



RESEARCH PAPER 04/13
3 FEBRUARY 2004

Carers (Equal Opportunities) Bill

Bill 16 of 2003/04

This paper considers the Private Member's Bill which is sponsored by Dr Hywel Francis. The Bill is due to have its Second Reading on 6 February 2004.

The Bill seeks to build upon existing legislation by making it a duty for local authorities to inform carers of their right to an assessment of their own needs. It also proposes that the health and welfare of carers is promoted by the NHS, that there is co-operation between public bodies in assisting carers, and that support is offered to carers beyond their caring role, for example, to help them find employment.

The Bill extends to England and Wales only.

Tim Jarrett

SOCIAL POLICY SECTION

Adam Mellows-Facer

SOCIAL AND GENERAL STATISTICS SECTION

HOUSE OF COMMONS LIBRARY

Recent Library Research Papers include:

03/91	Unemployment by Constituency, November 2003	17.12.03
03/92	<i>Traffic Management Bill</i> [Bill 13 of 2003-04]	23.12.03
03/93	<i>The National Insurance Contributions and Statutory Payments Bill</i> [Bill 2 of 2003-04]	23.12.03
03/94	<i>The Horseracing Betting and Olympic Lottery Bill</i> [Bill 2 of 2003-04]	23.12.03
04/01	2001 Census of Population: statistics for parliamentary constituencies	05.01.04
04/02	<i>The Housing Bill</i> [Bill 11 of 2003-04]	05.01.04
04/03	<i>Employment Relations Bill</i> [Bill 7 of 2003-04]	07.01.04
04/04	<i>The Human Tissue Bill</i> [Bill 9 of 2003-04]	08.01.04
04/05	<i>Armed Forces (Pensions and Compensation) Bill</i> [Bill 10 of 2003-04]	08.01.04
04/06	Unemployment by Constituency, December 2003	14.01.03
04/07	<i>The Civil Contingencies Bill</i> [Bill 14 of 2003-04]	15.01.04
04/08	<i>The Higher Education Bill</i> [Bill 35 of 2003-04]	21.01.04
04/09	<i>The Fire and Rescue Services Bill</i> [Bill 38 of 2003-04]	22.01.04
04/10	<i>The Sustainable and Secure Buildings Bill</i> [Bill 15 of 2003-04]	29.01.04
04/11	Economic Indicators [includes article: Consumer Borrowing]	02.02.04

Research Papers are available as PDF files:

- *to members of the general public on the Parliamentary web site,
URL: <http://www.parliament.uk>*
- *within Parliament to users of the Parliamentary Intranet,
URL: <http://hcl1.hclibrary.parliament.uk>*

Library Research Papers are compiled for the benefit of Members of Parliament and their personal staff. Authors are available to discuss the contents of these papers with Members and their staff but cannot advise members of the general public. Any comments on Research Papers should be sent to the Research Publications Officer, Room 407, 1 Derby Gate, London, SW1A 2DG or e-mailed to PAPERS@parliament.uk

Summary of main points

The *Carers (Equal Opportunities) Bill* is a Private Member's Bill, sponsored by Dr Hywel Francis, which seeks to

- ensure that carers are systematically given information, including about their rights, so that they can make informed decisions about their lives;
- ensure that carers' health, in its broadest sense, is positively considered by social services and NHS bodies;
- help to give carers more opportunities in leisure, education, training and employment.

Under existing legislation, carers already have the right to an assessment of their present and future ability to provide care, although the legislation states that they have to ask for such an assessment. Despite Department of Health guidance which has sought to promote awareness among carers of their right to an assessment, evidence from surveys indicates that awareness remains low. The Bill aims to place a duty on local authorities to notify the carer of their right.

The Bill seeks to promote the health of carers by placing a specific duty on NHS bodies and social services to promote and safeguard the health and welfare of carers, and requires both to co-operate with one another, as well as with other public bodies.

In addition, it is the intention of the Bill that it will improve carers' chances in finding employment. Surveys have found that the wishes of carers to enter or remain in employment are not properly addressed; for example, a recent Carers UK survey found that the majority of working carers had experienced a reduction in their hours worked or the need to give up work. The Bill would require local authorities to examine their policies and procedures to ensure that carers are given equality of opportunity in education, training, employment and leisure opportunities.

The statistics in this paper (section IV and appendix) were provided by Adam Mellows-Facer; the other sections were written by Tim Jarrett.

CONTENTS

I	The Bill's sponsor	7
II	Current legislation regarding carers	9
	A. <i>Carers (Recognition and Services) Act 1995</i>	9
	B. <i>Carers and Disabled Children Act 2000</i>	11
	1. The Government's National Strategy for Carers	11
	2. The key measures of the Act	12
	3. Measures to assess carers and provide services	13
	4. Ensuring that carers have an assessment	14
III	Relevant issues facing carers	15
	A. Assessments of carers	15
	B. Health	17
	C. Employment	18
	D. Co-operation between service providers	22
IV	Statistics on carers	23
	A. General statistics	23
	B. Local authority carer assessments	24
V	The Bill	26
	A. Intention of the Bill	26
	B. The main provisions of the Bill	27
	C. Costs	29
VI	Responses	31
	A. Carers UK	31
	B. Association of Directors of Social Services (ADSS)	31

C. Others	31
Appendix	33

I The Bill's sponsor

Dr Hywel Francis's interest in carers' rights was apparent from his maiden speech, which he gave during the Debate on the Address on 25 June 2001:

In my first speech to the House, I want to focus specifically on the citizenship rights of disabled people and their carers in relation to the economy and to the whole of society. Our new Labour Government should and will be measured by the extent to which we tackle, in partnership, the fundamental inequalities faced by disabled people and their carers.

[...]

Government, in Westminster and in the National Assembly for Wales, have demonstrated their serious commitment by setting up the Disability Rights Commission and the recently launched carers strategy in Wales. Three organisations—Mencap, the Down's Syndrome Association and the Carers National Association—recently held awareness-raising weeks. The House would do well to reflect on the vital matters that they raised in relation to employment and wider social issues, and I urge our new Labour Government to listen to their concerns in order to achieve a sense of full citizenship for disabled people and their carers in the new millennium.

Disabled people are twice as likely as others to be out of work. Fewer than one in 10 people with a severe learning disability are in work, and more than 1 million people with disabilities want to work. There is a shortage of at least 40,000 supported employment places. The benefits system is a barrier for many people wanting to work, and most employers have no experience of employing people with a learning disability.

We need an expansion of the access-to-work scheme, offering on-the-job support. We need new rules for the disabled persons tax credit, making work pay for part-time workers, and we need a Government strategy to promote employment of people with a learning disability. We need statutory provision to support carers in the workplace, and young—and not so young—carers who are in education. For all young adults with a learning disability, we need structured programme routes from school and college to the world of work, and we need to involve carers in decision-making bodies.

We need proper and sensitive national consultation with the Benefits Agency, and a new development of the new deal to break down barriers and remove benefit traps for many people with a learning disability who are able to work and wish to do so. We need a national awareness campaign for employers, aimed at breaking down the obsession with formal qualifications. We need to give priority to those who will never work again, and to their dependants. We need to increase the pace of the settlement of miners' compensation claims, and those of their widows, until it becomes a whirlwind.

The aspirations of disabled people and their carers mirror those of the general population: a good standard of health, educational opportunities that lead to a meaningful occupation in adult life, sufficient income to afford a comfortable standard of living, a safe and secure home environment, a fulfilling family and social life and a valued place in the community. Those are, after all, universal rights, whether they apply to a disabled child in Soweto or to a disabled miner or steelworker in Skewen.¹

Dr Francis's personal experiences as a carer were highlighted in a press release which was issued prior to the Bill's publication:

Aberavon's MP, Dr Hywel Francis, is to launch a Private Member's Bill in the House of Commons on Monday aimed at helping Britain's six million carers. The Bill has been dubbed "Sam's Bill" at the request of Hywel Francis and his wife, Mair, who cared for their disabled son, Sam, until he died aged 16.

[...]

"There are 19,000 carers within my local authority of Neath Port Talbot. For sixteen years, my wife, Mair, and I cared for our son, Sam, who had Downs Syndrome and died in 1997. This means we know only too well of the difficulties and pressures faced by carers in my constituency and throughout the country. If 'Sam's Bill' becomes law, it will begin to provide opportunities so that carers' experience and talents will not be wasted in society".²

¹ [HC Deb 25 June 2001 cc455-6](#)

² Hywel Francis MP, *Aberavon MP to launch Carers Bill*, website, see: <http://www.epolitix.com/EN/MPWebsites/Hywel+Francis/c396cef7-2d8e-4500-ac74-17cb7ad97b58.htm>

II Current legislation regarding carers

To date, there are two Acts that legislate for carers. A carer is defined in the legislation as someone who provides, or intends to provide, “a substantial amount of care on a regular basis for another individual”; this phrase is open to interpretation. Both Acts were introduced as Private Members’ Bills, although both also received the backing of the Government of the day. A summary of the legislation is provided in the table below:

Comparison of the main provisions of carer-related legislation

<i>Carers (Recognition and Services) Act 1995</i>	<i>Carers and Disabled Children Act 2000</i>
<ul style="list-style-type: none"> • Implemented April 1996; • Carer’s right to an assessment depends on cared for person being assessed; • Carer must request an assessment; • Carers can be any age, cared for person can be any age; • Assessment considers his or her ability to provide and to continue to provide care; • Local authority has to decide whether service user’s services should be increased as a result of the carer’s assessment; • Local authorities cannot provide carers with specific services in their own right, but may increase community care services provided for the user which can benefit carer. 	<ul style="list-style-type: none"> • Implemented April 2001; • Carer has a right to an assessment irrespective of whether the person cared for has refused an assessment of services; • Carer must request an assessment; • Carers aged 16 or over caring for individuals aged 18 or over; • Assessment considers his or her ability to provide and to continue to provide care; • Local authority has to decide whether the carer has needs for their own services; • Local authorities can provide services directly to carer and/or increase community care services provided for the user which can benefit the carer. Direct payments can be provided in lieu of services.

Source: Carers UK, *Missed Opportunities: the impact of new rights for carers*, June 2003, p33

A. *Carers (Recognition and Services) Act 1995*

The *Carers (Recognition and Services) Act 1995* (“the 1995 Act”) was a Private Member’s Bill sponsored by Malcolm Wicks which came into force in April 1996. A short Act of only five sections, it

gave a right to a separate assessment for people providing informal care on a regular basis to ill, elderly or disabled friends or relatives who were seeking help from social services departments. The latter were required to take the results of the assessment into account when deciding what services to provide to the person being cared for.³

The Act applies to anyone, including young carers, caring for a disabled child or someone who may require community care services from a local authority. The assessment under the 1995 Act is of the carer’s ability to provide care and of his or her ability to sustain the

³ Means R, Richards S and Smith R, *Community Care: policy and practice*, 3rd edition, 2003, p46

care that he or she has been providing.⁴ However, while the Act grants carers the right to an assessment, it does not require a subsequent service response to be provided directly to them.⁵

The Government proposed changes to address the problem in the National Strategy for Carers which was published in February 1999 (see section II.B.1):

Lord Astor of Hever: My Lords, when does the Minister expect that legislation will be introduced to allow local authorities to provide services directly to carers?

Baroness Hayman: My Lords, as the noble Lord, Lord Astor, implies, we are anxious to allow local authorities to provide direct services to carers, not simply to those who are cared for, and that was part of the National Carers Strategy. We shall do it as soon as legislative time permits. The House would not expect me to say anything different. If it is helpful, I can certainly say that we are anxious to get on with it.⁶

Another problem which became apparent was ensuring that carers were aware of their right to an assessment under the 1995 Act. Paul Boateng, the then Parliamentary Under-Secretary of State at the Department of Health, told the House in June 1997 that the Government was taking steps on this matter:

The Department issued Policy Guidance and a Practice Guide on implementing the Act to social services departments, health authorities and National Health Service trusts in February 1996. The Guidance notes that general practitioners and other primary care staff are well placed to advise carers who are their patients of their assessment rights under the Act. The Guidance makes clear that social services departments should ensure that primary care staff have the relevant information to fulfil this role.

The Guidance also requires social services departments to ensure that their published information on community care tells carers about their rights under the Act. Information should be available to carers when they need it; it should be accessible to all members of the community and easy to understand. It should also be part of routine assessment practice and, specifically, authorities are expected to inform carers who appear to be eligible under the Act of their right to request an assessment. Care plans and results of assessments should be confirmed in writing, or in a form which is accessible both to users and carers.

As part of our programme of research on community care, we are considering the impact of the Act. An inspection by the Social Services Inspectorate is also in

⁴ Explanatory Notes, *Carers and Disabled Children Act 2000*, para 7, see: <http://www.legislation.hmso.gov.uk/acts/en/2000en16.htm>

⁵ Means R, Richards S and Smith R, *Community Care: policy and practice*, 3rd edition, 2003, p165

⁶ [HL Deb 17 March 1999 c725](#)

preparation, which will look at how local authorities are implementing the Act [see section III.A].⁷

The matter was also raised in Lords questions in March 1999:

Baroness Pitkeathley asked Her Majesty’s Government:

What steps they are taking to improve carers’ awareness of their right to an assessment under the Carers (Recognition and Services) Act 1995.

Baroness Hayman: My Lords, our recently published National Carers Strategy made it clear that general practitioners and primary care teams should tell carers about their right to an assessment from social services. My honourable friend John Hutton, the Minister with responsibility for carers, recently launched the “Ask for an Assessment” campaign, run by the Carers National Association, which is designed to raise carers’ awareness of assessments.⁸

B. *Carers and Disabled Children Act 2000*

1. The Government’s National Strategy for Carers

Prior to the publication of the *Carers and Disabled Children Bill*, the Government launched its National Strategy for Carers on 8 February 1999 with the publication of its interdepartmental report, *Caring about Carers: a National Strategy*.⁹ The strategy covered a range of policies for carers that are the responsibility of different Government departments as well as of local authorities and the NHS. In particular, the strategy noted that there were barriers to local authorities providing help that would specifically benefit the carer:

11. Local authorities and others can do a great deal within existing community care legislation to increase flexibility and choice for carers. But there are also legislative obstacles preventing authorities from making provision which would be of great benefit to carers directly, or from putting packages of measures together – including those designed to allow carers to take a break – which would be both more cost-effective and in line with carers’ wishes and needs.

12. The way current legislation is cast prevents carers receiving help in their own right. It undervalues their role and needs, and their ability to have a proper say in the kind of provision which best suits them.

13. For example, where a person who needs care has been offered but has refused a community care assessment, it is currently not possible for a local authority to

⁷ [HC Deb 11 June 1997 cc479-80W](#)

⁸ [HL Deb 17 March 1999 c724](#)

⁹ HM Government, *Caring about Carers: A National Strategy for Carers*, February 1999 (hereafter *National Strategy for Carers*), see: <http://www.doh.gov.uk/pub/docs/doh/care.pdf>

assess the carer's needs, even if that is what the carer themselves wanted, and to make life easier for the carer, and also for the person being cared for, by giving help directly to them. Local authorities in these circumstances are prevented from providing equipment for the home, such as a mobile phone, which could ease the carer's burden and reduce the risk of injury. Or when putting a package together which would allow a carer to take a break from caring for a while, a local authority cannot include, in a package, help intended directly for the carer, such as paying for a taxi, even though the alternative – such as providing several hours of a sitting service – could well be both more expensive and less preferable for the person being cared for.

14. Individual carers could have greater flexibility and choice if they were able to receive direct payments or credit scheme arrangements to enable them – with the consent of the person needing care – to arrange for services to be given to them in a way that was useful and at a time and a form that was appropriate. For example, a credit scheme could operate on the basis of providing time-based credit which could be exchanged during the year for sitting services or other short - term break support at a time appropriate to the carer.

15. These changes require legislation. In looking at legislation, we need to retain the balance between both respecting the views and meeting the needs of the person being cared for, and giving greater control to carers over services they need to carry out their caring more effectively and to maintain their own health, emotional wellbeing and independence.

16. While bearing this in mind, the Government will legislate when Parliamentary time allows to ensure that authorities are able to address carers' wishes and needs more directly.¹⁰

2. The key measures of the Act

The *Carers and Disabled Children Act 2000* ("the 2000 Act") was introduced as a Private Member's Bill sponsored by Tom Pendry. It gained the support of the Government, not least because it addressed the issues raised in the National Strategy regarding how the interests of carers specifically, rather than those they cared for, could be addressed.

The Act came into force in April 2001 (except for the provisions relating to vouchers). The key measures of the Act are that it:

Carers of adults

- requires local authorities, at the request of the carer and regardless of any connection with an assessment of the person being cared for, to assess carers aged

¹⁰ *National Strategy for Carers*, pp57-8

16 or over who are caring for an adult, in order to see if they are able to care, or continue to care, unaided;

- requires local authorities to then decide whether the carer had needs that could be satisfied by services from the local authority and whether to provide such services to the carer;
- enables local authorities to charge for these services;
- enables Regulations to be made providing for local authorities to issue vouchers so that the person being cared for could buy services that would enable the carer to take a break at a time of their choosing; and,
- enables local authorities to make direct payments to carers in place of services that they would otherwise have provided to the carer.

Parents of a disabled child

- enables local authorities to make direct payments to a parent of a disabled child; and,
- to provide for vouchers to enable a parent of a disabled child to take a break.

Measures that specifically dealt with the assessment of carers and the provision of services to address their needs are considered in the following section.

3. Measures to assess carers and provide services

Tom Pendry explained to the House how his Bill would build upon the 1995 Act:

The 1995 Act was a great step forward when it was introduced. For the first time, local authorities formally took into account the carer's ability to care before arranging services for the cared-for person. But, as I said, this Bill goes beyond the 1995 Act in many important respects. In a nutshell, it gives carers enhanced rights to assessment of their own needs; it gives local authorities powers to provide services to carers in their own right; it builds on the freedom and the choice that direct payments give people by allowing carers direct payments for their services, and it ensures that parents, too, can receive direct payments for services to their disabled children.¹¹

Of particular relevance to the present Bill are sections 1 and 6 of the 2000 Act which apply to carers and those with parental responsibility for disabled children respectively.

a. Carers of adults

Section 1 of the 2000 Act covers those carers who are 16 years of age or over and who provide a "substantial amount of care on a regular basis" care for a person aged 18 years of age or over who the local authority is satisfied is someone for whom it may provide or

¹¹ [HC Deb 4 February 2000 c1336](#)

arrange for the provision of community care services. If the carer “asks a local authority to carry out an assessment” of their ability to provide and to continue to provide care for the person cared for, the local authority must carry out such an assessment. Such an assessment may take into account any assessment made under section 1(1) of the *Carers (Recognition and Services) Act 1995*.

If the assessment of the carer finds that the carer has needs in relation to the care they provide, under section 2 of the 2000 Act the local authority should consider if it can support the carer through the services it can provide either to the carer or the person being cared for.

b. *People with parental responsibility of disabled children*

Section 6 of the 2000 Act applies in the case of a person with parental responsibility of a disabled child who provides “a substantial amount of care on a regular basis” for the child, if the local authority is satisfied that the provision or arrangement of services would be required under section 17 of the *Children Act 1989* to the child and the child’s family.

If the person with parental responsibility “asks a local authority to carry out an assessment” of their ability to provide and to continue to provide care for the child then the local authority must carry out such an assessment. Such an assessment may also take into account any assessment made under section 1(2) of the 1995 Act.

The local authority must take the assessment made under section 6 of the 2000 Act into account when deciding what, if any, services to provide under section 17 of the *Children Act 1989*.

4. Ensuring that carers have an assessment

Although the 2000 Act stated that the carer must ask for an assessment, policy guidance issued by the Department of Health in regard to the 2000 Act, under the heading “Ensuring carers are aware of their right to an assessment”, stated that:

When assessing a disabled person and taking account of support provided by a carer, the assessor should inform the carer of their right to ask for an assessment. To ensure that the carer has been made aware of this right the assessor should give the carer a copy of the Department of Health leaflet “How to get help in looking after someone—A carers guide to a carers assessment”.¹²

Nevertheless, surveys found that awareness of carers’ assessments remained limited even after the 2000 Act was implemented (see section III.A).

¹² Department of Health, *Carers and Disabled Children Act 2000: Policy Guidance*, March 2001, para 9, p3, see: <http://www.carers.gov.uk/pdfs/policycarersparents.pdf> . A copy of the leaflet referred to can be found at: <http://www.carers.gov.uk/pdfs/english.pdf>

III Relevant issues facing carers

Despite the recent legislation in support of carers, a number of reports and surveys—in particular two recent reports which were based on surveys of carers (Carers UK’s *Missed Opportunities* and the Princess Royal Trust for Carers’ *Carers Speak Out Project* reports)—found that carers still lack sufficient support; their findings are summarised in the following sections.

The Carers UK report was based on a survey conducted during May and September 2002, and focused on a detailed examination of 1,695 carers who responded to the survey; all the respondents said that they were caring in April 2001—the month when the *Carers and Disabled Children Act 2000* came into force.¹³

The Princess Royal Trust for Carers sent surveys to 8,000 carers in spring 2002 via the network of Princess Royal Trust for Carers [PRTC] Carers Centres; by the close of the survey period in June 2002, 2,790 responses had been received. However, the Trust noted that “the sample is weighted towards carers who are in contact with PRTC Carers Centres and is not a random sample of all carers”.¹⁴

A. Assessments of carers

In a 1998 report, the Social Services Inspectorate (SSI) of the Department of Health undertook an inspection of local authority support for carers. In regard to the assessment of carers, the report stated that the SSI “did not find that assessments and reviews for carers were routinely part of social services practice” and highlighted the problem of awareness of entitlement, on the part of both carers and local authority staff.

The report noted that “explicit carers’ assessments were rare although staff would often claim to have carried out some form of implicit—and unrecorded—assessment, frequently without carers being aware that assessment had taken place” and there was poor feedback to carers who had been assessed.¹⁵

Despite the subsequent *Carers and Disabled Children Act 2000*, the Princess Royal Trust for Carers survey highlighted that carers were unaware of their right to an assessment. The report of the *Carers Speak Out Project* said that “only a quarter of carers responding

¹³ Carers UK, *Missed Opportunities: the impact of new rights for carers*, June 2003 (hereafter *Missed Opportunities*), p11. For an executive summary of the report, see:

<http://www.carersonline.org.uk/files/server.php?ACTION=DOWNLOAD&CLASS=File&DBID=84f2fa28544dbff9f1035f23abe8f7a8>

¹⁴ Princess Royal Trust for Carers, *Carers Speak Out Project: Report on findings and recommendations*, October 2002 (hereafter *PRTC Carers Speak Out*), paras 1.15, 1.17 and 1.20-1.22, pp5-6, see: <http://www.carers.org/barclays/Findings.pdf>

¹⁵ Department of Health (Social Services Inspectorate), *A Matter of Chance for Carers?*, November 1998, para 1.22, see: <http://www.doh.gov.uk/pub/docs/doh/carers.pdf>

had had an assessment of their needs and just over half of those responding (52 per cent) were aware that they could have an assessment of their own needs"; further, over seventy per cent of carers that cared for more than fifty hours per week had not had an assessment.

The Trust observed that "the low proportion of carers in the survey who had been given an assessment of their needs is a cause for concern".¹⁶ They recommended that

There should be a Government publicity campaign to promote carer assessments, accompanied by ring-fenced funding so that carer assessments can be carried out. Carers with the greatest need should be offered assessments automatically. Given the issues of identifying this group of carers further work needs to be done with carer organisations to identify which carers have the greatest needs. A starting point for automatic assessments would be all those carers who care for 50 hours or more per week, prioritising those carers who have been caring for 5 years or more. However, all carers have a statutory right to have an assessment and it should also be made clear that it is a goal for all carers to be offered an assessment of their needs.¹⁷

The findings of the Trust were echoed in the *Missed Opportunities* report by Carers UK of June 2003 which highlighted that, despite the 1995 and 2000 Acts, the practice of assessing the needs of carers was not widespread. The Carers UK survey found that, while it appeared that 95 per cent of those surveyed were eligible for a carer's assessment, only 32 per cent had had one. The charity went further than the Trust and called for there to be a duty on local authorities to inform carers of their right to an assessment. The report noted that:

Carers have had a right to request a carer's assessment since April 1996 when the CRSA [*Carer's (Recognition of Services) Act 1995*] was implemented. Six years on, only 32% of respondents reported that they have had a carer's assessment. The corresponding figure for the study *Still Battling*, carried out in 1997, was 21%. The Department of Health acknowledges there is a significant need for improvement in carers' needs. Carers' assessments (including combined client/carer assessments) accounted for 21% of all client, carer and combined client/carer assessments carried out by English local authorities in 2000. [...]

Almost half (45%) of respondents who had not had a carer's assessment reported that they did not know they were entitled to one. Information on rights needs to be backed up with clear communication about the benefits of having an assessment, as a third of respondents (32%) were unsure of the purpose of an assessment. [...]

¹⁶ *PRTC Carers Speak Out*, paras 4.20-4.22 and 4.25, pp21-2

¹⁷ *PRTC Carers Speak Out*, para 8.32, p40

Many carers do not know how to access services ... There is a constant need to inform carers of their rights, particularly as there are 2.3 million people taking on caring responsibilities each year, with over half of the carer population replaced by another group of carers every five years.

Carers will only take up their right to an assessment if they have been informed of that right. CDCA [*Carers and Disabled Children Act 2000*] policy guidance requires assessors to inform carers of their right to ask for assessment. This could be strengthened by placing a duty on local authorities to inform carers of their right.¹⁸

An SSI report published in December 2003 on care services for physically and sensory disabled people found that carers for this group of people “were not consistently offered a separate assessment of their needs” and that, when it was offered, “the assessment did not always lead to support services being provided and few carers’ needs were reviewed regularly”. The report argued that “in all the councils inspected, more needed to be done to ensure that carers’ needs were properly identified and met”.¹⁹

There is already a statutory duty to inform carers of their right to an assessment in Scotland and Northern Ireland.²⁰ For example, the report of the Scottish Executive’s “Carers Legislation Working Group” suggested that “local authorities should become more pro-active in supporting carers, and that a statutory duty should be placed on local authorities to provide information to carers about their rights and support options, and to offer assessments to carers”.²¹ Their recommendation was accepted and the *Community Care and Health (Scotland) Act 2002* amended the *Social Work (Scotland) Act 1968* to include a new section 12AB entitled “Duty of local authority to provide information to carer”; however, it only came into force on 1 September 2002.

B. Health

Jacqui Smith, the then Health Minister, told the House last year that the Department of Health had reminded Primary Care Trusts and other health providers of Government policy regarding the “critical role carers play”.²²

The guidance referred to by the Minister was in the Department of Health’s *Chief Executive’s Bulletin*, and stated:

Carers organisations have highlighted the limited inclusion of carers issues in health service planning as representative of a lack of recognition of their vital

¹⁸ *Missed Opportunities*, pp13-15

¹⁹ Department of Health (Social Services Inspectorate), *Independence Matters*, December 2003, para 5.25, p33, see: http://www.doh.gov.uk/ssi/independence_matters_main.pdf

²⁰ *Missed Opportunities*, p15

²¹ Scottish Executive, *Report of the Scottish Carers’ Legislation Working Group*, July 2001, recommendations 7 and 13, pp9-10, see: <http://www.scotland.gov.uk/health/carerslaw/wglthc-03.asp#b1>

²² [HC Deb 6 May 2003 c663W](#)

role. NHS organisations are reminded that in line with the 1999 National Carers Strategy ('Caring for Carers'), they should be actively working in partnership with social services to consult, inform and support carers.

Information concerning carers issues, including the revised Carers Grant guidance and the Strategy, is now available on the Government's carers website at www.carers.gov.uk²³

The Princess Royal Trust for Carers' survey of spring 2002 found that eighty-five per cent of carers had found that caring had an adverse impact on their health, with particularly high-risk groups including those who looked after people with serious or mental and physical illnesses, and long-term carers. The survey found that caring had been to the detriment of the mental well-being of almost nine out of ten carers, while over four out of ten said their physical well-being had been affected by caring.²⁴ Given its findings, the Trust recommended that the government should "examine ways of measuring carers' health over time and providing targets and incentives to the NHS to bring about improvements in carers' health".²⁵

The Carers UK report *Missed Opportunities* also examined the issue of carers' health. In terms of being an issue, the survey found that 55 per cent of carers reported they had significant health problems, and that 43 per cent reported they had sought medical treatment for depression, stress or anxiety since becoming a carer; the survey found that these problems were particularly apparent in young carers and carers looking after mentally ill people.

However, the report noted that "it appears that having significant health problems [as a carer] does not necessarily lead to increased services" and observed that sixty-five per cent of assessments of carers with health problems did not lead to an increase in services. The report concluded that "this suggests that assessments may not be taking into account health risks to carers".²⁶

C. Employment

As a recent SSI report noted, "carers particularly stressed the value of being able to go out to work, which requires effective support to be provided to their disabled relative".²⁷

It has been the intention, as was highlighted in the practice guidance, that the *Carers (Recognition and Services) Act 1995* would address the issue of employment of carers.

²³ Department of Health, *Chief Executive's Bulletin*, 28 March to 3 April 2003, para 8, see: <http://www.doh.gov.uk/cebuletin3april.htm#8>

²⁴ *PRTC Carers Speak Out*, paras 5.3-5.4, p25

²⁵ *PRTC Carers Speak Out*, para 8.37, p40

²⁶ *Missed Opportunities*, p20

The practice guidance stated that “by including carers who are intending to provide regular or substantial care, the Act provides an opportunity to consider fully the circumstances of carers in employment who are taking on this type of caring commitment”.²⁸

Further, in the 1999 National Strategy for Carers the Government acknowledged that

Training can empower carers—by giving them new confidence, allowing them to make new contacts and equipping them with skills which will enrich their lives and, perhaps, help them with plans to return to work when their caring responsibilities end. Research shows that training is an important way of providing direct support to carers—and training courses are often run by carers’ projects or carers’ centres. Participants in a course on “Looking after yourself” reported decreasing levels of stress and valued the contacts and friendships that they made.²⁹

In October 2001, the Department of Health published a report on the issue of carers and employment. During the summer and autumn of 2000, five councils with social services responsibilities were visited in order to see if flexible approaches were being adopted by service providers towards carers, in order to allow them to continue in employment.

The report stated that carers’ assessments “did not as a matter of course” address the employment aspirations of the carer, as forms and checklists did not always cover this issue, and that the assessments generally seemed to focus on the menu of services available more than outcomes for service-users and carers. Further, the report found that carers’ employment aspirations and their practical needs were not routinely addressed at discharge from hospital; instead, the assumption was often made that there was no choice but that the carer should give up work. However, the report said that where carers made it clear that they did wish to keep their job, individual care managers did make considerable efforts to support this.³⁰

In conclusion, the report found that in the five councils visited, while there were “some positive examples of good practice and innovation to deal with individual aspects of this issue”, such examples were “patchy” and there was no evidence of councils adopting a “whole-systems” approach to the issue. The report noted that “all the local councils acknowledged they had a long way to go in making all aspects of their assessment, service provision and human resources practice address the need for carers’ aspirations to be heard, understood and supported”.³¹

²⁷ Department of Health (Social Services Inspectorate), *Independence Matters*, December 2003, para 5.23, p33

²⁸ Department of Health (Social Services Inspectorate), *Carers (Recognition and Services) Act 1995: Practice Guidance*, March 1996, para 9.7, p5

²⁹ *National Strategy for Carers*, para 27, p62

³⁰ Department of Health, *Carers and Employment: Report on Visits to Five Councils with Social Services Responsibilities*, para 2.1, see: <http://www.carers.gov.uk/visito5councils.pdf>

³¹ Department of Health, *Carers and Employment: Report on Visits to Five Councils with Social Services Responsibilities*, para 4

The Department of Health's practice guidance on the *Carers and Disabled Children Act 2000* stated that:

- 35 Carers should be supported to stay in work, or to return to work, where this is what they want to do. The local council should therefore:
- identify links with partner agencies to ensure carers assessed have access to good quality information on training and other support to build confidence prior to returning to work
 - make sure that the Welfare to Work Joint Investment Plan cross-refers to the multi-agency carers' strategy and state where the local council's policy on carers and employment is addressed
 - audit services to identify how well they support carers through providing flexible and reliable packages of care which allow carers to continue to work
 - remember that if involvement in employment is or will be at risk this constitutes a critical risk to the sustainability of the caring role.
- 36 People with parental responsibility for disabled children will also benefit from joining or re-joining the workforce. Such carers often face difficulties re-entering the workforce because of lack of suitable child-care services. Many parents of disabled children would like to return to work and, if they were able to do so, would benefit socially and emotionally as well as financially.
- 37 The local council and **all partner agencies** who provide services should investigate:
- how well appointments and multi-agency assessments, including at discharge from hospital, are arranged to accommodate the fact that the carer is working (in terms of both timing of assessments and expectations of how much caring responsibility a working carer can take on)
 - how carers they employ could be offered the facilities to provide each other with support either through group meetings, use of email facilities etc
 - how good their own employment policies and practices are in terms of work-life balance, flexible working practices, support to staff through occupational health etc
 - how the experiences of carers they employ can be harnessed through group consultancy to make sure flexible employment policies work in practice
 - how well these policies are promoted to carers who are employees.³²

³² Department of Health, *Carers and Disabled Children Act 2000: Carers and people with parental responsibility for disabled children—Practice Guidance*, March 2001, pp13-15, see: <http://www.carers.gov.uk/pdfs/practiceguidecarersparents.pdf>

Despite this practice guidance, the Carers UK survey, which underpinned the June 2003 report *Missed Opportunities*, found that:

- 69 per cent of working carers reported that they had either given up work or had to reduce their working hours since April 2001 (the month after the practice guidance was published);
- 34 per cent of carers whose employment had been significantly affected by caring received an increased in services;
- carers' opportunity to work was hampered by a lack of flexible services and staff attitudes;
- blanket policies of not providing certain services, particularly domestic help, hindered people wanting to combine caring and work.³³

The Government answered a WPQ on 19 June 2003 regarding carers' and disabled persons' access to training and work opportunities that had been tabled by Dr Francis. The answer implied that there are greater opportunities for disabled people to obtain assistance in entering employment than for their carers:

Dr. Francis: To ask the Secretary of State for Work and Pensions (1) if he will make a statement on how carers can be assisted into new learning and work opportunities; [117652] (2) what strategies he plans to assist people with disabilities into training and work opportunities. [117653]

Maria Eagle: Carers and people with disabilities can obtain information about how to access training and learning opportunities through Jobcentre Plus. We are ensuring that the benefit system promotes work where possible for disabled people and carers and, where they meet the eligibility criteria, they can access a wide range of Government employment programmes.

There are several initiatives within Jobcentre Plus aimed specifically at helping disabled people to overcome the labour market barriers they may face, including the Access to Work and Work Preparation programmes. New Deal for Disabled People, through its network of Job Brokers across England, Scotland and Wales, is also proving successful in helping disabled people achieve lasting paid employment.

In addition, the Green Paper "Pathways to Work: Helping people into employment" (Cm 5690) sets out a new strategy for enabling people on incapacity benefits to move into work, and so become and remain independent. The Government's response and action plan (CM 5830), published on 10 June 2003, gives details of the proposals we are taking forward.³⁴

³³ *Missed Opportunities*, p21

³⁴ HC Deb 19 June 2003 c406W

D. Co-operation between service providers

The National Strategy for Carers noted that:

Individual assessment of carers' needs is intended to allow service providers to judge the state of their health, their needs and wishes, and their ability to continue to care if that is what they want to do, or to bring informal caring to an end if that seems right both for the carer and for the person being cared for. For social services, assessment is a formal process laid down in legislation. But health professionals locally should be aware of the carer's own health needs and how best they can help. Housing authorities may also need to assess the carer's circumstances, wishes, and needs in the provision of accommodation which is right for him or her and for the person needing care.³⁵

It appears, however, that this approach is not being applied. In the conclusion of its report *Missed Opportunities*, Carers UK noted that "boundaries between organisations are hampering delivering support services which benefit carers" and argued that "pooled budgets and integrated services could reduce boundaries between health and social care".³⁶

In addition to the specific matter of health provision, the report also said that there were other boundaries which carers faced in obtaining the services they wished for. The report noted that "time after time carers spoke about the difficulties in arranging care and dealing with an array of agencies which were often disjointed and only able to meet part of their needs". The charity recommended a "whole systems" approach, which it believed could ensure that services are designed around in an individual and their carer.³⁷

³⁵ *National Strategy for Carers*, para 5, p38

³⁶ *Missed Opportunities*, p29

³⁷ *Missed Opportunities*, p29

IV Statistics on carers

A. General statistics

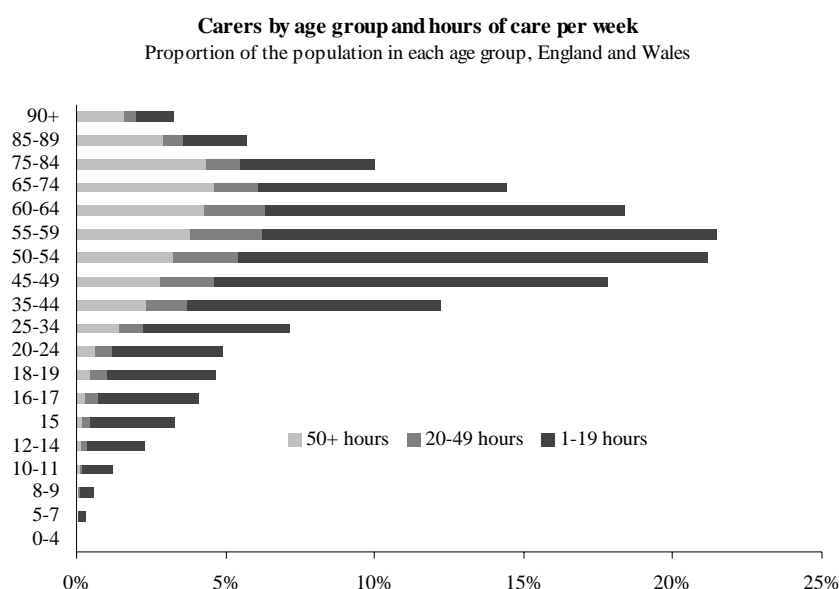
The 2001 Census included questions on carers. For the purposes of the census, a carer is someone who provides unpaid care. This is defined as follows:

A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long term physical or mental health or disability, or problems related to old age. Note that there is no specific reference to whether this care is provided within the household or outside the household. Therefore, no explicit link can be created to infer that an individual providing care is providing it to a person within the household who has poor general health, or a limiting long term illness, disability or health problem.³⁸

Table A (see Appendix) contains data from the 2001 census, showing carers in England and Wales by age, gender and weekly hours of care provided. To summarise, the main points of note are:

- there are 5.2 million carers in England and Wales, 3 million of whom are women;
- 80 per cent of carers are aged between 16 and 64;
- however, there are 97,000 carers aged under 16 and 945,000 aged 65 or over;
- 21 per cent of carers (1.1 million people) provide care for 50 or more hours per week. 68 per cent provide care for between 1 and 19 hours.

The chart below breaks down the data further by age group. Note that the proportions shown are shares of the total population in that particular age group.



³⁸ National Statistics, *Census 2001 National Report for England and Wales*, Glossary

Over 20 per cent of people in the 50-54 and 55-59 age groups are unpaid carers. However, numbers providing longer hours of care each week are skewed towards older age groups: 4.6 per cent of people aged 65-74, and 4.3 per cent of all aged 65 and over, provide more than 50 hours of unpaid care per week.

Table B in the Appendix shows carers by category of economic activity or inactivity and hours of care provided, from the 2001 census. 36 per cent of carers are full-time employees or self-employed aged 16-74.

Carers UK estimates that the replacement costs of carers support would be £50.2 billion in England and Wales, and £57.4 billion in the whole of the UK, based on data on carers from the 1995 General Household Survey (GHS).

The table below shows carers by self-identified health status and hours of care provided, again from the 2001 census.

Carers by general health and hours of care provided, 2001 (England and Wales)

	Carers, thousands, by hours of care provided per week				per cent	
	1-19 hours	20-49 hours	50+ hours	Total	population	carers
Good health	2,158.1	281.4	446.6	2,886.1	8.2	55.6
Fairly good health	1,072.3	207.3	413.6	1,693.3	15.0	32.6
Not good health	307.7	82.4	225.1	615.2	13.4	11.8
All people	3,538.2	571.0	1,085.3	5,194.6	10.2	100.0

Source: National Statistics, table S025 (www.statistics.gov.uk/census2001)

Some 615,000 people are unpaid carers despite being in ‘not good health’ themselves. 56 per cent of all carers, and 41 per cent of those providing 50 or more hours of care per week, are in ‘good health’.

B. Local authority carer assessments

Local authority carer assessment numbers have been collated as part of the Social Services Performance Assessment Framework Indicators since 2000/01.³⁹

The indicator, called “D42”, is calculated as follows:

$$D42 \% = \frac{\text{Number of carer assessments during the year}}{\text{Number of clients with completed assessments during the year} + \text{Number of carers assessed separately during the year}}$$

The Department of Health identifies good performance as “generally medium”. High D42 values, defined as those over 70 per cent, are “likely to be errors as some clients do not

³⁹ Department of Health, *Social Services Performance Assessment Framework Indicators 2002-03* (hereafter *Indicators*), website, see: <http://www.doh.gov.uk/paf/index.htm>

have or do not identify a carer and some carers refuse to have assessments”. At the opposite end of the scale, D42 values below 20 per cent suggest that councils “should ask questions about how performance in carrying out carers assessments can be improved”.⁴⁰

D42 performance bandings are defined as follows: over 70 per cent, band 2H; 40 – 70 per cent, band 4; 20 – 40 per cent, band 3; and, under 20 per cent, band 2L. Bands 1 and 5 are not used for this indicator.

Table C (see Appendix) summarises performance over the past three years by class of local authority. Table D (see Appendix) shows the data by individual local authority. Note that “some of [the] variation may reflect differences in interpretation of definitions”.⁴¹

To summarise performance in 2002/03:

- carer assessments (including combined carer/client assessments) accounted for 26 per cent of all client and carer assessments in 2002/03, compared to 21 per cent in 2000/01. Despite this improvement, “overall performance shows a significant need for improvement in assessing carers needs”;⁴²
- 57 per cent of councils recorded a value between 20 and 70 per cent in 2002/03, putting them in band 3 or above. That compares to 29 per cent in 2000/2001;
- 21 per cent recorded a value between 40 and 70 per cent, putting them in band 4. That compares to 9 per cent in 2000/2001;
- 43 per cent of councils recorded a value of less than 20 per cent, putting them in Band 2L. No councils were in band 2H as none recorded a value of over 70 per cent.⁴³

⁴⁰ *Indicators*

⁴¹ *Indicators*

⁴² *Indicators*

⁴³ *Indicators*

V The Bill

The *Carers (Equal Opportunities) Bill* is a Private Member's Bill that has been sponsored by Dr Hywel Francis, who came second in the ballot of 4 December 2003. The Bill was presented to the House and had its First Reading on 7 January 2004, and is to have its Second Reading on 6 February 2004.

A. Intention of the Bill

The Bill applies to England and Wales only.

Dr Francis has been working closely with Carers UK in drafting the Bill. In unofficial explanatory notes produced by Carers UK, the charity said that the Bill would achieve three main things:

1. ensure that carers are systematically given information, including about their rights, so that they can make informed decisions about their lives;
2. ensure that carers' health, in its broadest sense, is positively considered by social services and NHS bodies;
3. help to give carers more opportunities in leisure, education, training and employment.⁴⁴

The charity explained that the Bill will achieve these aims by placing:

- a duty on social services to promote equality of opportunity for carers, particularly in relation to their health and well-being. They would have to look at what services they provided (or secured) to ensure that they were sufficiently flexible to allow carers to work, have a break or enter training or life-long learning opportunities, whilst caring;
- a duty on local authorities to tell carers about their rights to an assessment;
- a duty on local authorities to systemically plan information delivery for carers;
- a duty on health and social services to promote and safeguard the health and welfare of carers;
- a duty on other parts of the local authority to ensure that they work with social services, if social services asks for their assistance, to deliver the aims set out by the Bill.⁴⁵

⁴⁴ Carers UK, *Parliamentary Briefing: The Carers (Equal Opportunities) Bill*, 6 February 2004 (hereafter *Parly briefing*), p2

⁴⁵ *Parly briefing*, pp2-3

B. The main provisions of the Bill

Clause 1(1) of the Bill will mean that local authorities should deal with carers in the same manner as they deal with others whom their social services functions support, in regard to carers' health and well-being. Well-being, as defined by section 8 of the Bill, "includes factors which contribute to a person's well-being including social, educational and training opportunities, and opportunities to participate in employment".

In the unofficial explanatory notes, Carers UK explain that clause 1 would mean that:

local authorities would have to examine their policies and procedures to ensure that carers' health and well-being, in their broadest sense, was being considered. This would mean examining their assessment procedures, services, whether direct payments are offered, etc. to ensure that carers' health and well-being was considered.⁴⁶

Clause 1(2) places an explicit duty on local authorities to consider the wider needs of carers, rather than simply in the context of the person they are caring for as past legislation provides for. For example, the 2000 Act states that an assessment of a carer should simply take into account "his ability to provide and to continue to provide care for the person cared for." The sub-clause would impose a duty on local authorities to take into account the wider requirements of a carer in regard to their own "effective participation ... in education, training, employment and leisure opportunities" when considering which services to provide to a carer.

Clause 1(3) allows regulations to be made in relation to clauses 1(1) and 1(2).

Clause 2 imposes a duty on local authorities to include in their community strategies, made under section 4 of the *Local Government Act 2000* (see below), specific provision for informing relevant carers (i.e. those entitled to an assessment under either section 1 or 6 of the 2000 Act) of the services it provides which are likely to promote the carer's health and well-being. The Bill states that the local authority should co-operate with relevant NHS bodies in this process.

Under section 4 of the *Local Government Act 2000*, a local authority "must prepare a strategy (referred to in this section as a community strategy) for promoting or improving the economic, social and environmental well-being of their area and contributing to the achievement of sustainable development in the United Kingdom".

Carers UK note that clause 2 "would ensure that information for carers was part of longer term planning and would offer a more strategic basis on which carers could be informed of their right to an assessment. Local authorities would need to review the information

⁴⁶ *Parly briefing*, p4

they provide for carers, and work with other bodies, such as the NHS, to ensure that they had the right information in the right places”.⁴⁷

Clause 3 will make it a duty for local authorities to inform carers of their right to an assessment of their ability to provide, or to continue to provide, care under section 1 or 6 (as appropriate) of the 2000 Act and section 1 of the 1995 Act. This clause would seek to overcome the fact that the impact of the introduction of assessments for carers has been muted because of limited knowledge by many carers of their right to an assessment.

Notwithstanding the practice guidance issued in respect of the 1995 and 2000 Acts, in both Acts the legislation states that the onus is on the carer to request an assessment. Clause 3 would shift the responsibility to the local authority, stating that it “shall notify the carer” that they may be entitled to an assessment.

Clause 4 of the Bill proposes closer working between local authorities and other authorities (including local education and housing authorities), any NHS body or a person authorised for this clause by the Secretary of State (for England) or the National Assembly for Wales (for Wales).

This clause is identical in its drafting to section 27 of the *Children Act 1989*. Carers UK note that this section has been found by local authorities to be useful in “trying to facilitate joined-up working”. In regard to carers, Carers UK provides an example of how the clause may help a social services department to improve benefit take-up across their carer population: social services “could ask the welfare rights department of the local authority for assistance and housing too. They plan together to distribute and target key information amongst the local population”.⁴⁸

Clause 5(1)(a) builds upon clause 4 in terms of co-operation between relevant bodies, but differs in that it places an “equal duty” on NHS bodies and local authorities to ensure effective discharge by local authorities of their responsibilities in the Bill. Carers UK note that “at present there is no direct obligation on the NHS to have regard to the needs of carers. This has resulted in some NHS bodies viewing the needs of carers as a local authority responsibility—rather than a shared obligation”.⁴⁹

Clause 5(1)(b) will also mean that there is an equal duty on NHS bodies and local authorities to “promote and safeguard the health and welfare of carers in England and Wales”. This would introduce a specific requirement on NHS bodies, who currently have no direct obligation in this regard, and would mean that they would need to be aware of the health issues faced by carers and develop relevant strategies and programmes to deal with them.

⁴⁷ *Parly briefing*, p5

⁴⁸ *Parly briefing*, p7

⁴⁹ *Parly briefing*, p7

C. Costs

Clause 7 of the Bill, entitled “Financial Provision”, states that “there shall be paid out of money provided by Parliament any increase attributable to this Act in the sums payable out of money so provided by virtue of any other Act”. The clause will enable additional expenditure of public funds in order to meet any costs incurred by the new legislation. Should the Bill pass the Second Reading stage, it will require a Money Resolution before the provisions involving expenditure can be considered by a standing committee; only the Government can table such a resolution.

Carers UK explain in their unofficial explanatory note that, having “looked carefully” at the Bill and its drafting, it has “concluded that the Bill would not impose any additional costs”. The charity states that:

The Bill is consistent with Government policy objectives, as outlined for example in the National Strategy, and spending can be met within existing resources. Carers Grant spending in England will increase in 2004/5 to £125 million, with further increases in 2005/6. In theory, these funds are available to improve services for carers and fund information programmes. Good authorities have implemented many of these policies, as have some local NHS bodies.

Clause 1 does not impose additional costs, but would require local authorities to think about the ways in which they operate existing policies and procedures, including services. Many local authorities already produce information for carers about their rights.

The issue is about ensuring that policies and procedures work for carers’ opportunities and not against them. Carers talking about the Bill have described it as “changing minds about how we are perceived and the way we wish to be supported”.

There is no evidence to suggest that there will be a significant increase in carers’ assessments and services as a result of the Bill. The experience of the implementation of policies in Scotland since 1 September 2002, is that the legislation has not incurred great expenditure for social work departments. Monitoring systems have been put in place by the Scottish Executive to track progress and developments and to date there is no evidence to suggest that social work departments have been inundated with requests for assessments.⁵⁰

Also, Carers UK highlight benefits of the Bill which may help to offset any public costs should they, in fact, arise. They cite a recent Trades Union Congress (TUC) report which stated that “the UK’s working age [economically] inactive are more likely to say they are

⁵⁰ *Parly briefing*, p8

inactive [than other EU economies] because of ... family and caring responsibilities".⁵¹
Carers UK add that:

Every year 2.3 million carers stop caring and as 80% of carers are of working age this is a very large pool of potential employees.

Carers who participate in life-long learning will gain new skills, this improves carers well-being but also improves the skills pool from which employers can draw. Supporting carers in employment also delivers a key objective in maintaining the economic viability of our workforce, delivering economic benefits for employers (such as the reduction in recruitment, retraining, etc. costs) and positive contributions to the Treasury.⁵²

⁵¹ Trades Union Congress, *Full employment—the next steps*, website, 6 January 2004, see: <http://www.tuc.org.uk/economy/tuc-7454-f0.cfm>

⁵² *Parly briefing*, p8

VI Responses

A. Carers UK

In regard to the Bill, on which they have worked closely with Dr Francis, Carers UK's Acting Chief Executive, Imelda Redmond, has said:

We have been campaigning for several years to strengthen carers' rights and the support available for carers. Progress has been made but there is still much more to do. Dr Francis' Bill provides the opportunity to build on that and give carers access to the vital support that they need.⁵³

[...]

If this Bill becomes law it will deliver important new benefits for carers. Our research has shown time and again the impact that caring can have on your life. Many carers providing substantial amounts of care have had to give up work. They find it hard to get information about services and often their health suffers with the stress of it all. With carers saving the state an estimated £57 billion a year, it is vital their own health and well-being is valued. That is why it is so important that Hywel Francis's Bill is successful.⁵⁴

B. Association of Directors of Social Services (ADSS)

Information supplied by e-mail to the Library, received 2 February 2004.

The ADSS welcomes the provisions set out in the Carers (Equal Opportunities) Bill which reinforce the duties placed on local authorities in relation to assessing, informing and supporting carers. We support the focus on access to education, employment and training and are pleased that housing authorities are specifically included in the list of authorities required to co-operate in meeting carers needs. We are concerned that no further resources will be available to meet these additional responsibilities when existing resources fall short of what is needed to meet the needs of carers.

C. Others

Carers UK claims that:

The Bill also has the backing of a wide range of organisations, including the ADSS, NIACE [National Institute of Adult Continuing Education] and the Guidance Council [who promote career education and advice]. Several major

⁵³ Carers UK, *Carers UK welcomes announcement of new Bill for carers*, press release, 6 January 2004, see: <http://www.carersonline.org.uk/index.php?CLASS=Document&DBID=4f190b48a1e5115584019894e27ca07d&REV=3>

⁵⁴ Carers UK, *Carers rally to support new Bill*, press release, 23 January 2004

employers have also pledged their support for the Bill, including British Gas, British Telecom, the Metropolitan Police, Listawood, HSBC, Price Waterhouse Coopers and Nestor Healthcare, who welcome the benefits they would receive in terms of retention and recruitment of carers. The Bill also has the support of various voluntary organisations concerned with carers issues, including: Crossroads Caring for Carers, Contact a Family, Help the Aged, the Stroke Association, the National Autistic Society and the Children's Society.⁵⁵

⁵⁵ *Parly briefing*, p1

Appendix

Appendix Table A: Carers by age group and hours of care provided, 2001

England and Wales

	Carers, thousands (by hours of care provided per week)				% population	% carers
	1 - 19 hours	20 - 49 hours	50+ hours	Total		
By age group						
0 - 4	0.0	0.0	0.0	0.0	0.0%	0.0%
5 - 7	4.2	0.5	0.8	5.5	0.3%	0.1%
8 - 9	6.4	0.6	0.9	7.8	0.6%	0.2%
10-11	13.7	1.2	1.4	16.3	1.2%	0.3%
12-14	40.0	3.4	3.0	46.4	2.3%	0.9%
15	18.3	1.9	1.3	21.4	3.3%	0.4%
16 - 17	43.2	5.7	3.7	52.6	4.1%	1.0%
18 - 19	41.1	6.5	5.0	52.7	4.7%	1.0%
20 - 24	109.5	17.7	18.3	145.4	4.9%	2.8%
25 - 34	359.4	61.9	102.7	524.0	7.1%	10.1%
35 - 44	654.3	108.4	178.4	941.1	12.2%	18.1%
45 - 49	432.2	61.0	91.1	584.3	17.8%	11.2%
50 - 54	562.5	77.8	116.2	756.5	21.2%	14.6%
55 - 59	448.6	69.7	113.0	631.4	21.4%	12.2%
60 - 64	303.8	52.4	108.6	464.8	18.4%	8.9%
65 - 74	359.4	65.7	199.3	624.4	14.4%	12.0%
75 - 84	126.6	31.6	121.4	279.6	10.0%	5.4%
85 - 89	12.4	3.9	16.8	33.1	5.7%	0.6%
90+	2.9	0.9	3.7	7.5	3.2%	0.1%
<i>Total <16</i>	<i>82.5</i>	<i>7.6</i>	<i>7.3</i>	<i>97.4</i>	<i>0.9%</i>	<i>1.9%</i>
<i>Total 16-64</i>	<i>2,954.4</i>	<i>461.2</i>	<i>736.9</i>	<i>4,152.6</i>	<i>12.7%</i>	<i>79.9%</i>
<i>Total 65+</i>	<i>501.3</i>	<i>102.2</i>	<i>341.2</i>	<i>944.7</i>	<i>11.9%</i>	<i>18.2%</i>
By gender						
Males	1,536.3	228.5	429.2	2,193.9	8.8%	42.2%
Females	2,001.9	342.5	656.2	3,000.6	11.4%	57.8%
Total	3,538.2	571.0	1,085.3	5,194.6	10.2%	100.0%
<i>% carers</i>	<i>0.1%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.1%</i>		

Source: National Statistics, www.statistics.gov.uk/census2001 [table S025]

Appendix Table B: Carers by economic activity and hours of care provided, 2001
England and Wales

	Carers, thousands (by hours of care provided per week)				% population	% carers
	1 - 19 hours	20 - 49 hours	50+ hours	Total		
Aged 16 - 74 in households						
Economically active	2,303.6	278.1	299.4	2,881.1	11.6%	55.5%
Employee - part-time	552.6	75.5	91.4	719.5	16.3%	13.9%
Employee - full-time	1,281.2	145.0	143.8	1,569.9	10.4%	30.2%
Self employed - part-time	103.5	10.9	13.2	127.5	17.6%	2.5%
Self employed - full-time	232.0	23.1	27.6	282.8	11.9%	5.4%
Unemployed	94.4	18.8	20.4	133.6	10.7%	2.6%
Full-time student	39.8	4.8	3.1	47.7	5.3%	0.9%
Economically inactive	1,010.2	248.9	636.8	1,895.9	15.5%	36.5%
Retired	523.9	90.1	243.5	857.5	16.8%	16.5%
Student	57.9	7.9	7.1	72.9	4.7%	1.4%
Looking after home/family	236.6	92.5	248.7	577.8	23.6%	11.1%
Permanently sick or disabled	127.5	39.9	105.3	272.7	13.8%	5.2%
Other	64.3	18.5	32.2	115.0	10.2%	2.2%
Total 16- 74	3,313.8	527.0	936.2	4,776.9	12.9%	92.0%
Aged <16	82.5	7.6	7.3	97.4	0.9%	1.9%
Aged 75+	141.9	36.4	141.9	320.3	8.9%	6.2%
All	3,538.2	571.0	1,085.3	5,194.6	10.2%	100.0%

Source: National Statistics, www.statistics.gov.uk/census2001 [table S026]

Appendix Table C: Local Authority Carer Assessments: England 2000/01 - 2002/03

By class of Local Authority

	Total number of carer assessments			Carer assessments as % of clients and carers receiving assessments		
	2000/01	2001/02	2002/03	2000/01	2001/02	2002/03
Metropolitan districts						
Total	46,850	57,112	62,722			
Mean				20	22	25
Median				11	17	22
Quartile 25%				7	11	16
Quartile 75%				25	29	37
Minimum				0	2	5
Maximum				75	69	52
Shire Counties						
Total	102,450	119,851	132,121			
Mean				25	25	27
Median				18	24	24
Quartile 25%				8	14	9
Quartile 75%				39	40	38
Minimum				1	1	0
Maximum				70	53	57
Unitary Authorities						
Total	21,730	40,692	49,313			
Mean				15	23	27
Median				10	17	22
Quartile 25%				5	11	14
Quartile 75%				25	36	37
Minimum				0	1	6
Maximum				59	67	61
Inner London						
Total	5,410	7,193	8,342			
Mean				10	14	19
Median				7	11	17
Quartile 25%				5	9	14
Quartile 75%				13	16	22
Minimum				2	6	4
Maximum				21	31	37
Outer London						
Total	16,350	12,368	21,902			
Mean				17	14	22
Median				10	8	18
Quartile 25%				5	6	8
Quartile 75%				17	20	29
Minimum				0	1	6
Maximum				52	47	61
England						
Total	222,130	245,384	274,400			
Mean				21	23	26
Median				11	17	22
Quartile 25%				5	9	13
Quartile 75%				24	30	36
Minimum				0	1	0
Maximum				75	69	61

Source: Social Services Performance Assessment Framework Indicators; <http://www.doh.gov.uk/paf/index.htm>

Appendix Table D: Local Authority Carer Assessments: England 2000/01 - 2002/03

By Local Authority

	Total number of carer assessments			Carer assessments as % of clients and carers receiving assessments			PAF Band
	2000/01	2001/02	2002/03	2000/01	2001/02	2002/03	2002/03
Metropolitan Districts							
Barnsley	2,403	2,956	2,550	58	48	43	4
Birmingham	11,625	3,289	5,789	75	19	22	3
Bolton	1,093	1,631	2,453	25	30	40	4
Bradford	1,420	1,208	734	19	14	8	2L
Bury	286	299	599	13	11	21	3
Calderdale	490	361	424	15	11	9	2L
Coventry	224	116	4,955	9	2	52	4
Doncaster	0	874	1,117	..	16	20	3
Dudley	469	759	2,248	6	8	36	3
Gateshead	507	391	941	7	8	25	3
Kirklees	4,116	4,234	4,638	40	46	49	4
Knowsley	872	1,290	1,397	31	41	43	4
Leeds	4,967	7,066	6,811	30	43	43	4
Liverpool	951	1,886	1,559	10	16	15	2L
Manchester	2,316	952	1,444	22	17	28	3
Newcastle upon Tyne	1,129	1,837	1,787	21	21	22	3
North Tyneside	..	3,127	1,856	..	69	45	4
Oldham	..	1,223	913	..	17	16	2L
Rochdale	663	824	1,414	7	23	45	4
Rotherham	85	1,716	2,117	1	29	32	3
Salford	887	2,247	381	29	37	7	2L
Sandwell	213	784	789	9	9	9	2L
Sefton	3,963	3,490	2,397	70	57	43	4
Sheffield	1,296	1,284	2,504	14	9	17	2L
Solihull	313	576	1,085	7	15	26	3
South Tyneside	16	117	254	0	2	5	2L
St. Helens	1,595	1,256	1,205	30	30	31	3
Stockport	78	1,660	1,496	1	23	30	3
Sunderland	446	1,548	1,143	5	19	16	2L
Tameside	1,397	1,476	1,187	11	18	20	2L
Trafford	310	559	271	7	10	17	2L
Wakefield	646	976	811	11	14	18	2L
Walsall	323	454	509	8	11	14	2L
Wigan	1,371	2,590	797	16	23	10	2L
Wirral	180	686	612	3	12	11	2L
Wolverhampton	204	1,370	1,535	2	23	27	3
Shire Counties							
Bedfordshire	1,311	2,142	2,891	42	47	57	4
Buckinghamshire	834	1,660	2,811	18	41	42	4
Cambridgeshire	..	118	208	..	2	3	2L
Cheshire	7,904	2,920	2,500	70	24	23	3
Cornwall	4,249	5,225	10,292	23	28	55	4
Cumbria	1,255	7,001	4,707	11	52	38	3
Derbyshire	6,636	6,181	7,875	31	31	35	3
Devon	..	5,846	8,501	..	24	33	3
Dorset	395	807	1,843	3	7	17	2L
Durham	7,448	6,034	5,068	54	40	37	3
East Sussex	372	480	532	4	5	5	2L
Essex	175	407	512	1	2	3	2L
Gloucestershire	1,874	2,244	3,567	16	19	25	3
Hampshire	9,142	12,046	12,082	47	44	40	4
Hertfordshire	7,028	7,250	3,224	40	45	20	2L
Isles of Scilly	..	32	-	..	27	-	4
Kent	6,788	8,976	10,229	16	24	24	3

	Total number of carer assessments			Carer assessments as % of clients and carers receiving assessments			PAF Band
	2000/01	2001/02	2002/03	2000/01	2001/02	2002/03	2002/03
Lancashire	3,492	6,016	6,225	23	23	26	3
Leicestershire	2,145	2,338	2,752	21	31	36	3
Lincolnshire	3,365	..	831	36	..	7	2L
Norfolk	12,298	10,998	10,296	68	53	48	4
North Yorkshire	..	1,846	1,027	..	19	9	2L
Northamptonshire	2,282	2,333	2,085	30	23	22	3
Northumberland	532	1,236	3,521	7	14	46	4
Nottinghamshire	1,803	3,419	6,124	14	26	46	4
Oxfordshire	9,984	5,064	5,076	60	41	52	4
Shropshire	1,425	1,709	2,500	18	22	34	3
Somerset	2,030	8,623	4,262	11	48	24	3
Staffordshire	..	..	0	..	..	0	2L
Suffolk	123	81	703	1	1	7	2L
Surrey	4,968	3,871	4,356	49	38	37	3
Warwickshire	1,913	2,025	2,193	17	19	21	3
West Sussex	369	280	561	2	3	5	2L
Wiltshire	186	351	1,867	2	3	18	2L
Worcestershire	119	292	898	3	3	8	2L
Unitary Authorities							
Bath and North East Somerset UA	141	667	648	4	21	21	3
Blackburn with Darwen UA	137	263	768	7	13	32	3
Blackpool UA	1,760	462	396	32	17	15	2L
Bournemouth UA	961	738	1,035	16	16	22	3
Bracknell Forest UA	239	351	262	13	14	10	2L
Brighton and Hove UA	..	341	473	..	6	10	2L
Bristol UA	408	1,926	3,540	4	22	40	4
Darlington UA	810	546	694	39	23	29	3
Derby UA	1,040	1,153	1,312	14	16	21	3
East Riding of Yorkshire UA	304	1,780	1,911	6	22	22	3
Halton UA	133	427	601	10	31	28	3
Hartlepool UA	170	144	652	7	5	20	3
Herefordshire UA	338	169	159	9	7	6	2L
Isle of Wight UA	336	2,851	3,058	6	45	61	4
Kingston upon Hull UA	3,330	1,894	1,835	59	32	27	3
Leicester UA	87	2,283	2,007	6	51	47	4
Luton UA	379	439	709	10	13	21	3
Medway Towns UA	220	597	630	4	10	10	2L
Middlesbrough UA	581	480	605	18	16	20	2L
Milton Keynes UA	104	1,253	1,077	5	55	29	3
North East Lincolnshire UA	..	..	934	..	..	18	2L
North Lincolnshire UA	132	237	718	5	11	16	2L
North Somerset UA	1,268	1,468	1,415	34	41	39	3
Nottingham UA	1,493	4,450	2,870	25	67	47	4
Peterborough UA	415	868	621	45	43	33	3
Plymouth UA	24	2,513	2,582	0	47	51	4
Poole UA	68	132	292	3	6	10	2L
Portsmouth UA	132	181	459	4	4	9	2L
Reading UA	365	233	313	29	12	13	2L
Redcar and Cleveland UA	322	840	826	11	25	22	3
Rutland UA	215	654	544	29	66	61	4
Slough UA	..	163	228	..	8	13	2L
South Gloucestershire UA	643	641	796	18	17	20	2L
Southampton UA	60	1,593	2,164	2	37	43	4
Southend-on-Sea UA	..	680	1,234	..	17	25	3
Stockton-on-Tees UA	712	1,005	1,134	19	28	32	3
Stoke-on-Trent UA	2,325	888	2,548	41	16	54	4
Swindon UA	95	565	794	3	19	22	3
Telford and the Wrekin UA	42	121	441	1	3	13	2L
Thurrock UA	540	744	740	32	36	42	4

	Total number of carer assessments			Carer assessments as % of clients and carers receiving assessments			PAF Band
	2000/01	2001/02	2002/03	2000/01	2001/02	2002/03	2002/03
Torbay UA	..	2,324	1,712	..	37	38	3
Warrington UA	322	259	718	5	6	14	2L
West Berkshire UA	409	827	1,456	24	36	55	4
Windsor and Maidenhead UA	..	395	891	..	21	31	3
Wokingham UA	36	91	171	1	4	8	2L
York UA	633	56	340	10	1	7	2L
Inner London							
Camden	478	1,128	999	10	31	29	3
City of London	11	17	40	2	6	18	2L
Greenwich	316	354	148	7	8	4	2L
Hackney	128	346	379	4	14	16	2L
Hammersmith and Fulham	461	617	628	13	15	15	2L
Islington	572	471	344	21	16	14	2L
Kensington and Chelsea	150	301	678	5	9	23	3
Lambeth	207	400	296	5	11	8	2L
Lewisham	202	1,150	2,048	5	21	37	3
Southwark	1,072	1,029	838	11	11	17	2L
Tower Hamlets	610	300	148	15	7	5	2L
Wandsworth	186	278	727	6	9	21	3
Westminster	1,020	802	1,069	19	17	22	3
Outer London							
Barking and Dagenham	798	682	1,285	23	19	21	3
Barnet	1,441	1,529	3,045	14	21	46	4
Bexley	450	623	966	3	7	11	2L
Brent	355	358	2,975	11	8	61	4
Bromley	433	409	2,155	6	8	22	3
Croydon	4,078	1,702	1,859	52	20	19	2L
Ealing	..	89	180	..	3	6	2L
Enfield	168	47	336	3	1	6	2L
Haringey	38	269	306	1	6	6	2L
Harrow	1,208	427	447	38	9	8	2L
Havering	..	1,845	1,810	..	44	46	4
Hillingdon	328	807	684	12	24	18	2L
Hounslow	627	514	491	17	21	18	2L
Kingston upon Thames	177	264	383	10	7	12	2L
Merton	..	289	321	..	12	14	2L
Newham	193	106	270	5	2	6	2L
Redbridge	5,476	1,916	1,903	40	47	54	4
Richmond upon Thames	7	199	1,207	0	6	43	4
Sutton	282	127	282	8	4	8	2L
Waltham Forest	288	166	997	7	5	24	3

Note: ".." = Not Available; "-" = Value suppressed (Numerator between 1 and 5 or denominator between 1 and 10)

Source: Social Services Performance Assessment Framework Indicators; <http://www.doh.gov.uk/paf/index.htm>