

A New Deal for Welfare: Empowering People to Work - Carers UK's response to the consultation

April 2006

1. Introduction - About Carers UK and carers and work

1.1 Carers UK is the leading organisation representing the views and interests of the six million carers in the UK who care for their frail, disabled or chronically ill partners, relatives or friends. Carers UK is an organisation of carers, run by carers, for carers, with a membership of carers and over 100 Branches, run by carers, throughout the UK. Through our Associate network of around 700 local carers' organisations, we are in touch with around 300,000 carers.

- 1.2 We also run an information and advice service and advise in excess of 18,500 carers and professionals working with carers every year. Carers UK also has a research programme, working with carers to identify the key problems they are facing and find solutions to tackle those issues. Our response is drawn from this evidence and experience base. We provide training to over 600 professionals each year.
- 1.3 Carers UK has offices in Wales, Scotland and Northern Ireland and we also run a specific project in London. This response reflects the views of the organisation, UK-wide.
- 1.4 Carers UK warmly welcomes the opportunity to respond to the Green Paper on Welfare Reform and believes that, if tailored to carers' needs, could offer carers opportunities for better health, employment, and choice about different aspects of their lives. However, there are also key elements that the welfare reform paper did not tackle namely the reform of carers' benefits which we address in our final sections.
- 1.5 Currently 3 million working age people juggle paid employment with care. Around 4 million people with caring responsibilities are of working age, leaving around 1 million who are not in work. Around 400,000 carers receive Carer's Allowance and around 10% of these also undertake small amounts of part-time work. There are, therefore, significant amounts of carers who are not in employment.

- 1.6 Research by the Equal Opportunities Commission showed that one in five carers has given up work to care. Department for Work and Pensions statistics also show that, after 2 years of receiving Carer's Allowance, carers are significantly more likely to remain on benefit for long periods of time. Other research shows that unemployed men have a greater propensity to care.
- 1.7 Women have a 50:50 chance of providing substantial care by the time they are 59. Men have the same chance by the time they are 74. There is an important equalities dimension as women with broken work patterns are less likely to build up pensions in retirement and more likely to be in part-time work.
- 1.8 The importance of the demographic shift of the UK's population cannot be underestimated. Within the next twenty years there will be a larger retired population relative to a smaller working population. Many of these elderly people will require care. It is estimated that by 2037 we will need 9 million people in the UK providing care for elderly sick or disabled relatives or friends; an increase of 3 million. This increase in the need for people to provide care is coupled with the increased expectation that people will work longer. It is vital that the systems are set in place to ensure a long, healthy working life for those who wish to continue working. This is also set in the current context of a skills shortage where business is struggling to find core skills. It is however also vital that any change to the benefits system recognises the need for people require and care and provide care.
- 1.9 The evidence shows that the vast majority of carers would like to work if they could. The majority choose to continue caring, but say that they did not have much, if any, choice in the first place about whether or not to take on the role and whether to combine that with work. Society still expects family to care for relatives, and every poll undertaken still shows that the majority of people still expect to care for relatives. Carers UK campaigns to ensure that carers do not suffer ill health, lack of opportunity, poverty or choice as a result of caring. That people are able to combine work with care where possible and for those that cannot work, they should be properly recognised within the benefits system for the contribution they make.
- 1.10 The Government's strategies for welfare reform are critical to the health, well being and quality of life for carers. Not only is there an important moral case to be answered but an increasingly pressing economic imperative. Carers support is valued at a staggering £57 billion a year. The UK can neither afford for carers to give up employment, nor to stop caring for friends, partners and relatives.

2. Helping ill or disabled people - the relationship between carers and Incapacity Benefit

- 2.1 According to new official figures, around one fifth of the 2.7 million Incapacity Benefit claimants are also carers and, of this group, around 40% care for over 20 hours per week. This means that around 216,000 carers currently provide substantial care and receive Incapacity Benefit. Government will need to tackle several specific issues in order to tailor their proposals around carers, to ensure that they meet carers' needs and maximise their opportunities and choice as well as meet their own targets for welfare reform.
- 2.2 Carers are also affected by these proposals in terms of the person for whom they care.
- 2.3 In terms of the existing Work-Focussed Interviews - some have caused considerable distress and worry and it is vital that the approach is appropriate and recognises the constraints on many carers lives. The lack of adequate alternative care is often the main cause of a carer falling out of work and then becoming too ill to return to work.

Carers Sickness Levels

- 2.4 Data from the Census reveals that carers are twice as likely to suffer ill-health if they are providing over 50 hours of care per week.¹ Other research shows that over 50% of carers have sustained physical injury since becoming a carer and over half have been treated for stress related disorder.² Where carers do not get support, and provide substantial care, they are twice as likely to suffer a stress related disorder. This is particularly true for carers who do not get breaks from caring³. Levels of social isolation amongst carers is very high.
- 2.4 The causes of ill-health include lack of equipment and training in order for the carer to move and handle safely. Recent research carried out by Sheffield Hallam University shows that carers in work, or out of work, poor quality and unreliable alternative care services can cause high levels of stress and worry.⁴ Evidence from Carers UK's helpline, CarersLine supported by various research projects suggests that carers reject support when it is of poor quality - thereby remaining at greater risk of ill-health.

¹ In Poor Health - the impact of caring on health, Carers UK, 2004

² Ignored and Invisible - carers and the NHS, by M Henwood, Carers National Association (now Carers UK) 1998

³ Mental Health of Carers, Singleton et al, Office of National Statistics, The Stationery Office, 2002

⁴ Who Cares Wins: the social and business benefits of supporting carers, by Yeandle et al, Sheffield Hallam University, Centre for Social Inclusion, Carers UK, April 2006

- 2.5 Carers' ill-health can also be caused by other sources of stress. In one survey, seven out of ten of carers were worried about their finances and 60% of these said that the worry was affecting their health.⁵ The survey also found that 77% of carers had been financially affected by caring and that after 5 years of providing substantial care, they were significantly more likely to be in receipt of Income Support and facing financial problems.
- 2.6 There is evidence to suggest that certain groups might be more vulnerable to ill-health than other groups of carers. Black and minority carers, in particular, are more likely to suffer ill-health and face more barriers in accessing all kinds of support.⁶ It is vital that the solutions set out below have a targeted approach that ensures that they are accessible to all carers.

Solutions - tackling carers' ill-health

- 2.7 In terms of the broader solutions, a wide approach to tackling carers' ill-health is needed, with a cross-Government approach. Early intervention is key. It is vital that carers are given early information about the rights and entitlements so that they can claim entitlements at a time when it is right for them, rather than when things become a crisis. This covers disability benefits, other benefits such as Council Tax discount, as well as carers' benefits.
- 2.7 The role of social care is key both to carers' employment which will be discussed later, but also to their health. The Commission for Social Care and Inspection's drive to improve the care market and the quality of care within it will play a major part in improving carers' health. Already, Carers UK's very limited evidence of carers' experience of direct payments shows that they report very positively about the kinds of support services they receive from it.⁷ Some talk about life changing experiences. Although there are still problems with direct payments that need to be tackled, such as the administrative difficulties, it is vital that direct payments continue to be promoted and we welcome Government's drive to achieve this.
- 2.8 Getting equipment to the person that the carer cares for, quickly and in a timely fashion can make a huge difference to people's lives. This is evidence, again, from our CarersLine, shows that equipment can make the difference to a carer managing to stay in work because the person they are caring for can be more independent. For example, one carer had a nervous breakdown before she received the equipment she needed to help lift her mother. A young woman of working age had to lift her

⁵ Caring on the breadline, the financial implications of caring, Carers National Association (now Carers UK) 2000

⁶ New research paper by Carers London on Black and Minority Ethnic Carers, forthcoming.

⁷ Missed Opportunities, the impact of new rights for carers, Carers UK, 2003

mother in and out of the bed, the bath the wheelchair many times a day. Improving the speed and delivery of equipment could make a real difference to carers' health as well as their ability to work.

Health work and well-being

2.10 Carers UK welcomes the Government's strategy to reduce the likelihood of people developing health problems that may result in them having to give up work and becoming dependant on benefits. We also welcome the drive to manage health problems to help individuals remain in work and achieve their potential.

2.11 Data from a newly published report by Carers UK under its Action for Carers and Employment project shows that carers in employment, who are providing substantial care, are twice as likely to suffer ill-health.⁸ Other research also indicates that this is often due to stress and exhaustion of juggling work and care. According to this research, the areas that exacerbate ill-health at work for carers include:

- unsupportive employers
- poorly timed and coordinated health services and poor quality social care services.
- late information on areas that help the carer manage their caring situation better

2.12 In order to improve carers' health at work, the following are needed:

- flexible working
- an employer that has a supportive open culture about caring issues access to good occupational health schemes that deliver the right information on rights, benefits, services, etc. at the right time.
- Employers providing a similar range of advice and information to employees with caring responsibilities as they do for parents of young children

2.13 Carers UK recommends that occupation health services link with advice services such as those provided by Carers UK's CarersLine to quickly obtain the right information. Carers UK also welcomes the Government's goal to ensure that all employers have access to competent occupational health and advice.

2.14 It is critical that both health and social care services respond to carers' need to work in the same way that childcare has been developed and promoted to respond to the needs of parents who work and want to

⁸ Forthcoming statistical appendix - analysis of Census data by Sheffield Hallam University, Yeandle et al, to be published by Carers UK, to accompany Who Cares Wins, op cit.

work. For example, multiple health appointments on different days and at different times, for a disabled child, can make the difference between a parent being able to work and not.

- 2.15 The challenge is to also develop appropriate social care services - whether provided through social services, or in the open market through voluntary or private sector organisations so that carers are able to work. It is vital that the contribution of social care to the Government's welfare reform agenda is properly counted as an essential element. Without it, these goals for carers will not be realised.
- 2.16 Carers UK through its project, Action for Carers and Employment, is looking at how social care and alternative care services can by the way they are delivered can support carers to return to work or remain in work. This is being carried out in demonstration projects in West Sussex, Hertfordshire, Norfolk, Leeds and Lewisham and will provide evidence of what works and what needs to change for carers who want to return to or remain in employment. Early findings are likely to emerge shortly, but more in-depth evaluations will be ready in 2007.
- 2.17 Carers UK welcomes the Government's statement to ensure that employees have better and more supportive workplace environments. In leading by example, Carers UK would urge all Government departments to follow the Department of Constitutional Affairs lead by being open and public about the way that carers are supported within their own workforces. The DCA has won an award for their carer friendly employment practices and is a good example of how to publicise this positive developments.
- 2.18 Carers UK warmly welcomes the Government's wish to continue to challenge any discrimination in employment that exists against long-term sick and disabled people. This will affect carers; too, in two ways since some themselves have been or are disabled or ill over a long period. Others will benefit where the person, for whom they are caring for is able to work free from discrimination.
- 2.19 Carers also report discrimination when they apply for jobs and when in work. Some feel that the employer thinks they will take a great deal of time off and not be able to cope with work. Others do not understand the gaps in a carer's work record and or the challenges that carers face in looking after someone and that these skills might suit them very well to employment. In a major consultation with in excess of 2,000 carers, they clearly stated that they wanted some kind of status that recognises their role. **Carers UK recommends that the Government amends all of its back to work documentation and forms to allow people to record the fact that they have been out of work due to caring responsibilities.** Carers would feel this accurately reflected their role. The benefit to the return to

work programmes would be to instantly identify the work returner as a carer or former carer and respond appropriately.

- 2.20 **Carers UK would also like Government to consider introducing new anti-discrimination measures in legislation which would make discrimination by association with a disabled person, unlawful.** This would give carers the protection they need in legislation. At present, an older person, someone who is a lesbian, or has religious beliefs cannot be discriminated against in work. But a carer can.
- 2.21 Carers UK warmly welcomes the appointment of a National Director for Occupational Health. An integral part of their job and targets should be to reduce the incidence of carers' ill-health within the workplace. Government needs to give some consideration as to how it will work with Assemblies and Parliaments in Wales, Northern Ireland and Scotland to ensure equity across the UK

Developing health workplaces

- 2.22 Carers UK welcomes the Government's drive extend the Health and Safety Executive's stress management standards by 2008 to the financial and public sectors. The new evidence from the latest research shows that the introduction of flexibility and carer friendly employment practices reduces carers' stress in the workplace.⁹ Analysis of the Census also shows that men in public services are statistically more likely to be carers than men working in other services.¹⁰ A study conducted by Hertfordshire Social Services found that one fifth of the staff also had caring responsibilities.¹¹ The Government's policies, therefore, will be well targeted.
- 2.23 Carers UK would also welcome a review of the Health and Safety Executive's stress management standards to see whether they encompass the issues faced by carers in the workplace in order to reduce carer stress.
- 2.24 Carers UK would recommend, on the basis of our new research, *Who Cares Wins*, that the findings are incorporated into the next scheduled review of the Investors in People standard in 2007.
- 2.25 Carers UK welcomes the piloting of the new service in England and Wales, Workplace Health Connect, giving access to small and medium-sized enterprises help to face particular challenges in the management of occupational health, safety, sickness absence and return to work.

⁹ Who Cares Wins, op cit

¹⁰ Statistical Appendix to Who Cares Wins, op cit

¹¹ Hertfordshire internal document, social services

Engaging and Supporting GPs

- 2.26 GPs can play an extremely valuable role in signposting carers the right kinds of support that might help to improve their health. This basic service set out in legislation and is part of the basic General Medical Services contract applicable to all of their patients, is critical to carers' health. Carers UK, along with other voluntary organisations, are calling for an annual health check for carers from GPs. It is vital the practice links to local and national advice services and sources of support. Although there is a requirement for GPs to identify carers in Northern Ireland, for example, there is evidence to suggest that they are not necessarily signposting carers to advice.
- 2.27 The Health and Social Care White Paper, pledge to introduce Life Checks for carers as well as other key individuals and to provide an information prescription for those caring for people with long term conditions could have positive health outcomes for carers in the workplace - helping to reduce ill-health before it becomes a problem.
- 2.28 Carers UK welcomes the fact that getting back to work will be included in the health professionals brief. For those carers who wish to return to work, we hope that this will lead to opportunities and choices about whether to work rather than the assumption that because they are ill and carer, that they will never work.
- 2.29 The Department for Work and Pensions also needs to engage the NHS and the Department of Health and representative bodies of health professionals. It is critical that health professionals understand the impact that their decisions have on a person's ability to juggling employment and caring for someone. This would cover the timing of appointments, frequency, the ability to book them early, etc. When these do not work together, it causes enormous amounts of stress trying to juggle these appointments and work - a contributor to ill-health. Whilst an employer can be flexible to a degree, they should not have to wholly compensate for a health services which is unwilling to offer flexibility itself.

Reducing the number of people making a claim for incapacity benefits: transformation of the gateway.

- 2.30 Carers UK welcomes the additional payments for those most severely ill or disabled.
- 2.31 Carers UK has already submitted evidence to Ministers about the impact and efficacy of Work Focussed Interviews for carers in receipt of Carer's Allowance. The concern centred on the wording of the letter stating the compulsory nature of interview. Unfortunately, many carers were not given discretion not to attend the work-focussed interview since their

application for benefit tended to come at a time of crisis and moving away from work rather than moving towards it - The letter had caused an undue amount of hardship and worry. We warmly welcomed the Minister's decision to remove carers from the list of benefit recipients who had to attend a work-focussed interview as a condition of receiving benefit. However a balance needs to be struck between keeping carers in touch with the world of work and preparing them to return to work when the caring role ceases, changes or services are provided and removing the compulsory nature of attendance of work focused interviews. It is critical that the reforms to Incapacity Benefit learn from these experiences and build appropriate measures into these systems that support carers.

Employment and Support - the main phase of the allowance

- 2.32 Carers UK recognises that this part of the allowance will be conditional on drawing up a personal action plan focused on rehabilitation and, eventually, on work-related activity. We welcome the fact that severely disabled people will be still be able to receive the additional support allowance without being subject to compulsory work-related activity.
- 2.31 Through Carers UK's Action for Carers and Employment Project, we have learned the importance of ensuring that these activities and action plans are accessible and realistic for carers. Our experience through local demonstration projects of trying to help carers back to work is that those who have been out of work for some time, and this might include those in receipt of Carer's Allowance who then move onto Incapacity Benefit that vocational work support will not work. Pre-vocational work, such as the new learning tool, Learning for Living, developed by City and Guilds with the help of Carers UK and the ACE project helps to build these skills.
- 2.32 In order for carers to be able to follow these action plans, they need several things:
- * flexibility in timing to coincide with times when the carer has alternative care
 - * alternative care provided in the first place to allow them to attend/participate
 - * access to the right advice about alternative care - in the same way that childcare options are explored.
- 2.33 For carers, the range of activities would include those "suitable activities" listed for those on the path back to work, but we would also include the type of pre-vocational work outlined above.
- 2.34 The Green Paper also mentions fluctuating conditions. This would also affect carers, where they have a fluctuating condition. But it would also affect them where their own health remains relatively static; the condition

of the person they care for may fluctuate. The work-related activity needs to encompass this.

- 2.35 The abolition of age additions would certainly simplify and equalise support for disabled people - as long as the amount paid is high enough so that younger claimants do not lose out in the transition. Additional transition rules only add complexity, although we recognise that their purpose is to protect individuals. It is easier to set the rate at an appropriate amount.
- 2.36 Again there could be benefits in simplifying the system in relation to adult dependents additions. However, Carers UK would be concerned if the support were any less than couples currently receive. At present, couples can be better off by claiming the adult dependents additions e.g. if the disabled person claims after the age of 45 and gets an addition for their partner, they get £125.45 a week. However, if they had to rely on the means-tested top-up, rather than the adult dependent addition, they would receive £125.05 per week. Although this is only 40p difference per week, the key issue is that this difference increases if the disabled person is entitled to an age addition. It is vital that more detail is set out about how Income Support will work in relation to these changes.
- 2.37 Carers UK welcomes that, for people not in receipt of DLA they will benefit from the Premium sooner i.e. within 12 weeks rather than having to wait the 52 weeks that they currently do. It is vital that both the enhanced and severe disability premiums are retained since they both reflect the higher costs of disability for those on higher levels of DLA.

Moving back into work

In order for carers' move back to work, if they wish to do so, to be realistic, they need certain things:

- * flexibility and understanding from their employer
- * social care services whether public, private or voluntary to be reliable of a high quality and flexible around work and affordable
- * health system to recognise a carers' need to work

Carers UK therefore recommends the Government's welfare reform strategy recognises the work currently being carried out by the Department of Trade and Industry, in the Department of Health and by CSCI.

Carers UK also feels that advisers need more training on carers' issues in the Pathway to Work pilots.

3. Helping Lone Parents

3.1 For Carers UK the key issue is accessible childcare for children with disabilities. This is major barrier for these parents returning to work. There is an extreme shortage of childcare for children with disabilities which will make returning to work for these lone parents difficult. A new project in Lewisham, which is part of the Action for Carers and Employment, run by Contact A Family is looking at the degree to which childcare is accessible and working with providers to change provision. This project is in its early development but its findings will be important across the UK.

4. Helping Older Workers

4.1 The Government's plan to have 1 million older people in work by 2020 is one which will affect carers in particular. Carers UK welcomes the recognition in the Green Paper that the peak age for carers comes between the ages of 45 and 54. New research shows that carers in these age groups are more likely to be out of work caring, than in employment.¹²

4.2 Like others, age is no barrier to wanting to work for carers. Carers UK had one caller who ended caring when she was 80, applied for a cleaning job, was turned down because of her age, but then succeeded in finding another job - as an elected councillor. She is now 82 and wishes to continue working for as long as she is able to.

4.3 A key challenge for Government will be how to reconcile the need for people to work and the need for families to provide care.

4.4 Another issue highlighted by our recent research, *Who Cares Wins*, is that caring has a range of impacts on a carers' working life including:

- * forgone promotional opportunities
- * changing to less well-paid, less responsible positions that can be juggled alongside caring
- * taking up part-time work.

This has a long term impact on a carers' ability to build up a pension in later life.

4.6 Carers UK has welcomed the Government's intention to introduce a right to request flexible working for carers, which is currently in the Work and Families Bill passing through Parliament. However, it is vital that the definition of carers reflects their need to request flexible working, rather

¹² Statistical appendix accompanying *Who Cares Wins*, op cit

than the current definition which is based on blood relationships and whether a carer is a partner or lives with the person for whom they care. Business is also backing a broader, simpler definition through Employers for Carers, a partnership of employers. This would be in keeping with our knowledge of equality issues and what we expect to experience in the workplace today.

5. Simplification of the benefits process

5.1 Carers UK would welcome any simplification of the benefits process. If it were possible to reduce the number and length of forms, it would greatly improve not only the lives of those who have to apply for the benefits, but it would have several other benefits. It would:

- * increase take-up through reducing the complexity of the different types of benefit
- * potentially speed up advice enquiries meaning that advice services could help more people
- * reduce the number of wrong decisions by decision makers - and also on the part of benefits applicants who do not know the complexity of the rules and assume they are not entitled
- * reduce the possibility of mis-information i.e. you cannot receive Carer's Allowance if you get a pension.

5.2 Our consultations with carers tells us that carers have very strong views about the amount of form-filling, reproduction of similar information, etc. and were very keen to see this reduced.

6. Other welfare reform issues

6.1 Although this is the last section, it is by no means the least important - rather that it is very much at the top of many carers' lists of concerns.

6.2 There are some carers who have chosen not work in order to care, full time, for someone who is close to them. For others, the complexity of care needed means they feel they will never work. In conducting a consultation with carers, they feel very strongly that their contribution to society is not adequately valued through the benefits system. This affects carers of all ages, with slightly different issues being raised by different age groups.

6.3 At an AGM two years ago, members of Carers UK wanted to see, as a long-term goal, carers receiving a benefit equivalent to a minimum wage. This would mean increasing Carer's Allowance to around £160 per week. As a measure in the shorter term, Carers UK has been calling, for some years now, to equate Carer's Allowance with related benefits, with an associated rise in the Carer Premium.

6.4 This would have several benefits:

- it would help to separate out whether Incapacity Benefit or Carer's Allowance was the right benefit for carer.
- It would go some way to recognising the importance of the care provided by carers.

6.5 For those receiving state retirement pensions, the issue is different. As the Department knows from the many letters it receives from carers, Carer's Allowance also fulfils an important recognition role. Carers want to receive both the basic state retirement pension and Carer's Allowance at the same time.

6.6 The other issue, in need of reform, is the way that older carers claim Carer's Allowance and how this works with their Pension Credit claim, etc. The National Audit Office singled out this issue as the most bureaucratic and incomprehensible process within the benefits system. We understand the reasons why this has developed, but it makes life very difficult for claimants. Carers UK warmly welcomed the Government's decision to allow carers to claim Carer's Allowance regardless of age and know, from calls to our advice line, that it is having an important impact on carers' lives. However, we would like the process to be a priority in the DWP's Benefits Simplification Project. The current rules cause a great deal of difficulty, time, and confusion for not only for advisers, but also for the DWP's officials and civil servants administering benefits. In short, we would welcome and benefit from reform.

6.7 Carers UK feels that a debate on carers' benefits is needed to look at the interface between carers' benefits and work. There is no connection between the tax credit system and the earnings limit on Carer's Allowance. It is not possible to seamlessly transfer from one to another. We know from calls on our CarersLine that carers keep within earnings limits in order to continue to receive benefit, rather than earning more and keeping more of their money. They also refuse jobs, particularly when they are more qualified and can earn more money. We do not know, however, what proportion of carers would take work should the rules be changed and only this could be satisfied by a survey. A review could also helpfully look at other measures such as benefit run-on to give those carers who do return to work, some security. We understand the the Republic of Ireland (ROI) has this measure for carers who wish to enter either educational activities or employment and it can last for up to a year. We suggest that DWP officials liaise with colleagues in the Department of Social and Family Affairs in the ROI.

6.8 Another area urgently in need of reform is the 21 hour study rule that prevents a carer from receiving Carer's Allowance if they study for more

than 21 hours a week, inclusive of any supervised study. Many vocational courses are over 21 hours a week and it has been a barrier to carers getting back to work as well as not giving carers the same opportunities to learn and study as others have.

- 6.9 Carers UK urges Government not to lose the opportunity to look at reviewing carers' benefits as part of the exercise to update the National Carers Strategy. The first strategy omitted any substantive changes to carers' benefits and this was seen as a great oversight by carers. Although Government then made important positive changes to carers' benefits over six months later, an opportunity was missed to make this an integral part of the Strategy.

7. Conclusion

- 7.1 Carers UK welcomes the publication of the green paper on welfare reform, believing that elements have the potential to reduce the incidence of carers' ill-health, improve their opportunities for work, if that is what they wish to do, and help improve their financial situation long term.
- 7.2 However, there are also risks involved which need a sensitive and appropriate Government response. If a carers' health has been damaged as a result of insufficient support, yet they are made to feel like they are work-shy as a result of an over-vigorous and badly tailored programme, the welfare reforms will do more harm than good - for both Government and for carers.
- 7.3 It is also vital that Government takes stock of carers who are unable to work and ensures that their benefits are reviewed with a view to recognising the role that they play. It is vital that both the level of Carer's Allowance, its interaction with work-related income and benefits, and support for those receiving pensions are at the centre of these discussions.

8. Summary of recommendations

- * The reform of Incapacity Benefit needs to be amended to encompass the needs of carers.
- * Government needs to link the reform of IB with the White Paper on Health and Social Care and health promotion measures.
- * Carers need quick referral to sources of benefits and advice information in order to reduce stress and worry.
- * Social care needs to be reformed and a market developed which works around carers' ability to work. The role of both the Department of Health, CSCI and the General Social Care Council are critical to the delivery of this programme.

- * The role of early practical support, whether equipment, breaks or other practical help needs to be linked to a carers' health promotion agenda and properly linked into the welfare reform agenda.
- * The NHS, service commissioners and health professionals need to be aware of the impact of the timing and nature of health decisions on carers' ability to work. This needs to be better co-ordinated and timed in consultation with the carer.
- * Occupational health needs to recognise carers' needs and link into appropriate sources of information and advice - such as that provided by Carers UK.
- * The Health and Safety Executive needs to consider new evidence about carers' health at work.
- * The Investors in People review should look at encompassing carers' needs for support in the workplace within the initiative.
- * in terms of back to work activities, advisers need to link carers to appropriate sources of support. Alternative care needs to be made available to allow carers to engage in these activities.
- * Back to work activities also need to be sufficiently flexible to allow carers to participate.
- * the approach for reform needs to learn the lessons from the compulsory work-focussed interviews for Carer's Allowance, which were subsequently dropped in the light of good evidence that they were counter-productive.
- * Government's analysis and review of childcare for disabled children is vital for parents ability and choice about whether or not work.
- * Carers need to be an integral part of the Government's strategies for older people.
- * The drive to look at simplifying benefits is welcome.
- * As an urgent priority, the DWP needs to look at simplifying the application process for Carer's Allowance and Pension Credit for carers in receipt of an overlapping benefit e.g. state pension.
- * Government needs to look at reviewing carers' benefits an integral part of welfare reform and the National Carers Strategy.
- * A review of carers' benefits needs to look at:
 - the level of Carer's Allowance vis-à-vis other benefits
 - recognition of the role of carers' benefits in valuing carers
 - the interface of Carer's Allowance with income from employment and other work related benefits.
 - the ability of a carer to study and still receive benefit.
- * Benefit run-ons for carers trying out work.

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www.carersuk.org

ACE National is a development partnership led by Carers UK and funded by the European Social Fund's Equal programme which raises awareness of the barriers facing carers who wish to work, and tests and promotes ways of supporting them. Visit www.acecarers.org.uk

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