Department has responded to this challenge by adopting a proactive outreach approach to assess more carers and those they care for. It also maintains effective consultative structures to ensure that carers in different situations can feed back their views about current service provision and inform social services of unmet needs. The Council's work on increasing the take-up of Direct Payments and its commitment to 'a pluralist model of care which recognises and respects individuality' – promoting choice through individualised budgets¹⁶ – are further steps forward in offering greater flexibility in service provision.

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. Sandwell Adult Services, through the Carers Grant, and in partnership with voluntary sector partners, provides targeted support including employment related advice, courses to accredit caring skills and to support entry to employment and education. Its work in this area has nevertheless mainly been delivered through pilots, special projects and short-term initiatives¹⁷. As already mentioned, it has pioneered good practice to support employed carers in its own organisation, which is readily transferable to other large local employers. For example, in the Adult Services and Health Department employees are offered the opportunity to join a Staff Carers' Group. Open to all carers, employees' attendance is permitted

during work time. The group meets on a quarterly basis to provide mutual support and offers a varied information programme which has included health improvement activities and updates on recent policy developments.

To mainstream responsibility for supporting carers in employment (beyond those working as local authority employees) to all local employers, and to relevant local agencies – those responsible for job creation, recruitment and the supply of skilled labour – is a major challenge. Sandwell Borough Council recognises that there are emerging opportunities through the local business community, and in the areas of local regeneration / strategic planning into which a focus on carers' employment could be inserted, and will begin this work with the launch of its latest Carers Strategy.

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.

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. 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.
- ⁹ Under the *Work and Families Act 2006* which came into force in 2007. This right had previously been granted to parents of a disabled child under 18 in the *Employment Act 2002*.
- ¹⁰ Under the *Carers (Equal Opportunities) Act 2004* which applies in England and Wales but not in Scotland.
- ¹¹ www.idea.gov.uk/idk/core/page.
- ¹² Sandwell Partnership's and Sandwell Council's 2020 Sandwell Plan – Transforming Sandwell brochure: *Better, Smarter, Healthier, Stronger, Safer, Brighter*.
- ¹³ *Supporting Carers in Sandwell: a local strategy*, 2001.
- ¹⁴ Such as the Sandwell Community Caring Trust (Department of Health, *Social Care Bulletin*, Issue 1 January 2007 <http://www.dh.gov.uk/socialcarebulletin>).
- ¹⁵ Sandwell Mental Health NHS and Social Care Trust, *Annual Report 2005/06* p.9.
- ¹⁶ Mental Health: *Everybody's Business*, 'The Sandwell Direction of Travel 2006, Draft Version 2.
- ¹⁷ Examples include *Financial Help towards Learning Grants* and the *Adult Guidance & Lifelong Learning Service*, both delivered by CARES and funded through external sources.

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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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