



Social Care (Local Sufficiency) and Identification of Carers Bill

Bill No 10 of 2012-13

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This Bill has two aims: to place a sufficiency duty on local authorities to ensure that there are sufficient social care services to support carers and disabled people, in particular to aid them to enter or remain in the labour market, or undertake work-related education or training; and to help ensure the early identification of carers by schools, and further and higher education institutions. Health bodies would have to ensure that effective procedures to identify carers and potential carers were in place, and ensure that carers received appropriate information and advice, and relevant medical services.

The Bill applies to England only.

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Research Paper 12/51

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Summary

The *Social Care (Local Sufficiency) and Identification of Carers Bill* is a Private Members' Bill sponsored by Barbara Keeley. The Bill received its First Reading on 20 June 2012, and is due to have its Second Reading on 7 September 2012.

This Bill has two aims: to place a sufficiency duty on local authorities to ensure that there are sufficient social care services to support carers and disabled people, in particular to aid them to enter or remain in the labour market or undertake work-related education or training (see sections 2 to 5); and to help ensure the early identification of carers by health bodies, schools, and further and higher education institutions (see sections 6 to 9).

Section 1 of this paper notes the Government's care and support agenda, in particular the *Caring for Our Future* White Paper and the draft *Care and Support Bill* which were both published the day after the *Social Care (Local Sufficiency) and Identification of Carers Bill* was printed. This section also includes statistics on carers and disabled people.

Section 2 considers evidence on employment, and disabled people and carers, and draws on survey evidence to help understand why these groups are less likely to be in employment than other people.

The Bill proposes new duties for local authorities to ensure that there are sufficient social care services for disabled people and carers. At present, those ineligible for local authority support can be signposted by their council to appropriate services; this requires knowledge of the local social care market, so the effectiveness of signposting could act as a proxy for local authorities' current understanding of the social care market, and their ability to fulfil the proposed duty. Section 3 highlights that signposting by local authorities is patchy both for disabled people and carers.

Section 4 looks at the current social care market and future trends, and notes that the private care market for home care, estimated at £1.4 billion in 2009, is expected to grow further, indicating that demand for social care services will increase.

Section 5 considers clauses 1 to 3 of the Bill, which propose the introduction of a sufficiency duty on local authorities in respect of social care services for disabled people and carers. This is akin to the sufficiency duty for childcare included in the *Childcare Act 2006*, and parallels between the two are drawn.

Section 6 reviews the evidence on the problem of hidden carers, and cites research by CarersUK which found that a third of carers didn't recognise themselves as such for over 5 years. The Government's policies on hidden carers are also set out.

Sections 7 to 9 consider clauses 4 to 6 of the Bill, which would impose duties on health bodies, schools (through local authorities), and further and higher education institutions to identify carers.

Section 10 sets out current reaction to the Bill.

It should be noted that under clause 10(2), the Act would come into force "at the end of the period of 2 months beginning with the day on which it is passed" (except clause 5, which would come into effect 12 months after it is passed). Whether this timescale would allow local authorities to be ready to deliver the new duties that the Act would impose on them could be a matter of contention.

The Bill applies to England only.

1 Introduction

The *Social Care (Local Sufficiency) and Identification of Carers Bill* is a Private Members' Bill sponsored by Barbara Keeley. It follows previous attempts to introduce similar legislation by the Member, including the *Carers (Identification and Support) Bill* which was a ten-minute rule Bill in the 2010–12 session that only progressed as far as its First Reading. In her speech to the House at the earlier Bill's introduction, Ms Keeley argued that: "early identification and support for carers means that they can maintain their health, and better manage and sustain their caring role".¹

1.1 The Government's social care agenda

By way of context, the Bill was published on 10 July 2012 – the day before the Government published its draft *Care and Support Bill*, which is intended to update existing care and support legislation; the Government stated that the law currently "makes it difficult for people who need care and support, and carers, to know what they are entitled to and for local authorities to understand their responsibilities".²

In particular, the Government's draft Bill is intended to provide clear entitlement to care and support:

The question of who is entitled to care and support is critical and, in the past, different duties and legal tests for different services have caused confusion. One of the key aims of the new statute is to remove anomalies and differences resulting from the type of care or setting, and provide a single route through which consistent entitlements to care and support can be established.

Clauses 17-18 provide this single route, replacing the precedents with a clear duty to meet an adult's needs for care and support. This includes an ability for people with eligible needs to request that the local authority help them by brokering care and support on their behalf, regardless of their personal finances. Clause 19 provides the equivalent right for carers, and is their first ever legal entitlement to public support, putting them on the same footing as the people for whom they care.³

Clause 3 of the draft Bill, entitled "promoting diversity and quality in provision of services" is perhaps of most relevance when considering the *Social Care (Local Sufficiency) and Identification of Carers Bill*:

This clause places a duty on local authorities to promote diversity and quality amongst care and support providers in the local area. Providers of care and support may be of all types, including private sector organisations, not-for-profit and social enterprises, and mutuals. They may also be of different sizes, such as small and medium size enterprises and micro-providers.

Local authorities must consider this duty when providing or arranging services to meet the care and support needs of adults (including carers). This is because local authorities' commissioning practice can influence the local market of providers.⁴

Comparisons between the relevant clauses of the draft Bill and the *Social Care (Local Sufficiency) and Identification of Carers Bill* can be found in section 5.1.

¹ [HC Deb 14 July 2010 c954](#)

² Department of Health, *Draft Care and Support Bill*, Cm 8386, July 2012, p5, para 2.4

³ As above, p10, paras 3.13–3.14

⁴ As above, p114

The draft Bill was published alongside the Government's response to the Law Commission's report on adult social care, and its *Caring for Our Future* White Paper.

Among the measures relating to carers, the White Paper noted that "early identification of carers is critical to ensuring access to timely information, advice and support", and that "it is also important that carers who want to retain or re-enter employment are able to do so".⁵ The *Social Care (Local Sufficiency) and Identification of Carers Bill* is intended to help achieve both aims.

Other measures included in the White Paper were a proposal to "transform support for carers by legislating to extend the right to a carer's assessment, and provide an entitlement to public support for the first time".⁶ A number of proposals to support the employment opportunities of disabled people were put forward including portability of care packages between local authorities with a protection against interruption of support; and exempting the income of care home residents from the means-test for care home charges.

Further information on the White Paper and the draft Bill can be found in the Library standard notes, [Social care reform: funding care for the future](#) (SN6391) and [Draft Care and Support Bill 2012-13](#) (SN6402).

1.2 Statistics on the number of disabled people and carers

Statistics in the Department for Work and Pension's (DWP) [Family Resources Survey, United Kingdom 2010/11](#) highlight the number of carers and disabled people.

In 2010/11, 4.8 million individuals were carers (8% of the UK population). Of these carers, 3.5 million were adults of working age, 1.3 million were adults of state pension age, and 0.1 million were children i.e. "young carers" (1%). This distribution of carers by age has remained relatively stable over the last decade.

In 2010/11, the prevalence of disability in the UK was around 19% of the population (11.5 million people). Prevalence varied from around 6% among children (0.8 million), to 15% of working age adults (5.4 million) and 45% of adults over state pension age (5.3 million).⁷

⁵ Department of Health, [Caring for our future: reforming care and support](#), Cm 8378, July 2011, p34

⁶ As above, p35

⁷ Department for Work and Pensions, [Family Resources Survey, United Kingdom 2010/11](#)

2 Employment, and disabled people and carers

2.1 Disabled people

Disabled people and employment

According to the DWP's *Family Resources Survey, United Kingdom 2010/11* among disabled adults of working age, 27% worked full-time (1.5 million), and 10% worked part-time (0.5 million). These figures compare with a full-time working rate of 68% and a part-time rate of 20% among all working age adults.

In January 2011, the Institute for Social and Economic Research at the University of Essex published a paper entitled *Trends in the Employment of Disabled People in Britain* which was an analysis of the series of General Household Surveys (GHS) between 1974 and 2005 of adults aged 20 to 59. Its findings included that:

- the prevalence of disability has gradually increased: “the proportion of working age adults who report a limiting long-standing illness rose from 14% in 1975 to 18% in 1996, before falling back again to 16% in 2004”;⁸ and
- “disabled people are less likely to have a job than other people, even after taking account of other characteristics such as their age and educational background”.⁹

The paper presented the concept of the “disability employment penalty”,¹⁰ and undertook an analysis for the period 1995–2005 of the impact of this penalty:

the “disability employment penalty” has been calculated as the difference between the actual proportion of disabled people in work, and what the proportion would have been if those same people were not disabled, but all their other characteristics (gender, education and so on) remained the same. So the actual outcome for disabled people is compared with the hypothetical situation in which their disadvantage was switched off. For the straightforward model covering the last ten years of the period under analysis:

- 80 per cent of non-disabled people in the age range covered were in work, averaged over the ten year period 1996-2005.
- 76 per cent of disabled people would have been in work if their disability had no effect
- 48 per cent of disabled people were actually in work.

So

- 4 per cent (80-76) is a measure of how much disabled people were disadvantaged by their other observed characteristics (such as age and education)
- 28 per cent (76-48) is the true disability penalty.¹¹

⁸ Berthoud, R., *Trends in the Employment of Disabled People in Britain*, Institute for Social and Economic Research, University of Essex, Working Paper 2011-03, January 2011, p i

⁹ As above, p21

¹⁰ The author of the paper cautioned in a footnote that “The disability penalty as calculated may also include the influence of other differences between disabled and non-disabled people which are not observed in the data” (footnote 8, p22)

¹¹ Berthoud, R., *Trends in the Employment of Disabled People in Britain*, Institute for Social and Economic Research, University of Essex, Working Paper 2011-03, January 2011, pp21–22

However, the author cautioned that the penalty figure of 28% might be an under-estimate:

Note that because the LLI [limiting long-standing illness] definition is probably too broad (including many adults with only slight impairments), this is probably a smaller penalty than would be observed if a tight definition of disability were used, restricted to people with more serious impairments. Note too that the estimate of 28 per cent is the average effect of a range of conditions, impairments and severities, all bundled into a single category labelled "limiting long-standing illness". Previous analysis of a much more detailed disability survey has shown that the penalties affecting different types of disabled people range from 0 to 100 per cent, and helps to show that they are not all facing the same experience.¹²

The paper also considered how the penalty had changed over time, and found that it had risen "from 17 percentage points to about 28 percentage points in 2000, and then held steady [to 2004]",¹³ and that "people with severely disadvantaging sets of health conditions had been more, not less, affected by the trends".¹⁴

Why are disabled people less likely to be in employment?

The Office for National Statistics (ONS) published the results of the first wave of its "Life Opportunities Survey" (LOS) in December 2011, using evidence gathered during the period of June 2009 to March 2011.

The ONS described LOS as a "major new national survey of disability in Britain"¹⁵ which "aims to measure people's use of local facilities, including public transport and health services, and their participation in leisure activities and employment opportunities. It also aimed to find out why people didn't take part in work or leisure activities that they would have liked to, or why they might experience difficulties in using public services".¹⁶

The survey investigated the barriers and enablers to employment for three groups of adults aged 16 and over:

- "employed" – those who were in employment but were limited in the type or amount of paid work that they did by impairment status;
- "unemployed" – those who were unemployed and seeking employment and were limited in the type or amount of paid work that they could do by impairment status; and
- "economically inactive" those inactive adults (i.e. people who are neither in employment nor actively seeking work).

The top three barriers to employment opportunities for adults with impairment in each group were:

¹² As above, p22

¹³ As above, p22

¹⁴ As above, p i

¹⁵ Office for National Statistics, [Life Opportunities Survey \(LOS\) – Overview](#), p1

¹⁶ Office for National Statistics, [Life Opportunities Survey \(LOS\)](#), webpage [taken on 3 September 2012]

	Employed	Unemployed	Economically inactive
Top reason	A health condition, illness or impairment 35% (4%)	A health condition, illness or impairment 45% (8%)	A health condition, illness or impairment 70% (8%)
2nd reason	Family responsibilities 29% (44%)	Lack of job opportunities 43% (40%)	Disability related reasons 41% (2%)
3rd reason	Other reasons not listed 25% (38%)	Difficulty with transport 29% (24%)	Family responsibilities 22% (19%)

Source: Office for Disability Issues, *Life Opportunities Survey – Wave one results 2009/11*, December 2011, tables 7.3, 7.5 and 7.7, pp72, 74 and 76; figures in parentheses show results for adults without impairment

For all three groups, “a health condition, illness or impairment” was the biggest single barrier, and it became a more common barrier the further an individual was from the labour market, rising from 35% of those in employment to 70% of those economically inactive.

In terms of employment enablers, the survey found that:

	Employed	Unemployed	Economically inactive
Top reason	Reason not listed 59% (71%)	Reason not listed 39% (41%)	Reason not listed 59% (63%)
2nd reason	Modified hours or days or reduced work hours 21% (16%)	Modified hours or days or reduced work hours 36% (45%)	Modified hours or days or reduced work hours 25% (30%)
3rd reason	Tax credits 11% (8%)	Tax credits 19% (4%)	Building modifications 15% (1%)

Source: Office for Disability Issues, *Life Opportunities Survey – Wave one results 2009/11*, December 2011, tables 7.4, 7.6 and 7.8, pp73, 75 and 77; figures in parentheses show results for adults without impairment

Most respondents did not indicate what employment enabler was most important, although the most stated enabler was the same across all three groups, namely “modified hours or days or reduced work hours”.

DWP report on disabled people and employment

The Department for Work and Pensions commissioned Liz Sayce to undertake an independent review of specialist disability employment support. Her June 2011 report, *Getting in, staying in and getting on – Disability employment support fit for the future*, noted that: “when Government spends around 20 times as much on out-of-work benefits for

disabled people as on specialist disability employment support (£7 billion compared with just £330 million) something is wrong”.¹⁷

The review recommended that “an enabling state” was important to support disabled people in employment, and one of the factors it identified as a foundation of a successful enabling state was “portable social care packages that allow disabled people to move easily into and between jobs without fear of losing care and support”:¹⁸

Portability of social care can be a major barrier to labour mobility for disabled people who have gone through complex assessment processes to get personalised care packages that meet their need. The fear of losing a personal care package can prevent disabled people from relocating from one local authority to another. In areas of high deprivation and few job opportunities this can act to restrict choice for disabled people who feel unable to move. This represents injustice for disabled people who are not able to enjoy the same social and economic mobility and freedom of movement as their non-disabled counterparts. This review supports portability of care entitlement, including moves to ease the process of disabled people moving from one local authority to another, ensuring that councils work together to provide a seamless transition to an equivalent level of support when a person who receives a care package or direct payments moves to a new local authority.¹⁹

The Government’s response to the report did not address the issue of portability.²⁰

2.2 Carers

Carers and employment

The DWP’s *Family Resources Survey, United Kingdom 2010/11* found that the majority of carers balanced their caring responsibilities with paid work. Those in full-time employment made up the largest group (35%) of carers in the UK in 2010/11. The next largest group was those in retirement (24%), followed by those who were economically inactive (21%) and then those in part-time employment (17%).

Among the working age population, 60% of carers worked full-time, while 27% of carers worked part-time, compared with a full-time working rate of 68% and a part-time rate of 20% among all working age adults.

A survey by the NHS Information Centre published in December 2010, entitled *Survey of Carers in Households 2009/10*, provided an important insight into how caring responsibilities affected the employment and education of carers.²¹

The survey found that, for most people, caring duties did not adversely impact on employment although it did for a sizeable minority:

All carers who were under 70 years of age, regardless of their personal status, were asked whether their ability to take up or stay in employment had been affected because of the assistance they give to their main cared for person. Although just over

¹⁷ Department for Work and Pensions, *Getting in, staying in and getting on – Disability employment support fit for the future*, Cm 8081, June 2011, p7

¹⁸ As above, p27

¹⁹ As above, pp137–138

²⁰ Department for Work and Pensions, *Specialist disability employment programmes – Government’s response to Liz Sayce’s independent review of specialist disability employment programmes, Getting in, staying in and getting on*, Cm 8106, July 2011

²¹ The survey company, GfK NOP, was commissioned to carry out “face-to-face interviews over 11 months of fieldwork in a representative sample of homes in England”; in total, there were 2,401 responses (NHS Information Centre, *Survey of Carers in Households 2009/10*, December 2010, pp6 and 139).

a quarter (26%) of this group felt that their caring responsibilities had affected them in this way, nearly three quarters (74%) did not feel that this was the case.²²

Further detail was provided of the backgrounds of those whose employment was affected:

The groups of Carers who were most likely to say their employment prospects had been affected because of the care they provide were:

- Aged 35-44 (34%) or 45-54 (30%);
- Those looking after the home or family (46%) or those working part-time (35%);
- Caring for someone in the same household (38%);
- Providing care for 20 hours or more per week (40%);
- In bad or fair health (34% and 32% respectively);
- Living in London, the South East or South West (34%, 30% and 30% respectively).

In terms of specific impacts, 35 per cent of working-age carers who were looking after the home or family had to leave employment altogether (compared with 10% on average), while 23 per cent of carers who were working part-time had reduced their employment hours (compared with 8% on average).²³

Why are carers less likely to be in employment?

In terms of employment intentions, the *Survey of Carers in Households 2009/10* stated that “the intensity of care provision has an impact upon interest in taking up paid employment”: “of those who were caring for less than 20 hours per week, 24 per cent were interested in taking up paid employment in the near future compared to 11 per cent of the high intensity group of carers”. For those interested in returning to work “half (51%) indicated that they would like to go part-time, 38 per cent said full-time and 11 per cent did not know”.²⁴

In terms of the potential barriers to employment, the reason “I cannot work because of my caring responsibilities” was the third most popular explanation given for not working: this was true for 37% of respondents.

The biggest single barrier to employment was given as a lack of suitable job opportunities locally, which applied to 63% of respondents (the prevailing employment market would also have been of relevance as well as their caring responsibilities), while 40% of those surveyed also had concerns about being able to work regularly. Only 9% of respondents agreed with the statement: “my family/cared for person doesn’t want me to work”.²⁵

Since 2003, parents of young and disabled children have had the right to request flexible working; in 2007, this right was extended to carers of adults (if they have worked for their employer for more than 26 weeks). However, the survey found that “awareness of this right was low with just 19 per cent saying they were aware that people can request flexible working. Just over three quarters (76%) were not aware of the right”. Further, only 27% of

²² NHS Information Centre, *Survey of Carers in Households 2009/10*, December 2010, p72

²³ As above, p73; for further analysis, see Table 4.12 on p14 of the report.

²⁴ As above, pp76–77

²⁵ As above, p79

carers in full-time employment, and 24% of those in part-time employment, were aware of the right to request flexible working.²⁶

²⁶ As above, pp80-81

3 Local authority knowledge of the social care market

The Bill proposes to place a duty on local authorities to ensure there is sufficient social care support. This will require the local authority to have an understanding of the entire local social care market i.e. not just the services that the local authority itself provides.

This section explores the issue of signposting of services to disabled people and carers; concerns have been raised that local authorities do not always provide appropriate signposting of social care service providers. This lack of signposting could suggest that some local authorities lack full awareness of the local social care market; without such awareness local authorities risk failing to meet the proposed duties set out in the Bill.

3.1 Background on assessments for support, and the need for signposting

Not all disabled people or carers are entitled to support from their local authority's social services;²⁷ eligibility is determined on the basis of needs and financial means (in that order).²⁸

In April 2003, the Department of Health's statutory guidance *Fair Access to Care Services* (FACS) came into force, at the heart of which was the principle that, "councils should operate just one eligibility decision for all adults seeking social care support – namely, should people be helped or not?", albeit within the financial constraints of the local authority.²⁹ In other words: "FACS sought to increase consistency and transparency but within a discretionary system whereby each authority could determine its overall funding for adult social care".³⁰

However, a subsequent report by the former Commission for Social Care Inspection (CSCI)³¹ published in October 2008, entitled *Cutting the cake fairly: CSCI review of eligibility criteria for social care*, found that while the 2003 guidance "was based on sound principles that still have validity", there were concerns that:

- FACS had created unintended consequences;
- there were "large differences of interpretation when operating the [four] bandings" of need set out in FACS; and
- FACS had been implemented at a time of limited resources and rising demand.³²

In response to the CSCI report, the Labour Government agreed with a recommendation to amend the FACS guidance.³³

In February 2010, the then Government published revised guidance on eligibility criteria for adult social care, *Prioritising need in the context of "Putting People First": A whole system*

²⁷ Non-residential (i.e. non-care home) personal social care services for older and disabled adults can include: practical (domestic) care traditionally provided by home helps (e.g. shopping, cleaning); personal care (e.g. bathing, dressing); meals-on-wheels and luncheon clubs; day centres; occupational therapy (aids and adaptations). [Laing and Buisson, *Domiciliary Care UK Market Report 2011*, August 2011, pp29–30]

²⁸ For information on the means-test, see: Department of Health, *Fairer Charging Policies for Home Care and other non-residential Social Services – Guidance for Councils with Social Services Responsibilities*, September 2003

²⁹ Department of Health, *Fair Access to Care Services – Guidance on Eligibility Criteria for Adult Social Care*, Local Authority Circular 2002 13, LAC(2002)13, 28 May 2002, p2

³⁰ Commission for Social Care Inspection, *Cutting the cake fairly: CSCI review of eligibility criteria for social care*, October 2008, p3, para 2

³¹ CSCI was subsequently merged into the Care Quality Commission (CQC).

³² Commission for Social Care Inspection, *Cutting the cake fairly: CSCI review of eligibility criteria for social care*, October 2008, p1 and p6, para 10

³³ Department of Health, *Cutting the cake fairly: CSCI review of eligibility criteria for social care – Government response*, p2

approach to eligibility for social care, which superseded FACS. The Department of Health explained that the revised guidance:

aims to set social care eligibility criteria firmly within the context of both the new direction of policy established by *Putting People First*, and more generally within a broader theme of public service reform. Priorities for this reform include greater choice and control, better access to public services and information, empowerment of people using services and their carers at local level and the definition of user satisfaction as a key measure of success.³⁴

The Government also subsequently noted concerns about the tightening of the eligibility criteria for local authority-provided social care services, and proposed action:

There is evidence that in recent years, financial pressures have influenced local authorities to shift their focus towards those groups with the highest needs. Many councils have raised the level of their eligibility threshold, leading to concerns that some people who ought to be receiving support are now being ruled as ineligible.

[...]

Councils should ensure that in applying eligibility criteria to prioritise individual need, they are not neglecting the needs of their wider population. Eligibility criteria should be explicitly placed within a much broader context whereby public services in general are well placed to offer all individuals some level of support. For example, people who do not meet the eligibility threshold should still be able to expect adequate signposting to alternative sources of support ... Such arrangements will improve outcomes for the wider population and could help some individuals avoid or delay having to rely on health or social care services for support.³⁵

3.2 Signposting for those ineligible for local authority social care services

While the original intention of FACS, within the guidance, was “that everyone was entitled to an assessment of their needs and information on how those needs might be met, irrespective of who might meet the costs of the services that might be arranged”,³⁶ the CSCI report found that there was “inadequate diversion and signposting” for those ineligible for local authority help. There was a widespread problem that social services did not provide information about other care services available. The CSCI report noted that “62% of survey respondents who did not meet eligibility thresholds stated that they were not given any information about other help that might be available”.³⁷

The 2010 statutory guidance highlighted this reported lack of signposting, and the benefits of better information:

CSCI highlighted the tendency of some councils to regard people funding their own care as outside council responsibility. They also identified a common misperception that people funding their own care are capable of making all of their own arrangements for care and support, when in fact they may be isolated and vulnerable. All individuals, whether or not they are funding their own care, can benefit from effective information, signposting and support planning. As emphasised above, councils should consider

³⁴ Department of Health, *Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care*, February 2010, p9, para 16

³⁵ As above, p6, para 3 and p9, paras 16 and 18

³⁶ Department of Health, *Cutting the cake fairly: CSCI review of eligibility criteria for social care – Government response*, p2

³⁷ Commission for Social Care Inspection, *Cutting the cake fairly: CSCI review of eligibility criteria for social care*, October 2008, p5, para 6

how they can work to support high quality outcomes for all their citizens, including those funding their own care and support.

[...]

Where councils do not offer direct help following assessment or where people refuse or opt out of assessment, councils should still be prepared to provide individuals with useful information and advice about other sources of support. This might include assistance for people to build their own support plans to help maintain their independence and well-being. It may well be that someone who is found ineligible following assessment may still benefit considerably from effective support planning and signposting to more universal sources of support such as aids or different housing options. If individuals need other services, councils should help them to find the right person to talk to in the relevant agency or organisation, and make contact on their behalf.³⁸

One interpretation of the lack of signposting might have been that local authorities lacked knowledge of the wider social care market in their area.

3.3 Existing guidance on signposting

In the current guidance on eligibility criteria for adult social care, *Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care*, the Department of Health set out how local authorities could improve signposting of social care services – however, this was more of a suggestion than a requirement and is certainly not a duty. It also highlighted the benefits to local authorities from taking such an approach:

Councils may wish to take steps to gain a better insight into the information needs of their local population and the most appropriate channels by which to reach all groups, including those most socially isolated. They may also wish to consider working with user and carer support networks and other user and carer-led organisations to ensure that the right information and advice gets to those who need it. Building capacity in user and carer-led organisations will enable them to play an active role in supporting the key aims of personalisation and choice.³⁹

3.4 Carers assessments and signposting

As the current guidance notes, “certain carers have a right, under the *Carers (Recognition and Services) Act 1995* and the *Carers and Disabled Children Act 2000*, to request an assessment of their needs as carers, independent of the needs of the person they provide care to”.⁴⁰

The Department of Health explained that:

Carers’ assessments have two main purposes. The first is to consider the sustainability of the caring role. The second is to consider whether or not the carer works or wishes to work and whether or not the carer is undertaking or wishes to undertake education, training or leisure activity, and the impact that their caring role might have on these commitments or aspirations. Following an assessment, local authorities have a duty to consider whether or not to provide services to the carer.⁴¹

³⁸ Department of Health, *Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care*, February 2010, pp35–36, paras 104 and 108

³⁹ As above, p36, para 111

⁴⁰ As above, p32, para 97

⁴¹ As above, p33, para 97

A lack of awareness by local authorities of the services available for carers in their area has also been flagged up in the past. In Department of Health practice guidance on the *Carers and Disabled Children Act 2000*, the issue of signposting was noted:

Local councils should ensure that care managers have the sign-posting information to help them find services that can support carers. Research shows care managers are not always aware of the network of services that can help carers (either substantial and regular carers or those with lesser needs). Care managers cannot be expected to know in detail about all the services that might help carers in their caring role or to maintain their health and well-being. They should, however, know how to access information and be aware of the range of key agencies to use as a starting point to help carers get what they need.⁴²

3.5 Recent research on the availability of signposting

Two research reports commissioned by the Putting People First Consortium highlighted that many local authorities were continuing to fail to signpost services to both disabled people and their carers.⁴³

In its December 2010 report, *Estimating the number and distribution of self-funders of care in England*, the Institute of Public Care (IPC) at Oxford Brookes University, posed the question “what services do local authorities provide to self-funders?”. To answer the question, the IPC undertook a survey of local authorities to which 152 councils responded; the survey revealed that signposting of services to self-funders remained patchy:

Two-thirds (67%) of local authorities mentioned assessment for self-funders. All self-funders are entitled to an assessment of their need for social care and this should precede any financial assessment.

With regard to the specific services offered, 91% of local authorities mentioned the provision of information as a service to self-funders; and 84% mentioned the provision of advice.

A relatively small number of authorities (39%) mentioned signposting to other services, advice or providers, and just over half (58%) of Councils mentioned other services and activities provided to self-funders, such as joint commissioning, financial advice, hospital and emergency support, voluntary and provider support.⁴⁴

Further evidence of a lack of signposting was highlighted in the sister report *Journeys without maps: The decisions and destinations of people who self fund*, which was a qualitative study by Melanie Henwood Associates.

This report found that “people who don’t qualify for support from social services are often left to find their own way in a bewildering environment where they have little idea of where to begin. For some people the report said that this can lead inappropriately or prematurely to residential care because of lack of awareness of alternatives”.⁴⁵

Furthermore, while the report noted that “some broad signposting of self-funders by councils is clearly taking place with people being referred to agencies or given a list of approved

⁴² Department of Health, *Carers and Disabled Children Act 2000: Carers and people with parental responsibility for disabled children – Practice Guidance*, March 2001, p12, para 34

⁴³ The Putting People First Consortium consists of the Local Government Association, Local Government Improvement and Development and the Association of Directors of Adult Social Services.

⁴⁴ Putting People First Consortium, *People who pay for care: quantitative and qualitative analysis of self-funders in the social care market*, January 2011, p23

⁴⁵ As above, January 2011, p59

providers they might want to consider”, it cautioned that “such lists may be very limited, out of date and fail to reflect the range of services that people may wish to buy”.⁴⁶

The report found that similar problems existed for carers:

The sense of isolation and having to seek out information rather than being able to easily access it was uppermost for many, and was “very wearying” as this person remarked:

“I just think there is something dramatically wrong with the system. And if you want to find out anything, you’ve got to find everything out yourself.”

And as this person observed:

“It would have been nice if they [social services] had come, and they’d explained to her the options and, you know, we really feel that you might benefit from this path or that path.”⁴⁷

The report concluded that:

To a lesser or greater extent all [the carers interviewed] had found themselves struggling to find their way in a system of which they had little or no prior knowledge, and where the pathway was by no means clear. Experiences of contact with social services were primarily negative – focused principally on assessing the financial means of the person needing care, or were frustrating in failing to offer any clear information or advice and referring them elsewhere to other organisations which often in turn passed them on again.

[...]

As with the experiences of people who were self-funding, carers and family members were often isolated and poorly equipped to make important decisions about care and support. Having financial resources was no guarantee of itself that people were able to secure the best or most appropriate care and support or know how to access it.⁴⁸

The report argued that there was a lack of appropriate signposting by local authorities for both self-funders and their carers, and found that “there is a pressing need for a range of independent and high quality information and advice services, together with individual advocacy and brokerage support, that can be easily accessed and does not require people to navigate multiple portals before arriving at the right place”:

The most frequent experience of people who did approach the council for help was to be provided with a list of care homes and other social care services. It would be very generous indeed to interpret such a list as an offer of information and advice. Councils should also play a part in signposting people towards other organisations that can provide such help, but again the overwhelming experience of most people was merely of being ‘passed from pillar to post’. In the single instance where someone was referred to an organisation that could provide tailored advice and information, the process of referral was handled poorly and a contact number passed on with apparent reluctance. Some people had found their way to other sources of specialised information (such as through Counsel and Care) and these were highly valued for their

⁴⁶ As above, p59

⁴⁷ As above, p76, para 4.20

⁴⁸ As above, p79, paras 4.36 and 4.40

relevance and courteousness, particularly when contrasted with less favourable experiences of trying to access help or information.⁴⁹

⁴⁹ As above, p81, para 5.6

4 The social care market – current size and future trends

The Bill proposes that local authorities have a sufficiency duty to ensure that the local social care market meets the reasonable requirements of disabled people and carers; the term “market” includes not only local authority social care services, but also private sector and other services.

In their December 2010, *Estimating the number and distribution of self-funders of care in England*, the Institute of Public Care (IPC) at Oxford Brookes University found that the size of the self-funded home care market for people aged over 65 years was £652 million in 2010, having been £510 million in 2002-2003. For comparison, the self-funding care home market for older people was estimated by the IPC to be £4.9 billion.⁵⁰

Laing and Buisson undertook a home care survey in 2009, which found that the private market for home care was valued at £1.4 billion per annum. Of the total two million hours of home care, 69% were bought at hourly rates, 27% on a live-in basis and 4% as sessions.⁵¹

In terms of the future trends in self-funding, the following issues were identified by the IPC report:

All providers thought that there were a growing number of self-funders: one home care provider had experienced a doubling of the number of self-funders between 2008 and 2010. However, most providers did not think that the upward trend was very strong. Several commented on the impact of local authority budget cuts, policies to avoid the use of residential care, and downward pressures on price.

Providers also mentioned demographic trends, personal budgets, increasing use of NHS continuing care, and the need for more flexible and varied services (such as gardening, chiropody and hairdressing) as factors affecting the market for self-funded care.⁵²

Laing and Buisson, in their report *Domiciliary Care UK Market Report 2011*, undertook a survey of 50 homecare providers in the south of England in early 2011. They noted that their results might not be accurate, given that it was a small and localised survey, but noted that “useful information might come to light”. They found that “eighty-three per cent of respondents to our survey thought that the private homecare market is growing generally, and the same percentage thought that it was growing locally. This applied to both the markets for purely private (90%) and for clients in receipt of direct payments (83%)”. It added:

The providers expected the private pay market to continue growing for the following reasons:

- there are more older people and they are living longer
- social services’ eligibility criteria are rising and people who need moderate levels of care are becoming ineligible. If they or their families can afford it, therefore, they need to purchase care privately until they reach the criteria.

⁵⁰ As above, p18

⁵¹ Laing and Buisson, *Domiciliary Care UK Market Report 2011*, August 2011, p106. Laing and Buisson’s estimates were based on the assumption that independent sector providers provide all of this private home care and local authority in-house units provide negligible volumes. It considered only home care purchased from registered providers, so did not include home care hours purchased from individual care workers operating in the hidden economy, or from personal assistants provided directly or through a brokerage service.

⁵² Putting People First Consortium, *People who pay for care: quantitative and qualitative analysis of self-funders in the social care market*, January 2011, p21

- personal budgets are reducing the size of many packages and therefore people will need to top-up their hours if they or their families can afford it.⁵³

In terms of their customer base, the survey found that:

providers are not always sure which of their private clients are purely private and which are using a direct payment. When asked to estimate from what they did know, respondents to the survey gave an average estimate that three-quarters of their private business was purely private and one-quarter was from direct payments.⁵⁴

Direct payments are intended to allow a service user flexibility to purchase independently contracted services which the local authority has assessed them as needing. This could mean that a service user uses direct payments to employ a personal assistant of his choice or arrange day care in the community, rather than the local authority providing the service.

Direct payments were first introduced in 1997 under the *Community Care (Direct Payments) Act 1996*, as a power, rather than a duty, to make payments for working age disabled adults. This discretion was broadened to other groups including older people in 2000, and the parents of disabled children and carers in 2001. The discretion became a duty in 2003, and provision was extended to persons appointed to receive direct payments on behalf of individuals who lack mental capacity and to persons subject to mental health legislation.

The total number of service users using direct payments in 2010-11 was 125,000, up from 107,000 in 2009-10. In July 2012, the Government published its white paper on social care reform, *Caring for our future: reforming care and support* in which it stated a commitment to extend direct payments and personal budgets further:

We will legislate to ensure that everyone can take control of their care and support by giving them an entitlement to a personal budget. People will be provided with a personal budget as part of their care planning process. This will ensure that carers and people who use services have the opportunity to take control of their care and support if they want to do so.

As set out in the Vision for Adult Social Care, our goal remains that everyone who is eligible for ongoing non-residential care should have a personal budget, preferably as a direct payment, by April 2013. We expect local authorities to meet that goal, reflecting the endorsement in Think Local, Act Personal and local authorities' own commitment to meet the objective⁵⁵

Further information on direct payments can be found in the Library Standard Note, [Direct payments and personal budgets for social care](#) (SN3735).

⁵³ Laing and Buisson, *Domiciliary Care UK Market Report 2011*, August 2011, p104

⁵⁴ As above, p104

⁵⁵ Department of Health, *Caring for our future: reforming care and support*, Cm 8378, July 2011, p54 (original emphasis)

5 The Bill – sufficiency duty (clauses 1 to 3)

5.1 The Bill

Clause 1 of the Bill would introduce a sufficiency duty on local authorities in respect of disabled people and also carers, namely to ensure that there are sufficient social care services. The *Explanatory Notes* explain that this duty:

goes beyond the existing duties and focus of local authorities which are only on those for whom they have direct responsibility – disabled people and carers who meet eligibility criteria and who do not exceed means-testing thresholds. There are currently no duties on local authorities to assess or address supply of non-statutory services for individuals privately purchasing care, by encouraging the development of new services.

[...]

This clause would ensure that local authorities build a complete and accurate picture of the services needed, provided and purchased in their area. The clause provides that local authorities seek to ensure that this local provision can meet growing demand for care services, which would provide the planning basis for care business development and stimulation of the care market.⁵⁶

It should be noted that the clause includes a number of phrases that might require interpretation:

- the duty extends only “so far as reasonably practicable”;
- the range and level of social care services should be “sufficient to meet the reasonable requirements” of disabled people and carers; and
- the duty would apply to those disabled people and carers “ordinarily resident” in the local authority’s area.

Clause 1(2) states that in discharging the sufficiency duty, a local authority must have regard to statutory guidance issued by the Secretary of State. It might be expected that such guidance would clarify the terms listed above in order to specify the extent of the sufficiency duty.

The *Explanatory Notes* to be the Bill set out how the provisions of clause 1 differ from clause 3 of the draft *Care and Support Bill*:

The provision of the Private Members bill is about sufficiency of supply. The title of the clause in the Government’s draft bill is about diversity and equality. The emphasis of the latter is on the efficient and effective operation of a market. Importantly it also talks about meeting the care and support needs of a person needing care or a carer’s need for support.

The Private Members’ Bill has an important issue with regard to the sufficiency of supply i.e. that there is enough social care to meet needs rather than a demand market with choice.⁵⁷

Clause 2 states that in discharging their general duty under clause 1, every local authority shall have a duty to ensure there are sufficient social care services so that disabled people

⁵⁶ *Social Care (Local Sufficiency) and Identification of Carers Bill Explanatory Notes*, pp1 and 5

⁵⁷ As above, p3

and carers over 18 can take up or remain in work, or undertake training or education which “could reasonably be expected to assist them to obtain work”.

Like clause 1, clause 2 includes a number of caveats: the duty is only “so far as reasonably practicable”; the provision of social care services must be “sufficient to meet the reasonable requirements” of disabled people and carers; and it only applies to those disabled people and carers over 18 “who require such support” to enable them to take up or remain in employment, or take work-related training or education.

The *Explanatory Notes* state that:

Placing a strategic duty on local authorities to ensure adequate social care would mean local authorities need to assess the care available in their area looking at the supply and demand of care and the affordability, accessibility and quality of provision. They would also need to identify gaps in provision and how these will be addressed. Local authorities would work in partnership with local providers to assess how services could support disabled people and carers to work, where appropriate.⁵⁸

In terms of the difference between clause 2 of the Bill and clause 3 of the draft *Care and Support Bill*, the *Explanatory Notes* state:

This is the area where the greatest differences exist between the draft Care and Support Bill and the Private Members Bill.

In the Government’s draft Care and Support Bill, Clause 3 – promoting diversity and quality in provision of service (subsection (2)(b)[]) states that the local authority must have regard to the need to ensure that it is aware of the current and likely future demand for such services and to consider how providers might meet that demand. This means that the local authority should be carrying out demand mapping and must have a clear idea of what the local population wants and needs.

Although the Government’s draft Care and Support Bill carried an overall duty on the local authority to promote the well-being of adults in terms of 16 different factors, including work, education, training and economic well-being – there is no specific duty to link up demand mapping with a specific emphasis on work.

Clause 2 of the Social Care (Local Sufficiency) and Identification of Carers Bill creates a new duty matching the 2006 Childcare Act duty to place a specific focus on work and stimulating or creating services which help disabled people and carers work. Very little care legislation is devoted to work for disabled people and carers. It could also be argued that carers, until now, have had the strongest rights and most explicit reference in primary legislation to be assessed in relation to their wishes to work – in the Carers (Equal Opportunities) Act 2004.⁵⁹

Clause 3 clarifies how a local authority must determine whether social care services for disabled people and carers are sufficient, both in terms of supply and demand. Guidance and regulations may be issued to define the assessments to be undertaken.

Clause 3(1)(c) also requires local authorities to publish a strategy “setting out the steps to ensuring sufficiency of supply of social care services for disabled people and carers in their area”; in doing so, local authorities would need to have regard to any guidance published by the Government.

⁵⁸ *Social Care (Local Sufficiency) and Identification of Carers Bill Explanatory Notes*, p2

⁵⁹ As above, pp3–4

The *Explanatory Notes* set out the possible contents of the guidance that would be issued under clause 3:

Clause 3 allows for the publication of statutory guidance, which would be the subject of consultation, recommending what local authorities should take into account when assessing social care sufficiency. For example, that they should report annually to elected council members on how they are meeting their duty and that their report should be available and accessible to disabled people and carers.

The guidance will seek to assist local authorities, providers, disabled people and carers would make it clear:

- what outcomes different measures are seeking to achieve, which should guide local authorities in their interpretation of the guidance;
- what is a legal duty required by legislation;
- what local authorities should as a matter of course do to fulfil their statutory responsibilities and ensure effective delivery;
- how disabled people and carers will be involved in the development of the strategy.⁶⁰

5.2 The *Childcare Act 2006*'s sufficiency duty and its impact

The *Explanatory Notes* to the Bill highlight the relationship of its sufficiency duty to that in the *Childcare Act 2006* (the "2006 Act"), stating that the proposed "strategic duty on local authorities to promote sufficiency of supply of care in relation to employment is modelled on the 2006 Childcare Act".⁶¹

Section 6 of the 2006 Act introduced a "duty to secure sufficient childcare for working parents". The duty applies "so far as is reasonably practicable"; the *Explanatory Notes* to the Act (as passed) highlight that this "recognises that it may not be practicable for a local authority to secure childcare to meet the requirements of every parent in their area".⁶²

The sufficiency duty under section 6 of the 2006 Act is limited to the extent that it is "as far as is reasonably practicable". The definition of this term is provided in the [Statutory Guidance for Local Authorities on the Delivery of Free Early Education for Three and Four Year Olds and Securing Sufficient Childcare](#), issued under the 2006 Act.⁶³ The guidance states that local authorities "should":

Take into account, in assessing what sufficient childcare means in their area and what is "reasonably practicable" for them:

- the state of the local childcare market, including the level of demand for specific types of providers, in a particular locality and the amount and type of supply that currently exists;
- the state of the labour market;

⁶⁰ As above, pp2–3

⁶¹ As above, p5

⁶² *Childcare Act 2006*, [explanatory notes](#), p6

⁶³ It should be noted that the current statutory guidance came into effect on 1 September 2012, and replaced the previous statutory guidance, *Securing Sufficient Childcare – Statutory guidance for local authorities in carrying out their childcare sufficiency duties* that was originally published by the then Department for Children, Schools and Families.

- the quality and capacity of childcare providers including their funding, staff, premises, experience and expertise; and
- the local authority's resources, capabilities, and overall budget priorities.⁶⁴

In addition, section 11 of the 2006 Act places a duty on English local authorities to assess childcare provision, requiring them to “prepare assessments of the sufficiency of the provision of childcare (whether or not by them) in their area” at least once every three years. This is similar to the provisions of clause 3 of the Bill – the Bill refers to a strategy, rather than an assessment, and does not include any timeframes for the publication of the strategy (although, as noted above, timeframes could be included in guidance).

However, the Department for Education (DfE) has stated its intention to withdraw this duty by repealing section 11 and the associated regulations “at the earliest opportunity”. The DfE said that most local authorities had told it that “completing the existing highly prescriptive assessment every three years was costly and time consuming and did not necessarily help parents or childcare providers”. Instead, local authorities will update council members annually on the local childcare market through a “simpler” report on how they are meeting their section 6 duty; this report would also be available to parents.⁶⁵

Comparison to the Bill

It appears that the provisions of the Bill are not as strong as those relating to childcare in the 2006 Act.

The Act states that “an English local authority must secure, so far as is reasonably practicable,” and “whether or not by them”, the sufficient provision of childcare to meet the employment-related “requirements” of parents. As the Daycare Trust notes, the impact of the wording of the *Childcare Act 2006* is that “local authorities are duty bound to manage and support local childcare markets, stepping in where necessary to fill the gaps not being met by PVI (private, voluntary and independent) sector providers”.⁶⁶

The Bill, on the other hand, proposes that it shall be the “general duty of every local authority to take steps to ensure that, so far as reasonably practicable” social care services are sufficient to meet the reasonable requirements of disabled people and carers. It would appear that the Bill would not necessarily require a local authority to fill any gaps in the social care market to the same extent that they would be required to do so under the 2006 Act in respect of childcare.

Analysis of the impact of the Childcare Act's sufficiency duty

The Daycare Trust's *Childcare Costs Survey 2011* considered the impact of the sufficiency duty, which came into force on 1 April 2008.

Notwithstanding the apparently stronger wording of the 2006 Act compared to the Bill, their analysis found that significant gaps remained in the childcare market, reporting that “60 per cent of Family Information Services [FIS] in Britain said that parents had reported a lack of childcare in their area during the past 12 months, a slight increase on last year's figure of 58

⁶⁴ Department for Education, *Statutory Guidance for Local Authorities on the Delivery of Free Early Education for Three and Four Year Olds and Securing Sufficient Childcare*, p13, para B.3

⁶⁵ Education Committee, *Post-legislative scrutiny: Education and Inspection Act 2006, Childcare Act 2006 and Children and Adoption Act 2006*, 13 July 2012

⁶⁶ Daycare Trust, *Childcare Costs Survey 2011*, February 2011, p4

per cent". The change was particularly acute in England, where the figure had risen from the 54% reported in 2010 to 61% in 2011.⁶⁷

The Daycare Trust noted that:

This does not tell us how many parents are struggling to find childcare since we do not ask FIS how many parents they are referring to. Government research, however, suggests that around one in six parents who are not currently using formal childcare cite as lack of available childcare as the main reason for this.⁶⁸

In terms of the sufficiency assessments required under section 11 of the 2006 Act, the Daycare Trust found that "significant gaps exist in childcare provision, despite the expansion in the number of places in recent years". While younger children were well-catered for, the Daycare Trust found that for disabled children "only 11 per cent of FIS stated that there is sufficient childcare available in their authority for these children, with a further 23 per cent reporting sufficient provision in most of the authority". Provision for children whose parents who worked atypical hours and for school-aged children was also reported as "low".⁶⁹

⁶⁷ As above, p4

⁶⁸ As above, p4

⁶⁹ As above, p5

6 Identifying carers

Clauses 4 to 7 of the Bill will introduce new duties to identify carers, including young carers. As CarersUK has noted, “by placing duties on health and education bodies, the Bill would speed up the identification of carers and allow help and support to be made available earlier”.⁷⁰ This section explores the issue of hidden carers, including the extent of the problem and Government policies in this area.

6.1 Research on hidden carers

It is difficult to estimate the number of hidden carers. While the latest Government figures indicated that there are 4.8 million individuals who were carers,⁷¹ only 594,630 claimed Carer’s Allowance (as of February 2012). However, not all carers are eligible for Carer’s Allowance,⁷² and so it is not possible to simply subtract one figure from the other and estimate the number of hidden carers.

A major problem in identifying carers is that carers themselves do not always recognise their status. A 2006 report by CarersUK, based on survey evidence, found that “65% of people with a caring responsibility did not identify themselves as a carer in the first year of caring. For a third of them (32%) it took over 5 years before they recognised they were a carer. These people are often referred to as ‘hidden carers’”.⁷³

CarersUK explained why there might be so many hidden carers, and why it was important for carers to recognise their status:

When people are first faced with a caring situation it is critical they are given information, advice and support as quickly as possible. One of the problems that advice and information agencies say they face is in reaching so-called ‘hidden carers’ – people who simply don’t recognise what they are doing as being a carer. Because caring is something people do as part and parcel of family life, they sometimes do not see the activity as deserving of a label. Unfortunately, as services are branded as being for carers, without much explanation, many in need miss out because they simply do not think the help applies to them.⁷⁴

In regard to the question, “what difference would earlier access to benefits make to carers’ lives?”, it was reported that “64% of the respondents to the survey said that it would make a great deal of difference, 21% a little difference and 15% no difference at all”.⁷⁵

The research also found that there was a significant turnover in the number of carers: every year “between 2.17 and 2.29 million people start caring for an adult or child who is chronically sick, disabled or frail and a similar proportion cease caring”. Carers UK noted that “the combination of high turnover and the ‘hidden carer’ effect may go some way to explaining why an estimated £740 million in carers’ benefits alone go unclaimed every year”.⁷⁶

⁷⁰ CarersUK, *MP proposes landmark new social care law*, website [taken on 5 September 2012]

⁷¹ Department for Work and Pensions, *Family Resources Survey, United Kingdom 2010/11*

⁷² For example, a carer is only eligible if the person they are caring for receives either Attendance Allowance, Disability Living Allowance at the middle or highest rate for personal care, or Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit, or basic (full day) rate with a War Disablement Pension. Also, if more than one person is caring for a person, only one carer can claim Carer’s Allowance. For more information, see Directgov, *Carer’s Allowance – eligibility*.

⁷³ CarersUK, *In the Know – The importance of information for carers*, December 2006, p2

⁷⁴ As above, p5

⁷⁵ As above, p4

⁷⁶ As above, p6

The report concluded that “with the high turnover of carers and the risks to carers in terms of their health and well-being, this report shows how critical it is that information strategies target carers in that crucial first year of caring. This means engaging with carers where they are likely to visit and request advice”, including GPs and hospital staff.⁷⁷

A 2005 report by the Social Care Institute for Excellence found that:

only small numbers of young carers are currently being identified or assessed for support. The reasons for this include blurred boundaries of responsibility between adults and children’s services; a lack of awareness among many professional groups of young carers’ needs and concerns; and young carers’ own lack of awareness of their entitlements, and their reluctance to seek formal help.⁷⁸

6.2 The Government’s position

The Government’s strategy to ensure that those with caring responsibilities receive appropriate support was set out in *Recognised, valued and supported: next steps for the Carers Strategy*, published in November 2010. The strategy was influenced by a Department of Health consultation on what the priorities over the next four-year period should be. Over 750 responses were received, representing the views of over 4,000 carers. The Department of Health also asked the Standing Commission on Carers, the Government’s expert advisory group chaired by Dame Philippa Russell, for its views on priorities.

The strategy stated that “priority area 1” was “supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages”.

The report noted that “a significant number of people with caring responsibilities do not readily identify themselves as carers. They understandably see themselves primarily as a parent, spouse, son, daughter, partner, friend or neighbour”. Also that, consistent with the research by CarersUK, “many carers do not identify themselves as such until they have been caring for a number of years”.⁷⁹

Among the next steps, the strategy proposed that:

The Department of Health has included emerging evidence on effective early intervention in identifying, involving and supporting carers in *Carers and personalisation: improving outcomes* and the Social Care Institute for Excellence will gather further examples for inclusion in their Good Practice Framework.⁸⁰

However, beyond gathering evidence the strategy document did not propose a way forward on the identification of carers (the strategy’s provisions for young carers can be found in section 8.2 of this paper).

The *Carers and personalisation: improving outcomes* document, which was published alongside the strategy, highlighted the issue of the identification of carers:

⁷⁷ As above, p9

⁷⁸ Social Care Institute for Excellence, *The health and well-being of young carers*, SCIE Research briefing 11, February 2005, p1

⁷⁹ Department of Health, *Recognised, valued and supported: next steps for the Carers Strategy*, 25 November 2010, p8

⁸⁰ As above, p12

People come into contact with local councils and health services for a variety of reasons. Often the presenting issue is only a small part of the picture. This first contact provides an ideal opportunity to identify if people have caring responsibilities themselves, or if they have a carer, and to provide further information, advice, signposting or assessment. For local authorities, once the process of undertaking a community care assessment commences there is a duty to consider whether the person has any carers and, if so, to consult them if appropriate. In particular, it is important to have processes in place to identify children and young people who are taking on caring responsibilities. Staff need to be 'carer aware', and there need to be systems and processes in place which ensure that appropriate questions are asked and that staff are knowledgeable about responding to enquiries for information or further help. There need to be proactive systems that outreach into the community, as well as reactive ones.

Key practice points:

- There is an ongoing programme of carer awareness-raising throughout the council, NHS and partners, which is helping to ensure that the importance and value of carers is recognised at all levels and throughout organisations in the local community. The programme includes senior management, leaders and elected council members as well as people on front-line services.
- There is an active approach to identifying carers and their needs at an early stage.
- Carers' needs matter and are regarded as 'everyone's business'. Investment in carer-specific expertise and leadership helps to ensure this approach.⁸¹

The publication also included practice examples of early identification of carers.⁸²

In May 2012, the Government was asked about proposals to increase support to carers, and developments since the publication of the carers strategy. The Parliamentary Under-Secretary of State at the Department of Health, Earl Howe, said that work was being taken forward on the identification of carers, among other measures:

The Government recognise the vital contribution that carers make to society, and have taken strong action to support them.

The cross Government Carers' Strategy, *Recognised, Valued and Supported: Next Steps for the Carers' Strategy* sets out the Government's vision and priorities for action over the next four years, focusing on what will have the biggest impact on carers' lives, including their health, social care, education and employment.

We have provided an additional £400 million to the National Health Service over four years from 2011, to provide carers with breaks from their caring responsibilities to sustain them in their caring role.

We also made almost £1 million available in 2011-12 to increase awareness and understanding of carers' needs for support, among those working in primary health care. Through this funding, the Royal College of General Practitioners, Carers UK and the Carers Trust are developing a range of training and awareness raising programmes for early identification of carers. We will be building on this in 2012-13.⁸³

⁸¹ Department of Health, *Carers and personalisation: improving outcomes*, 25 November 2010, p18

⁸² As above, pp18-19

⁸³ [HL Deb 23 May 2012 cWA58](#)

7 Health promotion of carers (clause 4)

7.1 The Bill

Clause 4(1) of the Bill would place a duty on health bodies to:

- (a) promote and safeguard the health and well-being of carers;
- (b) ensure that effective procedures exist to identify patients who are or are about to become carers;
- (c) ensure that appropriate systems exist to ensure that carers receive appropriate information and advice; and
- (d) ensure that systems are in place to ensure that the relevant general medical services are rendered to their patients who are carers.

Clause 4(2) provides that in relation to subsections 4(1)(b) and 4(1)(c), that the Secretary of State may by regulations made by statutory instrument further provide for the strategies to be developed.

7.2 Current provision

There are currently no specific legislative requirements for health bodies to promote the health and well-being of carers, although there are various duties on statutory health bodies to promote the health and well-being of people who use health and social care services, and members of the public in general.⁸⁴

The [NHS Operating Framework for 2012/13](#) states that carers must receive help and support from local NHS organisations. Primary care trusts (PCTs) are required to agree policies, plans and budgets to support carers with local authorities and local carers' organisations and make them available to local people:

Following a joint assessment of local needs, which should be published with plans, PCT clusters need to agree policies, plans and budgets with local authorities and voluntary groups to support carers, where possible using direct payments or personal budgets. For 2012/13 this means plans should be in line with the Carers Strategy and:

- be explicitly agreed and signed off by both local authorities and PCT clusters;
- identify the financial contribution made to support carers by both local authorities and PCT clusters and that any transfer of funds from the NHS to local authorities is through a section 256 agreement;
- identify how much of the total is being spent on carers' breaks;
- identify an indicative number of breaks that should be available within that funding; and

⁸⁴ See, for example, sections 3 and 113 of the *Health and Social Care Act 2008*. There is legislation relating to the well-being of specific groups of people, for example s7(1) of the *Children and Young Persons Act 2008* provides for a general duty for the Secretary of State to promote the well-being of children in England; section 17 of the *Children Act 1989* places a duty on local authorities to safeguard and promote the welfare of children, and section 11 of the *Children Act 2004* provides for various bodies to have regard to this duty in carrying out their functions

- be published on the PCT or PCT cluster's website by 30 September 2012 at the latest.⁸⁵

Through the strategic health authority (SHA) cluster assurance process, SHAs should seek assurance from PCTs that the requirement to publish has been completed by 30 September 2012. From April 2013, responsibility for publishing plans to support carers will pass to Clinical Commissioning Groups.

The Department of Health is providing the NHS with £400 million over the four year period from 2011 to 2015 to support carers to take breaks from their caring responsibilities. CarersUK welcomed the announcement of the funding but as this money is not ring-fenced it called on the Government to ensure that it reaches carers.⁸⁶

The Department also funded the National Carers' Strategy Demonstrator Sites programme which focused on three areas of support to improve carers' health and well-being: carers' breaks; health checks; and better NHS support. An independent evaluation was undertaken by the Centre for International Research on Care, Labour and Equalities at Leeds University.⁸⁷

⁸⁵ Department of Health, *NHS Operating Framework for 2012/13*, November 2011, p13, para 2.11. The *NHS Operating Framework for 2011/12* stated that PCTs should pool budgets with local authorities to provide carers' breaks, as far as possible, via direct payments or personal health budgets.

⁸⁶ CarersUK, *£400m funding for carers breaks*, website [taken on 5 September 2012]

⁸⁷ The evaluation report can be accessed at: www.sociology.leeds.ac.uk/circle/news/new-approaches.php

8 Local authorities: duties with respect to young carers (clause 5)

8.1 The Bill

Clause 5(1) seeks to place a duty on a local authority to ensure that, within 12 months of Royal Assent, it takes “all reasonable steps” to ensure that in relation to any school within its area and under its control, and in relation to any functions it discharges as a children’s services authority, there is in place a policy to identify and support young carers. Under clause 5(2), a local authority in fulfilling its duties must have regard to any guidance given by the Secretary of State.

The clause makes no mention of academy schools which are state schools independent of local authorities and funded by the Government.

The *Explanatory Notes* on the Bill explain that the aim of the provision is to place a strategic duty on local authorities to ensure that schools actively identify young carers as soon as possible and ensure that schools have a policy to provide support for them.⁸⁸

8.2 Background

Young carers are at particular risk of remaining hidden and not achieving their full educational potential.

The model local memorandum of understanding: Working together to support young carers

In 2009, the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children’s Services (ADCS) published a model local memorandum of understanding, *Working together to support young carers*, aimed at providing staff in schools and adults’ and children’s services with a framework to develop support for young carers and their families. The foreword stated:

Young carers tell us that they value their caring roles and are often proud of the contribution they are able to make in their families. All too often, however, children and young people become carers because someone in their family has significant unmet care needs arising from disabilities, mental health needs or substance misuse. All too often young carers have stepped into the breach, sometimes assuming a level of responsibility that no child should be expected to take on.

In 2001 there were an estimated 175,000 young carers in the UK,⁸⁹ with around a third caring for a person with a mental illness. It is likely the actual number is higher and research⁹⁰ has suggested that around a third of young carers are involved in inappropriate and excessive caring with consequent knock-on effects on schooling and other key areas of their lives.⁹¹

An appendix, which provided background information and was not part of the memorandum itself, noted that:

⁸⁸ *Social Care (Local Sufficiency) and Identification of Carers Bill Explanatory Notes*, p7

⁸⁹ HM Government, *Carers at the heart of 21st century families and communities, A caring system on your side. A life of your own*, June 2008; Social Care Institute for Excellence, *Adult services [SCIE]: Practice Guide 5: Implementing the Carers [Equal Opportunities] Act, 2004, 2005* (updated 2007)

⁹⁰ Dearden, Chris & Becker, Saul, *Young Carers in the UK – the 2004 report*, Carers UK

⁹¹ Association of Directors of Adult Social Services and Association of Directors of Children’s Services, *Working together to support young carers: A model memorandum of understanding between Statutory Directors for Children’s Services and Adult Social Services*, 7 December 2009, p5

As a universal service, schools may well be the first place in which the warning signs of inappropriate caring responsibilities become apparent where young carers are not already known to statutory agencies. Equally, school may be the one place where the young person is able to function outside their caring role and may be a haven for them. Some schools are doing well at identifying and providing support for young carers as shown by The Children's Society *Include Project*.⁹²

It is increasingly clear that pupil performance and individual well being go hand in hand. Over time, inappropriate levels of care will have an impact on a young person's welfare which, in turn, may affect their achievement in school and ultimately their overall life chances.⁹³

Amongst other things, the model memorandum of understanding set out what schools would be encouraged and supported to do, as follows:

- Have a named staff member with lead responsibility for young carers and to recognise this role within continuing professional development.
- Have in place a policy to encourage practice that identifies and supports young carers such as adapting school arrangements if needed, provision for personal tutors and private discussions and access to local young carers' projects.
- Promote open communication with families that supports parenting capacity and encourages the sharing of information.
- Raise awareness about young carers and promote understanding of the caring issues that will touch all families at some point; linking with other agencies as appropriate.
- Ensure school policies such as those for enrolment, attendance, bullying, behaviour and keeping safe afford recognition to young carers.
- Ensure Caldicott principles on confidentiality and information sharing are understood and followed.
- Ensure the provision of personalised and effective school-based support that incorporates the principles of awareness, inclusion, understanding and support for young carers to achieve their full potential.
- Incorporate into individual pupil plans recognition and support for the positive aspects of the young carer's role, as well as providing the supports necessary to enable young carers to attend and enjoy school.
- Include positive messages and images about people with disabilities; including, mental ill health within the wider school curriculum.
- Consider and where reasonably practicable take action to remove barriers to physical access and communication and promote inclusion.
- Be sensitive to cultural and religious needs.

⁹² The Children's Society, *Include Project* - supporting pupils who are carers, working with young people in trouble with the law, focusing on young carers, supporting pupils with substance misusing parents. See also: The Children's Society, *Young Carers Initiative: Guidance for schools and education departments*, 2006.

⁹³ Association of Directors of Adult Social Services and Association of Directors of Children's Services, *Working together to support young carers: A model memorandum of understanding between Statutory Directors for Children's Services and Adult Social Services*, 7 December 2009, p25

- Take advantage of guidance and support in relation to young carers which is available as part of the 21st Century Schools and National Healthy Schools Programme.
- Consider scope for school staff to adopt lead professional roles within the CAF process.⁹⁴

Ofsted's survey on young carers

In June 2009, Ofsted published the results of a small-scale survey it had carried out into how effectively young carers were identified by councils and their partners: *Supporting young carers: identifying, assessing and meeting the needs of young carers and their families*.⁹⁵ Amongst other things, it identified examples of good practice where schools had a young carer's policy and a designated teacher with responsibility for young carers.

The Government's strategy and priorities

The Government's strategy, *Recognised, valued and supported: next steps for the Carers Strategy* (also see section 6.2), was published in November 2010. The strategy drew on 750 responses, representing the views of over 4,000 carers, to a consultation on what the priorities over the next four-year period should be. Key messages included the view that more should be done to identify and support young carers, and, in particular, that schools should be more "carer aware" and that the memorandum of understanding *Working together to support young carers* should be "embedded".⁹⁶

Drawing on the Standing Commission's advice and the responses, the Government identified four priority areas including enabling those with caring responsibilities to fulfil their educational potential:

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

Enabling those with caring responsibilities to fulfil their educational and employment potential;

Personalised support both for carers and those they support, enabling them to have a family and community life; and

Supporting carers to remain mentally and physically well.⁹⁷

The Government's strategy document noted that although awareness about the needs of young carers had increased, some adult social care services and schools were failing to recognise the effect on the child of parental disability, mental ill health or substance misuse. It also noted initiatives taken to address the problem. These included the work of the Young Carer Pathfinders, and the publication of the ADASS and ADCS model memorandum of understanding, which the Government sought to promote through its strategy document. It stated that:

2.2 Awareness about the needs of young carers has increased in the last few years and is welcome. The Department for Education is supporting Young Carer Pathfinders to develop ways of supporting young carers. However, it is still the case that some

⁹⁴ As above, pp10–11

⁹⁵ Ofsted, *Supporting young carers: identifying, assessing and meeting the needs of young carers and their families*, 2009

⁹⁶ Department of Health, *Recognised, valued and supported: next steps for the Carers Strategy*, p6

⁹⁷ As above, p6

health and adult social care services and schools are failing to recognise the impact on the child of parental disability, mental ill health or substance misuse. This can lead to services making assumptions about families' ability to cope and to young people taking on inappropriate caring roles. Particularly, in relation to those young people caring for parents with a substance misuse or mental health problem, services should work closely with the family and children's services to identify any safeguarding concerns.

2.3 Young carers want their school and teachers and other school staff to be more supportive of their caring role, recognising that they are balancing a demanding home life with education. Young carers can be bullied and/or socially isolated and this can have an adverse impact on their education and social development.

Young carers are often strongly attached to their caring role and in some cases it is only with assertive support from teachers, personal tutors, young carers' services or family members that they can be encouraged to accept help to reduce the impact of their caring role.

2.4 To address these issues, last year the Association of Directors of Adult Social Services and the Association of Directors of Children's Services published *Working together to support young carers*,⁹⁸ a model local memorandum of understanding. It sets out a practical framework for effective partnership working between health and social services and the voluntary sector and is unequivocal in stating that no care package should rely on a young person taking on an inappropriate caring role that may damage their health or put their education at risk. Through this strategy, Government is promoting the memorandum and encouraging councils to consider its adoption.

2.5 There is a wealth of other activity under way:

- The Princess Royal Trust for Carers and the Children's Society have produced a pack⁹⁹ to help schools develop young carer policies and an increasing numbers of schools have included young carers as a theme within their Healthy Schools programmes. Examples are included in the guide on emerging evidence, Carers and personalisation: improving outcomes.
- The Department for Education and Department of Health are working with the National Young Carers Coalition to develop an e-learning module to enable schools to identify and support young carers.
- Local young carer services are broadening the support they offer to meet the needs of young adult carers (between 16 and 24 years of age) including helping to develop CVs and complete application forms, and making them aware of entitlements and adult support services.¹⁰⁰

The Princess Royal Trust for Carers and the Children's Society resource pack

The Princess Royal Trust for Carers and the Children's Society resource pack (referred to in the extract above) includes information on the identification of young carers. It recognises that young carers may not be easy to identify and that many will actively try to conceal their caring role for various reasons including fear that that the family will be split up and taken into care. The toolkit considers good practice in identification, noting that

⁹⁸ Association of Directors of Adult Social Services and Association of Directors of Children's Services (2009) *Working together to support young carers: A model memorandum of understanding between Statutory Directors for Children's Services and Adult Social Services*

⁹⁹ The Princess Royal Trust for Carers and The Children's Society, *Do you care? Supporting young carers: A resource for schools*, 2010

¹⁰⁰ Department of Health, *Recognised, valued and supported: next steps for the Carers Strategy*, Chapter 2

Some young carers may tell their teacher about their additional responsibilities. A member of staff may be alerted to their caring role following conversation with the pupil or by direct information from parents or carers. Before your school actively seeks to identify young carers, it is strongly recommended that support for pupils should already be in place. In addition, it is important for pupils to see that it is readily accessible before they identify themselves as young carers.

Good identification stems from a whole-school approach. The following are practical ways of doing this.

1. Provide training to all relevant school staff which includes:
 - Reasons why young carers and their families do not wish to be identified.
 - Possible indicators of a young carer.
2. Publicise information about available support.
3. Raise awareness of the issues faced by young carers to pupils and staff.
4. Develop a secure and safe environment where pupils have the confidence to let staff know that they are a young carer.
 - implement a school lead and ensure that pupils know who that school lead is.
 - promote positive images of disability, illness, mental ill-health and caring throughout the school curriculum and environment.
 - develop policies and practice to prevent bullying, stigma and to raise the self-esteem of children who are young carers
5. Provide appropriate opportunities for pupils to self-identify.
 - Publicise how pupils can access support effectively.
 - Offer comfortable methods of communication for pupils to self-identify, for example by way of emailing the school lead, using a school post box or completing an intranet questionnaire.
 - Provide opportunities for identification following assemblies and PHSE lessons.
 - Use an awareness raising event, such as Carers Week.
6. Create an environment whereby families have the confidence to inform your school that their child has caring responsibilities.
 - Stimulate good communication between your school and families.
 - Ensure that your school meets the Disability Discrimination Act (DDA) 2005.
7. Adapt your admissions process to provide opportunities for pupils and families to inform schools that:

- the pupil has parents or other family members who have illness or disability, or who is affected by mental ill-health or substance misuse.
- the pupil helps to look after them and what impact this has on his/her education.
- the family is in touch with support services that could reduce the young carer's role.

(Some families may choose to keep their illness or disability a secret, but offering signposting and information about other services at an early stage can make all the difference.)

8. Develop good partnership working with your local young carers' service and use awareness-raising by the local service as an opportunity to identify young carers.

9. Use a Common Assessment Framework (CAF) and/or other assessment tools when a pupil appears to be a young carer or is in need of extra support.¹⁰¹

Research on the pathfinders

In February 2011, the DfE published a research report on the work undertaken by 17 local authorities that had received funding under the Family and Young Carer Pathfinders Programme to develop systems and support to address the needs of families with young carers.¹⁰² The report explored some of the positive outcomes linked to taking a family-focused approach, and identified good practice developed in this field.¹⁰³ Paragraphs 5.8 to 5.12 looked at some of the project work to ensure that previously hidden young carers were identified and supported so that they could attend school.

The final report of the evaluation of the Family and Young Carer Pathfinders Programme was published by the DfE in September 2011.¹⁰⁴ The report concluded that the evidence showed a compelling case for local authorities and their partners to develop and implement intensive family support for families with multiple and complex needs.

The effects of other recent education policies

The needs of young carers have also been discussed in the context of recent Government education policies, particularly in relation to new school discipline measures and support for disadvantaged pupils in the form of the pupil premium.

The *Education Act 2011* removed the requirements for schools to give pupils 24 hours' notice of a detention. During the Bill's passage through Parliament some MPs and Peers raised concern about the implications this could have for young carers. For example, several Members raised the issue during the Commons Public Bill Committee debate on the Bill. Responding Nick Gibb, the Schools Minister, stressed that a detention would have to be

¹⁰¹ Section entitled *Identification of young carers* in The Princess Royal Trust for Carers and The Children's Society, *Do you care? Supporting young carers: A resource for schools*, 2010

¹⁰² In 2008, 15 local authorities received funding to test intensive family focused models of support (referred to as 'Family Pathfinders'). Six of these local authorities also received additional funding to address the needs of families with young carers. In November 2009, a further 12 local authorities received funding to support young carers (referred to as 'Young Carer Pathfinders'). Subsequently one pathfinder stopped operating.

¹⁰³ James Ronicle and Sally Kendall, *Improving support for young carers – family focused approaches*, Research Report DFE-RR084, February 2011

¹⁰⁴ York Consulting LLP, *Turning around the lives of families with multiple problems - an evaluation of the Family and Young Carer Pathfinders Programme A more in-depth assessment of the challenges and achievements will be provided in the final Family Pathfinder Evaluation*, Research Report DFE-RR154, September 2011

reasonable, that consideration would have to be given to all the circumstances, and that teachers were well placed to consider the individual needs of their pupils.¹⁰⁵

The Government believes that the Pupil Premium is the best way to ensure that additional funding to tackle disadvantage reaches the pupils who need it most. The Pupil Premium is allocated to schools for children from low-income families who are currently known to be eligible for free school meals (FSM) in both mainstream and non-mainstream settings and to children who have been looked after (i.e. in care) continuously for more than six months. The Carers Trust has proposed that schools should consider using a proportion of the Pupil Premium to improve the life chances of pupils who are young carers.¹⁰⁶

¹⁰⁵ *Education Bill*, Public Bill Committee, 17 March 2011 cc436-441 and c447

¹⁰⁶ Carers Trust, *Pupil Premium: Support for Young Carers*, 2012

9 Identification of student carers in further and higher education (clause 6)

9.1 The Bill

Clause 6 places a duty on further education and higher education bodies with regard to the identification of carers who are students. Sub-clause 1 places a duty on further and higher education bodies to identify students who are carers, or to set up systems to identify student carers. Following identification, these sections would place a strategic duty on local authorities, further and higher education bodies to have in place policies to ensure student carers receive advice, information and support.

9.2 Background

In 2009 the Learning and Skills Council (LSC) published a report on a project to investigate the needs of carers as learners, the report, *Including Carers: Towards a Framework for Meeting the Needs of Carers in Further Education and Adult Learning* set out recommendations for improving the educational experience of carers in further education. The report highlighted the identification of student carers as a problem area:

A major issue is the lack of accurate data on the numbers of adult and young carers currently in learning, wanting to access learning, or who are unable to access learning. A recent report (Becker and Becker, 2008) has highlighted that young adult carers aged 16-25 are a particularly hidden group.¹⁰⁷

The National Institute for Adult Continuing Education (NIACE) has carried out research on support for young carers in further education. In 2009 NIACE published a report called *Access to Education and Training for Young Adult Carers*; the report highlighted the large number of carers in the 18-25 age group and discussed their low participation rate in education and training. This report also raised the difficulties faced by educational institutions with regard to identifying carers:

analysis of census data, undertaken in 2008, identified 229,318 young adult carers aged 18–24 in the UK. The real number is likely to be higher as research shows that many young adults do not realise that they are carers, or do not wish to be identified as carers.¹⁰⁸

A further report by NIACE in 2011 *Effective learning opportunities for Young Adult Carers* commented on continuing concerns about the lack of information on young adult carers:

We do not know how many young adult carers there are in full-time and part-time education as there is no system in place to identify and capture data on the numbers of young adult carers in the student population. Carers do not form part of the dataset which colleges must collect for all their learners as laid out in the Individualised Learner Record (ILR)¹⁰⁹

An Ofsted report in 2009 *Support in further education colleges for learners with caring responsibilities* outlined the type of the help given by some colleges to student carers. This report also referred to difficulties with identifying carers stating that ‘only two colleges were

¹⁰⁷ Learning and Skills Council, *Including Carers: Towards a Framework for Meeting the Needs of Carers in Further Education and Adult Learning*, July 2009, p25

¹⁰⁸ National Institute for Adult Continuing Education, *Access to Education and Training for Young Adult Carers*, Policy Briefing Paper, December 2009, p2

¹⁰⁹ National Institute for Adult Continuing Education, *Effective learning opportunities for Young Adult Carers*, June 2011, p8

able to provide a reliable estimate of the number of young carers enrolled".¹¹⁰ The report commented that colleges often only became aware of students carers when they ran into difficulties:

Staff in colleges had mixed views about whether learners should be asked about their caring responsibilities on entry, because of concerns over confidentiality. Most of the colleges relied on self-disclosure on entry; few were able to provide an accurate number of their learners who have caring responsibilities. Estimates in general further education colleges, where they were given, varied from around 80% in areas with high levels of deprivation to around 30%.

It was common to find colleges only becoming aware of learners' caring responsibilities when they defaulted on assignment deadlines or their attendance became poor. This was particularly true for young carers. It was rare to find college policies on carers or examples of specific training for staff on understanding the needs of learners with caring responsibilities.¹¹¹

The 2009 NIACE report also identified issues that impacted on the participation of young carers in education and training and made recommendations on the type of support that would improve educational outcomes for these young people. The report said that access to education could be improved by flexible and relaxed provision for carers, sensitive arrangements, emotional and holistic support and effective multi-agency working. However this type of support can only be effectively targeted if institutions are aware of their student carers.

9.3 Current provisions for student carers in FE and HE

Government support for student carers

Home students in full-time higher education who have an adult who is financially dependent on them may be entitled to extra help in the form of an [Adult Dependents' Grant](#) (ALG). The amount a student receives will depend on the students' income and on the income of the dependants. The maximum grant amount for 2012/13 is £2,642 per year; the ALG does not need to be repaid.

Institutional support for student carers

The Ofsted report [Support in further education colleges for learners with caring responsibilities](#) surveyed practices to support carers in twelve FE colleges. The survey found excellent examples of support for carers, such as drop in sessions and individual advisors for carers, where colleges were aware of their young carers' situations and needs.

In 2011 NIACE published a resource pack to help managers in colleges develop support systems for young carers; the pack contained case studies showing the type of support provided for carers at two FE colleges, Loughborough College and Worcester College of Technology.¹¹²

Some higher education institutions have adopted policies to support students who are carers as part of their equality agenda. The University of Glasgow was one of the first UK higher education institutions¹¹³ to adopt a [Student Carers Policy](#) in the academic year 2011-12. Other universities such as the Universities of Leeds and [Bradford](#) have also adopted specific

¹¹⁰ Ofsted, [Support in further education colleges for learners with caring responsibilities – A survey of good practice](#), 2009, p17

¹¹¹ As above, p11

¹¹² National Institute for Adult Continuing Education, *Who Cares? Supporting Young Adult Carers to Learn*, pp12–13

¹¹³ "New policy earmarked for student carers", *The Journal*, 30 November 2011

policies for student carers. The University of Leeds guidance document [Policy Document on Support for Students who are Parents or Carers](#) sets out in detail the universities approach to students who have dependants. These universities' carers' policies aim to allow flexibility for student carers and attempt to make sure that no student is disadvantaged by their caring responsibilities, however the guidance also ensures that any accommodations made for students do not compromise academic standards.¹¹⁴

¹¹⁴ University of Leeds, [More support for pregnant students and student parents/carers](#), website [taken on 21 August 2012]

10 Reaction

To date, there has been very limited reaction to the Bill, with only CarersUK publishing its response:

MP proposes landmark new social care law

Carers UK has joined forces with Barbara Keeley MP and a cross party group of MPs to work on a new piece of legislation to improve the supply of social care and help identify hidden carers.

Barbara Keeley MP, a long-term advocate for carers, secured a spot in the parliamentary calendar for a 'Private Member's Bill' – a piece of legislation proposed by a backbench MP rather than the Government – and chose to use the opportunity to champion carers.

A cross-party group of MPs are co-sponsoring the Bill including Conservative MPs Sir Tony Baldry, Sarah Newton and Laura Sandys; Liberal Democrat MPs Stephen Lloyd and Annette Brooke, Green MP Caroline Lucas and Labour MPs Sharon Hodgson, Dr Hywel Francis, Alex Cunningham, Diana Johnson and Heidi Alexander.

The bill, the Social Care (Local Sufficiency) and Identification of Carers Bill, aims to;

- revolutionise the way that local authorities plan social care services in their areas for people who buy services themselves as well as those who rely on council social care services.
- focus on ensuring the right services are planned and developed to help carers struggling to juggle work and caring for ill or disabled loved ones
- create duties on the NHS, schools, colleges and universities to identify carers and signpost them to support and advice.

'Sufficiency of supply' – improving the supply of care services

The bill places a duty on local authorities to conduct an assessment of the social care services available in their area, looking at whether sufficient and relevant care is being made available to people with disabilities and carers.

The proposed legislation will recognise for the first time the need for carers and people with disabilities to have the right services in place to allow them to remain in, or join the workforce. Local authorities currently have the same important role to ensure childcare is there to help parents work, and this new Bill would begin to develop this role for councils in social care.

Currently an estimated 1 in 6 people is forced to give up work to care. Given the demographic trends where a shrinking workforce is being asked to work longer to meet growing care and pensions bills, this is clearly unsustainable.

Significant proportions of disabled people feel they can work and analysis in 2010 found that supporting social care users to access paid employment could generate earnings of up to £800 million each year, a reduction in benefits spending of £300 million (as well as extra income from tax and National Insurance). Research last month from Age UK showed that the cost to the Government of carers being forced to give up work to care had reached £5.3 billion in lost tax revenues, lost earnings and increased benefit payments.

The Bill reflects the economic imperative to help people juggle work and care and to support people with disabilities to work. Similar legal provisions around ‘sufficiency’ for childcare, introduced in 2006, helped stimulate growth in childcare services and Carers UK has argued that these duties for social care could help ensure families get the support they need.

Identifying hidden carers

We know that carers often take a long time to identify themselves as carers. Carers UK found that 25% of carers took 5 years or more to recognise themselves as a carer and each year about 2.2 million people start caring and a similar proportion cease caring.

By placing duties on health and education bodies, the Bill would speed up the identification of carers and allow help and support to be made available earlier.

Turning the Bill into law

Taking legislation from backbench MPs through Parliament is always challenging but Carers UK has a great track record. We have successfully brought three Private Members Bills through the UK Parliament. Out of this work came new rights for carers to have their needs assessed, enshrining in law the principle that carers should have a life of their own in the Carers (Equal Opportunities) Act 2004.

Barbara Keeley’s Bill is the next step in winning additional support for carers and disabled people and Carers UK will be using our expertise and working hard to build support for the legislation and get it on the statute book.

Emily Holzhausen, Director of Policy at Carers UK said;

“This is a fantastic opportunity to make a difference to the lives of carers and disabled people. Every day we hear about carers who’ve been struggling to care for their families, not knowing what support is available to them - new duties on health bodies, schools and other education institutions to identify carers will enable them to get help earlier.

Barbara Keeley’s Bill could also bring about a revolution in the way councils plan and commission social care services – for the first time looking at whether families have enough access to care, particularly the support they need to juggle work and care.

It is always tough to win Private Member’s Bills and we really need the support of carers, local groups and national partners to help make the case to Government”.¹¹⁵

¹¹⁵ CarersUK, [MP proposes landmark new social care law](#), website [taken on 5 September 2012]