



UNIVERSITY OF LEEDS

Local Authorities' Use of Carers Grant

A report prepared for the Department of Health

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1. Introduction

The overall aim of the small study reported here was to gain a better understanding of how local authorities in England had been spending their Carers' Grant (CG) allocations between 2005 and 2007, and of how far this additional funding had enabled them to develop and enhance support for carers in their locality. First introduced (as 'Carers' Special Grant') in England in April 1999 as an additional financial allocation to all local authorities with responsibility for social services, this funding is now known as 'Carers Grant'. The overall allocation was stabilised at £185 million for 2006/7 and 2007/8, having been increased by £60m to £185m in 2005/6. Although initially a 'ring-fenced' additional allocation to local authorities, this arrangement ceased after 2003, so that technically local authorities are no longer required to spend it on supporting carers. However guidance continued to be issued to local authorities on the government's policy intentions in allocating the funding; this guidance, as issued in the period relevant to this study is outlined in the report and presented in full in Appendix 3. Because the guidance indicated how local authorities were expected to use Carers Grant to develop services supporting carers, it has been used to guide our analysis. However we have also sought to identify any innovations and departures from the guidance, as well as any difficulties in implementation, and these are also included, as appropriate, in this report.

The study's specific objectives were to:

- examine local authorities' plans for spending their CG allocations in 2005/6 and 2006/7;
- review any documents produced by local authorities between 2005 and 2007 in which they had outlined their local strategic aims, priorities and activities in relation to supporting carers
- consider how far CG allocations had been used by local authorities to implement the *Carers (Equal Opportunities) Act 2004*;
- identify any improvements in support for carers (including any innovations and experiments and their outcomes) which had been achieved using resources available through the CG allocations; and

- note any difficulties experienced by local authorities in recording how CG had been spent and in specifying how the outcomes of this additional expenditure have benefited carers.

The study was commissioned by the Department of Health in 2007 from the CIRCLE (Centre for International Research on Care, Labour and Equalities) at the University of Leeds and Carers UK (whose role was to provide advice and contextual information). The study was carried out by the report authors, with statistical support from their colleague Dr Lisa Buckner. It was implemented with the support of the Minister for Care Services, whose wrote to all English local authorities with social services responsibilities in autumn 2007, asking them to co-operate with the research team by supplying information.

The study was undertaken at a time when support for carers was central to the government's developing agenda in the wider field of policy on health and social care. It was commissioned to provide background information relevant to the forthcoming revised National Strategy for Carers (due summer 2008), and during the period when the four Task Forces set up to advise the Prime Minister on the content of the revised strategy (focused on Health and Social Care, Employment, Equalities and Income and Benefits) were meeting and developing their recommendations.

During the period of the study on Local Authorities' Use of Carers Grant, the CIRCLE research team also completed their major investigation into *Carers, Employment and Services* (reported in 2007 in the Carers UK CES Report Series). This gave all members of the team up-to-date insight into policy issues affecting carers, and the evidence gathered in 2006-7 from local authorities and other local agencies as part of the CES study informed the development of our research questions. The CES study produced 6 local reports relating to English local authorities (Hertfordshire, Leeds, Sandwell, Sheffield, Southwark and West Sussex), each containing a section on how local services supporting carers, particularly those of working age, were developing. These provide additional relevant information and may be of interest to readers of this report.

It was not possible within the scope of this study to seek the views of the voluntary organisations and other external agencies from which local authorities have commissioned services using Carers Grant. Their views would undoubtedly be of additional interest, as our other investigations show that in some localities, well-established voluntary sector organisations providing services have developed a wide range of services for carers, have excellent knowledge of the kinds of support carers in different circumstances require, and have built considerable experience, drawing on a wide range of funding sources, in the context of a keen awareness of the need to manage resources effectively and to secure good value for money. As we suggest in the conclusion to this report, further research on the service developments initiated, led or delivered by voluntary organisations providing support for carers at the local level would be a valuable source of fuller understanding of the problems carers face, the strategies which can be effective in supporting them, and of resource efficient means of delivering them.

2. Use of Carers Grant and Department of Health objectives

In this section we outline the Department of Health guidance provided to Local Authorities relating to the use of the Carers Grant. This section primarily draws on the documentary information (Carers Grant Expenditure Plans and local Carers Strategies) provided by 75 of the 90 responding Local Authorities and the 63 SAS returns. The remaining 15 Local Authorities sent incomplete information that did not fully illustrate their use of Carers Grant. The statistical data presented relates to the 63 local authorities which included their CSCI SAS returns as requested. In addition, evidence from 20 interviews with Carers Lead Officers is also used to demonstrate how the Department of Health guidance influenced the way Carers Grant has been spent, and to illustrate other relevant issues.

2.1 Department of Health guidance on the use of Carers Grant

Since the introduction of Carers Grant in 1999, the Department of Health has issued regular guidance to local authorities on how their Carers Grant allocations should be used. In 2006/7 and 2007/8 this guidance encouraged councils to implement a range of policy interventions and activities, as summarised below. (See Appendix 3 for the full guidance documentation).

- Develop high quality, flexible and innovative services.
- Create pragmatic and outcome-focused approaches to Carers Assessment, and encourage joint working with local health services.
- Focus on the needs of carers, considering their well-being, and develop services to address carers' skills and build their confidence.
- Provide breaks to those who care for a relevant adult.
- Provide breaks and services for disabled children and their families.
- Provide breaks and services to children and young people who are carers.
- Fund the administration of Carers Grant activity.
- Develop local priorities with local stakeholders and formulate a plan for Carers Grant activity.
- Implement the provisions of the *Carers (Equal Opportunities) Act 2004* by giving more choice of services, providing relevant information and taking

account of carers' wishes regarding leisure, training, education and employment in the carrying out Carers Assessments.

2.2 Examples of Local Authorities' use of Carers Grant

Drawing on the documentation supplied by the 63 local authorities which responded fully to the Minister of State's request for information, this section of the report summarises the evidence about how local authorities spent their Carers Grant allocations in 2004/5 – 2006/7.

Table 1 provides a summary, for the 63 authorities who provided information, of the *client groups* on which the funds were spent (using the local authority SAS returns data). This shows a fairly stable picture over a three year period, with almost 44% of the funding used to support carers of older people, about 7% used to support young carers, and the remainder allocated to carers of those with mental health problems, learning difficulties or physical disabilities. Within this overall allocation, by 2005/6, and continuing in 2006/7, just over 13% of the resource was allocated to supporting carers in Black and minority ethnic communities.

Table 1
Actual spend by client group (%)

	(total of all valid returns)		
	2004/2005	2005/2006	2006/2007
Mental Health	10.1	10.0	10.5
Learning Difficulties	13.3	15.3	16.1
Physical Disabilities	14.3	10.4	10.8
Older People	43.5	43.5	43.8
Young Carers	6.9	7.8	7.6
Other	11.9	12.9	11.1
TOTAL	100.0	100.0	100.0
BME	11.4	13.2	13.5

Source: SAS returns supplied to the University of Leeds

In the most recent year for which data was supplied (2006/7), there was considerable variation between local authorities in how they allocated their Carers Grant resources between these client groups, however. Table 2 shows the maximum and minimum allocations set aside for these client

groups (by any local authority), as well as the median figure. This indicates, for example, that while one local authority spent over 30% of its Carer's Grant on young carers, at least one other did not allocate any of the resource to this group.

Table 2
Distribution of planned spend (all Local Authorities, 2006/2007)
 (all valid returns)
 %

	Median	Minimum	Maximum
Mental Health	10.8	0.0	24.7
Learning Difficulties	13.4	0.0	54.7
Physical Disabilities	9.1	1.0	78.1
Older People	43.0	0.0	79.3
Young Carers	6.8	0.0	30.3
Other	7.2	0.0	58.8
BME	5.5	0.0	71.0

Source: SAS returns supplied to the University of Leeds

Table 3
Distribution of actual spend across Local Authorities, 2006/2007
 (all valid returns)
 %

	Median	Minimum	Maximum
Mental Health	10.8	0.0	25.8
Learning Difficulties	13.0	0.0	54.8
Physical Disabilities	10.1	0.0	28.7
Older People	41.1	8.8	79.5
Young Carers	6.8	0.0	29.4
Other	3.6	0.0	67.3
BME	4.9	0.0	57.6

Source: SAS returns supplied to the University of Leeds

In Appendix 1 we include detailed budgets showing how three local authorities have used their Carers Grant allocations in recent years. (Most local authorities provided this kind of detailed information about their allocation, though in highly variable formats.) They show that Carers Grant has been used for the following types of activity:

- Carers breaks (in some cases linked to specific groups of carers) (away from home)
- Sitting services and home-based breaks
- Consultations with carers (activities and events)
- Young carers projects
- Older people projects
- Advocacy , advice and information services
- Flexible grants (for breaks and other forms of support)
- Activities and therapies for carers
- Carers Assessment staff training
- Posts such as Carer Support Workers/ Carer Development Workers
- Research into carers' needs
- Emergency card schemes
- Befriending and mentoring schemes

Table 4
Difference between planned and actual spend (all Local Authorities)
2006/2007

(all valid returns)
 £ '000s

	Median	Minimum	Maximum
Mental Health	11.6	-80.0	166.0
Learning Difficulties	0.0	-289.0	130.4
Physical Disabilities	0.0	-144.0	115.0
Older People	-1.5	-403.6	295.0
Young Carers	6.6	-40.1	110.8
Other	0.0	-322.2	402.8
TOTAL DIFFERENCE	0.0	-815.50	536.0
BME	-0.1	-543.5	44.8

Source: SAS returns supplied to the University of Leeds

Note: a negative difference means that more was spent than planned whilst a positive difference means less was spent than planned.

In the rest of this section we consider each of the priorities identified in the guidance on Carers Grant expenditure in turn, summarising the information provided. These examples include evidence provided in interviews with a

sample of Carers Leads, and documentary evidence from the 75 Local Authorities which supplied their Expenditure Plans and Carers Strategy documentation.

2.2 (i) Innovation and quality outcomes

All 75 local authorities demonstrated that they had taken steps to review, reorganise and develop the support they offered to carers, seeking to provide a wider range of support than simply offering carer's breaks.

Several local authorities had developed arrangements for making *discretionary payments* to support individual carers, in some cases setting up a flexible support fund for carers; most saw this as an outcome-focused intervention capable of responding quickly to carers' needs. Examples of how discretionary payments had been used included: paying for carers to take driving lessons (one of the suggestions offered in the DH guidance notes); assistance with decorating; funding for white goods (such as tumble dryers); and buying carers mobile phones to enable them to maintain contact with the cared for person more easily. More unorthodox uses included the funding of carers' hobbies and interests with a view to enabling them to have 'a life outside caring', such as purchasing an angling licence for the carer and paying for a drum kit. In the interviews with Carers' Lead officers whose authorities made such discretionary payments to carers, they emphasised that using these gave them scope to be creative and imaginative, developing new forms of support, highlighting the flexibility they offered. In the words of one Carers Lead officer, discretionary payments represented '*a cultural shift in the way services are provided*', and several pointed out that many social workers were keen to implement creative solutions.

In another innovation developed with Carers Grant resources, a small number of local authorities had established formal *links with one or more local employers*. In one case, the authority had worked with a multinational company in the financial services sector, using their help to identify alternative

ways of funding carers' services¹. While this arrangement was unusual, and few other local authorities had adopted this approach, it was considered a major achievement by the Carers' Lead involved, who saw this link as a major step forward which had been very significant in raising awareness of carers' issues in the locality.

Several local authorities drew attention to their success in changing the attitudes ('hearts and minds') of local authority professionals in relation to carers. One authority emphasised the importance of the '*carer awareness training*' they had developed using Carers Grant, made available to existing and new members of staff, and to student social workers on placement, which had helped to change how carers' issues were perceived within the local authority.

Other innovative measures referred to in the documentation and interviews included *telephone help lines*, set up by a small number of local authorities to provide advice and information to carers, and systems of '*emergency cards*'. These emergency cards are given to carers to carry with them, and identify them as carers in the case of an accident or injury. The card informs others that the carer is responsible for the wellbeing of another person, and alerts emergency and health personnel to the need, in their absence, for the cared for person's needs to be addressed as a matter of urgency.

A few Carers Leads expressed a concern that their authority might be might be 'penalised' for the innovative approach they had adopted. For example, one pointed out that the local authority had run an early pilot of the Expert Carers Programme (ECP) with great success. Now that this scheme was to be mainstreamed, with additional funding to implement it, this interviewee was concerned that they would now 'miss out' on this new source of funding as their scheme was already in place.

¹ One Carers Lead Officer reported that the LA was working with a nationwide insurance company to promote carers' rights for those carers within the organisation who wished to enter or return to regular employment.

Other examples of innovative carer services include outreach activity such as hiring a bus to enable Carer Development Workers to travel around the locality to venues (such as supermarket car parks) to reach carers who would not ordinarily attend carers' meetings or be in touch with services. This scheme proved very successful. Some local authorities funded consultation events for carers, providing travel costs for those attending. In seeking to extend their reach, some local authorities had focused on the internet and developing improved web-based support and advice, some using online forms and piloting self-assessment (see below). As part of enhanced information strategies, some had targeted libraries, pharmacies and GP surgeries as a way of disseminating information; some were using bookmarks to convey contact information, and a few local authorities had developed a One-Stop Shop for carers, which they considered to be an important step forward.

2.2 (ii) Carers Assessments

The majority of the 75 local authorities indicated that they were now working more closely with local health services to increase the number of carers known to both Adults' and Children's Services, seeing carrying out more Carers Assessments as a key aim of this joint working. In several cases the Carers Grant funding had been used to resource a new Carer Development Worker post, with the post holder operating from within one or more local hospitals, and aiming to give advice to carers and to carry out Carers Assessments as part of routine hospital discharge arrangements.

A small number of Local Authorities had used Carers Grant resources to encourage carers to use self assessment forms. One large rural authority emphasised that this could be particularly effective for carers for whom transport arrangements or time commitments were particular issues. In all cases, these self assessment arrangements enabled the carer to complete the forms on-line (with paper versions available). One Carers Lead noted, however, that record-keeping about self-assessments was poor, and this interviewee did not know how many carers had completed a self-assessment.

Many local authorities were also trying to work more effectively with GPs. In nearly all the cases where information was provided, this had been done by encouraging GPs to set up a Carers Register in their surgeries, independent of patient records, so that patients who were carers could be identified and supported. The register also identifies carers accompanying the cared for person to the surgery. Several Carers Leads noted that this could be a challenging relationship to manage, pointing out that while establishing a carers' register was a useful first step towards more effective service provision, they were concerned that it could become an end in itself. Most interviewees were not confident that in their authorities arrangements had moved much beyond the first stage of this process.

2.2 (iii) Focusing on the needs of the carer

The discretionary payments discussed above were part of a more general shift towards more innovative carer-focused services in some local authorities. Nearly all the 75 local authorities were now running special schemes or projects focused on the needs and well-being of carers, funded entirely or in part using Carers Grant resources. Some had used the opportunity provided by Carers Grant to innovate across other local authority departments, for example giving carers additional facilities such as free leisure passes and free membership of a council-run gym club.

Several authorities were running 'Time for me' or 'Looking after me' projects funded by the Carers Grant. These projects concentrated on the wellbeing of the carer, offering skills training, relaxation classes and a space for carers to share experiences. Some had developed other initiatives designed to 'empower' carers, such as including them in the interviewing process when new services were being commissioned from external agencies and in discussions to plan the Carers Grant budget. Many Carers Lead officers felt giving such responsibilities to carers boosted the confidence of the carers involved, and helped increase their sense of being recognised for the contribution they make.

Other flexible services (e.g. Direct Payments, discretionary payments) and ways of involving carers in making decisions were also highlighted (e.g. carers sitting on interview panels for positions relating to carers services). Including carers in decisions and providing them with greater autonomy was considered an important way of valuing carers' roles and contributions.

2.2 (iv) Breaks and services for carers

All 75 local authorities were providing carer's breaks in the form of respite and sitting services to carers of relevant adults through the Carers Grant. The majority of authorities were providing specialist services for people caring for disabled children. Their expenditure plans and Carers Strategies did not specify precisely how breaks were being made available and developed, although it was evident that many services were being provided by allocating Carers Grant resources to voluntary sector agencies, contracting with them to deliver breaks and respite services.

An example of the variety of ways in which Carers Grant has been used to support the development and delivery of a wide range of different types of breaks is given in Appendix 1. This shows that the funding has been used to resource breaks at home, in day facilities and in residential settings, and that some culturally sensitive breaks arrangements have been put in place. Breaks can also take the form of sitting services and support at home enabling the carers to get a break from the caring situation and participate in a wide range of other daily activities.

One popular use of Carers Grant was to fund activities sessions for young disabled children. In several cases, the funding had been used to set up youth clubs and/or after-school clubs for disabled children. Some authorities used it to fund holidays for disabled children and their families. Most were also using Carers Grant to resource more conventional respite arrangements, and to pay for carer's breaks for carers of disabled children.

2.2 (v) Young carers

Almost all local authorities had developed their services for children and young people who were carers using Carers Grant. These ranged from (at

the most basic level) offering young carers respite, breaks, activities and excursions to setting up Young Carers Projects. These projects included outreach and education events in local schools designed to identify additional young carers, often employing a Young Carers Worker to develop this work. In the interviews many Carers Leads highlighted their achievements in addressing the needs of young carers as important innovations and indicated that this aspect of the carers' agenda had a high level of commitment locally. A small number of local authorities had developed, or were in the process of developing, a Young Carers Strategy. These authorities were actively consulting with young carers as part of this process, aiming to develop more tailored and relevant services for young people, and to empower young carers by establishing a Young Carers Forum. Again, Carers Grant was often critical in providing the necessary resources for these developments.

In one authority, innovative work had been undertaken to explore how caring affected the further education and employment opportunities of carers aged 16-18. Another reported that it was now working closely with the local Connexions service to create a youth support service for young carers.

2.2 (vi) Administration costs

All local authorities involved in the study were using Carers Grant to fund some of their administration costs. Administration costs are highlighted in the expenditure plans and SAS data sheets. Administration costs paid for out of Carers Grant were equal for all authorities and increased from £6,378 in 2004-5 to £9,185 in 2006-7².

2.2 (vii) Planning how Carers Grant should be spent

The DH guidance to local authorities encouraged them to work with and include local stakeholders when allocating their Carers Grant resources. All 75 authorities that supplied their Carers Strategies demonstrated that they were including carers in this decision-making process. Carer involvement

² In every case where the LA provided SAS documentation, the figure indicating the resource spent on administration was identical. We believe this figure probably represents the 'ceiling' amount that LAs were allowed to draw upon within Carers Grant for administration costs; without further investigation, however, we cannot say whether any other funds, additional to those available through Carers Grant, were also used for administration.

usually takes the form of Carers' Forums, although sometimes individual carers are included as members of the Carers Strategy Steering and/or Implementation Groups. In addition, most authorities' Carers Strategy Steering Groups included representatives of relevant local voluntary organisations, the local PCT, and local authority personnel from other directorates, including housing and leisure.

While the Carers Strategy agreed in this consultative manner was usually a major factor shaping decision-making, some Carers Leads felt senior management in their authority played the most important role in determining the strategic focus. This was not always seen as positive. For example, one interviewee reported that Carers Grant was being used to fund existing projects, rather than to develop innovative approaches, as the Chief Executive was sceptical about the effectiveness of the grant as a mechanism for instigating change. In another authority, we were told that following the merger of the PCT and Adult Services to form a Care Trust Plus, greater weight was being given to senior management in the allocation of Carers Grant funding (as opposed to carer-led decision making. According to this interviewee, "a rationale given for the merger was to introduce more 'joined up thinking to partnership working".

2.2 (viii) Implementation of the Carers (Equal Opportunities) Act 2004

In the comments of interviewees it was evident that decision-making about how to spend Carers Grant had been influenced by the emerging national agenda relating to carers, and by local authorities' new responsibilities under recent legislative changes. The majority of documentation received included a specific reference to the *Carers (Equal Opportunities) Act 2004*. The 2004 Act stipulates a carer's right to a Carers Assessment and that the assessment aims to acknowledge any needs the carer may have relating to employment, education, training and leisure. The impact of the *Carers (Equal Opportunities) Act 2004* and Local Authority responses are discussed in more detail in Section 3.2.

3. Local Carers' Strategies

This section of the report presents a summary of the main issues identified and the plans outlined in the Local Authorities' Carers Strategies. As mentioned in the introduction, 150 local authorities were asked to provide this documentation. 90 local authorities responded to this request and 75 provided full documentation. The following section is based on a review of the Carers Strategies supplied by these 75 local authorities.

3.1 Vision

In most cases, the Carers Strategies developed by local authorities set out a vision for carers. These documents generally begin with a discussion of what defines a carer and then move on to outline the situation of carers on a national scale, drawing on data from the 2001 Census: this usually indicates the number of carers in the UK and what characterises them in terms of age, gender, ethnicity, number of hours spent caring, health, employment status, etc. In those Carers Strategies which were up-to-date (some local authorities were working on new editions) there was also reference to recent policy announcements / government White Papers and to recent legislation relevant to carers, with an indication of how the local authority planned to respond to these (see below).

Most Carers Strategy documents also included information about carers and their characteristics at the local level, again drawing on the 2001 Census. In most cases, there was information about the gender and ethnicity of carers, as well as the weekly amount of time they spent caring. The documents then usually specified which groups of carers had been identified as priority groups for support – in most, the groups identified are Black and minority ethnic carers, young carers or older carers. However, most Carers Strategies also state that the local authority aims to cater for all carers, offering an equitable service to all.

Many Carers Strategies include a statement of local policy objectives, typically set out in the form of a 5 or 10 point plan, or similar, covering issues such as: providing carers with emotional support; giving carers a voice in planning care services; prioritising carers' health; and promising carers equal rights to access care services. They often include a substantial Action Plan, setting out the local authority's broad targets, with detailed information about how they plan to achieve these, who will be involved, and the date by which they intend to complete the planned changes.

In many of the Action Plans, local authorities identified increasing the number of annual Carers Assessments carried out as a major priority. In most cases it is recognised that this will involve increasing the flow of information and advice available to carers across the local authority's different departments. Many Carers Strategies highlight the need to reduce the use of misleading language on forms and leaflets. They also usually note that the local authority aspires to create a more 'enabling' culture through changes in the way it provides care services, relying on more 'joined up' thinking across its various service areas; housing, leisure, employment, and transport are frequently mentioned. In many authorities, there is also a focus on: promoting the Direct Payments scheme; extending the use of short breaks; and developing/implementing training schemes for local authority staff to enhance their understanding of carers' needs. Some local authorities also indicate in their Carers Strategies that they are focusing on preventative work, designed to reduce the number of occasions on which carers require support because they have reached a 'crisis' in their caring situation.

Most Carers Strategies include appendices which list the organisations with which the local authority has established partnerships. These usually include both voluntary sector agencies and other local authority departments. Many Carers Strategies contain contact details of agencies which may be able to provide direct help to carers with specific needs.

3.2 Responding to legislation

Most Carers Strategies refer to all the recent policy announcements / government White Papers and recent legislation relevant to carers. The great majority specifically refer to, and include brief details about the following Acts and Policies:

- The *NHS and Community Care Act* (1990)
- The *Disabled Persons (Services, Consultation and Representation) Act* (1986)
- The *Carers (Recognition and Services) Act* (1995)
- The *Carers and Disabled Children Act* (2000)
- *Carers (Equal Opportunities) Act* 2004
- *Our Health, Our Care, Our Say* (2006)

Although most Carers Strategies do not explicitly and individually address the implementation of these Acts / policies, it is evident that they have been factored into their long term plans. The steps being taken to address them are frequently mentioned in their multi-point plans and in the initiatives such as training courses for carers, as well as in their promotion of Carers Assessments, Direct Payments, carer information services and enhanced arrangements for consultation with carers.

Most local authorities are explicitly trying to respond to the proposals set out in the *Carers (Equal Opportunities) Act* 2004. Their Carers Strategies usually refer to leisure schemes and engagement with institutes of education, and some local authorities are making specific efforts to help individual carers who wish either to enter or remain in employment. In their Action Plans many local authorities indicate that they are planning to work with major local employers as a way of promoting carers' employment rights and access to jobs. There are often also partnerships either established or proposed with the Department of Work and Pensions and with local Job Centre Plus. It is not clear how far these aspirations have been achieved, however. (Recent, separate, work in 10 GB local authorities suggests that the needs of carers of

working age, especially those seeking to combine their caring with paid work, are often peripheral to local authorities' concerns.)

3.3 Targeting and inclusivity

The great majority of local authorities state in their Carers Strategies that they are trying to practice equality in their provision of care services. A critical issue for them in carer service provision is making contact with unidentified carers, who are often difficult to reach for a variety of reasons.

Black and Minority Ethnic carers are often seen as 'hidden' carers because of barriers related to either language or culture; most local authorities plan to work with voluntary organisations which serve local Black and Minority Ethnic communities as a way of accessing these carers. Most plan to provide suitable culturally sensitive information, including material in non-English languages. Some local authorities are also seeking to provide help for refugee and asylum seekers, and others indicate that they regard Eastern European immigrants as a significant new challenge in their work with carers.

Young carers are also discussed in most Carers Strategies, often with detailed accounts of how the local authority is trying to identify them. Many refer to their Young Carers information and training packs, and provide details of their Young Carers Projects, often citing these as ways of reaching these carers. Carers of sick or disabled children have also been targeted by many local authorities; e.g. through providing play schemes in school holidays – recognised as a time when parent carers often struggle most in their caring role.

Another group of carers of concern to many local authorities are those thought to be uncomfortable with the label 'carer'. A few local authorities plan to alter the language used to refer to carers in promotional material, simply asking, "Do you support someone?" rather than using the term 'carer', which some believe carers find vague and confusing. Carers in rural areas are also considered difficult to reach, as they are perceived as living some distance

from local Carers Centres, which in most cases operate from premises in urban areas, where most information is disseminated.

Using Carers Grant, some local authorities have employed Care Development Workers dedicated to working with some (or in rare cases all) carers supporting people in the following groups: Learning Disability; Physical Disability; Black and Minority Ethnic groups; Mental Health; Older People. Where they have been appointed, it is clear that Carer Development Workers are often stationed in hospitals or GPs surgeries, and encouraged to provide 'on the spot' Carers Assessments. A few local authorities have recruited a Carers' Champion, who in these cases is identified as crucial in reaching hidden carers. Carer Development Workers are regarded by local authorities as a very effective way of reaching new carers.

3.4 Innovation in carer service provision

Although the Carers Strategies examined did not address innovation explicitly, it was clear that most local authorities which had developed them were attempting to extend and develop new ways of supporting carers. The most common way local authorities were encouraging innovation was by seeking to involve carers in decision making. Although most decisions were made by the Carers' Strategy Groups (mainly representatives from the local authority, voluntary organisations, and PCT bodies) many local authorities also involved individual carers. Thus decision making in carer service provision was generally based on what voluntary organisations, community groups and PCT bodies identified as essential from a "grass roots" perspective, as well as on new proposals which might be introduced by any other representatives, including individual carers. A few had identified local carers' needs through independent research by Carers Lead Officers and their teams. Many stated that this process of consultation and research had led to the introduction of new arrangements, including discretionary payments to carers, various carer training schemes, and relaxation sessions (see section 1).

To facilitate carers' involvement in consultation events, most local authorities provide help with transport, and in some cases this has drawn more carers into decision-making, including via Carers' Forums. However, many local authorities also reported difficulties in engaging carers in decision-making.

4. Progress and problems in supporting carers using Carers Grant

This section of the report highlights progress and problems in supporting carers using Carers Grant, based on our telephone interviews with Carers Lead Officers. The study was designed to include interviews with local authority officers with responsibility for developing and implementing policy on carers across a spectrum of local authorities. We included both those authorities very actively engaged in developing their carers' services and provision and those which (judging from their documentation) appeared to be less active; we also included in the sample a selection of borough, metropolitan and county authorities. Appendix 8 shows in more details how the interviewees were selected:

4.1 Major achievements and main difficulties

The interviews with Carers Lead Officers focused on the overall effectiveness of Carers Grant, as well as difficulties involved in utilising it. Most interviewees claimed that without the Carers Grant funds, most of what they had achieved recently in carer service provision would not have been possible. Carers Grant had clearly allowed them to focus on the needs of carers in a more flexible and creative way than previously, including identifying new carers and providing more flexible support to those already in touch with them.

When asked to highlight the most significant achievements which Carers Grant had allowed them to make, responses varied. In one authority, a Young Carers project was considered the major achievement, while in another increasing the number of Carers' Assessments carried out was highlighted. The Carers Lead in a different authority emphasised the work done in identifying Black and Minority Ethnic carers, while another felt the authority's provision of improved care services for older people was their greatest achievement.

However, while the main achievements differed from one local authority to another (which might be expected, given their different demography and

location), there were a number of common problems related to Carers Grant. We consider each of these in turn below.

4.2 Working with health sector agencies

As shown in section two, Primary Care Trusts and other health agencies are, in the great majority of cases, involved in the Carers Strategy Groups set up by each local authority to make decisions. Guidance provided by the Department of Health calls on local authorities to engage more effectively with the health sector. However, our interviews revealed that a number of difficulties had arisen in working collaboratively with colleagues from the health sector, in some cases damaging the effectiveness of these groups.

Carers Lead Officers often felt working with Primary Care Trusts and health bodies had been problematic. In the words of one, health organisations tend to treat carers very much “as a *sideline*”. It was often difficult to get colleagues in the health sector to engage with developing new policies to support carers. Even in one case where the Carers Lead reported having a good relationship with the local PCT, health colleagues had ‘pulled out’ of co-funded projects because of budgetary constraints related to overspending of the health budget. This had led to a concern within this local authority that the PCT might also pull out of future projects, leaving the local authority to foot the bill.

Carers Leads had also found it difficult, in working with PCTs and health bodies, to get GPs and hospital staff to participate in carer identification procedures. Although all interviewees said some GPs in their district were actively engaged in registering carers, they noted that few had an obligation to do so and that many GPs would not participate (apparently because carers’ needs were not high on their list of priorities). One local authority had developed a GP liaison scheme, whereby GPs have a contractual obligation to mark on their system who is a carer; carers in this local authority are also given forms to provide a carer’s profile and to indicate if they wished to be involved in decision making. In another case good relations between the

council and local PCTs / health bodies were attributed to a specific, successful, project which had been used to increase carer identification. Other local authorities had tried to develop relationships with pharmacies and district nurses as a way of developing their work with carers, effectively 'sidestepping' GPs and hospitals, and in some case this strategy had proved very effective.

Several Carers Lead Officers felt the relationship between local authorities and PCTs / health bodies needed to be addressed at national level; some were expecting this to be an outcome of the forthcoming revised National Carers Strategy. They noted that getting carers registered by GPs or identified as part of hospital discharge procedures was only a first step in the much more challenging and longer-term process of providing appropriate services for carers.

4.3 Working with voluntary sector agencies

The Carers Grant resources had enabled most local authorities to work more effectively with local voluntary organisations. Most Carers Lead Officers told us that Carers Grant funds had led to a relationship in which the local authority provided voluntary organisations with appropriate funding and voluntary organisations fed back valued information, via their participation in Carers Strategy Groups. Most felt decision making in the Carers Strategy Groups was informed by what voluntary organisations identified, from their "grass roots" perspectives, as being 'essential' for carers. On the whole, the links between local authorities and voluntary organisations were viewed very positively; however, a number of concerns were also raised.

Some Carers Leads noted that, because Carers Grant was not guaranteed from year to year, they did not want voluntary organisations to become too reliant on it. They encouraged them to seek alternative funding, such as the National Lottery or investments by major employers. A few reported rivalry between voluntary organisations arising from the limited funding available through Carers Grant, and one local authority had ceased purchasing

services from voluntary organisations and was providing all services ‘in-house’ following the recent failure of a project contracted with a voluntary organisation.

4.4 Making contact with unidentified carers

As detailed in section 3, most local authorities were adopting a number of strategies to reach unidentified carers. Nevertheless our interviews highlighted a number of concerns about this process.

First, although carer identification programmes and information provision was very much a part of Carers Grant expenditure, some were anxious that if ‘too many’ carers were identified this would strain the limited resources available to provide carers with appropriate services. While they claimed they were not holding back on developing their information programmes, this possible outcome remained a serious concern.

A second issue related to tensions arising from new forms of service delivery. Newly identified carers tended to bring new ideas to carer service provision via their participation in Carers’ Forums and Carers’ Strategy Groups. Policy developments such as small discretionary awards for carers and Direct Payments tended to be enthusiastically embraced by many of these carers. However, several Carers Lead Officers claimed the more ‘established’ lobby of carers and carers’ representatives (e.g. those representing some voluntary organisations) could be resistant to these changes, wanting to maintain the arrangements they had become familiar with, and refusing to “think big”. Some noted that changing these “old fashioned” attitudes with regard to carer services represented a real challenge.

Making information timely, accessible and relevant to a wide cross-section of carers, and particularly to those who were not in touch with services was also continuing to be problematic. While several had made numerous attempts to provide and disseminate information in different parts of the local authority, large numbers of carers still claimed not to have heard of the services

available. Carers Leads sometimes found this situation perplexing, but were often trying to adopt more innovative and effective ways of reaching these carers. Most saw the internet as a new way of providing appropriate information, though some interviewees admitted to having 'run out of ideas' about how to approach this. The problem was perceived as something to be tackled in the near future.

4.5 Pump-priming and continuation funding

Most Carers Lead Officers felt the annual allocation of Carers Grant was a problem, as it did not enable long-term projects to be established. Most projects had been set up as pilot initiatives, in the hope that, if successful, Carers Grant money would be available for their continuation (or an alternative source of funding might be found).

A number of good examples of projects "seeded" by Carers Grant money were mentioned during the interviews. In one local authority, Carers Grant resources had been used to set up an arts-based project attended by any interested carers. This had been a great success and the project no longer drew on Carers Grant funding, as it had become independent, having established both alternative funding and a network of carers committed to its upkeep. In other cases, Carers Grant resources had been used to continue projects which had been set up with other funds. In one local authority, an emergency response scheme had been developed with other funds which eventually ran out; however, since the scheme had been a success, a portion of the local authority's Carers Grant money was then deployed to develop it. In another local authority, a Primary Care Post for a care worker had been pump-primed using Carers Grant money, and was now funded by the PCT.

Another issue related to funding provided by Carers Grant had to do with staff development. Most local authorities indicated that training existing staff to be aware of carers' needs was a major priority. As a consequence, training programmes were either underway or planned. One local authority pointed out that being able to nurture staff in a carer-proactive environment allowed

carers' services to function more effectively, as the same people, adhering to the same protocols, are delivering them. However, as permanent posts cannot be offered on account of the short-term nature of Carers Grant funding, it was not always possible to retain such staff because they often left to seek more secure posts elsewhere.

In sum, there is considerable evidence in our interviews that, when combined with other sources of funding, Carers Grant has been used in innovative ways to help provide carers with vital services. Nevertheless, funding for individual posts drawn from Carers Grant sometimes makes retention of suitable staff problematic.

4.6 The impact of Carers Grant, 'ring-fencing', and performance agendas

Carers Grant had clearly changed local authorities' focus on carers. Because it is a sum of money allocated in addition to their social care budgets, it has brought carers to the attention of other local authority departments, giving rise to some lateral thinking, and engaging other service areas within and beyond the local authority. Thus in one local authority, Child Benefit representatives now routinely factor carers into their practice and policy developments. It was widely felt that this kind of impact, coupled with a raised profile for carers through national developments, meant it was an exciting time to be working on the development of service provision for carers.

The most widespread worry about Carers Grant was the fact that it was no longer 'ring-fenced'. This has often led to competition for the funding against other local authority departments, and in one local authority it was proving a struggle to hold on to the money as a resource exclusively to support carers. Some interviewees were worried that local carers had come to expect the services paid for using Carers Grant, and consider the money as 'their own'; some carers were thought to be resentful about the fact that Carers Grant could not always be guaranteed for carer service provision. Nevertheless, many Carers Lead Officers claimed that their Carers Grant allocation was being used exclusively for carers. In at least one case, the Chief Executive

had apparently decided to keep the funds ring-fenced, and there was only one case in our sample where the Carers Lead reported difficulty in retaining the use of all of the Carers Grant funding for exclusive use with carers. (It is, of course, possible that local authorities which did not supply information were no longer using Carers Grant to support carers.)

One final issue highlighted in the interviews was the fact that it was often not possible to record the many achievements arising from the Carers Grant funding in the annual performance assessment process. Many valuable developments for carers were impossible to note as the assessment procedure and performance indicators were so restrictive.

5: Findings from additional research (2008-9)

5.1 Introduction

The original study of Local Authorities' Use of Carers Grant conducted in November 2007-April 2008 was commissioned in summer 2007 during the period when the revised National Carers Strategy was being prepared for spring 2007-8. The main purpose of the study was to provide the Department of Health with information about how this additional funding was being used, and to collect LAs' views about its usefulness. Because of its relevance to the revised National Carers Strategy (2008), the study needed to be completed to a tight timescale, which could not be extended. To maximise compliance with the request for information, all LAs were approached, via their Chief Executives, in a letter from the Minister for Care Services (see Appendix 4). This was expected to yield a higher response than was actually achieved (90/150). Commenting in 2008 on the original report, the Department of Health raised a number of questions about the 60 'non-responding' LAs:

- Were they markedly less active in supporting carers than the other LAs?
- Had the allocation of Carers Grant monies been reallocated to other budgets?
- Were these LAs failing to undertake the kind of work that Carers Grant was intended to support, namely: develop innovations in carer support, develop outcome-focused approaches to Carers' Assessments, focus on the needs of carers, provide breaks, support young people, consult stakeholders, and implement the provisions of the impact of the *Carers (Equal Opportunities) Act 2004*.

This section of the report details findings from the additional research conducted outside the timescale of the original project (at the request of the Department of Health). As shown in Appendix 4, of the 150 local authorities with social services responsibilities in England approached in the first phase of the study, 90 responded with either all or part of the requested documentation in time for inclusion in the original analysis. The second phase

of research was commissioned with the specific aim of reaching the remaining 60 non-responding LAs. It had substantially the same aims as the original study (see Section 1), although some small changes were made to the questionnaire sent out to Carers Lead Officers (see Appendix 9) and more emphasis was placed on the remaining LAs' websites.

5.2 Findings

A key aim of the second phase of the study was to establish whether the 60 non-responding LAs differed significantly from the original 90 which supplied the information requested relating to the use of their Carers Grant allocation or in their approach to supporting carers. The findings reported here are derived from the views of Carers Lead Officers in these authorities; from information they provided, and from details of specific projects set up in their LAs. In a concluding discussion, relating to the 27 LAs which did not provide any of the requested information, we briefly consider whether this small group of non responding LAs differed significantly from the 123 LAs that provided the requested information. It will be shown that the evidence from the newly responding LAs, as well as information available about those which did not respond to either request, suggest that these LAs confront similar issues, and have adopted similar projects and schemes to the original LAs. We conclude therefore that our findings and recommendations based on the first phase of the study are relevant to the overwhelming majority of the 150 English LAs with social services responsibilities.

Strengths of Carers Grant

One of the most important benefits identified by Carers Lead Officers as arising from Carers Grant was that it had allowed their LAs to raise awareness of carers' needs. The additional budget, over and above mainstream funds, had allowed LAs to provide advice and information to carers (including signposting to existing services), to involve carers in decision making via contributions to carers' partnership boards and steering committees, and to reach hidden carers via outreach schemes, including the recruitment of dedicated care workers and management teams. Carers Grant had also

allowed LAs to provide carers' breaks and respite services, as well as one-off payments for specific carer needs, such as equipment designed to make the caring role more manageable, and funds to enable carers to undertake recreational activities.

Carers Lead Officers in the newly responding LAs also claimed that Carers Grant has allowed both new and innovative services for carers to be developed (e.g. one-off payments to carers) as well as important developments to existing services (e.g. extension of the provision of carers' breaks). However they claimed that the main difference Carers Grant had made, as an allocation over and above mainstream funding, was to allow LAs to focus specifically on the needs of carers in a 'joined up' way as they also addressed the needs of cared for people. One Carers Lead Officer claimed that the dedicated funds available through the Carers Grant budget made it easier to address both service users and carers together, and to tailor packages which meet both sets of needs.

They also considered that Carers Grant had been crucial in allowing many LAs to 'pump-prime' specific projects, especially those developed in partnership with voluntary organisations and local health organisations. One Carers Lead Officer pointed out that the dedicated Carers Grant funds had been important in allowing the LA to address specific legislation affecting carers, including the *Carers (Equal Opportunities) Act 2004*.

Problems with Carers Grant

As in the findings of the original project, in the second phase of research, while most Carers Lead Officers readily identified strengths and advantages of Carers Grant, they noted some problems, too.

In their responses to the revised questionnaire, the most frequently mentioned problem identified by Carers Lead Officers was their concern that Carers Grant funding was no longer ring-fenced. Although in many LAs all or most of the Carers Grant allocation had been allocated specifically to carers' needs, the lack of ring-fencing was regarded as a major worry. Many Carers Lead

Officers expressed an ongoing concern about the lack of permanence involved in the continued allocation of the Carers Grant. They were worried that projects already underway on the basis of this special funding might not be sustainable if Carers Grant were ever withdrawn.

Some respondents in the second phase linked their comments about Carers Grant to perceived shortcomings in the way the annual performance assessment process for councils with social services responsibilities was structured. Several Carers Lead Officers felt there was an overly narrow focus on recording carers' breaks, and that this tended to render invisible other important services they had developed to meet the needs of carers, for whom a break was not always the best way to provide support in their caring situation. In one example, a Carers Lead Officer noted that LAs are encouraged to focus on carers' breaks, as a way of evidencing good use of Carers Grant, whereas the real needs in the region could be more to do with, for example, helping carers struggling to combine caring and employment.

Some Carers Lead Officers claimed that the guidance on use of Carers Grant provided by the Department of Health was over-generalised and, in their LAs, not sensitive to the specific needs of local carers. One Carers Lead Officer based in a London Borough noted that in her locality more focus on carers of people with HIV / AIDS, as well as on those of people who suffered from physical and sensory impairments, was needed.

Another Carers Lead Officer felt it was hard to use the Carers Grant funds in a way that allowed the LA to deliver truly 'person-centred services'. However in this LA, this problem had been tackled by working with Care Management Teams (funded through the Carers Grant), to tailor services to carers in an appropriate way. Other LAs, drawing on the flexibility inherent in Carers Grant, also reported that they had managed to tailor specific schemes to those groups of carers not explicitly addressed by official guidance.

One-off payments and other innovations

All 33 of the newly responding LAs provided evidence of attempts to use Carers Grant funds in ways that were beneficial to carers in their region, beyond respite / breaks services. As in the original study, discretionary one-off payments were a popular use of the funding across a number of LAs. Among many examples of how these were used were carers funded: to go abroad to visit family (especially in the case of BME groups); to buy white goods; and to take NVQ-bearing training courses - First Aid, beauty, IT awareness, etc. In some LAs there had been some resistance to making one-off payments, from both some existing LA staff and service users. In one LA, it had been a particular challenge to encourage people to, as the Carers Lead Officer put it, 'think outside the box'.

One LA had used Carers Grant funds to provide employment support, such as help with interview techniques and managing work and care. The Carers Lead Officer in this LA expressed a concern that projects of this type might be neglected in other LAs, where the emphasis was on meeting targets related to providing breaks. She regarded helping carers into work (and to remain in work) as a crucial part of local activity, and had been able to dedicate Carers Grant money to this.

The same LA had also developed an innovative scheme, resourced through Carers Grant, called 'Opportunity Knocks'. This involved care workers literally knocking on the doors of people in 'hard-to-reach communities', assessing their care needs 'on the spot'. The scheme had proved popular and successful, particularly in allowing carers to express their needs in the informal context of their own homes.

Hard to reach carers

As in the original study, the newly responding LAs had found that one of the most challenging aspects of promoting carer services was making contact with hard to reach groups. Among the most difficult groups to contact were members of BME communities, and carers of people suffering from mental health difficulties, of those with substance abuse problems, of older people,

and (in some cases) male carers. In our interviews, several Carers Lead Officers expressed their concerns that the *same* carers tended to be involved in decision-making on carers' expenditure year after year, noting that it was important to try to get input from other people with differing caring needs.

One LA had used Carers Grant money to try to reach BME communities via schemes designed to be sensitive to their members' culturally specific needs. A range of literature had been transcribed into relevant languages and distributed via BME community support networks such as a Bangladeshi women's group (also funded through Carers Grant). Care workers were employed from similar ethnic backgrounds to enable communication between staff and carers with shared cultural understandings. In another LA, a Buddhist Centre had been developed through which members could apply for carers' breaks. This centre had been created on the basis of an independent proposal delivered to the LA by a carer, and was part-funded by Carers Grant. Many of the newly responding LAs had developed similar groups, designed to be culturally sensitive, via Carers Grant, with the aim of enabling BME carers to meet together and to receive advice and signposting to existing services.

Services geared towards carers of those with mental health sufferers and those with substance abuse problems were also very much on the agenda of the newly responding LAs. One of these LAs had employed five care workers specifically focused on mental health issues to target hitherto unidentified carers of people with such difficulties in the region. Another LA had used Carers Grant funds to establish a Drug and Alcohol team dedicated to working with carers in the area who cared for someone with such a problem.

Older carers were often regarded as hard to target, especially in rural areas. One rural-based LA had used Carers Grant funds to develop a range of promotional strategies related to carer services and older people. A magazine about country life, including information about caring needs, was published quarterly and this had resulted, in one year, in contact with 50 older carers not previously identified. The same LA had drawn on Carers Grant money to fund

Home Care workers to work in rural communities specifically to identify older carers and to address their needs.

Finally, one of the newly responding LAs, through its equalities policy for carer services, had identified male carers as an underrepresented group among carers in receipt of services. Although at the time of enquiry nothing specific had been done to address this problem, the issue was very much 'on the agenda' for future Carers Grant-related activities.

Carers' assessments

Among the newly responding LAs, carers' assessments were, as in the original LAs, regarded as a crucial part of Carers Grant-related activities and promotions. Several LAs claimed that expenditure of their Carers Grant budget was driven to a large degree by an attempt to expand the number of carers assessments conducted annually. In many cases Carers Lead Officers were acutely conscious of legislation relating to carers assessments, and this was reflected in their Carers Strategies, which dealt with the issue clearly.

Generally, carers assessments were promoted by LAs via a programme of awareness-raising schemes such as the publication of literature made available in a variety of key community venues: carers centres, GPs' surgeries, hospitals, pharmacies, housing associations, libraries, etc. Some LAs had, through Carers Grant funds, developed the facility to allow carers to fill out carers' assessment forms online.

One Carers Lead Officer drew attention to what she called 'local authority phobia' in relation to carers assessments. Based on feedback from carers involved in her LA's partnership board, she felt carers were wary of approaching social services directly, because they felt it would not ultimately be worth the 'time and stress' involved. In response to this concern, her LA had used Carers Grant to train hospital staff, care workers and representatives of voluntary organisations to carry out carers' assessments in a less formal context. This scheme, still in development, was proving popular

with carers, and had led to an increase in the numbers of carers' assessments completed.

Schemes and projects

Schemes and projects funded through Carers Grant in the newly responding LAs were similar to those of the LAs discussed in the original study. Among these were: respite and carers' breaks (discussed in more detail below), support groups geared to those suffering from various conditions, emergency card schemes, holiday schemes, out-of-school and summer schemes for children, ICT/telecare services (including online forums and helplines), annual carers' events designed to promote carer-related services (eg, Carers Rights Day), travel services to facilitate transportation to and from service-delivery venues, non-break related one-off payments, voucher schemes, day care services, sitting services, 'Time For Me' schemes (including training in care-related activities as well as relaxation techniques), the provision of specialist equipment, recreational events, advocacy schemes, and the funding of support workers and teams dedicated to certain groups of carers and the people they care for.

Carers' breaks

As in the original study, all the newly responding LAs had also used their Carers Grant allocation to fund breaks and respite services. These took the form of short breaks such as sitting services and respite stays, and longer breaks such as weekend and overnight accommodation at venues with dedicated staff trained to provide appropriate care. In some LAs there were also a holiday schemes allowing carers to apply for either individual or family-based breaks in the form of holidays.

Breaks were generally regarded as valuable to carers, though some Carers Lead Officers were concerned that break services often did not meet the needs of the full range of carers. For example, one LA had been campaigning to extend a day-long respite service beyond its traditional 9am-5pm service. The Carers Lead Officer in this LA pointed out that carers in employment found it difficult to drop off and collect the cared for person when a normal

working day extended beyond 9am-5pm. As a consequence, these carers had often experienced difficulties in their working life, especially in non carer-friendly places of employment. This challenge remained unresolved, but the LA was focusing on how funds from Carers Grant could be used to address it.

Young carers

The great majority of the 33 newly responding LAs, like those in the original study, had developed some kind of Young Carers project or scheme designed specifically to address the needs of, and to support, young carers. These included youth groups offering recreational activities (serving as a form of break for young carers), online forums for support, and advice relating to caring at the same time as enjoying a social life beyond their daily responsibilities.

One LA had used Carers Grant funds to develop a transition project designed to provide advice and support to young carers who were moving from school to employment or further/higher education, and to help them access the services they needed to make this more manageable. Another LA focused on the importance of addressing the needs of the whole family when reviewing carers' needs, and the Carers Lead Officer of this LA regarded this as particularly important in the case of young people.

Carers Grant expenditure: decision making and carers' involvement

The newly responding LAs had developed decision-making procedures in a similar way to those discussed in the original report. In many cases partnership boards and steering groups had been established which included representatives from different groups such as the LA, voluntary organisations, PCTs and carers themselves as members / consultants. While the final decision on expenditure almost always lay with the LA, expenditure plans were often influenced by feedback from carers, either directly or via information gathered by voluntary organisations. Some LAs explicitly consulted voluntary organisations, PCTs and carers before implementing service development, while others only drew on feedback emerging from the views of these groups. However, in almost all cases, representatives other

than those of the LA had a voice in decision-making with regard to Carers Grant expenditure.

One LA had developed a list of criteria, any three of which had to be fulfilled by applicants in order to make a bid for Carers Grant funds eligible. Among the criteria were a focus on: providing breaks for disabled children, young carers, carers' wellbeing, choice for carers, information on carers assessments, innovation in carer services, identifying carers, and facilitating carers' networking and support groups. These criteria map on to some of the guidance provided by the Department of Health for LAs' use of their annual Carers Grant funds, and the Carers Lead Officers of this LA had found that the great majority of applications she had received could be captured by this flexible list of requirements.

Working with health-based and voluntary organisations

The great majority of the newly responding LAs provided evidence that Carers Grant had facilitated ongoing relationships with both health-based and voluntary organisations. In the former case, some Carers Lead Officers claimed that it had been a particular challenge to use Carers Grant to promote carers' rights in hospital and primary care settings. As in the original study, some of these challenges involved getting GPs to record carers on registers, but generally the greatest challenge discussed by the Carers Lead Officers involved getting medical-based practice to take a more holistic view of carers' needs.

It was argued that the 'medical model' turns first to respite and breaks, without a keen appreciation of many of the other solutions to carers' needs pioneered at a LA level (and frequently through Carers Grant funds). Some Carers Lead Officers noted that carers sometimes require emotional support above all else, while others pointed out that the medically-grounded ethos of PCTs tends to focus on individuals rather than whole families, whereas it is often the whole family or the whole caring situation which needs to be considered in the context of care provision.

Among the newly responding LAs, work with voluntary organisations also followed a similar pattern to that reported in the original study. Carers Grant had, in almost all cases, greatly facilitated relationships between the LA and voluntary organisations, and much of the annual budget was dedicated to both ongoing and new schemes and projects delivered by voluntary organisations. As noted above, these organisations were also involved in decision-making on Carers Grant expenditure via partnership boards and steering groups.

Some of the Carers Lead Officers claimed that in working with health-based and voluntary organisations, as well as with partners in housing associations and leisure etc, there was a real opportunity to develop 'joined-up' thinking among all agencies involved in carer services and support. By putting carers on the agenda in LAs, it was claimed that Carers Grant had allowed the first step towards this goal to be achieved.

Regional issues

As in the original report, the great majority of the newly responding LAs had used a substantial amount of their Carers Grant allocation to fund a Carers Centre equipped to deliver advice, support and signposting for a range of carers' needs. However, in some rural-based LAs this was not perceived to be the correct solution, especially where there was a dispersed population across the region with few centres of concentrated population.

One of these LAs had developed an innovative 'virtual' carers' organisation which functioned via the distribution of literature (leaflets, a magazine, etc), the Internet (online forums and e-support, etc) and the employment of dedicated care staff (Home Care workers) who could visit remote villages where carers might otherwise be difficult to contact. The Carers Lead Officer in this LA claimed this project had taken a lot of time to get established and had met with some resistance in its early stages, particularly from higher levels of management in the LA. However, once the project was up and running, it had proved to be a successful way of meeting the needs of carers in rural communities.

Carers Strategies

Again similar to the original LAs, the Carers Strategies of the newly responding LAs tended to follow a similar structure. In almost all of the Strategies, there were pages dedicated to overall vision (the Strategies tended to cover periods of five years), how the LA was responding to carer-related legislation, and statistical breakdowns of the regions' population and carer profile. Most of the Strategies included information about existing schemes, generally broken up into sections relating to each of the major carer groups. Other Strategies contained Action Plans detailing long-term objectives as well as activities proposed to meet them, and the great majority of Strategies also included key contact details of partner organisations and useful first-base contact points for carers in need of services and support.

Concerns and long-term goals

As noted above, Carers Lead Officers in the newly responding LAs expressed a range of concerns relating to Carers Grant, mostly to do with the lack of guaranteed long-term funding and the absence of ring-fencing. This situation affected the commitment their LA had made to long-term projects, although some LAs, which had internally ring-fenced the funds, felt a little more comfortable in commissioning and/or pump-priming longer-term projects. Thus one Carers Lead Officer had issued funds for a 3-year project which, prior to internal ring-fencing, had only been allocated an annual grant. Without a guarantee of Carers Grant provision in the future, some LAs had appointed key carer support staff on short-term contracts only. However several LAs, having pump-primed such posts via Carers Grant funds, felt they had demonstrated their value in the context of wider LA activities, and had been able to secure mainstream funding for them.

Carers Grant was, on the whole, regarded as an essential and valuable source of funding for all carer-based activities. It had placed carers on the LAs' broader agenda, and enabled innovative and creative strategies to be developed to meet their needs. However, a common theme running through the comments of some Carers Lead Officers was the importance of focusing

in the future on crisis-avoidance and prevention strategies so that carers need not reach a desperate situation before services were either sought or available. Such schemes and projects as one-off discretionary payments were regarded as an innovative step towards preventing caring situations from escalating to crisis point. Carers Lead Officers often felt this was why, albeit retaining an essential focus on carers' breaks, Carers Grant resources needed to be used for other forms of help that LAs could, and indeed already have, provided.

5.3 Non-Responding Local Authorities

A review of the websites of the 22 LAs which did not respond to the request for information, and of those of the five LAs which responded to say that no one was in post to provide the information, revealed that carer-related activities were very much a focus of these LAs too. Their websites included their local Carers Strategy (although some were out of date, there was often evidence of a revised version in the process of being commissioned / reviewed) as well as some evidence of activities funded through their Carers Grant funding (addressing carers breaks, carers assessments, young carers, etc). In all cases there were web pages directed at carers, and contact details were provided to enable communication with the LA. This website-based information did not differ significantly in content and detail from that included on the websites of the 123 LAs which did provide the requested information.

A review of the Care Quality Commission's Adult Social Services performance ratings for CSSRs in England (2008) revealed that the non-responding LAs did not differ from the responding LAs in terms of their performance rating. Twelve of the 27 non-responding LAs were rated at three stars (the highest rating); only three of these had improved their performance from the previous assessment period. Thirteen of the non-responding LAs were rated at two stars; none of these had moved either up or down the scale from the previous assessment period. Only two of the non-responding LAs were rated at the lowest rank, one star, and in both cases there had been no movement down the scale from the previous assessment period.

On the basis of this evidence, it seems unlikely that the non-responding LAs differed significantly from the responding LAs in terms of activities relating to carers which were funded through Carers Grant. These LAs appeared to be no less active than the responding LAs, and were clearly addressing the kind of work detailed in the Department of Health guidance for Carers Grant expenditure.

5.4 Summary

This chapter has focused on the information provided by 33 of the 60 original non-responding LAs. It has shown that these LAs did not differ significantly from the original LAs in terms of their use of Carers Grant. Their Carers Lead Officers expressed similar views about the grant and provided documentary evidence of similar projects and schemes, all of which mapped on to the guidance for Carers Grant expenditure provided by the Department of Health. A review of the non-responding LAs similarly demonstrated that these LAs did not appear to differ significantly from the responding LAs. There was evidence available on their websites which indicated similar use of Carers Grant. In conclusion, the second phase of the study has shown that the emergent findings and recommendations of the original study remain relevant to all LAs' use of Carers Grant. It is to this that the report now turns.

6. Conclusions and recommendations

There is clear evidence in this study that, in those local authorities which responded to the request for information, the allocation of Carers Grant has been used to develop services designed to support carers, in line with the guidance issued by the Department of Health. It is impossible to say whether the same would be true of those local authorities which did not respond.

On the basis of the evidence supplied, we can conclude that:

- Carers Grant has been crucial for many local authorities in enabling them to develop and deliver services for carers. Local authority Carers Leads typically consider that Carers Grant has been pivotal in enabling them to offer flexible and varied carer services, and to develop new forms of support for carers in addition to Carers Breaks.
- While different local authorities were able to report different kinds of achievements and had set themselves different priorities, most shared similar concerns. There was general agreement that: services for carers were still only touching the 'tip of the iceberg'; that getting the right kind of information to carers continued to be a challenge; and that many carers who would benefit from support remained 'hidden' from view. The new services they were able to offer with the support of Carers Grant were providing real value to carers (and were probably cost effective, as they reduced other costs, particularly those associated with crises in the caring situation. However, the information provided was not adequate to prove that they do reduce other costs).
- The establishment of small funds from which discretionary payments could be made to carers on an ad hoc, one-off basis was considered very effective. This resource was enabling local authorities to offer innovative solutions, was inspiring social workers to act more creatively, and was responsive to the individual needs of specific families.

- Those local authorities which had used Carers Grant to fund Carer Development Worker posts felt this has been particularly successful. Good examples included arrangements where such posts were located in hospitals, delivering a service as part of the hospital discharge process, and those where workers were co-located with GP services.

Recommendations

Given the success of Carers Grant funding in stimulating innovation, service development, responsiveness to carers' own needs and enhanced outcomes for carers and their families, it would seem important to continue and stabilise this form of support. Many agencies could offer more sustainable services and build better on success if they had greater security of funding in the longer term.

Specific issues which need to be tackled include:

- Ensuring that Carers Grant is used effectively to promote inter-agency working and genuinely 'joined up' thinking across local authority departments.
- Emphasising the potential of Carers Grant to promote innovative measures; increase the capacity to identify carers not in touch with services or eligible for support; and to deliver the changes needed to make service provision more flexible, individual and responsive.
- There remain challenges for local authorities in modernising service provision and creating the momentum for change in settings where modifications to established systems are feared. Special funding such as Carers Grant is a valued way of dealing with this problem.
- Carers Grant has been an effective mechanism in some localities for promoting effective partnership working between local authorities and PCTs and other health bodies. It is recommended that further action is

taken to increase the involvement of GPs and hospitals in jointly developing improved services for carers and those they support.

- More guidance may be needed on how to reach carers who are not in touch with services. There are particular challenges in reaching carers in certain groups (Black and Minority Ethnic, those combining work and care, and some other groups).
- The short term nature of Carers Grant funding had created some problems with staff retention and the longevity of pump-primed projects; attention needs to be given to whether longer term funding arrangements, particularly those relating to partnership working with the voluntary sector, would be beneficial.
- Further adjustments to the performance indicators used in monitoring support for carers may be needed, as current arrangements do not fully capture the full range of activity.

7. Appendices

Appendix 1

Breakdown of Carers Grant expenditure from three local authorities

Example of a London Borough's annual expenditure of Carers Grant 2004-7

Example of a London Borough's annual expenditure of Carers Grant 2006-7

Scheme	Description	Funding 2006/07
Camden Carers Centre	Provides advice, information, advocacy for all carers and schemes to support Asian, African, Caribbean carers, support groups, flexible beaks fund, counselling, hospital discharge.	£16,280 Core funding £22,234 NW Camden £ 3,176 Therapies £37,193 Hosp. Discharge £39,707 Afr/Caribbean £53,152 Flexible breaks £171,742 (part fund contract price £284k)
Age Concern Bangladeshi service day resource centre	Day breaks for older Bangladeshi and Asian people and additional support/breaks for their carers. This service is now integrated into the Age Concern resource centre contract	£37,074
Crossroads MHCOP breaks for carers	Home based Breaks for carers of older people with dementia/functional mental health. This is both a direct access scheme to assist in supporting carers who have not accessed statutory services and referrals may also be made from MHCOP.	£65,406
Crossroads Bangladeshi Scheme	Language and cultural specific breaks for Bangladeshi carers.	£65,118

Scheme	Description	Funding 2006/07
	Direct access scheme to assist in supporting carers who do not usually access services. The service also supports the employment of local Bangladeshi residents	
Rethink Mental Health Carer Support	Advice, information and advocacy for MH carers. Part funding for service, majority funding from MHG	£13,080 (part fund contract)
Family Matters workshops MH	Information workshops to support family and carers of people with MH difficulties	£1,620
Women and Health	Therapies and counselling for female carers of older people with dementia and functional mental health problems	£32,000
Cypriot Womens Centre	Day breaks for carers by provision of service to Cypriot older people at Charlie Ratchford Resource Centre	£5,000
Chain Reaction	Part funded with PD, breaks for carers of people with physical disabilities. Service also offers opportunities for independent living for service users	£36,776
African and Caribbean Elders	Carers Support hospital discharge project at UCH and St Pancras. Assists with discharge process, ensures support for carers available on discharge increases carers assessments	£39,800
Charlie Ratchford Resource Centre	Breaks for carers through increased service to cared for person. Carers Support groups and activities for carers	£26,049

Scheme	Description	Funding 2006/07
	including Tai Chi	
Community Learning Disability Service	Breaks and services for carers provided through spot purchased services.	£51,420
Physical Disabilities Team	Breaks and services for carers provided through spot purchased services	£71,988
Primary Care Teams	Breaks and services for carers provided through spot purchased services	£192,002
MHCOP teams	Breaks and services for carers provided through spot purchased services	£30,000
Strategic Commissioning	Carers Commissioning post	£48,000
Training	Carers Assessment training for staff, Access to employment training and carers training for carers	£10,000
Kingsgate Resource Centre- Carers Support	Breaks for carers through increased service to cared for person. Carers Support groups and activities for carers	£25,000
Carers Primary Care Project	Raise awareness of carers in Primary Care, assist GP identification and registration of carers, increase awareness of health needs of carers, improve health and safety of carers	£46,800

Scheme	Description	Funding 2006/07
Carers Emergency Card Scheme	Emergency card scheme run through Careline to support carers in emergency and ensure cared for is not at risk	£0 (funds not required in 2006/07 but will require funding in 2007/08)
Alzheimer's Society	Information, support groups, respite and advice for carers of people with dementia	£9,375
Information Strategy	To develop accessible information for carers and carers assessment leaflet to meet duty to inform	£10,000
Consultation for carers	Consultation of carers on services and development	£3,000
Adult services Total		£991,250
Children and Family Services		
Direct Payments	Flexible support services to parents and carers of disabled children, and young people age 16 and 17 year old service users	£154,260
Home and community based services	Home based and community services for families with social and communication disorder	£62,885
FSU Young Carers Project	Support and activities for Young Carers	£58,618
KIDS	residential break & activity week for disabled yp siblings -	£6,670
Hopscotch	Residential break for Asian parent/carers & disabled children	£17,395
WAC	Weekend breaks for yp with learning disability	£14,861
		£5,992

Scheme	Description	Funding 2006/07
Young Carers Fund	Holiday break for families with young carer	
CSF Total		£320,681
TOTAL		£1,311,931

Example of a County Council's Carers Grant expenditure 2004-2007

CARERS GRANT 2005/06

<u>SCHEME</u>	<u>CLIENT GROUP</u>
Flexi Respite - Older People Services - Suffolk Carers	OP
Flexi Respite - Sensory Services SCS - NEW SCHEME	PH/SEN
Suffolk Respite Care Assoc	MH
County Outreach Service	ADULTS
Generic carers support worker - Suffolk Carers	ALL
Short Break Take-up Project - Suffolk Carers	ALL
Respite Care for Physical/Sensory Disability - LHP	NS/PHY/SENS
Home share Day Care Scheme - Age Concern	OP
Flexi-carer support - Ipswich Age Concern	OP
Halesworth carers group - Age Concern	OP
Home Support for OP with MH problems - Mid Suff Alzheimer's Society	OP
Flexi Carer Support - NE Suffolk Age Concern	OP
Coastal Crossroads - NEW SCHEME	OP
Promoting Diversity - Suffolk Carers	ADULTS
Reydon and Halesworth Clubs - Age Concern	OP
Breaks Enabling Education - Suffolk Carers	OP
Waveney Crossroads	OP
Mid Suffolk Crossroads	OP
West Suffolk Crossroads	OP
Ipswich & District Crossroads	OP
Westfield, (Hospital Road, respite bed)	MH
Falls Prevention Training - LHP-	OP
Carers Act Services	ALL
Young People With Dementia - ACCESS Carers Services- Age Concern	OP
Stonham Housing Respite Scheme (bed)	MH
SPACE Project - Waveney Alzheimers Society	OP
Chatterbox Club & /Craft Club W.S. Xroads	OP
HAWK - W.S. Xroads - LHP	MH
Carers Development Workers- Social Care Services	ALL
Moving and Handling Project - Suffolk Carers	OP
Carers Support Worker - WS Hospital - Suffolk Carers	OP
Gatehouse Club - NEW SCHEME (ind)	OP
Flexi-carer supp YPWD- Stow-Age Concern-NEW SCHEME	OP
Breakaway Club- YPWD-Age Concern-NEW SCHEME	OP
Carers Group-YPWD-Age Concern-NEW SCHEME	OP
Riverside Club- WS Xroads -NEW SCHEME	OP

	MHICOP Flexi-worker-M Stevens-SCS -NEW SCHEME (not active as at 01/09/05)	OP
	MHICOP Flexi-worker-K Miles-SCS-NEW SCHEME	OP
	Carers Support Worker - James Paget Hospital, Lowestoft-NEW SCHEME-Suff. Carers	OP
A43	Carers Support Worker - Ipswich Hosp-NEW SCHEME-Suffolk Carers	OP
C1	Young Carers Flexi-respite Project - Suffolk Carers	CHILD
C4	County Outreach Service	CHILD
PC	P & C Schemes	ALL
	TOTAL GRANT ALLOCATION	2,178,216.00

Example of Metropolitan District's Carers Grant expenditure 2004-8

Carers Grant	04/05	05/06	06/07	07/'08				
MENTAL HEALTH		66,028	76,789	195,793				
Short Breaks - B'way N	13,000	13,390	17,000	17,500		respite + drop-in		
Info & Ass project	20,700	21,230	21,849	22,500		carers support team		
social worker		31,408	32,324	33,293				
dementia training			4,117	4,000		for carers		
Asian women's support			1,500	1,200		carers group		
<i>Age C Dementia support</i>				105000	<i>transfer</i>	sitting service		
<i>Alz (Soc) away days</i>				2300	<i>from</i>			
<i>Alz (Soc) drop-in</i>				10000	<i>OP funding</i>			
LEARNING DISABILITY		295,852	269,891	238,898				
social work post	28000					mainstream funding		
short breaks unit		113,938	117,259	105,500		contribution		
adult placement scheme	40,000	87,745	87,745	80,000		for short breaks APS		
mencap - circle of support	10,712	11,033	11,309	11,648		drop-in		

harden rd - day support	41,400	42,642	8,777					
summer scheme	9,315	9,594	13,000	13,250		college holidays		
cty based short breaks	25,000	30,900	31,801	28,500				
YA&DS		40,000	55,000	52,753				
BADG - day support	20,000	40,000	23,250	25,000				
carer support worker			16,750	17253				
assessment / assistive			5,000	3000		assessment house / ass. Tech.		
long term conditions spt			10,000	7500				
OLDER PEOPLE		267,202	256,551	166,755				
short breaks	56,000	56,000	56,000	50,000		contribution		
Age C Dementia support	71,862	100,300	103,224		transferred			
Alz (Soc) away days	2,142	2,206	2,270		now against			
Alz (Soc) drop-in	3,105	4,981	10,252		MH services			
dementia training	2,507	4,000						
loan & listen scheme	3,214	4,000						
E grade nurse @ B'wich	8,000	13,000						
2 support worker posts	35,000	62,000	63,807	65,722				

Apna Ghar drop-in	10,712	11,033	11,033	11,033			
ACarribean Assoc	9,400	9,682	9,964	10000		drop-in / sitting	
carers care	65,000						
<i>Itnc sitting service ?</i>				30,000		new sitting service	
CHILDREN		153,884	158,370	182,246			
NCH resource centre	79,325	82,400	84,802	87,346			
NCH after school		15,000	15,437	15,900			
Eldon Rd short breaks	19,475	20,059	20,644	21,000		contribution	
Young Carers scheme	21,425	36,425	37,487	38,000			
<i>YC review</i>				20,000		for outcomes	
GENERIC SUPPORT		236,811	271,235	274,250			
Carers Services - comm	22,245	16,000	30,000	20000			
Carers Services - DP		65,000	90,000	110000		inc. one-off payments	
Involvement expenses	6000	6,000	6,000	5000			
Holiday Grant scheme	31,671	32,960	35,750	30,000			
Carers Centre - extra	10,000	10,000	10,000	10,000		top up to mainstream contract	
Carers Centre - Asian gp	5,356	5,517	5,655	5,750			
Young Carers 18-25	5,356						

training - carers ass.	3,000	50,000	10,000	7,500				
co-ordinator / finance	49,784	51,334	52,830	50,000				
welfare rights			16,000	16,000				
B'way N comp. therapy			10,000	15,000				
adverts / publication			5,000	5,000				
unallocated	11,294	40,233	22,164	7,305				
grant	740,000	1,100,000	1,110,000	1,118,000				

Appendix 2 Research Methods

The collation and analysis of material for this project had three key stages, each of which is detailed below.

Request for documentation relating to Carers Grant

A Ministerial letter (see Appendix 4), prepared by the research team in consultation with the Department of Health, was sent asking all relevant local authorities in England (150) to supply the following documents / information to the research team:

- The local authority's expenditure plans for their Carers' Grant allocations in 2004/5 and 2005/6 (and beyond if available).
- The local authority's current or most recent Carers' Strategy or Plan
- A copy of the CSCI SAS spreadsheet data relating to carers (due to be completed by LAs for a deadline on 31 May 2007).
- Details of the person responsible for allocation of the Carers Grant.
- Any other documentation / information related to the local authority's use of Carers Grant.

About half the local authorities contacted provided the full documentation before the initial deadline. The research team sent out reminders to the remaining local authorities, and indicated a final deadline for receipt of documentation. In total 90 local authorities responded to the original request, and of these 75 provided all the material required.

Almost all local authorities responding gave us permission to contact the named person by email and to conduct a telephone interview with them once the initial documentary analysis had been completed.

Analysis of submitted documentation

The research team collated and systematically examined the documents supplied in response to the Ministerial letter to local authorities. A template was developed (see Appendix 5) and used to record all material relating to the use of Carers Grant, the content of Carers' Strategies or Plans, and other relevant information. Financial information from the SAS returns was entered into a spreadsheet in preparation for statistical analysis.

These data were then used by the research team to develop both an understanding of how the Carers Grant was used and to clarify the goals of local authorities in their future provision of services for carers.

Follow-up telephone interviews with Carers Leads

On the basis of the documentary analysis described above, the research team identified a sample of local authorities in which telephone interviews with Carers' Leads could be arranged. Some were selected to explore in more detail the examples of innovative or successful practice indicated in their documentation; some were chosen so that the research team could explore gaps in data or apparent weaknesses in performance (and clarify whether these related to reporting errors or practices, or to real weaknesses in provision and practice); in other cases the main focus was to discuss difficulties in recording / reporting the range of activities supporting carers, because of use of other funding streams, etc. Finally, the research team attempted to achieve variability in terms of local authorities which were very actively engaged in developing their carers' services and provision and those which (judging from their documentation) appeared to be less active; and to include in the sample a selection of borough, metropolitan and county authorities (see Appendix 8).

An interview schedule was developed on the basis of the documentary analysis (see section 6). The research team interviewed 20 Carers' Leads, each interview lasting 20 to 45 minutes. The research team made clear the purpose of the study, who was conducting the research and that the study was commissioned by the Department of Health. To encourage frank disclosure, individual interviewees were assured of confidentiality and that their responses would not be used in a way which would enable them or their local authority to be identified.

Once the interviews were completed, a template was developed which ensured all relevant research questions and themes were captured in a systematic manner (see Appendix 7).

Appendix 3 Department of Health guidance to local authorities on spending Carers Grant allocations

CARERS GRANT 2006/07 and 2007/08 – GUIDANCE

Summary

1. In 2006/07 and 2007/08, the Carers Grant will remain at £185 million. It will be paid as a specific formula grant with no conditions attached. Twenty percent has been allocated using the children's formula, 24% using the adults' (18-64) FSS formula and 56% using the older people's FSS formula.

2. In both 2006-07 and 2007-08, the grant will be paid under section 31 of the Local Government Act 2003. Following ODPM guidelines on providing clear guidance to local authorities, good practice requires that a determination be issued, even where no conditions are attached to a grant.

3. While there are no conditions attached to the Carers Grant money for 2006/07 and 2007/08, the CSCI Delivery and Improvement Statement will monitor the provision of services to carers. Therefore, the information in this guidance is important and councils should note well the contents of this circular.

Background

4. The grant forms part of the Government's strategy for carers, set out in Caring about Carers published on 8 February 1999. It is designed to stimulate diversity and flexibility in provision of breaks for carers or direct services to carers to support them in their caring role.

Policy Intentions

5. The Government's objective is to encourage councils to:
 - i. further develop innovative and high quality carers services in response to local needs;

 - ii. develop pragmatic, outcome focused approaches to the carers assessment, integrated with the development of the Single Assessment Process and promotion of joint working with health services;

iii. focus on the needs of carers, which is often the most effective way to prevent loss of independence. In line with Fair Access to Care Services, local authorities should ensure no assumptions are made that caring roles can be sustained without assessment and the possibility of support for the carer. For further information Quality Standards for Local Carer Support Services was published by the Department of Health in February 2000;

iv. provide breaks for carers who provide substantial and regular care to a 'relevant adult' who lives at home and has been assessed under the NHS and Community Care Act 1990;

v. provide breaks services for disabled children and their families under part 3 of the Children Act 1989;

vi. support children and young people (under 18) who are carers in having a break from caring; or fund voluntary organisations to provide breaks directly on the basis of their own assessments. Level of commissioning of voluntary organisations should be determined by local need and reflect stakeholders views;

vii. fund administration relating to local carers strategies and consultation with carers;

viii. in line with good practice, councils are encouraged to agree a plan with stakeholders to ensure the grant is spent on locally agreed priorities;

ix. implement the provisions of the impact of the Carers (Equal Opportunities) Act 2004.

6. In addition to those services described, it is the Government's intention that councils should continue to respond more imaginatively to requests for diversity in service provision for carers.

Carers' Services

7. It is recognised that the results of a carer's assessment will usually be the provision of community care services to the service user. Such community care services should be as flexible as possible.

8. Where sustainability of the carer's role is dependent on other factors local councils can spend carers grant on Carers and Disabled Children Act 2000 carers' services for carers. Examples might include driving lessons, moving and handling classes or a short holiday for the carer to enable them to have time to themselves.

9. Local authorities should also look at supporting carers' wellbeing through opportunities that might not involve a conventional breaks service. Examples might include funding courses to support carers to move on to new learning and/or work or volunteering opportunities. This might include help with confidence building and skills.

10. Local authorities must also now consider the Carers (Equal Opportunities) Act 2004 which came into force in April 2005. The Act seeks to give carers more choice and better opportunities to lead a more fulfilling life by ensuring that carers receive information about their rights under the Carers and Disabled Children Act 2000. It also ensures that carers' assessments consider leisure, training and work activities, and provides for co-operation between local authorities and other bodies, including housing, education and health, in relation to the planning and provision of community care services that are relevant to carers.

11. In recognition of the need to work across health and social care boundaries councils should consider using some of the money allocated for carers' services to employ a carers' development worker. This role would be to develop carers' services locally and in particular the links to the NHS. This could be done through a pooled budget arrangement, which would establish a firmer basis for partnership working. Recruitment to such a post should be done in consultation with local stakeholders.

Payment of the grant

12. Three star councils will receive their grant in one payment in April 2006 for the 2006/07 financial year and in April 2007 for the 2007/08 financial year.

Payments to two star, one star and zero star rated councils will be made quarterly and by the end of April, July, October and January in the appropriate year.

Guidance and Publications on Carers' Issues

13. Further information, in particular Guidance on the Carers and Disabled Children Act 2000, can be found on the Government Carers' Web-site, <http://www.carers.gov.uk/>

Appendix 4 Original letter from the Department of Health requesting documentation from local authorities



Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

31 October 2007

Gateway Reference: 8983

To: Directors of Adult Social Services

Local Authorities' Use of Carers Grant 2004-06: review of expenditure/impact

Dear Colleague

I am writing to inform you that the Department for Health has recently commissioned Carers UK, with their research partner the University of Leeds, to undertake a review of Local Authorities' use of the Carers Grant in the period 2004 – 2006; Professor Sue Yeandle will lead on this work. The purpose of this review is to gather detailed information about how the Carers Grant has been used and how effective it has been in enhancing support for carers; this will help make decisions relating to our revised *National Strategy for Carers*, due to be published in spring 2008.

The purpose of this letter is to **request Local Authorities to provide contact details and a number of key documents** that will be used to better inform the review. This has been designed to minimise extra work for local authorities, but it is essential that information be supplied by the deadline specified if the research team is to be able to do its work effectively. If you have any questions about the research design, these should be addressed to the research team.

As mentioned, your co-operation with this request is vital so that the full range of local authority experience will be taken into account. Existing evidence on this topic is patchy and, we suspect, does not capture either the range of innovations, pilots and developments that local authorities have worked hard to implement, or the difficulties that may have been encountered at local level, in using the funds made available to benefit carers.

Please can you ensure that your authority's Carers Lead (or other relevant point of contact) receives this request, and responds directly to the University of Leeds, by **21 November 2007**. The research team will follow-up a sample of these responses with an email or brief telephone call to request additional details or provide clarifications. Your assistance in this additional information gathering is also appreciated.

Our aim, through this work, is to gain a better understanding of what works for carers, how far the Carers Grant approach has supported local authorities in developing effective relationships with key stakeholders and, whether real improvements in carers' lives have resulted from this investment.

Thank you for your continued support in this important area of work.

Yours sincerely

A handwritten signature in black ink, appearing to read "Ivan Lewis". The signature is written in a cursive style with a large initial 'I' and a long, sweeping underline.

Ivan Lewis
Parliamentary Under Secretary of State for Care Services

Local Authorities' Use of Carers Grant 2004-06: review of expenditure/impact

IMPORTANT: Information request

To be completed by: Carers' Lead (or equivalent)

To be returned to: Prof. S Yeandle, CIRCLE, Univ. of Leeds (address label supplied)

Deadline: 21 November 2007

Please complete and return this sheet enclosing the documents requested below. Alternatively, this form and your documents can be emailed to: g.fry@leeds.ac.uk

1. Contact details for Carers' Lead officer (or equivalent)

Name:

Office address:

Email address:

Telephone:

May the research team contact you by email?

Yes / No

May the research team contact you by telephone for a short interview?

Yes / No

2. Please supply one copy of:

please indicate the documents supplied ✓

- A. Your LA's Expenditure Plan for its Carers' Grant allocations in 2004/5 and 2005/6 (and beyond, where available).
- B. Your current or most recent Carers' Strategy or Plan
- C. Your SAS spreadsheet data relating to carers (as supplied to CSCI, 31 May 2007).
- D. Details of who is involved in allocating Carers' Grant funds, e.g. the membership list for your Carers' Strategy Forum (or a similar group if you have one)
- E. Any other documentation you consider useful for the enquiry; for example leaflets advertising services funded through Carers' Grant, details of innovations or service improvements, etc.

Thank you very much for your co-operation with this request, which is appreciated.

Professor Sue Yeandle, Centre for International Research on Care Labour & Equalities,
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LS2 9JT

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Email s.m.yeandle@leeds.ac.uk

Website: <http://www.leeds.ac.uk/sociology/research/circle>

Appendix 5 Documentary analysis template

Local Authority	Type of Authority	Activity Level (ABC)	Carers (Equal Opps) Act 2004

Carers Grant Resource	Learning Disability	Physical Disability	BME	Young Carers	Old People	Mental Health	Other

Multi agency involvement	Health	Voluntary	Internal Local Authority

Carers Strategy	Decision Making	Targeting of Specific Carers	Inclusiveness	Innovation	Beneficiaries

Miscellaneous

Appendix 6 Interview schedule

1. Decision making

- *Who's responsible for making decisions on Carers Grant expenditure?*
- *What drives the way that Carers Grant is spent?*
- *To what degree do carers have a voice in decision making?*

2. Engaging new carers

- *Please tell us about any innovative ways of reaching new carers you have developed – how is Carers Grant involved?*
- *How are you going about targeting 'hard to reach' carers?*
- *Which groups of carers (if any) do you prioritise?*
- *How inclusive are your carer engagement policies?*

3. Voluntary sector

- *How has Carers Grant helped in developing relationships with voluntary sector organisations?*
- *How are carer projects funded using Carers Grant?*

4. Key local challenges

- *Please tell us about any local challenges relating to carers that you have identified.*
- *How has/will Carers Grant help you to overcome local challenges?*

5. Most significant achievements with Carers Grant

- *How has Carers Grant helped you to achieve goals relating to carers?*

6. Biggest problems with Carers Grant

- *Is Carers Grant helping to meet carers' unmet needs?*

7. Any other issues relating to Carers Grant

- *If you issue discretionary payments to carers, how do these work?*

Appendix 7 Interview analysis template

Issue	Notes
Decision making	
Engaging new carers	
Voluntary sector	
Key local challenges	
Most significant achievement	
Biggest problem	
Any other issues	

Appendix 8 Carers Lead Officers interviewed and their local authority's characteristics

Council	Reason for interview	Type of LA
1	Evidence of high activity with Carers Grant	Metropolitan City
2	Using Carers Grant well for Black and Minority Ethnic groups	Metropolitan City
3	Evidence of high activity with Carers Grant	London Borough
4	Evidence of high activity with Carers Grant	County Council
5	Evidence of low activity with Carers Grant	Metropolitan City
6	Evidence of high activity with Carers Grant	Metropolitan City
7	Using Carers Grant well for Young Carers groups	Metropolitan City
8	Evidence of high activity with Carers Grant	Metropolitan City
9	Using Carers Grant well for Physical Disability groups	London Borough
10	Using Carers Grant well for Physical Disability groups	London Borough
11	Using Carers Grant well for Learning Disability groups	Metropolitan City
12	Using Carers Grant well for Learning Disability groups	County Council
13	Using Carers Grant well for Older people	County Council
14	Using Carers Grant well for Mental Health groups	London Borough
15	Using Carers Grant well for Black and Ethnic Minority groups	London Borough
16	Was assessed as inactive, but interview proved otherwise	Metropolitan City
17	Using Carers Grant well for Physical Disability groups	Metropolitan City
18	Using Carers Grant well for Older People groups	County Council
19	Using Carers Grant well for Mental Health groups	County Council
20	Evidence of low activity with Carers Grant	County Council

Appendix 9

Method used in the additional research 2008-9

The following approach was used in 2008-9 to obtain the information from the 60 'non-responding' LAs. First, a web search for relevant material and for each Carers Lead Officer's contact details was undertaken. Where possible, contact was then made via email. An emailed reminder was sent if no response was initially forthcoming. Finally a follow up telephone call was then made with this officer to reinforce the request for information. This strategy proved successful: of the 60 targeted LAs, 38 replied to the request for documentation. Of these, five replied saying that no one was in post to provide the material sought. Of the 33 LAs supplying information, 20 provided all the requested information, and 13 provided partial information (almost always their Carers Strategy and related documentation; it was often the expenditure plan that was not provided. In these cases, the Carers Lead Officers generally reported that they did not have access to the relevant financial document).

The original questionnaire (see Appendix 4) was also modified to enable Carers Lead Officers to provide direct commentary on relevant topics identified as important in the original study. (A full copy of the modified questionnaire is provided in Appendix 10). The additional questions asked were:

- *In the period 2004/6, did you consider the annual Carers Grant allocation to be an important part of your local authority's funding for the support of carers?*
- *What do you consider were the main strengths and weaknesses of the Carers Grant funding (and approach) during that time?*
- *Please list, and briefly describe, any services/schemes/projects etc, that the Carers Grant funding allowed your local authority to invest in, develop or support:*

- *Please provide a brief note of explanation if there was a specific reason (or reasons) for your local authority's lack of response to the Ministerial letter sent on October 31 2007 (the original request of information).*

In each case there was also a request for the Carers Lead Officers to describe, in her / his own words, how Carers Grant was used in their LA. (The replies to the last question, about the reason/s for original non-response, are summarised in footnote³.)

Most other aspects of the original questionnaire were retained with a similar question asking whether the Carers Lead Officer was willing to be interviewed by telephone (only one of the 38 respondents refused). From those giving consent, a sample was drawn and a further 10 telephone interviews were conducted in the second phase of this project (Appendix 11 shows the kinds of LAs these participants represented) in addition to the 20 interviews carried out in the first phase.

The rest of this chapter details the findings from this additional research, drawing on material from three sources: responses made by Carers Lead Officers in the questionnaire; the documentary analysis; and analysis of the telephone interview data.

³ The modified questionnaire used in phase two of the research asked why the LA had not responded to the original request for documentation. In ten cases the Carers Lead Officer reported that she or he had not seen the original request for information, and four of the respondents indicated that they could not answer because their predecessor in the post was no longer available. Six other Lead Officers noted that new personnel were being recruited at the time of the original request; one Lead Officer suggested that this might have led to the request being overlooked. Some added that this was due to everyday pressure of work in their busy offices, while others could not say why there had been no response. Four of the 38 new respondents believed that they responded during the original study period, and six declined to comment. Finally, some LAs did not have a dedicated Carers Lead Officer and the questionnaire was filled in by someone who oversaw Carers Grant expenditure from a different post; as a consequence, it was claimed, the original letter may not have reached this intended member of staff.

Appendix 10 Revised letter from the University of Leeds requesting documentation from the non-responding local authorities

Local Authorities' Use of Carers Grant 2004-06: review of expenditure impact

IMPORTANT: information request

To be completed by: Carers Lead Officer (or equivalent)

To be returned to: Dr Gary Fry, CIRCLE, University of Leeds

Deadline: 15th December 2008

Please complete and return this sheet **by email**, enclosing the information requested, to: g.fry@leeds.ac.uk

This sheet has been sent to your local authority's Carers Lead Officer. Please consult the accompanying email for details about the purposes of the following questions.

Please respond to the following questions:

1. Your contact name /details as Carers' Lead Officer (or equivalent)

Name:

Email address:

Telephone:

2. In the period 2004/6, did you consider the annual Carers Grant allocation to be an important part of your local authority's funding for the support of carers?

Yes / No

[please type a brief answer explaining your response here]

3) What do you consider were the main strengths and weaknesses of the Carers Grant funding (and approach) during that time?

[please type your answer here; if this information is contained within existing documents you are able to supply (see question5), please indicate where it can be found]

4) Please list, and briefly describe, any services/schemes/projects etc, that the Carers Grant funding allowed your local authority to invest in, develop or support:

[please type your answer here]

5) Please indicate (✓) which of the following documents you are able to supply by email, and attach them to your reply:

- a) Your authority's expenditure plan for its Carers Grant allocations in 2004/5 and 2005/6
- b) Your authority's Carers Strategy covering the period 2004/6 (if one exists)
- c) Your authority's current Carers Strategy (if different from above)
- d) Any other information you consider useful for the enquiry – for example, leaflets advertising services funded through Carers Grant; details of innovations, service improvements, etc.

[If any or all of these documents can only be sent in hard copy, please post to Dr Gary Fry whose details are included at the foot of this page]

6) Please provide a brief note of explanation if there was a specific reason (or reasons) for your local authority's lack of response to the Ministerial letter sent on October 31 2007 (the original request of information).

[please type your answer here]

IN SOME CASES, WE MAY NEED TO MAKE FURTHER BRIEF ENQUIRIES BY TELEPHONE. PLEASE INDICATE (✓) IF THE RESEARCH TEAM MAY NOT CONTACT YOU FOR THIS PURPOSE?

These calls will take place during normal working hours. Please indicate below if there are particular days of the week or times when you are **NOT** usually available:

.....

Thank you very much for your cooperation with this request.

Please address any queries regarding this research to:
Dr Gary Fry, CIRCLE, School of Sociology and Social Policy, University of Leeds,
Leeds, LS2 9JT; tel: 0113 3437314; email: g.fry@leeds.ac.uk

Appendix 11 Carers Lead Officers interviewed and their local authority's characteristics (second phase)

Council	Reason for interview	Type of LA
21	Evidence of high activity with Carers Grant	London Borough
22	Using Carers Grant to promote inclusivity across carers groups	Metropolitan City
23	Using Carers Grant well for Mental Health groups	London Borough
24	Evidence of low activity with Carers Grant	County Council
25	Using Carers Grant well for young carers	Metropolitan City
26	Use of Carers Grant in rural region	County Council
27	Evidence of high activity with Carers Grant	Metropolitan City
28	Using Carers Grant well for Mental Health groups	County Council
29	Using Carers Grant well for Physical Disability groups	London Borough
30	Using Carers Grant well for Older People	County Council