



Carers, Employment and Services in Sheffield

*Sue Yeandle, Cinnamon Bennett, Lisa Buckner, Gary Fry and Christopher Price:
University of Leeds*



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 Sheffield

In Sheffield 26,985 people have both a paid job and unpaid care responsibilities, supporting a relative, partner or friend who is sick, disabled or frail.

They include:

11,176 MEN (60% of male carers)

and

7,189 WOMEN (31% of female carers)

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

and

1,232 MEN (7% of male carers)

and

7,388 WOMEN (31% of female carers)

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

5,133 people (19% of working carers) provide 20 or more hours of unpaid care each week

Sheffield's official return to the *Commission for Social Care Inspection* showed that in 2005-6, the city had succeeded in assessing the needs of 1,680 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 a very small percentage of all carers of working age in the city.

This report focuses on the situation of carers living in Sheffield. 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 city, and examines the circumstances of employed carers who live in Sheffield and the views of those who took part in the study. There were 62 responses to the survey from carers of working age living in Sheffield: 71% were providing 20+ hours of care per week and 61% were in employment. 14 of the 134 CES in-depth interviews with carers were with Sheffield carers. This report outlines the support available to working carers in Sheffield, 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 series¹ 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 study² included a national survey targeting carers of working age (1,909 responses), and an in-depth study in Sheffield 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 Census³.

1. Carers and Employment in Sheffield

In this part of the report we consider carers of working age in Sheffield, 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 Sheffield in 2001 over 81,900 households (38% of all households) contained at least one person with a limiting long-term illness (LLTI). The city's population of people aged 85+ is set to increase by 3,000 people (up 29%) by 2021⁴. In this age group 77% of people already report having a LLTI, and 42% are in poor health. These figures have risen since 1991, when 58% of the 85+ group had a LLTI⁵.

The 2001 Census showed Sheffield had 55,931 carers providing support for their friends and relatives who needed help:

- 101,208 people in Sheffield have a LLTI, among them 47,982 who are also in poor health
- With age, many older people become frail (10,641 people in Sheffield were aged 85 or older).
- Disability and other conditions have increased.

They included 1,650 parents who identified themselves as carers in households which contained a sick or disabled child⁶.

We estimate that, in Sheffield alone, the care these unpaid carers provide would cost £864 million per year to deliver using paid support⁷. 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, 8% of carers in Sheffield (over 4,400 carers) belonged to ethnic minority groups (Figure

1), a percentage a little below their share of the city's total population (11%). This is not surprising, given the younger age profile of ethnic minority groups. Among those of working age, Pakistani men and women 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 Sheffield by ethnicity

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

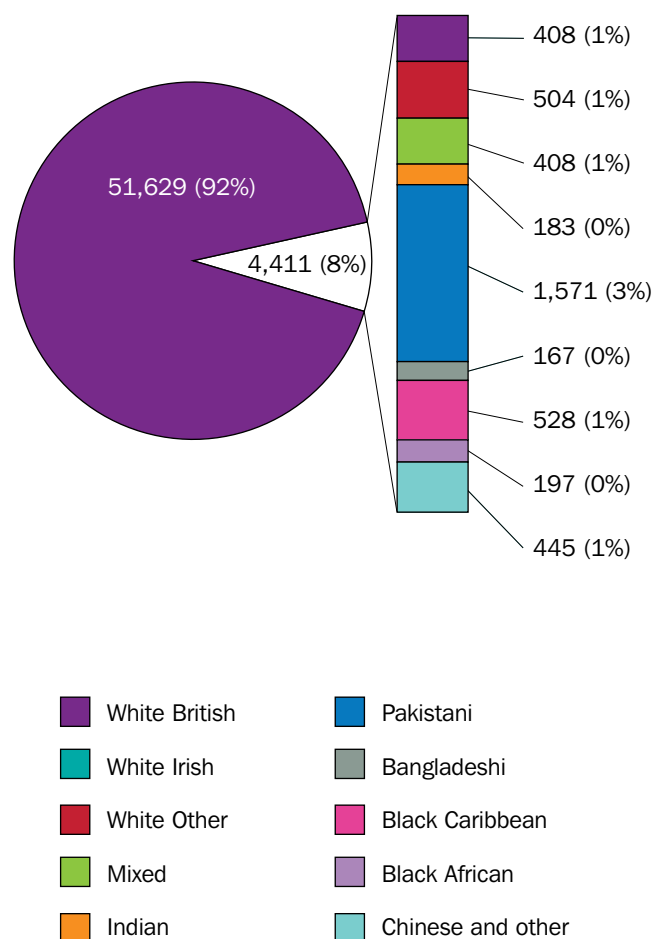
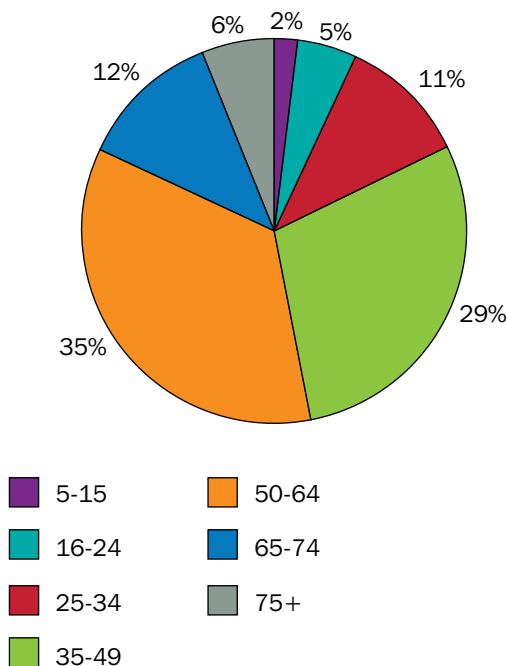


Figure 2 shows all carers in Sheffield by age: 2% of carers were under 16 and 18% were aged 65+, but most were people of working age. In fact almost two thirds of carers in the city were aged 35-64, for many people years in which their career or earnings are very important.

Figure 2 Carers in Sheffield by age

Source: 2001 Census Standard Tables, Crown Copyright 2003.



Across Great Britain, caring is particularly concentrated in areas of socio-economic deprivation. 21% of carers in Sheffield live in workless households (13% of carers providing 1-19 hours of care a week, 28% of carers providing 20-49 hours and 48% of carers providing 50+ hours), compared with 16% of people who are not carers. The geographical distribution of carers in Sheffield, which will also be affected by the age distribution of the city's population, is shown in Figure 3.

Carers of Working Age

75% of carers in Sheffield (41,996 people) are of working age; 44% are men and 56% 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 Sheffield, most also hold paid jobs. 49% of men who care for 20-49 hours per week have full-time jobs, 6% work part-time, and 8% are unemployed and seeking work. 13% care for their family full-time, 6% have retired early and 11% are themselves sick or disabled. Even among those men who have very heavy caring roles (50+ hours per week) 33% are in full-time paid work. However these male carers also

Figure 3 Carers of working age in Sheffield by geographical distribution within the city

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 642 households) in the relevant category.

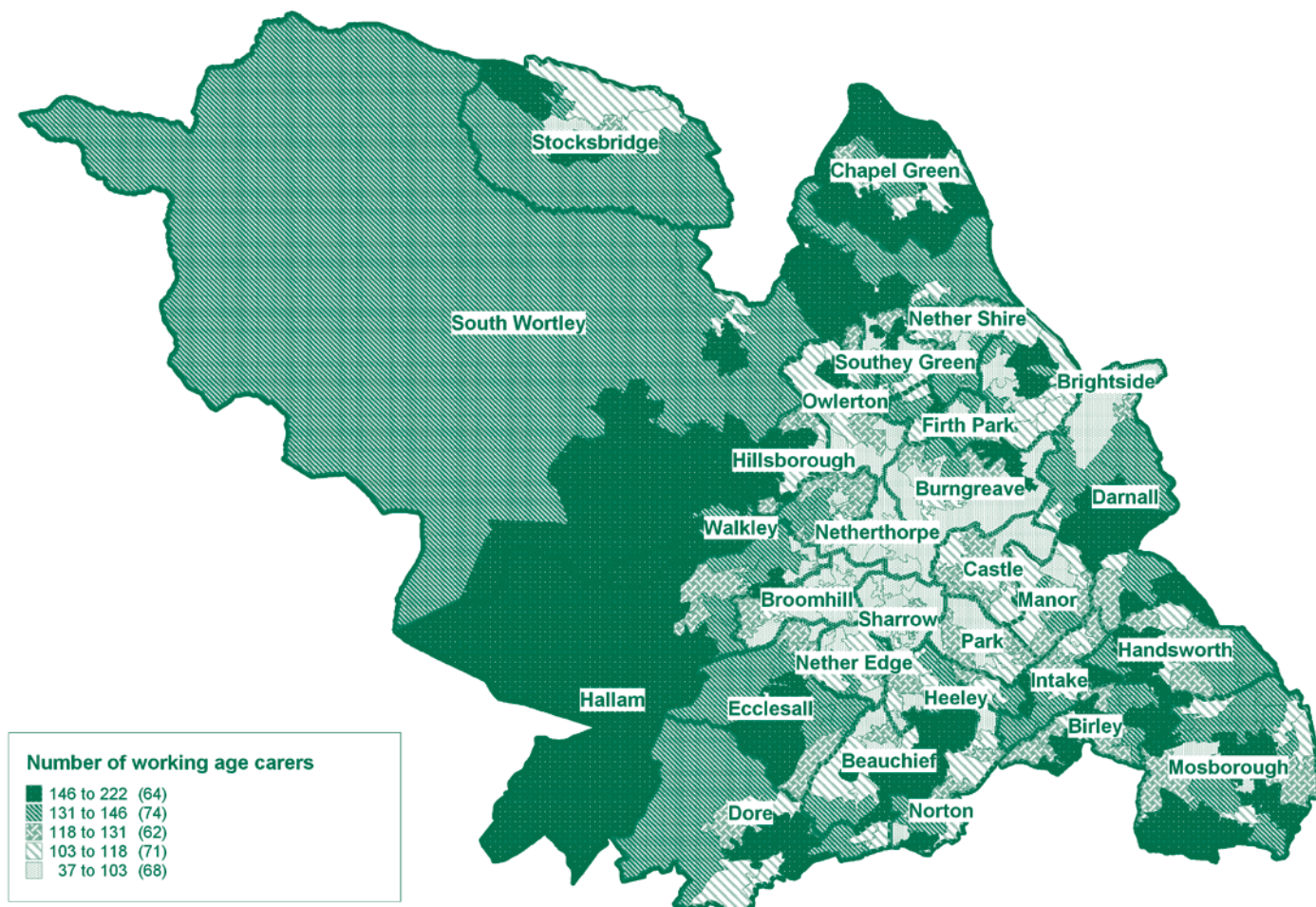


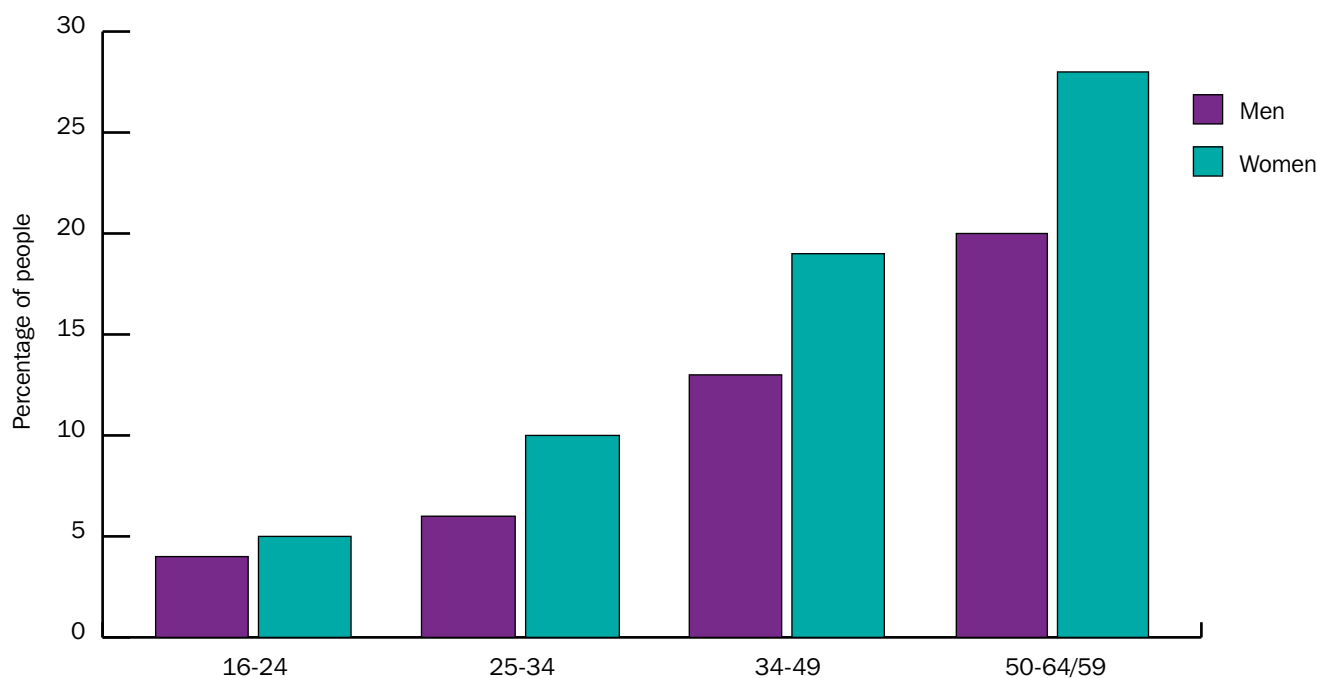
Table 1 Carers of working age in Sheffield by sex, employment status and weekly hours of care

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
All of working age	13,233	2,029	3,226	16,138	2,946	4,424
In full-time work	9,137	991	1,048	6,035	644	510
In part-time work	977	115	140	5,703	843	842
Unemployed	780	170	176	511	86	109
Permanently sick or disabled	735	214	626	531	228	480
Looking after home/family FT	120	256	833	1,966	859	2,091
(Early) retired	653	128	210	363	83	119

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

Source: 2001 Census Standard Tables, Crown Copyright 2003.



have high rates of sickness and disability (19%), and a significant minority care for their family full-time (26%).

Half (51%) of female carers who care for 20-49 hours per week have paid jobs too. Most of these work part time (29%) with 22% working full-time, while 8% are themselves sick or disabled and 29% care for their family full-time. Among women who care for 50+ hours per week, 12% work full-time and 19% part-time, while in this group 47% care for their family full-time, and 11% 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 Sheffield (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. 66 respondents were carers living in Sheffield. While not fully representative of all carers in the city, 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 city.

- 36% of Sheffield carers told us their health was 'not good' (26% of our whole GB sample).
- 56% of Sheffield carers had been caring for 5 or more years (68% of our GB sample).
- 73% of Sheffield carers provided 20+ hours of care per week (82% of our GB sample).
- 35% of Sheffield carers were struggling to make ends meet (33% of our GB sample).

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

- Services are too expensive (27% 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 (35% compared with 32% of our whole GB sample).
- Services are not reliable (37% compared with 30% of our whole GB sample).
- Services are not flexible (51% compared with 46% of our whole GB sample).
- Services are not sensitive to needs (49% compared with 44% of the whole GB sample).
- They do not know what is available locally (32% compared with 31% of our whole GB sample).
- The cared for person does not want to use services (45% compared with 37% of our whole GB sample).

In Sheffield, 24 respondents were carers of working

age (16-64) who were not currently in paid work. Of these:

- 7 had retired early from a paid job.
- 14 were looking after home and family full-time.
- 3 were themselves sick or disabled.
- Over a quarter (27%) would prefer to be working.

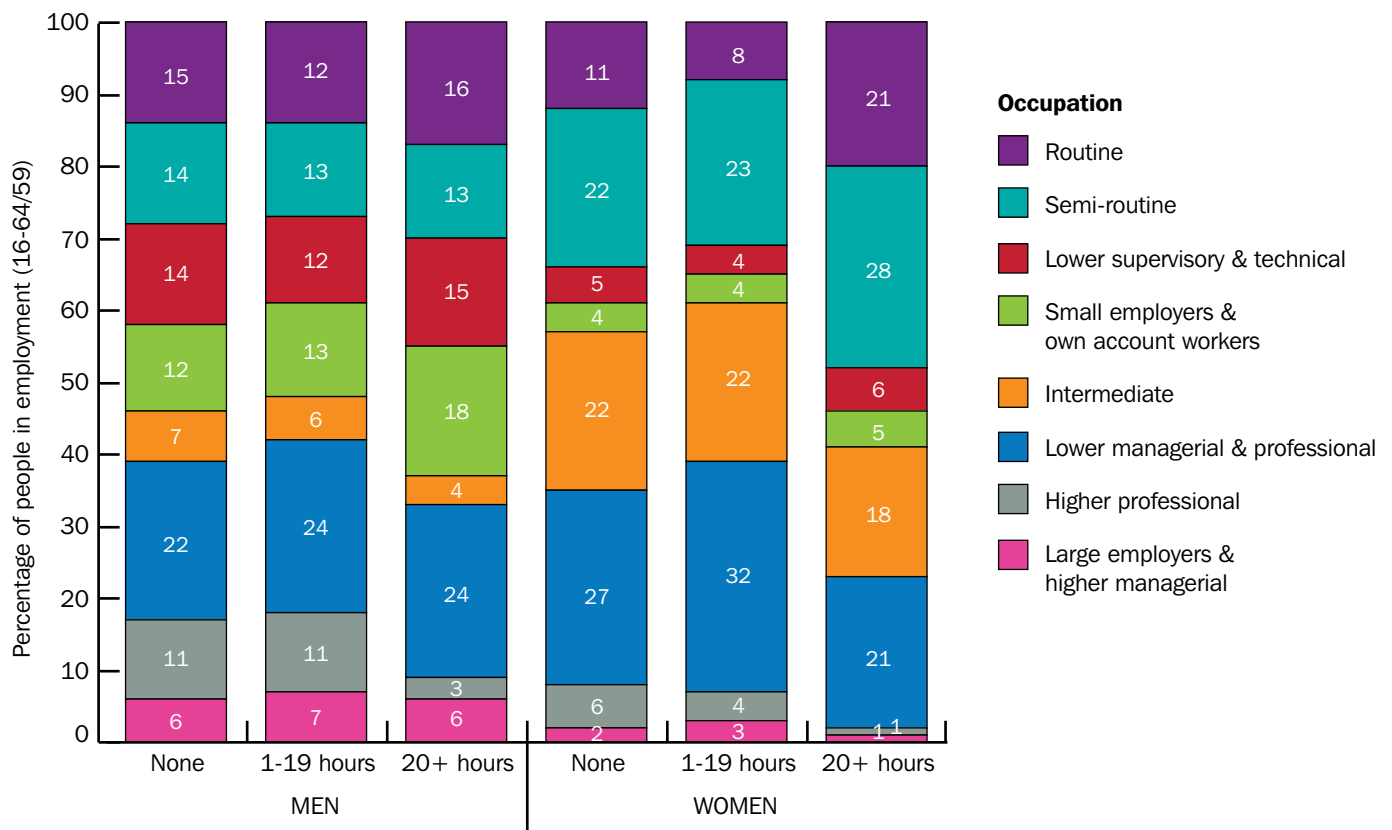
Sheffield working carers in the CES survey included:

- 12 men and 25 women.
- 22 people working FT and 14 people working PT.
- 16 people caring for a sick or disabled child.
- 8 people caring for a partner or spouse.
- 14 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 Sheffield. A much fuller discussion of all the study findings can be found in the CES national Reports.

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

Source: 2001 Census SAM⁸. Note: Data in this figure are for men aged 16-64 and for women aged 16-59.



Combining Work and Care

Many carers in Sheffield are working carers: in 2001 6,179 men and 3,943 women were combining care with full-time employment (62% and 30% of male and female carers respectively), while a further 1,232 men and 7,388 women were providing unpaid care while working part-time (7% and 31% 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 Sheffield 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 or take unpaid leave:

It's better because there's not that pressure. Obviously it's not better that you're not being paid, but you don't feel that obligation, 'Oh I've got to go back'.

Many had found accessing appropriate services a struggle; obtaining support at the immediate point of

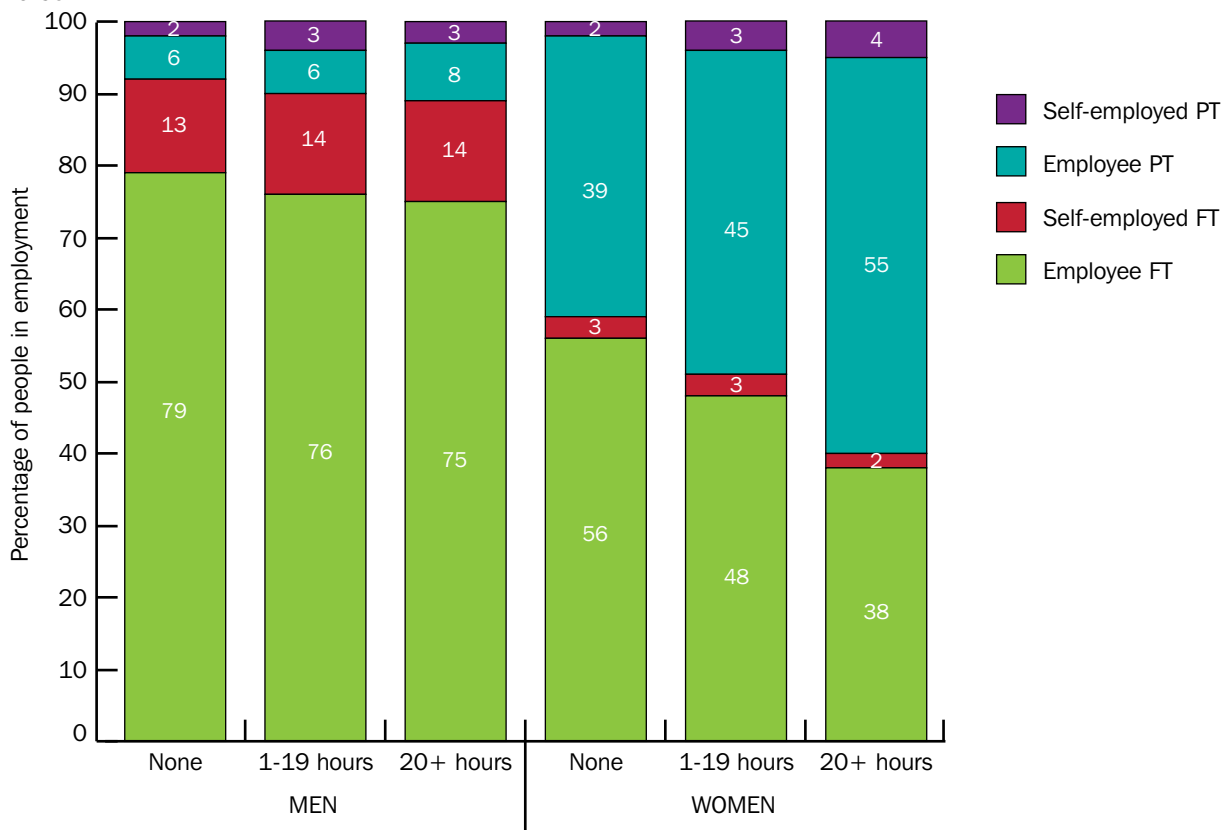
Table 2 Combining work and care

Source: CES Survey, University of Leeds, 2007.

% in paid work agreeing that: number =	Sheffield 37	GB 786
I have adequate services to enable me to work	14	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	71	70
I am considering giving up my job	42	39
My caring responsibilities do not affect my job	28	22

Figure 6 Carers in employment in Sheffield 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.



need was particularly problematic. Some said it had taken years to get a suitable care package, although others had been able to obtain the support they needed.

We were beginning to wonder whether we could continue to look after her at home, and at that point the social worker stepped in and made a few phone calls. They provided an enhanced level of care which we've stayed with.

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

Work is a focus outside the domestic problems you have when you have a disabled kid, and is a support. I would be extremely reluctant to give up work for that reason, (quite) apart from the fact that I bring in a significant proportion of the family income.

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

You do worry that you're so preoccupied with the disabled child that you're not giving enough time or attention to the other child. You obviously don't set out to do that.

Carers in Sheffield 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:

There are no appropriate services in terms of social services that I could be assessed for. He does not need bath aids. It's specifically to do with the community care trust mental health services that we have been having this difficulty.

The staff team there actually reflect the community that we live in, so a lot of them were from the black and ethnic groups – and that actually helped my son a great, great deal. That helped my son to recover and to engage, and once he started doing that, that was it – he was sort of on his way to recovery.

RICK'S EXPERIENCE

What is the point of me spending 8, 12, 15 hours trying to sort something out, to get some help that may or may not happen? I haven't got the time to do it – but also I haven't got the will to do it.

Rick has been caring for his wife who has a chronic and limiting condition for several years. His wife's condition means Rick is responsible for maintaining the household and cooking meals every day, but the levels of physical, practical and emotional support his wife needs vary from relatively low to intense. Rick receives no support from social services and is reluctant to apply for this as he feels his family have been let down in the past. He considers his time is now very precious, and rather than 'waste' it trying to access services he would rather 'get on with things' himself. Rick also works full time and is fortunate to have a line manager who is very understanding, flexible and supportive, especially in emergencies. Formal work-life balance policy in the organisation where he works has also enabled Rick to re-structure his working hours to help him manage his caring role. Without this support at work, Rick would find it extremely difficult to manage both aspects of his life.

ROSIE'S EXPERIENCE

I couldn't manage without it [support package]. Well, I couldn't work.

Rosie cares for her son who has a demanding physical disability, and is mother to two other children. She has recently separated from her husband. She also works full-time, but is assisted by support from her family. Rosie has a varied support package in place, combining services from several agencies, which is now settled and reliable. She is very happy with the services she receives and believes they are essential in enabling her to continue in paid work. Rosie recently increased her hours from part time, as she needed the extra money following her separation, and a specialist after-school play scheme was vital in allowing her to do this. Rosie is also well supported at the workplace, and has been encouraged to work from home with a laptop and broadband internet access supplied. Although her situation is stable and well

supported, Rosie would like greater flexibility in co-ordinating meetings and appointments, and believes it should be possible to arrange this. Early morning appointments would enable her to take advantage of flexitime rather than use up her valuable annual leave.

These two examples illustrate the role of high quality, accessible services in improving quality of life for individual carers and their families, and in enabling carers to participate in paid employment, contribute to the support of their families, and put their skills to work in the formal economy where securing an adequate labour supply is an increasing problem

for local employers. They also convey some of the frustration carers can feel about accessing, securing and managing support.

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 city of Sheffield.

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 2007⁹); 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 2005¹⁰).

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 Sheffield, this funding allocation, in 2006-07, was almost £2.2m. 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 Sheffield

Table 3 presents recent official data about Carers Assessments and about services provided to carers in Sheffield, as collected in formal returns to the *Commission for Social Care Inspection* (CSCI). While this shows that Sheffield succeeded in assessing the needs of 1,680 carers of working age in 2005-6, it should be noted that this figure represents a very small percentage of the city's almost 42,000 carers of working age (almost 27,000 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

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*
Carers (Recognition and Services) Act 1995	Introduced the concept of a Carers Assessment.
Caring About Carers: a national strategy for carers Policy statement, Department of Health (1999)	Stressed that enabling carers to combine paid work and care was a priority for government.
Employment Relations Act 1999	Gave employees the right to 'reasonable time off' to deal with emergencies.
Carers and Disabled Children Act (2000)	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 Invalid Care Allowance (now known as Carers Allowance) (2000)	Amendment to the <i>Social Security (Contributions and Benefits) Act 1992</i> , which included extending carers' benefits to people aged 65 and over.
Employment Act 2002	Gave employed parents of disabled children under the age of 18 the right to request flexible working arrangements.
Children Act 2004	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> '.
Carers (Equal Opportunities) Act 2004	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.
Every Child Matters: change for children 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> '.
Work and Families Act 2006	Extended the right to request flexible working arrangements to all carers in employment, from April 2007.
Childcare Act 2006	Placed a duty on local authorities to provide sufficient childcare for working parents ' <i>which includes provision suitable for disabled children</i> '.
Our Health, Our Care, Our Say: a new direction for community services , Department of Health White Paper (2006) New Deal for Carers 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.
Pensions Act (2007)	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 National Carers Strategy (due 2008)	The UK government's consultation process on this began in 2007.

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

Source: Community Care Statistics 2005-06: Referrals, assessments and packages of care for adults, England: The Health and Social Care Information Centre.

1st April 2005-31st March 2006	Sheffield	England
Total number of carers assessed and reviewed	2,870	388,000
Number of carers assessed or reviewed separately	480	91,000
Number of carers assessed or reviewed jointly with client	2,370	247,000
Number of carers who refused assessment	10	49,000
Number of Carers Assessments and reviews undertaken by age		
<18	0	4,100
18-64	1680	169,000
65-74	580	66,000
75+	600	100,000
Age unknown	0	0
Number of carers receiving services after assessment or review	1,760	284,000
<i>Carers receiving breaks or carers specific services</i>	1,750	142,000
<i>Carers receiving advice and information only</i>	10	142,000
Number of carers receiving services after assessment or review by age		
<18	0	3,700
18-64	1,080	141,000
65-74	350	55,000
75+	320	84,000
Age unknown	0	0
Number of carers receiving services or information, by client group of cared for person		
Physical disability, frailty and sensory impairment		
<i>Carers receiving breaks or carers specific services</i>	700	95,000
<i>Carers receiving advice and information only</i>	10	110,000
Mental Health		
<i>Carers receiving breaks or carers specific services</i>	300	23,000
<i>Carers receiving advice and information only</i>	0	18,000
Learning Disability		
<i>Carers receiving breaks or carers specific services</i>	700	16,000
<i>Carers receiving advice and information only</i>	10	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>	10	6,100
<i>Carers receiving advice and information only</i>	0	3,000
% carers receiving services following assessment or review	62	84

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.

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

Policy developments in Sheffield

Sheffield City Council Adult Social Services and its partners in the voluntary sector have been developing the city's services to carers for more than a decade. The Sheffield Carers Centre was founded in 1993, co-ordinated by the Princess Royal Trust for Carers as an independent charity and company, working to identify carers in Sheffield and to offer them a range of information, advice and support services. Its main financial support comes from the City Council and from Sheffield Primary Care Trust. The Centre is the main conduit through which local statutory agencies communicate with carers in the city. The Centre has a membership of over 5,000 and publishes a bi-monthly newsletter to which practitioners and policy-makers are able to submit articles informing readers of changes to and plans for service delivery. The Centre also co-ordinates the Carers Reference Group, which meets every quarter to give carers in the city an opportunity to convey their views and experiences of services to representatives of the statutory agencies in health and social care.

The Carers' Reference Group is where carers get an opportunity to talk about the things that are difficult for them. [As a Council representative] I talk to them about changes that we're implementing and the organisation of our 'in-house' responsibilities. So it's kind of a two-way discussion which is open to any carer to attend.

(Senior Officer, Sheffield City Council)

With the introduction of Carers Grant in 2000, Sheffield Adult Social Services gave a senior officer the responsibility of overseeing the grant

commissioning process, focusing in the first years on carers' breaks and then, following the relaxation of the guidelines on expenditure, on other types of services for carers, including leisure opportunities, careers advice and training. A central priority for the Council through Carers Grant has been to provide breaks for carers. Although the first guide to *Holidays, Respite and Short Breaks to Carers* was produced by the Council (in 2004), this task has now been taken on by the Carers Centre which is able to signpost carers to sources of funding and suitable provision. In 2006 CSCI commented on the improvements that had been made.

Services for carers have been improved with increased support and newly commissioned respite beds and an increased sitting service. In response to requests some funds have been provided in the year for carers, to administer a short breaks fund.¹¹

The Short Breaks Fund offers carers up to £300 per break and is managed by the Carers Centre. It is a popular service which has been monitored, showing high take-up by carers from ethnic minority groups. Carers Grant has also been used to fund small 'support and outreach' services in different parts of the city. One such service, operating in the north of the city, is run by a community enterprise. Alongside signposting carers to services, it is also piloting a respite vouchers scheme, where, following assessment, carers are offered vouchers, each representing an hour of respite which they can redeem as and when they choose. The two-fold aim of the scheme is to offer carers greater flexibility and for the council to better understand levels and patterns of demand.

Within Adult Social Services the approach to carers' issues is for each service area to take the lead in developing appropriate mechanisms for involving and supporting carers, with Partnership Boards encouraged to include carer representatives. In some areas additional resources have been committed to ensure that this involvement is meaningful:

We've invested money in funding an admin. post to support carers' engagement... doing stuff like getting things photocopied, arranging meetings – because there's a network of meetings across the city – and to work with large numbers of groups,

bring it altogether. And there's also a support worker based at Sheffield Mencap to ensure that [carer representatives] are able to understand the policy and be effective.

(Senior Officer, Sheffield City Council)

Some service areas have also invested in outreach workers to address the particular profile of their carers and users. For example, in Learning Disabilities over half of all people with a learning disability are from ethnic minority communities:

We have one worker that we fund to work specifically with the Asian community, mostly the Pakistani community in Sheffield, who works to support those family carers. The worker is Asian and is able to give advice, signposting, and moral support, reducing families' isolation.

(Senior Officer, Sheffield City Council)

In the area of Older People the service has recently developed an initiative, supported by POPPS¹², to create a database of 'Expert Elders'. The database includes users of services and carers aged 50 and over who are listed as 'experts'. Those applying to be on the database are offered training if they so wish. Service teams across health and social care have been encouraged to draw on the experience and views of these 'experts' when planning or reviewing service delivery and planning.

Responding to the challenge of modernising social care delivery, Sheffield Adult Social Services has placed its emphasis on decommissioning its long-

term residential services for older people (which are costly to run and maintain), and are focusing much more on short-term care in the home, respite care and day support. There is also a priority to develop supported housing schemes – extra care support services – offering high quality accommodation with on-site caretakers and social care and nursing provision.

There is a high-level commitment to giving users and carers greater control through Direct Payments. During an assessment of needs, social work assessors offer Direct Payments as 'a matter of course'¹³. Sheffield is also one of the English authorities taking part in the 'In Control' national pilot for self-directed support and individual budgets¹⁴. The results of this approach were noted by CSCI which quoted from the Council's Progress Report 2006; 'At 31st January there were 389 recipients of Direct Payments across all community care groups. This is a 130% increase in the last twelve months'¹⁵. This development had particularly benefited service users from ethnic minority communities.

To meet its obligations under the *Carers (Equal Opportunities) Act 2004* the authority has focused on Carers Assessments and considerable effort has been put in: to simplify the Carers Assessment form and provide comprehensive guidance notes; to extend the numbers of staff who are able to undertake Carers Assessments; and to improve their understanding of the Council's legal obligations to support carers in all aspects of their lives.

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 Sheffield, as for all local authorities. Currently, the level of Carers Assessments, as a gateway to services, is capturing only a small minority of all local carers – and as most of the carers receiving support were not in paid

work, very few of the city's 27,000 working carers have had their needs assessed.

In Sheffield, as elsewhere, restrictions on Adults' Services budgets and the associated eligibility criteria used in identifying those who can receive support through social services mean that only carers at the 'heavy' end of caring tend to get support; experience suggests that many of those in

touch with services were a long way from the labour market. Evidence in the CES study indicates that it is important not to assume that such carers cannot or do not want to work, as carers' experience, up and down the country, indicates 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. Sheffield now provides targeted support including benefits and employment-related advice delivered by the Carers Centre to employed carers in the city (beyond those working as local authority employees). Like other authorities, however, its work in this area has nevertheless mainly been delivered through pilots, special projects and short-term initiatives.

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. Sheffield City 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, and is now developing this work¹⁶.

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 represent a 'drop in the ocean' in achieving the transformation of services needed by working carers. Some local authorities involved 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.

Notes

- ¹ 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.
- ² Details of methods used are given in CES Report 6.
- ³ 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.
- ⁴ 2004-based Sub-national Population Projections, ONS, Crown Copyright.
- ⁵ 2001 Census Standard Tables and 1991 LBS, Crown Copyright. The question about general health used in 2001 was not asked in the 1991 Census.
- ⁶ 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.
- ⁷ Buckner, L and Yeandle, S (2007) *Valuing Carers: calculating the value of unpaid care* London: Carers UK.
- ⁸ Source: 2001 SAM. The 2001 SAM (Small Area Microdata) is 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.
- ⁹ 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 under 18 in the *Employment Act 2002*.
- ¹⁰ Under the *Carers (Equal Opportunities) Act 2004* which came into force in 2005, and applies in England and Wales but not in Scotland.
- ¹¹ CSCI Record of Performance Assessment for Adult Social Care, Sheffield: 2005-2006.
- ¹² The Department of Health's Older People and Disability Division is leading a project of local authority pilots – 'Partnerships for Older People Projects' (POPP).
- ¹³ A Best Performing Council: Older People Service Plan 2005-2008, p. 8.
- ¹⁴ <http://www.in-control.org.uk/> reported in CSCI Record of Performance Assessment for Adult Social Care, Sheffield: 2005-2006, summary of improvements.
- ¹⁵ CSCI Record of Performance Assessment for Adult Social Care, Sheffield: 2005-2006.
- ¹⁶ At the time of writing, the latest Council-wide Carers Strategy was being prepared for publication.

All Crown Copyright material is reproduced with the permission of the Controller of HMSO.

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:

Carers UK

20/25 Glasshouse Yard
London EC1A 4JT

Telephone 020 7490 8818
Fax 020 7490 8824
Email info@carersuk.org
Website www.carersuk.org
CarersLine 0808 808 7777
Open Weds and Thurs 10-12 and 2-4pm

Carers Wales

River House
Ynys Bridge Court
Gwaelod y Garth
Cardiff CF15 9SS

Telephone 029 2081 1370
Fax 029 2081 1575
Email info@carerswales.org
Website www.carerswales.org

Carers Scotland

91 Mitchell Street
Glasgow G1 3LN

Telephone 0141 221 9141
Fax 0141 221 9140
Email info@carersscotland.org
Website www.carersscotland.org



ACE National
action for carers and employment
led by **CARERS UK**

Carers UK is Registered in England and Wales as Carers National Association. Number 864097. Registered charity no. 246329.

Designed and printed by: Rap Spiderweb
Copyright: University of Leeds
Publication Code: EWS4037
Published: December 2007
ISBN number: 978-0-9557872-2-5