



# Carers, Employment and Services in Southwark

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# CARERS look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

## Key Findings from the CES survey of carers in England, Scotland and Wales

Demand for care is growing, with more people needing to combine work and care.

In the CES survey, working carers told us that:

- Most had not had their needs assessed.
- Many were supporting someone who was not receiving services.
- Most had help from family and friends.
- Over half had a 'carer friendly' employer.
- Only a quarter had adequate support from formal services to enable them to combine work and care.
- Most named at least one service that was needed but was not currently received.

## Key Findings about carers in Southwark

**In Southwark 8,387 people have both a paid job and unpaid care responsibilities, supporting a relative, partner or friend who is sick, disabled or frail.**

**They include:**

**3,484 MEN** (54% of male carers)

**and**

**2,980 WOMEN** (36% of female carers)

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

**and**

**487 MEN** (8% of male carers)

**and**

**1,436 WOMEN** (17% of female carers)

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

**2,026** people (24% of working carers) provide 20 or more hours of unpaid care each week

Southwark's official return to the *Commission for Social Care Inspection* showed that in 2005-6, the borough had succeeded in assessing the needs of 1,560 carers of working age. As elsewhere in England, the numbers of carers being assessed has been growing since assessment was introduced, but this figure nevertheless represents only about 1 in 10 carers of working age in the borough.

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This report focuses on the situation of carers living in Southwark. It uses official statistics and new data from the CES survey to explore the extent of unpaid caring among people of working age in the borough, and examines the circumstances of employed carers who live in Southwark and the views of those who took part in the study. There were 50 responses to the survey from carers of working age living in Southwark: 85% were providing 20+ hours of care per week and 42% were in employment. 17 of the 134 CES in-depth interviews with carers were with Southwark carers. This report outlines the support available to working carers in Southwark, highlights innovation and service developments, and offers a contribution to the current policy debate about the role of carers in the delivery of social care in Britain, and about carers' need for support.

# Introduction

## About the study

This report is one of a series<sup>1</sup> relating to the Carers, Employment and Services (CES) study conducted in 2006-7 at the University of Leeds, commissioned by Carers UK.

The CES research team is based in the *Centre for International Research on Care, Labour and Equalities* at the University of Leeds. The CES study was funded by the European Social Fund and commissioned by Carers UK, lead partner of the Action for Carers and Employment (ACE) partnership, with funds allocated through the EU EQUAL Community Initiative Programme, 2005-7.

The study<sup>2</sup> included a national survey targeting carers of working age (1,909 responses), and an in-depth study in Southwark and 9 other localities in Britain based on interviews with carers (134), an investigation of local policy and provision relating to carers of working age, and detailed analysis of the 2001 Census<sup>3</sup>.

## 1. Carers and Employment in Southwark

In this part of the report we consider carers of working age in Southwark, focusing on the growing demand for care, the characteristics of carers of working age, and the circumstances of those carers who are combining their unpaid caring role with paid work.

### Demand for Care

*Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.*

Changes in the age structure of the population and advances in medicine are increasing the demand for care and drawing more people into unpaid caring roles. In Southwark in 2001 over 31,500 households (30% of all households) contained at least one person with a limiting long-term illness (LLTI). The borough's population of people aged 85+ is set to increase by 800 people (up 26%) by 2021<sup>4</sup>. In this age group 71% of people already report having a LLTI, and 33% are in poor health. These figures have risen since 1991, when 55% of the 85+ group had a LLTI<sup>5</sup>.

The 2001 Census showed Southwark had 18,346 carers providing support for their friends and relatives who needed help:

- 37,161 people in Southwark have a LLTI, among them 16,795 who are also in poor health.
- With age, many older people become frail (2,775 people in Southwark were aged 85 or older).
- Disability and other conditions have increased.

They included an estimated 670 parents who identified themselves as carers in households which contained a sick or disabled child<sup>6</sup>.

We estimate that, in Southwark alone, the care these unpaid carers provide would cost £292m per year to deliver using paid support<sup>7</sup>. Most carers give their help willingly, and wish to work in partnership with health and social service providers; often they enable those they care for to remain at home where they wish to be. All commentators expect demand for care to increase in coming years.

In 2001, 40% of carers in Southwark (almost 7,470 carers) belonged to ethnic minority groups

(Figure 1), a percentage a little below their share of the borough's total population (48%). This is not surprising, given the younger age profile of ethnic minority groups. Among those of working age, Pakistani and Bangladeshi men and women and Black Caribbean men have higher rates of caring than White British men and women. In CES Report 6 we show that these higher rates of caring are related to higher rates of sickness and disability in ethnic minority households.

**Figure 1 Carers in Southwark by ethnicity**

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

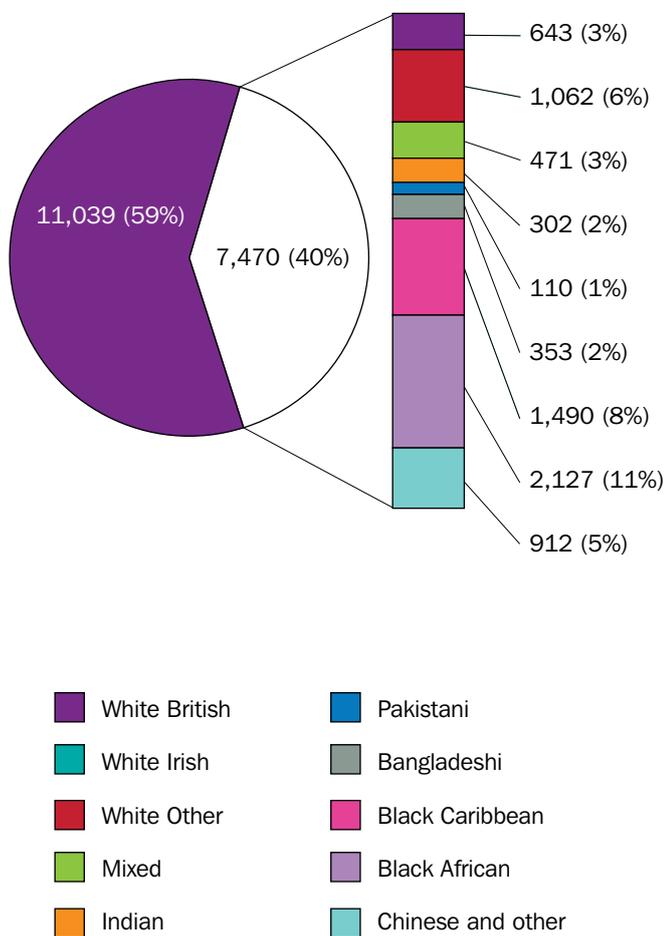
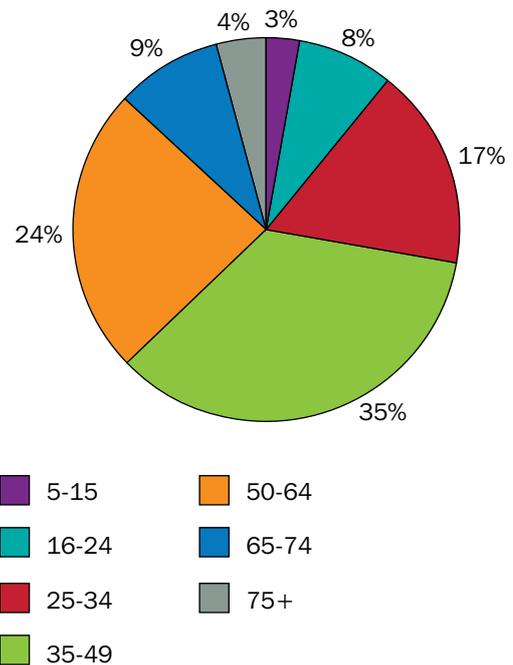


Figure 2 shows all carers in Southwark by age: 3% of carers were under 16, and 13% were aged 65+, but most were people of working age. In fact almost three in five carers in the borough were aged 35-64, for many people years in which their career or earnings are very important.

**Figure 2 Carers in Southwark by age**

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Within Southwark, caring is particularly concentrated in areas of socio-economic deprivation (see Figure 3). 25% of carers in Southwark live in workless households (17% of carers providing 1-19 hours of care a week, 25% of carers providing 20-49 hours and 51% of carers providing 50+ hours), compared with 18% of people who are not carers<sup>8</sup>.

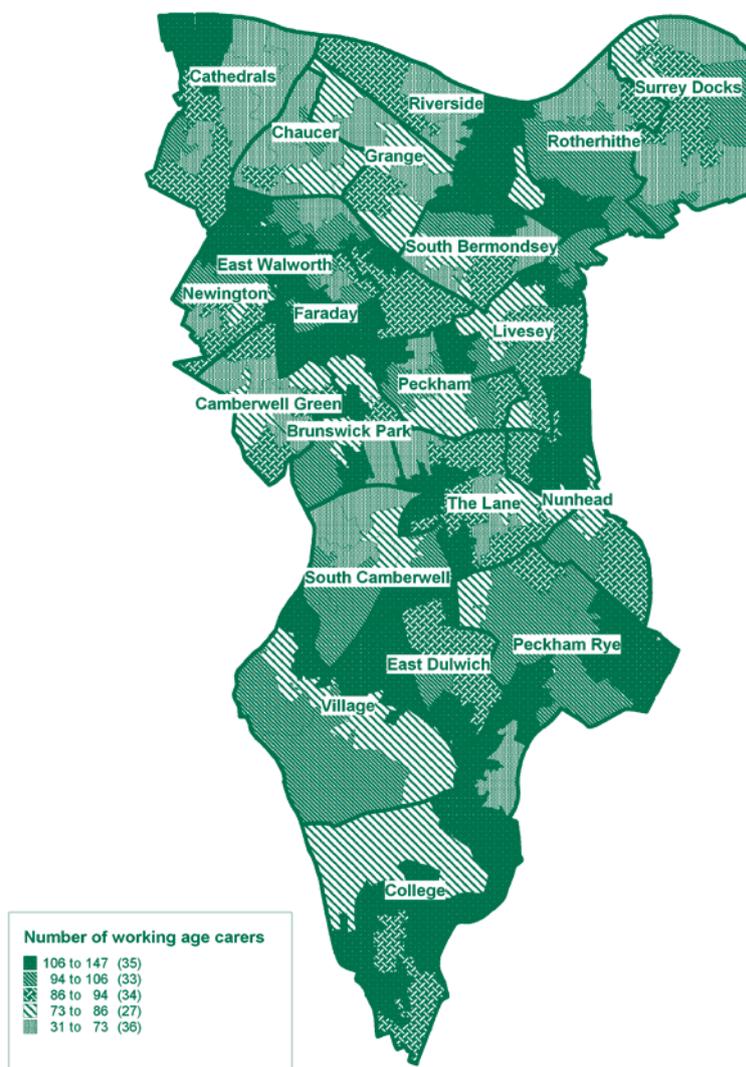
**Carers of Working Age**

81% of carers in Southwark (14,778 people) are of working age; 43% are men and 57% women. Their economic activity status and weekly hours of care are shown in Table 1.

Among people of working age, the likelihood of being a carer rises with age (Figure 4). Among male carers in Southwark, most also hold paid jobs. 48% of men who care for 20-49 hours per week have full-time jobs, 8% work part-time, and 10% are unemployed and seeking work. 9% care for their family full-time, 3% have retired early and 9% are themselves sick or disabled. Even among those men who have very heavy caring roles (50+ hours per week) 36% are in full-time paid work. However these male carers also have high rates of sickness and disability (15%), and a significant minority care for their family full-time (24%).

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

Sources: 2001 Census Area Statistics, Crown Copyright 2003. This work is based on data provided through EDINA UKBORDERS with the support of the ESRC and JISC and uses boundary material which is Copyright of the Crown; 2001 Census, Output Area Boundaries, Crown Copyright 2003. Note: In the key, figures in brackets indicate the number of Super Output Areas (each approximately 615 households) in the relevant category.



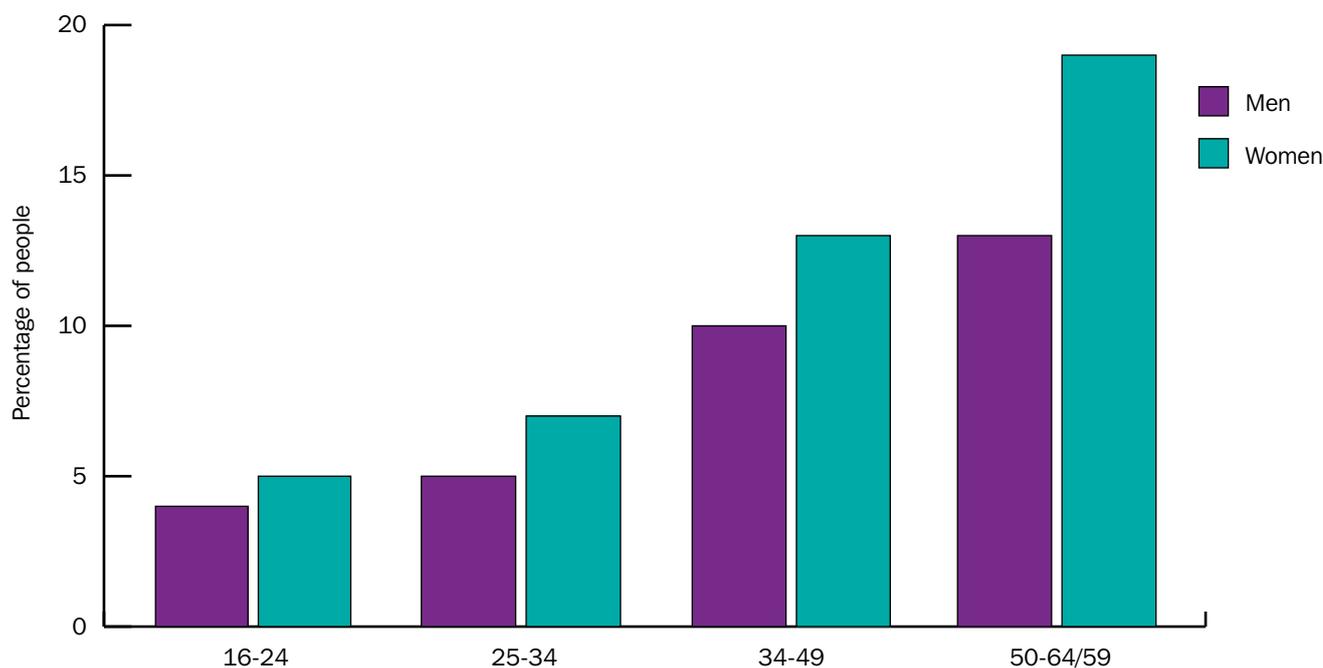
**Table 1: Carers of working age in Southwark by sex, employment status and weekly hours of care**

Source: 2001 Census Standard Tables, Crown Copyright 2003.

	Men (16-64)			Women (16-59)		
	Caring 1-19 hours	Caring 20-49 hours	Caring 50+ hours	Caring 1-19 hours	Caring 20-49 hours	Caring 50+ hours
<b>All of working age</b>	4,422	930	1,042	5,330	1,251	1,803
In full-time work	2,662	447	375	2,303	389	288
In part-time work	380	74	33	1,016	229	191
Unemployed	373	94	73	265	51	61
Permanently sick or disabled	229	82	155	228	85	165
Looking after home/family FT	88	84	258	773	330	902
(Early) retired	90	24	45	45	0	14

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

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Almost a half (49%) of female carers who care for 20-49 hours per week have paid jobs too, 31% work full-time and 18% work part-time. 7% are themselves sick or disabled and 26% care for their family full-time. Among women who care for 50+ hours per week, 16% work full-time and 11% part-time, while in this group 50% care for their family full-time, and 9% are sick or disabled themselves.

Working carers are thus a very important group, yet, as we will see, many feel poorly supported, suffer impacts on their health and financial position, and feel they need more help from formal services.

### Working Carers

We know from the 2001 Census that across Britain, carers are found in all occupations and in all industries, making working carers an important part of virtually every workforce throughout the whole economy. The occupations of employed men and women in Southwark (indicating their level of unpaid care responsibility) are shown in Figure 5. Carers who provide 20 or more hours of care per week are more strongly concentrated in lower level jobs than other workers, a picture also seen at national level. Both male and female carers are more likely to work

in 'routine' occupations, and less likely to work in managerial or professional jobs, if they care for 20+ hours per week.

The CES survey was designed to explore the circumstances of working age carers in more depth. It obtained responses from 1,909 carers, including 812 working carers. 59 respondents were carers living in Southwark. While not fully representative of all carers in the borough, the information provided by these carers gives some insight into carers' circumstances and into what combining work and care is like for someone living in the borough.

- 21% of Southwark carers told us their health was 'not good' (26% of our whole GB sample).
- 64% of Southwark carers had been caring for 5 or more years (68% of our GB sample).
- 86% of Southwark carers provided 20+ hours of care per week (82% of our GB sample).
- 49% of Southwark carers were struggling to make ends meet (33% of our GB sample).

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

- Services are too expensive (42% compared with 33% of our whole GB sample).

- They do not like the way services are organised (29% compared with 31% of our whole GB sample).
- There are no suitable services in their area (39% compared with 32% of our whole GB sample).
- Services are not reliable (41% compared with 30% of our whole GB sample).
- Services are not flexible (65% compared with 46% of our whole GB sample).
- Services are not sensitive to needs (52% compared with 44% of the whole GB sample).
- They do not know what is available locally (55% compared with 31% of our whole GB sample).
- The cared for person does not want to use services (42% compared with 37% of our whole GB sample).

In Southwark, 28 respondents were carers of working age (16-64) who were not currently in paid work. Of these:

- 3 had retired early from a paid job.

- 5 were looking for work.
- 15 were looking after home and family full-time.
- 1 was not working due to sickness/ disability.
- A third (33% compared with 39% of our whole GB sample) would prefer to be working.

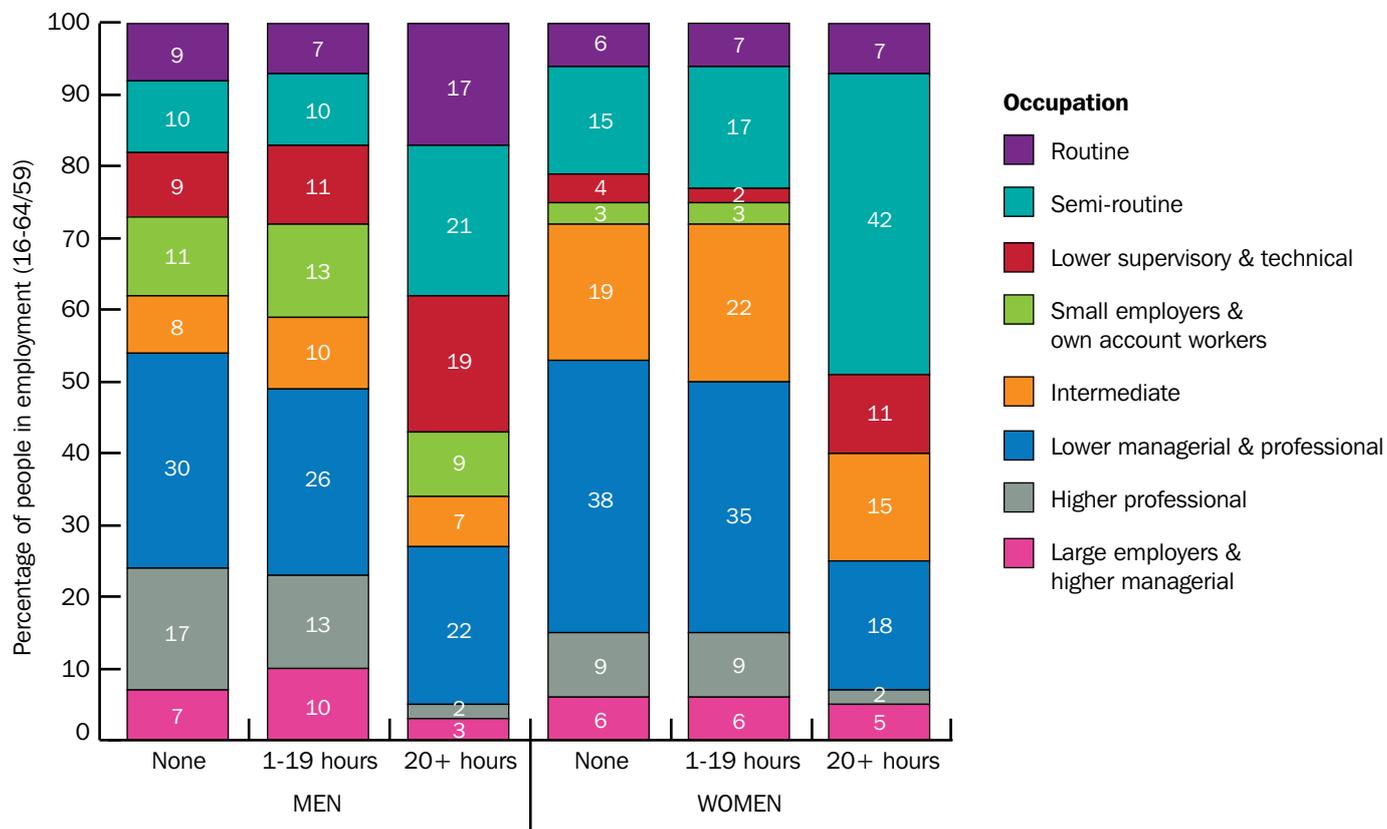
Southwark working carers in the CES survey included:

- 5 men and 15 women.
- 8 people working FT and 10 people working PT.
- 7 people caring for a sick or disabled child.
- 7 people caring for a partner or spouse.
- 6 people caring for a parent or parent-in-law.

Some of the views expressed by working carers about the way they are supported – by family and friends, in the workplace, and by formal services – are indicated in the next section of this report, which also highlights some contrasting examples of carers’ experiences in Southwark. A much fuller discussion of all the study findings can be found in the CES national Reports.

**Figure 5 People in employment in Southwark by caring responsibilities and socio-economic group**

Source: 2001 Census SAM<sup>8</sup>. Note: Data in this figure are for men aged 16-64 and for women aged 16-59.



## Combining Work and Care

Many carers in Southwark are working carers: in 2001 3,848 men and 2,980 women were combining care with full-time employment (54% and 36% of male and female carers respectively), while a further 487 men and 1,436 women were providing unpaid care while working part-time (8% and 17% of male and female carers respectively). Table 2 shows working carers' views as expressed in the CES survey.

The carers who gave us face-to-face interviews in Southwark highlighted a number of important issues. As elsewhere, they often found maintaining paid work a challenge, and some had been forced to leave their jobs:

*You're having to explain everything – your life history on the table, you know. I thought – I don't have to explain nothing to you. Then I got up one morning, it was a Sunday morning, and I thought it was time to leave (work). I can't keep refusing appointments.*

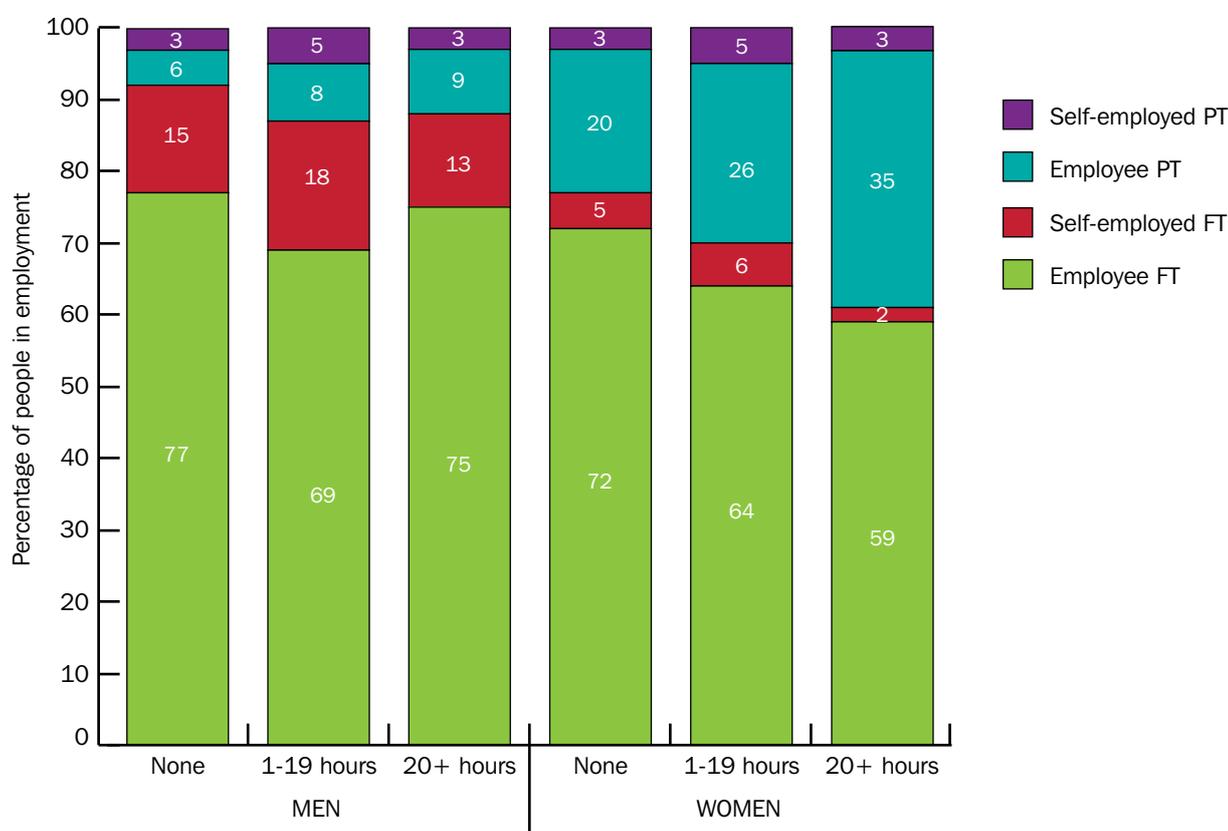
**Table 2 Combining work and care**

Source: CES Survey, University of Leeds, 2007.

% in paid work agreeing that: number =	Southwark 20	GB 786
I have adequate services to enable me to work	22	27
My employer is carer-friendly and I feel supported at work	56	58
I rely on family and friends to enable me to work	67	70
I am considering giving up my job	56	39
My caring responsibilities do not affect my job	22	22

**Figure 6 Carers in employment in Southwark by caring responsibilities and employment status**

Source: 2001 Census Standard Tables, Crown Copyright 2003. Note: Data in this figure are for men aged 16-64 and for women aged 16-59.



Many had found accessing appropriate services a struggle; obtaining support at the immediate point of need could be particularly problematic. Some said it had taken years to get a suitable care package.

*You know you are on a road and you don't know where you are going - and it would be nice if people could sort of help you with that.*

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

*I don't believe in sitting at home...When you are doing something full-time you feel as though you are using your potential...So, ideally, I would like to go to work.*

Many reported that the demands of caring left little time for other aspects of life, including spending time with other family members or children:

*To come from a stressful job, the last thing you want to do is to go anywhere else, you want to go home. During the week I feel I haven't seen home, because by the time I get in it's so late and I go to bed.*

Carers in Southwark described their experiences in ways which highlight both what can be achieved when carer support is flexible and responsive, and the problems which carers face when the services received do not provide the carer with appropriate support:

*I could say we are going to have this - we are going to have care workers coming in, etc. But you don't have any control over that, and I find that terribly frustrating because I could do it a lot better if I was given the help.*

*They [Direct Payments] are essential to me [to facilitate paid work], but that's why I also wanted someone personal rather than someone who just calls in.*

## JASMINE'S EXPERIENCE

*I could just go to work, find myself a job and earn ten times what I earn in a week. The thing is I can't, because I'm caring and everything.*

Jasmine is a young woman who has recently left university to care full-time for several members of her family. Her main priority is her grandfather who is suffering from a terminal illness, but she also has caring responsibilities for three of her brothers and sisters. She lives in a household of 7, headed by her mother who is the main carer for Jasmine's brothers and sister. It is extremely difficult to make ends meet in the household, and Jasmine spends much of her Carer's Allowance on travelling to visit her grandfather. Jasmine has contacted Social Services, but her grandfather is not considered eligible for any home care support. Jasmine is no longer enrolled at her university, but retains ambitions for her future, although she believes these will be difficult to achieve in her current situation.

## JOANNE'S EXPERIENCE

*The hours that they can allocate, I think Mum is on the highest, and I personally don't feel that's enough. So if I wasn't around for a week, Mum would have someone come in twice a day for an hour. That just doesn't seem right to me.*

Joanne manages to work full-time as well as caring for her elderly mother. Combining the two leaves her exhausted, and she has very little time in her day to see her husband or friends. She is fortunate to work at a small business with a considerate manager who is flexible and understanding in emergencies. Joanne believes this is a two-way relationship born out of trust and respect for each other. This position is an improvement on her previous post, where she had to hand in her notice as her hours of work were restrictive and the employer unsympathetic. Although she receives home care assistance through the Direct Payment scheme Joanne believes the allotted hours are the bare minimum she needs, and feels an increase would make her life far easier. She only discovered Direct Payments when surfing the internet. She now feels well informed about her options, but thinks this information should be readily available through Social Services when people first become carers.

Like others in the CES Reports, these examples highlight the need for high quality, accessible services – which can improve quality of life for individual carers and their families, and enable carers to participate in paid employment, thereby contributing to the support of their families, and putting their skills to work in the formal economy where securing an adequate supply of labour is an increasing problem for some employers.

In England, Wales and Scotland, many carers in the CES study lacked confidence in the ability of statutory agencies to respond quickly and appropriately to their situation, and, because of this and other problems in securing support, some were at risk of giving up work.

We turn next to arrangements for supporting carers of working age, especially those who are in paid employment, both nationally and in the borough of Southwark.

## 2. Support for Working Carers

### National Policy Context

Over the past decade, professionals and practitioners have been working in closer partnership with carers of those using social care services. Underpinning their approach has been an emerging understanding of the key role carers play in the delivery of health and social care, and a growing recognition of the importance of acknowledging their contribution and treating them with dignity and respect. Since 1995, carers have been recognised in law, and new legislation has been passed which provides carers with a limited range of rights and entitlements.

The legislation and policy now in place (Figure 7) secures: carers' right to 'emergency leave' from work to deal with caring crises; the right to request flexible working arrangements (since April 2007<sup>9</sup>); and a right to an assessment of their own needs which takes their wishes with regard to education, training, employment and leisure into account (since 2005<sup>10</sup>).

These recent changes have placed new statutory obligations on local authorities, employers and others. Since 1999, government has also allocated special funding (Carers Grant) to local authorities to help them deliver better support for carers. In Southwark, this funding allocation, in 2005-6, was £1.8m. Across the country, many local agencies have been innovative and resourceful in their response. However, delivering new forms of support for carers, and in particular to employed carers, has in many localities been affected by resource constraints, organisational blockages, and difficulties

in building genuine partnerships. In the workplace, and elsewhere, developments have sometimes been affected by out-of-date attitudes towards carers, or by ignorance of the ubiquity, importance and necessity of carers' roles.

### Services relevant to carers in Southwark

Table 3 presents recent official data about Carers Assessments and about services provided to carers in Southwark, as collected in formal returns to the *Commission for Social Care Inspection* (CSCI). While this shows that Southwark succeeded in assessing the needs of 1,560 carers of working age in 2005-6, it should be noted that this figure represents only a small percentage of the borough's almost 15,000 carers of working age (well over 8,000 of whom have paid jobs as well as caring roles) – a situation also seen in other parts of the country). Thus only a small minority of carers had had their own needs assessed or had received services in their own right as carers.

Evidence presented elsewhere in the CES Report Series indicates, however, that it cannot be assumed that carers not in touch with the assessment and service provision process have only very light caring duties, or do not need or want support. Many working carers (as shown in the national CES Reports) need and want better support. Their needs include more suitable services for those they care for, and information about how to secure these; information about what is available locally, and guidance about managing caring and employment.

**Figure 7 Main legislative/policy developments affecting carers in England since 1995**

\*This column highlights selected provisions, and does not aim to summarise all aspects of the development indicated.

Development	Key change for carers*
<b>Carers (Recognition and Services) Act 1995</b>	Introduced the concept of a Carers Assessment.
<b>Caring About Carers: a national strategy for carers</b> Policy statement, Department of Health (1999)	Stressed that enabling carers to combine paid work and care was a priority for government.
<b>Employment Relations Act 1999</b>	Gave employees the right to 'reasonable time off' to deal with emergencies.
<b>Carers and Disabled Children Act (2000)</b>	Gave carers the right to an Assessment (carers of adults and carers of disabled children). Allowed carers to receive services in their own right, and introduced Direct Payments to purchase these. Direct Payments offered to parents of disabled children to manage on their children's behalf.
Changes to <b>Invalid Care Allowance</b> (now known as <b>Carers Allowance</b> ) (2000)	Amendment to the <i>Social Security (Contributions and Benefits) Act 1992</i> , which included extending carers' benefits to people aged 65 and over.
<b>Employment Act 2002</b>	Gave employed parents of disabled children under the age of 18 the right to request flexible working arrangements.
<b>Children Act 2004</b>	Required local authorities to lead on joined-up service delivery through multi-agency Children's Trusts. Strong emphasis on supporting families and carers, described as ' <i>the most critical influence on children's lives</i> '.
<b>Carers (Equal Opportunities) Act 2004</b>	Placed a statutory duty on local authorities to inform carers of their rights, and to consider carers' wishes in relation to education, training and employment when conducting Carers Assessments.
<b>Every Child Matters: change for children</b> Policy document (2004)	Indicated that disabled children and children with long-term health conditions should ' <i>receive co-ordinated services which allow them and their families to live as ordinary lives as possible</i> '.
<b>Work and Families Act 2006</b>	Extended the right to request flexible working arrangements to all carers in employment, from April 2007.
<b>Childcare Act 2006</b>	Placed a duty on local authorities to provide sufficient childcare for working parents ' <i>which includes provision suitable for disabled children</i> '.
<b>Our Health, Our Care, Our Say: a new direction for community services</b> , Department of Health White Paper (2006) <b>New Deal for Carers</b> Policy announcement (2007)	Outlined an expectation that local authorities and Primary Care Trusts would identify a Carers Lead. Recommended the introduction of funds for emergency respite care, and development of an Expert Carers Programme and a national Carers Helpline. Initiated a consultation on a 'New Deal for Carers'. Package of measures relating to respite, emergency planning and help-lines for carers.
<b>Pensions Act (2007)</b>	Recognised carers' situation, and reduced the number of qualifying years carers need for a full basic state pension; introduced a new Carers Credit for those caring 20+ hours a week for someone who is severely disabled.
Revised <b>National Carers Strategy</b> (due 2008)	The UK government's consultation process on this began in 2007.

**Table 3 Carers Assessments and services provided directly to carers, Southwark and England**

Source: Community Care Statistics 2005-06: Referrals, assessments and packages of care for adults, England: The Health and Social Care Information Centre. Note: \* estimated from available data.

<b>1st April 2005-31st March 2006</b>	<b>Southwark</b>	<b>England</b>
<b>Total number of carers assessed and reviewed</b>	2,310	388,000
Number of carers assessed or reviewed separately	2,310	91,000
Number of carers assessed or reviewed jointly with client	0	247,000
Number of carers who refused assessment	0	49,000
<b>Number of Carers Assessments and reviews undertaken by age</b>		
<18	140	4,100
18-64	1,560	169,000
65-74	360	66,000
75+	250	100,000
Age unknown	0	0
<b>Number of carers receiving services after assessment or review</b>	2,120	284,000
<i>Carers receiving breaks or carers specific services</i>	900	142,000
<i>Carers receiving advice and information only</i>	1,210	142,000
<b>Number of carers receiving services after assessment or review by age</b>		
<18	110	3,700
18-64	1,420	141,000
65-74	360	55,000
75+	230	84,000
Age unknown	0	0
<b>Number of carers receiving services or information, by client group of cared for person</b>		
Physical disability, frailty and sensory impairment		
<i>Carers receiving breaks or carers specific services</i>	500	95,000
<i>Carers receiving advice and information only</i>	700	110,000
Mental Health		
<i>Carers receiving breaks or carers specific services</i>	300	23,000
<i>Carers receiving advice and information only</i>	400	18,000
Learning Disability		
<i>Carers receiving breaks or carers specific services</i>	30	16,000
<i>Carers receiving advice and information only</i>	50	10,000
Substance Misuse		
<i>Carers receiving breaks or carers specific services</i>	0	1,900
<i>Carers receiving advice and information only</i>	0	500
Vulnerable People		
<i>Carers receiving breaks or carers specific services</i>	30	6,100
<i>Carers receiving advice and information only</i>	30	3,000
<b>% carers receiving services following assessment or review</b>	92*	84

In Southwark steps have been taken to address these issues, and some of these are outlined below.

## Policy developments in Southwark

Southwark London Borough has played its part in the modernisation of social care delivery, at the local level, and has placed considerable emphasis on developing new ways of giving service users and their carers greater control in deciding how and where available resources are spent.

In March 2006, the borough was awarded Beacon Status under the category *'Transforming the Delivery of Services through Partnerships'* for its joined-up approach to commissioning and service delivery in respect of adult social care in the local community<sup>11</sup>. Its partnership with Southwark Primary Care Trust, voluntary groups and service users and carers' representatives has been in place since 2003 and is a key part of the Council's commitment to meet the challenges of 'delivering independence to clients with high levels of deprivation, social exclusion and high care needs'<sup>12</sup>. In 2005-06, the CSCI noted in its 'Record of Performance Assessment for Adult Social Care in Southwark' that *'effective joint commissioning arrangements are in place with the PCT backed by integrated performance management and robust contracting with service providers.'*<sup>13</sup>

As the comment above suggests, Southwark has developed strong relationships with the voluntary sector. The Carers Strategy Forum (CSF) was formed in June 2004 to improve the Council's consultative processes through the voluntary sector and to increase the transparency of policy formulation. The Forum is positioned within the Health and Social Care Partnership and its purpose is to develop the borough's Carers Strategy and annual action plans, and to agree the allocation of the Carers Grant. Members of the Forum include representatives from all service area Partnership Boards, the voluntary sector and carers. It is chaired by the Head of Services: Older People and Physical Disability, underscoring the Council's commitment to this area of work, and facilitated by the Carers Strategy Officer, based in Adult Services with support from a commissioning officer based in Children's Services, so that the link between these areas for carers is explicit. The Forum is not complacent about its

membership, and considerable effort has been invested to ensure that carer representatives take part, to meet the Forum's central aim of identifying the needs of carers who do not easily access services.

*There is a good ongoing piece of work which is around building the capacity of both users and carers to get engaged, whether it's the Carers Strategy Forum, Partnership Boards or Patient Participation and Involvement Forums – across the board. That training talks about inducting people, and about how [as a member] to get things on to the agenda. Really helpful and basic stuff, to help people engage.*

(Senior Officer, Southwark Council, CSF member)

Through this group, Southwark Health and Social Care Partnership has set out its ambition to provide high quality services for carers that are flexible and person centered. Increasing the take-up of Direct Payments is a key part of the approach – based on an understanding that these payments can enable carers to 'meet their own leisure, respite, educational or training needs'<sup>14</sup>. A Direct Payments Project manager is in post to manage the Council's investment in this area, and resources have been directed to the voluntary sector<sup>15</sup> to provide support for users and carers wishing to use Direct Payments. A policy on third party arrangements has been put in place, enabling clients to nominate someone they know and trust to manage payments on their behalf, and training on Direct Payments is mandatory for all practitioners who are involved in Care Assessments:

*It was identified very early in the process that the key to the success of Direct Payments in Southwark is the provision of strong and effective support to enable people to make good decisions about their care.*<sup>16</sup>

As a result of this work, CSCI noted in 2005-06 that the rate of adult service users in receipt of Direct Payments had increased significantly, from a low base, in particular to adults with physical disabilities and carers of disabled children.

As in many of the authorities studied, the voluntary sector is a key service provider in Southwark, linking carers to information services, advocacy and counselling services and to respite support.

Since the introduction of Carers Grant in 2000 considerable investment has been made to build the capacity of small and specialist voluntary organisations to successfully apply for grants to deliver services and to become sustainable, particularly those which serve black and ethnic minority communities:

*There's an umbrella organisation called Southwark Community Care Forum who we fund to deliver capacity-build training, support to organisations that might be struggling – part of their role is to help bring into the fold new organisations.*

(Senior Officer, Southwark Council)

In addition to supporting 'building-based' services, the Carers Grant funding is also used to support a dedicated development/outreach post for 'hard to reach' carers, particularly ethnic minority carers. The post holder is based in the community at a voluntary organisation<sup>17</sup>.

To increase the quality and flexibility of its response to carers, Southwark Health and Social Care Partnership has made considerable investment to

increase the numbers of carers being offered Carers Assessments and a subsequent review. This has been a challenge, as the role and importance of assessment has had to be conveyed to both social care and health staff working in universal teams<sup>18</sup>. Most progress has been made where specialist assessors are in post, for example in the area of learning disabilities, where assessors are trained to discuss not only a carer's immediate needs but also how their role and needs may change in the future.

The agenda relating to carers and employment has been taken up as a key part of the Carers Assessment training for staff, complying with the Council's obligations under the *Carers (Equal Opportunities) Act 2004*. The Council also funds a number of related services delivered by voluntary sector partners, for example benefits information sessions aimed at carers. The Carers Strategy Action Plan 2005-2008 draws attention to the education and training needs of former carers as well as to the importance of raising local employers' awareness of carers' issues, which it acknowledges should be the responsibility of all partner agencies.

### 3. Issues and Challenges

Despite these achievements, reaching working carers, providing them with information and encouraging them to use carers' services is still 'work-in-progress' for Southwark, as for all local authorities. At present the number of Carers Assessments, as a 'gateway' to services, is capturing only a minority of all local carers – although by comparison with the national figures, Southwark provides a relatively high proportion of the support it allocates to carers of working age, and in 2005-6 an estimated 1,560 carers in this age group had had their needs assessed. It is not known, however, how many of these were carers combining their unpaid caring role with paid work.

In Southwark, as elsewhere, restrictions on Adults' Services budgets and the eligibility criteria used in

identifying those who can receive support through social services mean that it is mainly carers at the 'heavy' end of caring who get support; local experience is that many of those who are in touch with services are a long way from the labour market. Evidence in the CES study at national level suggests that it is important not to assume that such carers cannot or do not want to work, however; carers' experience, up and down the country, is that they are rarely asked about their preferences, or if they need support in accessing a paid job. Carers Assessments are one vehicle for identifying ways of improving the support available to working carers – both by identifying direct help for carers (e.g. through respite and breaks) and by delivering services to those they care for in more flexible, sensitive and situation-specific ways.

A second challenge is delivering the changes required by the *Carers (Equal Opportunities) Act 2004*. It is recognised that promoting the right of carers to a life outside caring by safeguarding their employment and training opportunities is moving forward only slowly. As with most authorities included in the CES study, Southwark's work in this area has mainly been delivered through pilots, special projects and short-term initiatives.

In Southwark's Carers Strategy 2005-2008, 'Employment, Training & Education' is one of eleven elements identified. Here the approach aims to ensure carers obtain maximum financial advantage in relation to their own individual circumstances, and that they are supported to remain economically active. Actions due to be undertaken include the allocation of funds for accredited 'back to work' training for carers who want to begin job-seeking and whose confidence and CV will benefit from attaining an NVQ level qualification.

Carers Grant, introduced in England in 1999 as an additional resource allocation to local authority social services departments, has been a very important and effective catalyst for service development, yet these funds have represented a 'drop in the ocean'

in achieving the transformation of services needed by working carers. Some local authorities included in the CES study were concerned about whether funding of this type would continue, and about how to protect such funds as core budgets were affected by other pressures. Some argued that until a carers' perspective was adequately embedded in the thinking of all social care and health staff, core funding which supported services for users would not necessarily be allocated in ways which best support carers. As both carers and service providers told us, high quality services to users, funded out of local authorities' Adults' Services and Children's Services core budgets are extremely important in supporting carers.

To mainstream responsibility for supporting carers in employment to all relevant local agencies – those responsible for job creation, recruitment and the supply of skilled labour, as well as local employers – is a major challenge. Southwark Council recognises that there are emerging opportunities in the areas of local regeneration and local strategic planning into which a focus on carers' employment could be inserted. Increasingly local authorities in England are using Local Area Agreements as a mechanism, to give issues such as this greater attention<sup>19</sup>.

## Notes

- <sup>1</sup> The *CES Report Series* includes 6 titles presenting national level analysis: 1. Stages and Transitions in the Experience of Caring; 2. Managing Caring and Employment; 3. Diversity in Caring: towards equality for carers; 4. Carers, Employment and Services in their Local Context; 5. Action for Carers and Employment: impact of the ACE partnership 2002-7; 6. Carers, Employment and Services: time for a new social contract? Separate reports relating to Scotland and Wales and to the English localities studied are also available.
- <sup>2</sup> Details of methods used are given in CES Report 6.
- <sup>3</sup> Data on carers' characteristics are from the 2001 Census Standard and Commissioned Tables, Crown Copyright 2003, and the 2004-based Sub-national Population Projections, except where the indicated source is the CES survey 2007.
- <sup>4</sup> 2004-based Sub-national population projections, ONS, Crown Copyright.
- <sup>5</sup> 2001 Census Standard Tables and 1991 LBS, Crown Copyright. The question about general health used in 2001 was not asked in the 1991 Census.
- <sup>6</sup> Figure estimated using 2001 Census Standard Tables with data on households with a resident aged 0-15 with a LLTI and the number of carers in the household.
- <sup>7</sup> Buckner, L and Yeandle, S (2007) *Valuing Carers: calculating the value of unpaid care* London: Carers UK.
- <sup>8</sup> Data from the 2001 SAM (Small Area Microdata), provided through the Cathie Marsh Centre for Census and Survey Research (University of Manchester), with the support of the ESRC and JISC. All tables containing Census data, and the results of analysis, are reproduced with the permission of the Controller of Her Majesty's Stationery Office and the Queen's Printer for Scotland.
- <sup>9</sup> Under the *Work and Families Act 2006* which came into force in 2007. This right had previously been granted to carers who were parents of a disabled child aged under 18 in the *Employment Act 2002*.
- <sup>10</sup> Under the *Carers (Equal Opportunities) Act 2004*, which came into force in 2005, and applies in England and Wales, but not in Scotland.
- <sup>11</sup> Southwark Council, *Press Release*, 22 March 2006.
- <sup>12</sup> Southwark Council, *Direct Payments – Questions from the Scrutiny Team*, 14 September 2004.
- <sup>13</sup> *CSCI Record of Performance Assessment for Adult Social Care 2005-2006*, Summary of improvements.
- <sup>14</sup> Southwark Council, *He Cares Do You? Carers Strategy for Southwark 2005-2008*.
- <sup>15</sup> For example with Southwark Disablement Association and Choices Independent Living.
- <sup>16</sup> Southwark Council, *Direct Payments – Questions from the Scrutiny Team*, 14 September 2004. [http://www.southwark.gov.uk/uploads/file\\_9683.pdf](http://www.southwark.gov.uk/uploads/file_9683.pdf)
- <sup>17</sup> Taifa Community Care Project.
- <sup>18</sup> Southwark Council, interview with senior officer.
- <sup>19</sup> Southwark NHS Trust Board, summary report '*Our Health, Our Care, Our Say*', 9 March 2006 <http://www.southwarkpct.nhs.uk/document>.

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## Finding out more

Carers UK improves carers' lives through information provision, research and campaigning. This research was commissioned by Carers UK on behalf of the ACE National partnership, and part-funded under the European Social Fund's EQUAL Community Initiative Programme. To find out more about Carers UK, contact:

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