1. Carers UK welcomes the call for evidence by the Committee and we are delighted to respond with evidence on the employment support for carers inquiry.

1.1 Carers UK is a charity set up to help the 6.5 million people who care for family or friends. At some point in our lives every one of us will either need care or be involved in looking after an older relative, a sick friend or a disabled family member. Whilst caring is part and parcel of life, without the right support the personal costs can be high as it can affect your job, your health and your finances.

1.2 Carers UK is a membership organisation of carers, run by carers, for carers. We have almost 40,000 members and a reach of many more. We provide information and advice about caring alongside practical and emotional support for carers. Carers UK also campaigns to make life better for carers and influences policy makers, employers and service providers, to help them improve carers’ lives.

1.3 Carers UK’s advice and information services answer around 20,000 queries from carers and professionals every year. Our website is viewed by over 100,000
people every month, 27,000 subscribe to our monthly email newsletters, and the combined reach of our online communities and social networks exceeds 38,000. We’re in regular contact with around 1,500 local organisations, including many run by carers, who are in touch with around 950,000 carers. Carers UK has offices in Wales, Scotland and Northern Ireland.

1.4 Carers UK and major businesses have set up Employers for Carers offering help to employers to retain the 1 in 9 employees who are caring for a family member. Employers for Carers is a forum of employers – large and small – supported by the specialist knowledge of Carers UK. Our Employers for Carers network is over 130 businesses which cover over 1 million employees.

1.5 Carers UK’s 50 years of working to establish support for carers started in those early years by our founder who had to give up a job that she loved in order to care for both her parents. Employment and choice is a core part of what we do and it is becoming increasingly evident that this is not just a national issue, but a global one too.

1.6 We have been involved in, run or provided the strategic lead for back-to-work/returner programmes since 1999. This has included a back-to-work employment pilot in 1999/2000 sponsored by the DWP and delivered in partnership with British Gas, the Action for Carers and Employment Project which ran from 2002-2005\(^1\). This project is the largest of its kind to date and Carers UK has had some involvement in some local areas in the Carers and Employment projects, sponsored by DWP and GEO.

**Key Recommendations**

2. **Improving support for working carers through the cross-Government Carers Action Plan and Green Paper social care consultation:**
   o Both the cross-Government Action Plan expected early in the New Year and the longer-term work of the Green Paper and parallel work relating to carer for working aged disabled people provide important opportunities to improve support for working carers. They must take forward concrete proposals to improve support for working carers.

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As well as longer-term consideration of sustainable funding for social care, the care system urgently needs short-term funding to close the funding gap estimated to reach £2.5 billion by 219/20.

2.1 Workplace culture and workplace rights:
- The Government should have an aim to make every workplace carer friendly.
- The Government should introduce a new statutory right to paid care leave of between at least 5 to 10 days for carers in work.
- The Government should introduce a day one right to request flexible working for employees and encourage more jobs advertised as flexible actively welcoming carers.
- The Government should support the sharing of best practice amongst employers through established networks and promote business practice that advertises flexible work and carer friendly employment – encouraging employers to adopt carer friendly recruitment policies that benefit all ages of working cares, including younger adults.

2.2 Recognising and carers’ skills and to support them to enter or return to the workforce
- The Government should support the roll-out of resources targeted specifically at carers accrediting skills learned whilst caring, including those developed by Carers UK with funding from the Department of Health.
- The Government should also look at investing in and encouraging caring based training such as moving and handling, medication management, etc; skills needed whilst carers are in the process of caring.
- The Department of Work and Pensions should consider providing additional support for working age carers including tailored back to-work support and specialist careers advice.
- The Department should take forward work to encourage and incentivise a system of “returnships” developed with employers that fit older workers, disability returners and carers alike – with National Insurance holidays for employers who develop this approach.

2.3 Recognition and support for self-employment
- The Government should explore opportunities for self-employment/micro-employment including rolling out the learning from the Government funded Carers in Employment pilots 2015-2017.

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2 Nuffield Trust, the Health Foundation and The King’s Fund, Joint Statement for Autumn Budget 2017
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2.4 Structural welfare benefits related issues:

- The Department should review the eligibility restrictions on earning and studying for Carer's Allowance which create difficulties for carers. This should include the introduction of a linking rule to ensure the earning's threshold for Carer’s Allowance rises in line with the National Living Wage and exploring a taper. Current levels of NMW and an earnings threshold mean many carers are unable to work more than 15 hours at NMW. This means they have to choose between working the required 16 hours for Working Tax Credit and/or to access free childcare for 3 and 4 year olds and the alternative of claiming Carer’s Allowance.

- The Government should also consider a lower minimum earnings threshold to allow one parent families where the parent is a carer qualify for free childcare for 3 and four year olds. This could enable the carer to stay in touch with labour market and develop or maintain skills.

- As soon as is possible, a more in-depth analysis is needed about the role of Universal Credit and its relationship to the pathway to work for carers. This should include an impact review of carers who are self-employed and the case for extending the earnings disregard to Universal Credit claimants who are in receipt of Carer’s Allowance which could support more carers to stay in touch with the labour market.

2.5 Health and work:

- Stronger links should be made between health of carers and work. Support for carers should be integral to the health and work agenda and to supporting carers to enter or return to work if they wish to.

- Unlike local authorities, the NHS does not currently have a duty to identify and support carers. Without being identified and signposted to support, carers miss out on the financial and practical support they are entitled to them and find it difficult to make informed decisions about staying or leaving paid work. The Government and NHS England should look at ways of improving the routine identification of carers in the NHS and the offer of support.

2.6 Recognising the importance of care services and technology as an enabler of employment

- Both national and through work with local government, the Government should encourage care services need to be recognised as a vital part of economic productivity, a ‘condition for employment’ as essential to employers thinking of locating their business as good transport links and a decent housing supply.
Local authorities should prioritise stimulating a vibrant care market in their local economic growth strategies to meet the growing demand and stimulate jobs.

Government should support an accessible health and care technologies market focused on consumers, which delivers attractive, affordable products and services which reflect how families live and work.

Summary and Key Facts

3. Three million people in the UK or one in nine people in the workforce are juggling care with paid work, yet many face a lack of understanding from colleagues and managers. Working carers are looking for a mixture of support; ranging from understanding and flexibility at work to reliable, affordable care services that give them peace of mind that the person they support is being well cared for.

A growing issue for families, employers and the economy:

3.1 As the pension age increases, the likelihood of caring during working life is increasing. Employers, through our Employers for Carers forum and through others like CIPD, are reporting increasing numbers of employers seeing stress, ill-health and difficulty in juggling work and care amongst their employees and rate this as one of the fastest growing issues in their workforce. Many carers want to combine work and caring but lack the support to be able to do so: 2.3 million UK adults have given up work to care at some point in their lives and almost 3 million have reduced their working hours, causing employers to lose skilled staff, often at the peak of their careers as well as long term financial implications for families.

3.2 Caring falls particularly on women in their 40s, 50s and 60s. 1 in 4 women aged 50-64 has caring responsibilities for older or disabled loved ones, compared to 1 in 6 men. Carers UK research shows women aged 45-54 were more than twice as likely as other carers to have reduced working hours as a result of caring responsibilities. 6 in 10 working carers responding to Carers UK’s State of Caring 2015 survey were worried about their ability to remain in work over the next year.

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3 Census 2011
4 YouGov and Carers UK, 2013
5 Census 2011 & YouGov and Carers UK 2013

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3.3 Carers face high levels of poverty. Research by the New Policy Institute\(^6\) found that 2.1 million informal carers are in poverty in the UK and the poverty rate among carers is 22%, but this varying by age, care intensity and relationship to the recipient. The poverty rate among working-age carers increases with the number of hours they care for, particularly after 20 hours per week. 2.6 million working age carers provide less than 20 hours and have a lower poverty rate than the average non-carer (of 21%). Carers UK’s survey of carers, the majority of whom are caring for 50 hours or consistently show the high levels of poverty among carers. Our 2017 State3 of Caring Survey\(^7\) found that almost half (48%) of carers responding to the survey reported living on a household income of less than £1,500 per month and nearly 4 out of 10 carers (39%) described themselves as struggling to make ends meet. As many as 8% of those responding to the survey said they were living in a household receiving under £500 in monthly income. Those who provided care for over 50 hours a week were slightly more likely to be living on a low income, with the majority (52%) of this group reporting that their household monthly income was below £1,500, whilst sandwich carers and those providing care to a disabled child were most likely to describe themselves as struggling to make ends meet.

3.4 Caring also has an impact on labour mobility (with families unable to move away from ageing parents or disabled loved ones) and on career progression. A third (34 per cent) of carers surveyed had missed out on the chance of a promotion\(^8\), and Census data indicates that carers of both genders, but particularly female carers, are more likely to be in elementary occupations – often taking the most local job possible to making juggling work and care possible\(^9\).

3.5 Increasingly parents are combining looking after young children with caring for older or disabled loved ones. Research from YouGov suggests that over 2.4 million people are already combining raising children with caring for older parents.\(^10\) This is often called ‘sandwich caring’ or ‘dual caring’. Research shows that women are more likely than men to be sandwich carers\(^11\) and the peak age for sandwich caring is 40-49, slightly younger than the peak age for caring.

\(^{6}\) New Policy Institute (2016), Informal care and poverty in the UK
\(^{7}\) Carers UK (2017) State of Caring Report 2017
\(^{8}\) Prepared to Care? (2013) Carers Week
\(^{9}\) Carers UK (2006) More than a job: working carers: evidence from the 2001 Census
\(^{10}\) YouGov Poll April 2012 (2012) YouGov and Engage Mutual Survey - polling a GB representative sample of 1,008 people aged 45-60 who had elderly parents and 500 people aged over 65 who had adult children.
Carers UK research on sandwich carers and the workplace\(^{12}\) – showed that women were four times more likely than men to have given up work because of multiple caring responsibilities.

3.6 The State Pension Reviewer, John Cridland highlighted the employment barriers faced by carers and the impact on their short and long term finances. Among other measures for carers to smooth the transition to a later retirement age, John Cridland recommends that the Government implement Statutory Carers Leave at least ten years before the change to the State Pension. This would mean introducing a new right to Statutory Carers Leave in 2018\(^{13}\).

3.7 Carers UK has conducted a review of worldwide rights provisions for carers, finding that the UK lags behind other countries. At European Union level, the Work-Life balance package is progressing, with provisions of the introduction of 5 days of carers’ leave per year (at least sick pay level) for workers caring for seriously ill or dependent relatives.

3.8 It is an important step that the Government’s Industrial Strategy, announced last month, recognises that supporting carers in the workplace, and carers seeking employment, can help to address productivity challenges. As well as realising the potential in the labour market amongst women, older workers, carers and disabled people, flexible working improves employee retention and economic performance. Additional measures to support carers could further improve productivity. Our estimates that caring for older relatives has a productivity cost of around £3.5 billion per year to business alone.\(^{14}\)

3.9 Carers UK welcomes the forthcoming review of flexible working that will inform the evaluation of the Right to Request Flexible Working Regulations. Carers UK would, however, like to see this commitment strengthened in new legislation that would include a day 1 right to request flexible working. We would also like to see more jobs advertised in a more flexible way actively welcoming carers.

**Recommendations:**

- The Government should introduce of a new statutory right to paid care leave of between at least 5 to 10 days for carers in work.

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\(^{12}\) Carers UK & Employers for Carers (2012) Sandwich Caring Combining childcare with caring for older or disabled relatives

\(^{13}\) State Pension age independent review: final report

\(^{14}\) Carers UK, The Case for Care Leave: Families, work and the ageing population (2013)

o The Government should introduce a day one right to request flexible working for employees and encourage more jobs advertised as flexible actively welcoming carers.

**Link to health and care services:**

3.10 Access to properly funded social care helps to prevent carers reaching breaking point, where the stress and strain of caring becomes too much to bear, as well as preventing deteriorating health outcomes and isolation. Yet, due to long term underfunding of social care, fewer people have had access to support. Additionally the lack of responsiveness of the care and support system, with delays in provision becoming available measured in weeks or months, means many carers are forced to suspend or give up work during the transitional phase between a need for care arising and support being deployed whilst arrangements are made.

3.11 Sadly, many carers then find themselves out of the workplace for prolonged periods of time as a result. The demands of juggling work and care lead to burnout for some carers - where they simply can’t continue doing both. Back up and support for working carers to look after their own health whilst caring must be improved with greater flexibility offered by the NHS and care services and more done to identify and support working carers.

3.12 Care services should also be seen not just as a support service in isolation but as a potential engine of economic growth in their own right. The provision of paid care has a market with demand for families willing and able to buy care, employers who want services which reduce employee stress and individuals with personal budgets paid for through the benefits system.

**Recommendations:**

o Unlike local authorities, the NHS does not currently have a duty to identify and support carers. Without being identified and signposted to support, carers miss out on the financial and practical support they are entitled to them and find it difficult to make informed decisions about staying or leaving paid work. The Government and NHS England should look at ways of improving the routine identification of carers in the NHS and the offer of support.

o Both national and through work with local government, the Government should encourage care services need to be recognised as a vital part of economic productivity, a ‘condition for employment’ as essential to
employers thinking of locating their business as good transport links and a decent housing supply.

- Local authorities should prioritise stimulating a vibrant care market in their local economic growth strategies to meet the growing demand and stimulate jobs.

- Government should support an accessible health and care technologies market focused on consumers, which delivers attractive, affordable products and services which reflect how families live and work.

- Both the cross-Government Action Plan expected early in the New Year and the longer-term work of the Green Paper and parallel work relating to carer for working aged disabled people provide important opportunities to improve support for working carers. They must take forward concrete proposals to improve support for working carers.

- As well as longer-term consideration of sustainable funding for social care, the care system urgently needs short-term funding to close the funding gap estimated to reach £2.5 billion by 219/20\(^{15}\).

### 3.12 Key facts

- There are 4 million people of working age providing care to an ill older or disabled family member or friend around 3 million of whom currently juggle work and care\(^ {16}\).

- Carers are less likely to be employment than non-carers: 64% of working age carers are in employment compared to the national average of 74%\(^ {17}\). 2 million people have given up work to care at some point\(^ {18}\).

- Carers who are in employment are more likely to be working part time. Just over half of working-age people with no caring responsibilities were employed full-time (51%), compared to 38% of carers\(^ {19}\).

- Carers working full time and providing 50 hours or more unpaid care per week; are 2.4 times (men) and 2.7 times (women) more likely to have ‘Not Good’ health than those working full-time not providing unpaid care\(^ {20}\).

\(^{15}\) Nuffield Trust, the Health Foundation and The King’s Fund, Joint Statement for Autumn Budget 2017

\(^{16}\) New Policy Institute (2016) Informal Carers, Poverty and Work

\(^{17}\) New Policy Institute (2016), Informal care and poverty in the UK


\(^{19}\) New Policy Institute (2016), Informal care and poverty in the UK

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o Research by the Pensions Policy Institute shows that carers in receipt of Carer’s Allowance have on average 96 per cent lower total savings in defined contribution pensions, and 93 per cent lower savings in defined benefit pensions than the average saver\textsuperscript{21}.

o The poverty rate among working-age carers increases with the number of hours they care for, particularly after 20 hours per week\textsuperscript{22}.

o 2.6 million working-age carers provide less than 20 hours and have a lower poverty rate than the average non-carer (of 21%). 1.4 million working-age adults provide at least 20 hours of care and have a poverty rate of 37\%\textsuperscript{23}.

o Despite the challenges of combining care with employment, 400,000 people are doing a full working week alongside long hours of care (20 hours or more)\textsuperscript{24}.

o Working-age people who provide care for 20 hours or more each week tend to have lower qualification levels. Overall, 70\% of those who cared for 20 hours or more had no or low qualifications compared with around half of low intensity carers (52\%) or non-carers (48\%)\textsuperscript{25}.

**Question:** Does the DWP provide adequate support for carers in employment and those seeking employment? What more could the Department do?

4. Firstly, it is important to acknowledge that carers who are in employment and those who are seeking employment are two very distinct groups. The DWP could do far more to support carers in employment and those seeking employment and many of our recommendations address these in all of the sections in this evidence.

4.1 There is more potential to work on the health and work agenda, but from the perspective of carers. Many people with disabilities and long term conditions are already carers and will fall into this group. However, since carers are more likely


\textsuperscript{21} Silcock, D, Popat, S, Pike, T (2016), The Under-pensioned 2016, Pensions Policy Institute

\textsuperscript{22} New Policy Institute (2016), Informal care and poverty in the UK

\textsuperscript{23} New Policy Institute (2016), Informal care and poverty in the UK

\textsuperscript{24} New Policy Institute (2016), Informal care and poverty in the UK

\textsuperscript{25} New Policy Institute (2016), Informal care and poverty in the UK
to have a health condition than the non-caring population, Government could focus more efforts on improving carers’ health at work, and improving carers’ health who are not working but wish to return to work.

4.2 The Department for Work and Pensions could have a linked stream of work encouraging employers and incentivising them to support carers into work. This could be a cross-departmental approach, linking to the Government Equalities Office, and the Department for Business, Energy and Industrial Strategy. This would also help the Department of Health’s mental health goals, long term conditions and prevention agenda.

4.3 Supporting self-employment: Carers are also slightly more likely to be self-employed – often a status of choice because it fits around caring responsibilities, the hours can be more flexible for some and it is possible to have “micro jobs” that introduce greater flexibility. Two of the employment pilot areas in particular are looking at boosting carers’ knowledge of how to become self-employed and set up your own business. Successful businesses set up through these programmes include positive activities in care homes and independent living, dog-walking, relaxation therapies for carers delivered by carers, coaching, advocacy, craft based workshops, care assistants, etc.

4.4 A programme focussed more on developing self-employment skills including the advice and support given through DWP and the learning and skills programme suggested for carers could enhance opportunities further. Some of the rules in Universal Credit may need to be examined to make sure that they move with, rather than against, this direction.

4.5 Smoothing the transition for carers – returnships: A system of “returnships” could be developed with employers that fit older workers, disability returners and carers alike – with National Insurance holidays for employers who develop this approach. Encouraging, and incentivising, employers to provide workplace apprenticeship programmes for older workers and carers, as well as for younger people, would also help.

4.6 Training and resources should also be made available to job centres to skill up staff to identify and support carers (and former carers) to return to training or employment or to keep in touch with the labour market. The Government has targeted its new returnships work at former public sector workers – which is welcome – but we would also like to extend this to other sectors.
Recommendations:

- The Government should explore opportunities for self-employment/micro-employment including rolling out the learning from the Government funded Carers in Employment pilots 2015-2017.

- Stronger links should be made between health of carers and work. Support for carers should be integral to the health and work agenda and to supporting carers to enter or return to work if they wish to.

- Take forward work to encourage and incentivise a system of “returnships” developed with employers that fit older workers, disability returners and carers alike – with National Insurance holidays for employers who develop this approach.

Question: How can the Department work more proactively with employers to support carers?

5. Extending its focus with employers on the work and health agenda to be more explicit about carers and what makes a healthy workplace for carers. The Government could adopt an explicit Government aim to make every workplace carer friendly.

5.1 The Department of Work and Pensions should encourage employers to provide increased streams of work for those seeking to return to employment including working with employers to see how they could be incentivised to do this.

5.2 Demonstrating by example – the DWP is already a member of Employers for Carers which is welcome and has a series of measures to support carers internally and this could be shared more widely with other employers in and beyond the public sector.

Recommendations:

- Stronger links should be made between health of carers and work. Support for carers should be integral to the health and work agenda and to supporting carers to enter or return to work if they wish to.

- Take forward work to encourage and incentivise a system of “returnships” developed with employers that fit older workers, disability returners and carers alike – with National Insurance holidays for employers who develop this approach.
Question: What are the main barriers to employment for carers and how can these be reduced?

6. Carers face issues with lowered confidence and experience distance from the labour market, both of which remain unrecognised. We have identified the following barriers to employment for carers from our different areas of work, information and advice:

- **Structural issues** within the benefits system e.g. earnings limit for Carer’s Allowance, Universal Credit
- **Skills recognition**: carers face a lack of recognition of what they have done as a carer and skills they have developed in the course of their caring responsibilities.
- **Need for tailored back to work support**: Long periods away from the labour market can be seen as “gaps on the CV” for prospective employers. Employers need to be encouraged to value the skills and carers needs support in presenting them.
- **Lack of opportunities to retrain/improve skills.**
- **Ability to find appropriate, flexible and affordable care** to be able to work. Carers are often in a double bind – cannot find work until you have care, cannot find care until you have work.
- **Concern about a lack of flexibility and understanding at work** “not being able to manage and letting the employer down”.
- **Concern that work will cause interruptions and difficulties to benefit payments.**
- **Ill-health**, which is higher for women who are caring.
- **Lack of awareness** of interventions/measures that might help.

Two types of returner carers need different approaches:

- Those who are returning to work whilst still caring.
- Those who are returning to work once caring has come to an end;

**Challenges of juggling work and care**

6.1 For those seeking to return to work whilst still caring: combining both roles can be physically and emotionally demanding, particularly if the right support both in the workplace and from care services isn’t in place. Without this, and the information and support needed to coordinate care, working carers can end up...
tired, stressed and anxious without access to the time they need for themselves as well as feeling isolated from their colleagues.

6.2 Carers working full time and providing 50 hours or more unpaid care per week are 2.4 times (men) and 2.7 times (women) more likely to have ‘Not Good’ health than those working full-time not providing unpaid care.

6.3 Returning to work whilst caring could be for a variety of reasons. It could be that the person they care for has had a change in their circumstances and has gone into residential care or independent living. In this case, their input and caring role can still be significant, but the day-to-day challenges may have changed. Or there is a change in the household where the carer wants or needs to return to the labour market – the loss of another income, insufficient income, benefits rules around returning to work e.g. the carer may be in receipt of JSA.

6.4 Evidence from Carers UK and Age UK demonstrates that caring impacts people’s ability to remain in work in later life, even when they are caring for as few as five hours per week. The demands of juggling work and care lead to burnout for some carers where they simply can’t continue doing both. Of those who gave up work, retired early or reduced working hours, 69% said the stress of juggling work and care was a contributing factor, 31% said it was because there are no suitable care services and 21% said care services are too expensive. 16% said that the leave available from work was insufficient to be able to manage caring alongside work and 18% were unable to negotiate suitable working hours.

6.5 Lack of recognition and support from the health and care system. There are long waiting times for Carer’s Assessments – as Carers UK’s State of Caring 2016 and 2017 surveys have shown. Over 7 in 10 carers (73%) said the need to combine paid work and caring was either not properly considered in their carer’s assessment or in the support they received, or that this received some but insufficient consideration. Care is not affordable or reliable in many cases. Health services often do not join up around social care services, making it harder for carers to be able to return to work because they have to coordinate disjointed

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27 Age UK Carers UK (2016) Walking the tightrope
28 Ibid
services. There needs to be a shift of perspective in which good quality, well-coordinated services support carers to remain in work – and are seen as a precondition for work.

6.6 For those who are still caring, but want to return to work, a lack of alternative care creates a significant barrier. 46% of carers responding to our research who have left work to care cited problems with care services as a contributing factor. A well-funded social care system is therefore vital for many carers to even consider a return to work and is part of the infrastructure needed for participation in the labour market.

6.7 Changing levels of support: evidence from carers shows a steady reduction in service provision, at times, with no alternatives. The compound effect of this is reflected in the overall social care provision statistics which demonstrate a reduction in the overall number of people receiving care. Most worryingly, some services are withdrawn completely, with no alternative offered.

“When my son became ‘an adult’ his respite was reduced by a third. I was told “that’s what happens when you become an adult”.

“The needs are increasing, the help is decreasing.”

“I have to fight for everything. I feel alone and unsupported.”

6.8 Carers UK’s findings are backed up by the latest data from NHS Digital showing that carers’ support has been reducing. This data covering the 2016-2017 reporting period showed:

- The number of carers getting support or being assessed from local authorities has dropped by 5% since last year with spending on carers dropping by 6%. Spending on the respite services that give carers’ a much needed break from their caring has also decreased.
- Between 2015/6 and 2016/7 across all England regions, 6 in 9 decreased the level of support offered for respite breaks for carers. Only the North West, North East and London increased the number of carers in the last year. With the exception of the North West region, all English regions have reduced the number of carers receiving respite over the course in the last two years.
- The data for 2016-2017 also reveals that the number of carers who receive respite support as a percentage of all carers receiving local authority support/contact varies hugely across different local authorities from 1% of the carers that the local authority supports in one area to 80% in another area.
6.9 Further evidence from NHS Digital data analysed by the Nuffield Trust, King’s Fund and Health Foundation show significant cuts to local authority budgets have led to gross spending on adult social care service by councils falling from £19.1 billion in 2009/10 to £17.8 billion in 2016/17, a real-terms cut of 7 per cent. These reductions in spending and tightening eligibility make it harder for carers to balance paid work with caring and for them to return to work whilst caring.

6.10 Finding flexible work: Many carers tell us that they cannot find the flexible or part-time style of working which they are looking for. Without knowing that they will have an understanding employer or be able to request flexible working from day one, carers can be worried that they will be unable to balance their working life with caring.

“I had to leave a senior job in the industry at the age of 50 and have found it difficult to find a senior part time job for a woman resulting in my earnings dropping drastically and putting me under financial pressure.”

“I would *love* to be in paid work, even part time. I gave up a well-paid career to look after my son. This has led to significant financial difficulties. I’d love more support to enable me to work.”

6.11 Barriers in the benefit system: Both the earnings limit and the study rule for Carer’s Allowance pose barriers for current carers in returning to work. The earnings limit on Carer’s Allowance remains one of the harshest penalties in the benefits system with 100% withdrawal if the earnings limit is exceeded. Carers UK has welcomed the Government announcement that from April 2018 the earnings threshold for Carer’s Allowance will be raised to £120 a week as any increase can make some difference. However, this still falls short of what is needed for those who need to work 16 hours in order to access other financial help from Government. Each year, with the uprating of the National Living Wage, Carers UK hears from carers whose earnings rise over the earnings threshold by just a matter of pence and who are forced to choose between giving up work, reducing their hours or losing their benefits.

6.12 The earnings limit is currently £116 per week after deductions and will rise to £120 after deductions from April 2018. If the carer earns even one pence over this rate after deductions they lose 100% of their main benefit, Carer’s Allowance, which will be worth £64.60 from next April 2018. While Carer’s...
Allowance is the lowest benefit of its kind, it can help offset the extra costs of caring and the huge loss of earnings that many carers face.

6.13 For some carers, they need to work a minimum of 16 hours a week in order to access Working Tax Credits. Similarly, to access free childcare for 3 and 4 year olds, one of the two parents needs to be working at least 16 hours at the National Living Wage. These current rules demonstrate how vital it is that National Living Wage and the Carer’s Allowance earnings limit are linked as some parents who are caring will have to choose between claiming Carer’s Allowance or their entitlement to free childcare. The Government should also consider a lower minimum earnings threshold for one parent families where the parent is a carer so that they can receive free childcare which could help them stay in touch with the labour market. This presented a barrier in 1999/2000 and later in the ACE National project from 2002-2005 and both recommended a change whereby the earnings limit rises year on year in line with earnings and has a taper. The 21 study rule presents an issue for any vocational training that is full time for a carer.

6.14 At present the only work allowances for UC are for claimants who either:

- Have limited capability for work
- Are responsible for a child.

Many carers will get a work allowance, but not on the basis of their caring status. Extending the work allowance to those in receipt of Carer’s Allowance could be considered to enable more carers to stay in touch with the labour market.

Recommendations:

- The Department should review the eligibility restrictions on earning and studying for Carer’s Allowance which create difficulties for carers. This should include the introduction of a linking rule to ensure the earning’s threshold for Carer’s Allowance rises in line with the National Living Wage and exploring a taper. Current levels of NMW and an earnings threshold mean many carers are unable to work more than 15 hours at NMW. This means they have to choose between working the required 16 hours for Working Tax Credit and/or to access free childcare for 3 and 4 year olds and the alternative of claiming Carer’s Allowance.

- The Government should also consider a lower minimum earnings threshold to allow one parent families where the parent is a carer qualify.
for free childcare for 3 and four year olds. This could enable the carer to stay in touch with labour market and develop or maintain skills.

- As soon as is possible, a more in-depth analysis is needed about the role of Universal Credit and its relationship to the pathway to work for carers. This should include an impact review of carers who are self-employed and the case for extending the earnings disregard to Universal Credit claimants who are in receipt of Carer’s Allowance which could support more carers to stay in touch with the labour market.

**Challenges of returning to work once caring has come to an end or after a significant period away from caring**

6.14 **Ill-health and caring:** a large proportion of those caring also have a health condition – which may have been caused by, or exacerbated by caring. This might be a physical condition ie. back problems from moving and lifting without appropriate training or support. The most common form of ill-health is anxiety and depression affecting a large proportion of carers. Carers will therefore be found in all working age welfare benefit groups e.g. ESA work-related groups, JSA, Carer’s Allowance, etc.

6.15 **Loss of skills, lack of confidence:** The ACE National project, and work dating back to 1994 with Carers UK, found that carers suffered loss of certain skills, knowledge and confidence as a result of time spent out of the workforce posing considerable barriers to returning.

6.16 Although some carers had significant educational attainment, the time spent away from the labour market was so significant, assumptions had been wrongly made that it would be easy to return. It clearly identified that an important first step is pre-vocational training for many, rediscovering skills, and building confidence. Whether their caring responsibilities were short or long-term, carers report simply not having the time, money or the support to plan or prepare for what would happen next – through, for example, studying, training or volunteering alongside caring.

6.17 Carers who have been living on a limited income during their years spent caring are unlikely to have disposable income to spend on training. A carer during a focus group as part of our Caring and Family Finances Inquiry in 2014 talked about having given up a skilled, professional job over fifteen years ago. Knowing from former colleagues just how much his workplace had changed, he said he would have to start from scratch with learning systems, technologies and practice.
6.18 Many former carers tell us that they face problems with gaps on their CVs. Caring is not understood or respected by employers as a reason to be out of the workforce, especially when it has resulted in particularly long breaks from employment. Carers report feeling frustration to be included in administrative forms as ‘unemployed’; a ‘carer’ category would allow better recognition of their role.

“I have had employers not understanding what caring is – just asking me why I’ve been unemployed for so long and just thinking I’ve been sitting around all these years.”

“I know that my application will go to the bottom of the pile as soon as they see I haven’t been in work – it doesn’t matter that I have been caring.”

6.19 Whether their caring responsibilities were short or long-term, carers report simply not having the time, money or the support to plan or prepare for what would happen next, through, for example, studying, training or volunteering alongside caring. This means that a key first step involves building the confidence of carers and supporting them to rediscover skills.

6.20 Employers also often fail to see the skills than an individual may have gained whilst caring. Those seeking work may also lack the ability to accurately explain the skills that they have developed meaning that the value of their caring experience is not fully understood. Furthermore, callers to our advice line inform us that re-entering the job market is intimidating as the job application process has often changed since they were last applying for a job. We also receive calls from carers and former carers who find the rules about working alongside receiving welfare support to be very confusing.

6.21 Carers UK is developing a learning programme helping carers to recognise some of the skills that they have developed in the course of caring for someone. This has been funded by the Department of Health and will be completed early next year. This has been built with experience from our first co-produced e-learning tool with City and Guilds – Learning for Living. We would be happy to provide the Work and Pensions Committee with more detail on this work.

Recommendations:

- The Government should support the roll-out of resources targeted specifically at carers accrediting skills learned whilst caring, including those developed by Carers UK with funding from the Department of Health.

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33 Carers UK (2014) ‘Caring and Family Finances Enquiry’ – p79
34 Carers UK (2014) ‘Caring and Family Finances Enquiry’ – p79
The Government should also look at investing in and encouraging caring based training such as moving and handling, medication management, etc; skills needed whilst carers are in the process of caring.

The Department of Work and Pensions should consider providing additional support for working age carers including tailored back to work support and specialist careers advice.

Case Study: Lessons from back to work employment pilots 1999/2000:

In a localised employment pilot in Manchester, British Gas had around 50 potential placements – aiming for half disabled people, half of carers to be able to return to work – as a way of looking at an action learning set to encourage more people with disabilities and caring into the workplace. The project was in partnership with Carers UK. Carers tended to have more unidentified challenges than disabled and people where more work had been carried out. British Gas had already developed carer friendly employment practices and was open and clear with potential candidates. The two main challenges were:

- Earnings limit for Carer’s Allowance – where carers felt this made trying to work too risky
- The lack of affordable, good quality care that could be arranged to be able to work (the ‘double bind’ outlined above).

Question: What role can assistive technology play in supporting carers in employment / seeking employment?

7. Overall, we believe that assistive and digital technologies have a greater and more important role to play in supporting carers to remain in employment as well as for those seeking employment. More could be made of these by employers, local authorities, health bodies, the DWP in its links to work and with the general public. Our evidence shows more scope for this use and potential positive work outcomes for carers.

7.1 It is welcome that the Government’s Industrial Strategy recognises the role that technological innovation can play in addressing the productivity issues arising from a failure to adequately support those juggling work and care to remain in
employment. The Industrial Strategy outlines plans to address the needs of an ageing society, including creating new demands for technologies.\textsuperscript{35}

7.2 Research from Carers UK and YouGov published in May 2017 showed a widespread lack of understanding of the potential of technology to support people in their caring responsibilities with consumers missing out on the benefits of technology when it comes to supporting health and care needs:

- 7 in 10 of adults online across the UK use technology to help them manage their money (72%), shop (71%), for social networking (67%) and for communicating (66%).
- Yet less than 3 in 10 (29%) of us turn to technology when it comes to helping us with health and care.
- Those aged 45 – 54, the age people are most likely to be a carer and those over 55 were less likely than other age groups to be using technology to support with care.
- Men were significantly less likely (25%) than women (33%) to use health and care technology.\textsuperscript{36}

7.3 Technological innovation continues to be an under-appreciated resource in the support of carers, ranging from the technology that professionals use to identify carers, telecare solutions, apps and remote sensors. Levels of awareness of technological innovations to support carers remain stubbornly low amongst professionals, as well as the public more and these results are strikingly consistent with the last time Carers UK undertook research on this issue in 2013.\textsuperscript{37} Yet the evidence shows that remote technology and other forms of assisted living promote independence and support people who are caring.

7.4 Innovation and technology have a significant role to play in supporting families to care – protecting their health and wellbeing, reducing stress and addressing the social isolation that is often associated with caring. Technology has huge potential to support people to combine work and care by enabling them to work flexibly and to help with caring.

\textsuperscript{36} Carers UK and YouGov Plc survey, total sample size was 2091 adults. Fieldwork was undertaken between 15\textsuperscript{th} – 16\textsuperscript{th} February 2017. The survey was carried out online. https://www.carersuk.org/news-and-campaigns/press-releases/even-the-tech-savvy-remain-unaware-of-technology-that-could-support-them-caring-for-loved-ones
\textsuperscript{37} Carers UK, September 2013, Potential for Change: Transforming public awareness and demand for health and care technology, https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=199
7.5 A range of technologies have the potential to change care in the home and community, reducing physical time and the psychological worry of providing care. Assistive technology can give both carers and the people they care for greater independence and reassurance. Carers UK research in 2013 showed that almost three quarters (72%) of carers using technology said that it had given them greater peace of mind. Over 10% said that using health and care technologies had either helped them to get a job or stay in work alongside caring. Despite this, we are only now starting to realise the opportunities for practical and online technology to help families to co-ordinate a better work-life-care balance, access peer-to-peer support and save time.

7.6 Connectivity and the ability to work remotely can enable people to combine their job with providing unpaid care, and technology enabled support networks can provide important peer to peer emotional support at work. Employers can also help by promoting health and care technologies that can support their staff with caring such as: smartphone apps which tell staff that a care worker has arrived on time, co-ordination tools for them to organise care between them and their families, or alarms and monitors at home which give carers peace of mind at work.

7.7 They, too, have huge potential for growth as part of a new and thriving care economy. ICTs will support a modern workforce and help people work smarter, and assistive technologies will deliver new services in new ways, responding to the needs of modern families and reshaping traditional models of health and care.

Recommendation: Government should support a vibrant, accessible health and care technologies market focused on consumers, which delivers attractive, affordable products and services which reflect how families live and work.

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Question: What examples of employer best practice towards carers could the Department promote?

8. Through Carers UK’s business forum, Employers for Carers (EfC), we enable employers who are members to better support working carers through providing practical information and advice, including training and resources. Together, the members of this forum are a powerful movement of progressive employers committed to providing carer positive workplaces. We also offer umbrella membership of Employers for Carers to small and medium enterprises who can access EfC resources free of charge, through a co-ordinating body such as a local authority. This umbrella model is attracting increasing interest from local authorities and, as it rolls out, will hopefully help to increase awareness of working age carers and their needs as well as to meet the recruitment needs of employers in the local area.

8.1 Carer Positive is a Scottish Government funded initiative which has been developed with the support of a strong partnership of private, public and voluntary sector organisations in Scotland. Carer Positive aims to encourage employers to create a supportive working environment for carers in the workplace. The Carer Positive award is presented to employers in Scotland who have a working environment where carers are valued and supported. Carer Positive employers recognise the importance of retaining experienced members of staff, reducing absence, and cutting down on avoidable recruitment costs.39

8.2 A number of EfC Members offer programmes to support individuals who have taken an extended career break to return to work. These programmes are not exclusively for carers and instead offer support for a wider group of people who have taken a career break, with many programmes having a particular focus on women.

- KPMG’s ‘Return to Work’ programme offers a 12 week programme with mentoring and networking opportunities to build the confidence of returners.
- PWC’s 6 month ‘Back to Business’ programme allows senior women to transition back into the workplace.

39 http://www.carerpositive.org/
8.3 **Carer Passports in employment**: A Carer Passport in employment is essentially a conversation about the flexibility needed to combine work and care. This conversation involves balancing the needs of the individual with the needs of the business, within existing company policies. The scheme provides a straightforward way to document flexibility and support so it can be carried into an employee’s future roles, without having to repeat the same conversations. It can help to create a supportive working culture where staff feel that they have ‘permission’ to talk about their circumstances in a safe environment. It can also help communicate existing workplace support for carers and encourage managers to apply policies more consistently across the organisation. Carer Passports - [https://carerspassports.uk/](https://carerspassports.uk/) - provide carers with a communication tool that enables their line managers to keep informed about their caring responsibilities, details how being a carer may impact their work and offers a clear record of flexible working arrangements.

8.4 **Using awareness campaigns** such as Carers Week in June and Carers Rights Day in November to reach carers in the workplace with information about the support available. Caring conversations at work e.g. West Yorkshire and Harrogate STP are looking to start different conversations about caring in the workplace as part of their strategy to support carers better.

8.5 **Carers leave** and other leave and support arrangements. Increasingly employers are introducing a period of paid carers leave. Aviva, Standard Live and Centrica are some examples. Centrica has a longstanding carers’ leave policy which, in addition to normal leave entitlement, provides up to one month matched paid leave per year.

8.6 **Carers Networks**: Many employers such as National Rail and KPMG support staff carers networks where carers are able to share information and provide peer to peer support.

8.7 **Senior leadership** who are “sponsors” of carers’ activity and are open about their own caring experiences helping to “normalise” caring.

8.8 **Providing clear links to resources to support carers**. Carers UK Digital Resource for Carers brings together a number of digital products and online resources, to help organisations provide comprehensive information and support for carers including a care-coordination app to help manage caring. As well as large employers, several local authorities have given access to the resource, tailored to their local area, to small and medium enterprises in their area. Local
authorities who use Carers UK’s digital resource such as Leeds and Surrey for local populations of carers, also promote it as a resource internally to working carers within their workforce to help them juggle work and care.

8.9 **Use of new technology to support carers**, For example some employers have given their employees access to Jointly, an app developed by Carers UK to help carers coordinate care, make it easier to juggle work and care – easing communication with other, hooking up with medication devices, etc.

**Case study: Listawood – A view from a small business**

With a workforce of around 150 people, Listawood are a manufacturer of promotional products such as ceramic mugs, fridge magnets and mouse pads. Listawood argue that their culture of flexibility and support of those needing to balance their home and work lives, often at short notice, is a significant driver of staff retention.

As part of their performance management framework, Listawood regularly survey their employees to measure staff satisfaction. Their deep rooted culture of flexibility is well recognised by staff:

• 97% of staff felt the company offered better opportunities for work life balance than other employers in the area.

• 96% agreed that any request for flexible working would be fairly considered.

• 97% said they would be able to get time off at short notice if they needed to

Staff turnover at the company is remarkably low – only a fraction of a percent per annum. Listawood argue that their culture of flexibility and support of those needing to balance their home and work lives, often at short notice, is a significant driver of staff retention.

**Question: Would mandatory ‘carers policy’ statements be a good idea?**

9. It is important that employers clearly demonstrate the provisions for support and adaptive working arrangements that are available to carers. A visible policy framework that addresses carers’ needs benefits an organisation’s working culture and it means that carers are better equipped to share that they are carers
with management, to seek support when necessary, and access flexible working arrangements to reach a more effective balance between work and their caring responsibilities.

**Question: Is there a ‘cultural shift’ needed in our attitude towards carers in employment? If so, how far can the Department go in influencing such a shift?**

10. Carers UK believes that a cultural shift is urgently needed in our attitude towards carers in employment and we also believe that the DWP has a critical role to play in this alongside other Departments.

10.1 Carers UK’s public polling research with YouGov shows that in the workplace, many are unable to recognise carers among their colleagues with 3 in 5 workers (62%) believing that they don’t know any work colleagues who have caring responsibilities.\(^4\) Constructive carer policies and provisions in the workplace, active promotion of these to employees and managers, and encouraging employers to establish workplace carers networks can help to achieve the necessary shift in understanding, make it easier for people to recognise themselves as carers and seek out support and thereby ease the pressures and stress that carers who balance caring and work experience.

10.2 While any such cultural shift will be a ‘long game’ in many organisations and sectors, the Department can play a critical role in influencing change by leading by example as an employer, service provider and policy maker, including identifying visible role models and champions to catalyse change.

**Recommendation:**

- The Government should support the sharing of best practice amongst employers through established networks and promote business practice

that advertises flexible work and carer friendly employment – encouraging employers to adopt carer friendly recruitment policies that benefit all ages of working cares, including younger adults.

- The Government should have an aim to make every workplace carer friendly.

**Question: Is there a coherent cross-Government strategy for supporting carers in employment/ seeking employment?**

11. Government has increased activity looking at initiatives to support working carers and some work on carers’ return to work, which is welcome. However, we do not believe that there is a coherent cross-Government strategy for supporting carers in employment-seeking employment at present.

11.1 One of the main reasons for the lack of a coherent strategy is the reduction in social care funding and the increasing reliance on families to provide care. The lack of systematic recognition of carers in the NHS also increases pressures on carers which make it difficult to juggle work and care. This includes relatives being discharged from hospital with little or no notice and an expectation that family will care, a shortage of quality care making it difficult to find, families often having to find residential and other care at short notice, making complex and important life decisions with very little or no support. A coherent Government strategy on carers in employment and those seeking employment would have a well-funded social care system and a health system that systematically identified carers at its heart.

11.2 An analogy can be made with childcare – if funding and provision for childcare were to be reduced, it would have an employment effect. Carers UK’s evidence from carers is that the reduction of care is having an employment effect but it is not well recognised. Supporting carers in the workplace and properly
funding social care go hand. Three-quarters of carers in work say that good quality social care is vital to their being able to continue working.\textsuperscript{41}

11.3 Government has increased its recognition of the challenge of working carers. We have been pleased to see the growing importance of carers and employment on the national policy agenda, including an increased focus, more recently, on supporting carers to return to work. We welcome the recognition of caring as the Government’s Fuller Working Lives Strategy published in February and note that this signposted to the (then shortly expected) forthcoming cross-Government Carers Strategy.

11.4 Given that the Government consultation on the Strategy closed in July 2016, the Government will now be responding to evidence through a short term cross-Government Action Plan, it is now critical that the forthcoming cross-Government Action Plan, is published as soon as possible in the New Year, and with a strong focus on employment support for carers. The evaluation of the Government funded Carers in Employment pilots (2015-2017), which was expected in October, should also feed into the above, and be published in good time, so that the results, the lessons learned, and opportunities for future roll-out of successful schemes can be applied more widely.

Recommendation:

\begin{itemize}
\item Both the cross-Government Action Plan expected early in the New Year and the longer-term work of the Green Paper and parallel work relating to carer for working aged disabled people provide important opportunities to improve support for working carers. They must take forward concrete proposals to improve support for working carers.
\item As well as longer-term consideration of sustainable funding for social care, the care system urgently needs short-term funding to close the funding gap estimated to reach £2.5 billion by 219/20\textsuperscript{42}.
\end{itemize}


\textsuperscript{42} Nuffield Trust, the Health Foundation and The King’s Fund, Joint Statement for Autumn Budget 2017 Consultation Response | December 2017 | Evidence to Work and Pensions Select Committee Inquiry on employment support for carers
Contact us

To find out more contact:

Sharlene McGee, Senior Policy and Public Affairs Officer
T: 020 7378 4937 E: sharlene.mcgee@carersuk.org

Keep up to date with our campaigns and research:

Carers UK
20 Great Dover Street
London SE1 4LX
T: 020 7378 4999
E: info@carersuk.org

CarersUK.org

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