

Policy Position Paper

Carers (England)

March 2016

Carers must not be expected to sacrifice their health and quality of life. Society should recognise carers' contribution, and ensure that they are supported to be able to live fulfilling lives whilst continuing in their caring role.

Key Issues

There are 6.4 million carers in the United Kingdom. Carers UK estimate that they provide care worth £119 billion a year. The peak age for caring is 50-59, with almost half of carers aged over 50ⁱ, and estimated £5.3bn has been wiped from the economy in lost earnings due to people who've dropped out of the workforce to take on caring responsibilities, including £1 billion in forgone taxesⁱⁱ. Nearly 1.4 people aged 65+ in England and Wales provide unpaid care for a partner, family, or others – over a third of whom provide 50 or more hours of care each weekⁱⁱⁱ - but only 77,635 of these (in England) receive any carer-specific support services^{iv}. Older people provide informal care estimated to be worth about £11.4 billion per year.^v

Caring can be the cause of serious disadvantage in later life. Older carers may be affected by the impact of caring on their physical and mental health, income and leisure time. The impact of caring on income, pension accumulation and development of social networks can mean that caring at a younger age results in disadvantage in later life. Yet caring can also be a positive experience.

Carers are currently entitled to local authority social services assessment. The Care Act 2014 adds to this an entitlement to receive support to meet eligible needs identified by assessment. In assessing carers' needs local authorities will take the wellbeing of the carer into account rather than just the carers' ability to continue caring. However Local Authorities only have to provide support if the carers' needs arise as a result of providing 'necessary' care, so much will depend on whether local authorities interpret this as meaning necessary to ensure the cared for person's wellbeing, or more narrowly, necessary to meet needs which the local authority would otherwise have to meet.

The reality is that support provided by carers goes well beyond providing 'care' and also includes activities such as managing finances, negotiating with health and care services and acting as the person's advocate, particularly if the person does not have mental capacity to make decisions. Carers may continue to play these roles even where a person is receiving care services such as residential care.

Many carers do not live with the person they care for. In some cases they may be friends or neighbours rather than relatives. Carers in this situation are often overlooked – they may not be included in the person’s assessment and may not have access to support services provided by the cared-for person’s local authority.

The existing cross-governmental carers’ strategy aims to achieve a range of ambitious goals by 2018, including measures to improve support for carers from GPs, a ‘reaching out to carers’ innovation fund to enable voluntary organisations to better support carers, and measures to improve understanding of carers amongst health and care professionals. A ‘refresh’ of this strategy is planned, following consultation, by the end of 2016.

Public policy proposals

- Carers should have a statutory entitlement to the support needed to be able to achieve an acceptable quality of life, defined in terms of mental and physical health and opportunities for social and economic inclusion. They should not be expected to sacrifice mental and physical health, or opportunities for education and personal development in order to carry out their caring role.
- Proposals for the transformation and future funding of social care should not place increased demands on carers. Local authorities should not reduce local eligibility for care services, where this will increase the burden on carers.
- The definition of ‘necessary care’ in Care Act eligibility regulations should not be restricted to care tasks but should be outcome-based and should refer to care that contributes to the person’s wellbeing as defined by the Care Act. This should include input such as handling finances and arranging care
- The definition of carers contained in the Care Act should be interpreted to include carers who do not live with the cared for person.
- The Care Act duty on local authorities to provide information and advice, including financial advice, to carers, should include advising carers about Powers of Attorney and the Mental Capacity Act.
- Strategies aimed at promoting the mental and physical health of communities should include measures to promote the health and wellbeing of carers, and reduce their isolation, and should contain indicators for evaluating the success of such policies.
- Benefits should be simplified and reformed to remove disincentives to working and ensure older carers receive financial recognition. This should include increasing the Carers’ Allowance to the level of the new state pension and reviewing earnings rules to ensure that they do not provide a disincentive to employment, and introducing a new ‘cost of caring’ allowance.
- The benefits system should be reformed to ensure all carers have adequate incomes. This should include financial support for older carers who often receive no financial recognition of their role

All rights reserved. Third parties may only reproduce this paper or parts of it for academic, educational or research purposes or where the prior consent of Age UK has been obtained for influencing or developing policy and practice.

Age UK
Tavis House
1-6 Tavistock Square
London WC1H 9NA
T 0800 169 80 80 F 020 3033 1000
E policy@ageuk.org.uk

www.ageuk.org.uk

Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is Tavis House 1-6 Tavistock Square, London WC1H 9NA

ⁱⁱ Work by Age UK and LSE - Pickard L (2012) Public Expenditure Costs of Carers Leaving Employment. LSE Health and Social Care Blog. London School of Economics & Political Science, 25 April 2012 at: <http://blogs.lse.ac.uk/healthandsocialcare/2012/04/25/dr-linda-pickard-public-expenditure-costs-of-carers-leaving-employment/>

ⁱⁱⁱ UK census, 2011, as reported by the Office for National Statistics

^{iv} *Community Care Statistics: Social Services Activity, England 2012-2013, table P2f 1c*, NHS Information Centre 2013

^v *Age UK Chief Economist report* Spring 2014