

Carers and Employment in Oxfordshire

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

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Glossary

ACAS:	Advisory, Conciliation and Arbitration Service
ACE:	Action for Carers and Employment
CBI:	Confederation of British Industry
CES:	Carers, Employment and Services
DoH:	Department of Health
DWP:	Department of Work and Pensions
JCP	JobCentre Plus
LEP:	Local Employment Partnership
OCC:	Oxfordshire County Council
PCT:	Primary Care Trust
S & CS:	Social & Community Services

Terms of reference

The research was carried on behalf of Oxfordshire Carers Strategy Steering and Carers in Employment Groups. It was a county-wide pilot project with the aim of presenting proposals for an Oxfordshire model to support carers to remain in, or enter, employment, training or education. The research brief was to:

- i) Identify current opportunities and support available to carers
- ii) Identify existing universal services which can be utilised by carers in work, training, education and leisure
- iii) Analyse the needs of carers, both currently in work and wishing to return to work
- iv) Analyse the gaps in provision
- v) Make recommendations for the proposed way forward for Oxfordshire and how this could be implemented

Executive Summary

Carers

Carers provide regular unpaid support or assistance to someone who needs their help because they are ill, disabled or frail. Many carers support a relative, such as an elderly parent or sick or disabled partner, but they are not necessarily related to those they care for.

The 2001 census showed that there were 4.27m carers of working age in Great Britain, 66% of whom were also in paid employment. National figures show that more than half of carers give up work to care.¹

Oxfordshire

In Oxfordshire in 2001 there were 53,435 people who identified themselves as carers, of whom approximately three quarters were of working age.²

The three Carers Centres saw 1,760 new referrals between them in the year from April 2007 to March 2008 and offer ongoing support to many more.

Demographic change

It is predicted that demographic changes will see an increase of over 125% in the number of over 85 year olds in Oxfordshire over the next twenty years.³ By 2034, one in three of us can expect to become carers at some point in our lives.⁴

Working carers

Findings from local research corroborate evidence from national surveys⁵:

- Most working carers have not had their needs assessed
- Many are supporting someone who is not receiving services
- Most have help from family and friends
- Over half have a 'carer-friendly' employer

Barriers

Carers are more likely to be lacking in skills and experience than the general population and once out of employment for a long time, it is very difficult to re-enter it. The biggest gap for those seeking to enter or re-enter the workplace is the lack of jobs. National unemployment figures rose to over 2m in March this year and those without up-to-date skills or experience are at an immediate disadvantage.

Services

Carers' ability to combine work and care is affected by the service provision made for them and those they care for. A broad range of services is provided in Oxfordshire by both the statutory and voluntary sector and there are many examples of good practice, partnership- working and innovative ideas. A major

issue that emerges from both national and local research is that carers often have to wait a long time for an assessment and some never get one at all. The high eligibility criteria for services also means that people often do not receive help until their needs are high and by this point many carers have given up work.

Awareness-raising and information

Carers' needs are **identification, recognition, information** and **services**. Many do not become aware of the help that is available to them until they have been caring for some time and in Oxfordshire it is estimated that only about a tenth of carers are in touch with services. With the high turnover of carers and risks to their health and well-being, this report shows that it is vital that information strategies target carers in the first year of caring.

Chapter 1: Introduction

The government set out its vision for supporting carers in its National Strategy for Carers launched in June 2008. It recognized the contribution carers make to the national economy and the need to support them in leading a life of their own. Oxfordshire County Council (OCC) published its own Carers Strategy in 2008, encompassing the aims on the National Strategy and showing how they could best be implemented through local partnerships. Both documents have a strong focus on supporting the needs of working carers and those attempting to enter, or re-enter, the job market.

In September 2008, OCC commissioned the three Oxfordshire Carers Centres to carry out a report on carers and employment in the county. The report outlines the support available to these groups, identifies gaps in provision and makes recommendations on how services, both specialist and universal, can best be accessed by carers. It also highlights good practice both within the county and nationally and makes recommendations as to the way forward in Oxfordshire.

The focus of the report is on adult carers of working age caring for other adults, but many of the issues affect all carers, whether working or not, and some of the gaps in provision, eg, inadequate benefits, can only be remedied by national legislation and are, therefore, beyond the scope of this report.

Methodology

The researchers used a variety of research methods to explore the extent of unpaid caring among people of working age in Oxfordshire, to evaluate the provision for working carers and to identify the barriers that exist to combining work and care. The research drew on the detailed and comprehensive national reports on carers and employment produced by Leeds University in conjunction with Carers UK, which include studies of nine local authority areas; the reports and policy briefings produced by Carers UK together with the reports of Oxfordshire County Council on the needs of carers, in particular, its recently updated Strategy for Carers.

Initial stakeholder interviews were carried out with representatives of various agencies, both local and national, to identify what they perceived to be the main issues, official statistics were used to estimate the number of carers of working age in the county, referral figures were collected from the three carers centres and evidence from practice was drawn upon to illustrate the problems that carers face in combining work and care. To capture the viewpoint of carers, thumbnail sketches of their experiences are included throughout.

Evidence is also included from the outreach work of Cara Brandi, the Carer and Employment Development Co-ordinator, based at South & Vale Carers Centre, who has made links with local employers, conducted a number of surveys, and carried out face-to-face interviews with working carers.

Chris Brough, the Carers and Employment worker based at North & West Carers Centre conducted a telephone survey of carers in order to build a matrix of the service providers and services they most commonly use, and to explore their views on provision, and its gaps.

Structure

The report begins by identifying the main groups of carers and the main issues they face in combining work with care or in seeking to enter work; it then goes on to examine the national context in terms of the growing numbers of people in need of care, of changing government policy and legislation to meet that need and the impact of the current recession. Chapter 4 looks at the context in Oxfordshire, Chapter 5 deals with the issue of employment in Oxfordshire, chapter 6 with carers' access to training and preparation for work, chapter 7 with the services provided by Oxfordshire Social Services and the three carers centres in the county and includes a matrix of the current provision and an analysis of the gaps. The report concludes with proposals for the way forward in Oxfordshire and a number of recommendations as to how it could be implemented. Areas for future research are also identified. A number of appendices are attached, including examples of good practice in other areas of the country

Chapter 2: Carers

Carers are a large and diverse group. It is estimated that one in ten of people in the UK is a carer and that equates to 6m carers.⁶ Caring cuts across class, gender, race and age, it is affecting more and more people and by 2034 one in three of us can expect to take up caring responsibilities at some point in our lives.⁷ Although carers are a heterogeneous group, they tend to fall into certain categories, ie, young carers looking after other family members, parents looking after disabled or ill children, adult children looking after their elderly parents; spouses or partners caring for their partners, family members caring for other family members or friends looking after friends. Those they look after may have a physical disability or sensory impairment, a mental health problem, dementia, learning disabilities, an addiction, a life-threatening illness or they may be old and frail. And in many cases, carers can fall into more than one category, and the people for whom they care, may have more than one problem.

The extent to which people are involved in care also differs; the national census identifies three main categories: 1-19 hours a week, 20-49 hours a week and 50+ hours a week. It is estimated that 1.2 m people care for over 50 hours a week in the UK, in other words for longer than the average working week. The RCGP points out that this equates to full-time workforce greater than that of the NHS.⁸

For many people, caring is a normal part of life and a role they can find very rewarding. But it is a role that can also be very onerous and for many, it carries with it a number of problems including stress, exhaustion, poor health, isolation, depression and money worries. A survey of 3,000 carers carried out by Carers UK found that 72% were worse off since starting caring, 53% said that financial worries were

affecting their health, 33% were in debt, 30% were cutting back on food or heating, and 10% could not afford to pay rent or mortgage. 54% of this group had given up work to care.⁹

Demography

In demographic terms, the peak age for caring is between 45 and 64, and proportionately, there are more female carers than male (national figures estimate 58% women and 42% men). Women are more likely to be carers in all age groups under 75 and are also more likely to provide personal and heavyduty care.¹⁰ Members of black and minority ethnic groups are also disproportionately represented. We have little evidence about carers in the gypsy and traveler community either nationally or locally, nor of people of different sexual orientations.

Geography

Surprisingly, the geographical distribution of caring does not fit with that of the very aged (85+) population, but more closely resembles patterns of poor health and socio/economic deprivation.¹¹ Disadvantages tend to cluster and this correlation of caring with deprivation is some indication of where resources should be focused.

Stages of caring

Carers are not a constant group. Carers UK estimate that there is a turnover of 2m carers every year. Becoming a carer is a life-changing event precipitating one into an unknown future - caring can be short or long term, full or part-time and the transitional phase can be very difficult. Yeandal, et al, identify three main stages of becoming a carer: the first 2 years when caring has become a long term commitment; 2 years plus and finally when caring at home comes to an end.¹² There are key issues for carers at each of these stages and these can vary depending on whether they have always been a carer, eg, looked after a child with disabilities who has now become an adult, or have become a carer later in life.

Hidden carers

There is also the issue of hidden carers. A survey carried out by the Leeds team showed that 65% of people with caring responsibilities did not identify themselves as a carer within the first year of caring, and for 32%, it took over 5 years before they recognized they were a carer.¹³ Those in employment constitute the largest group of hidden carers.

Chapter 3: Working carers

Carers are a very substantial part of our working population. We know from the 2001 census that carers are found in all occupations and in all industries. In a business of 1,000 employees, 120 staff will be carers at any given time and every year that business could expect approximately 44 staff to become carers.¹⁴

There are clear differences between demographic groups involved in working and caring. The gender gap is closing overall, with 9% men and 11% women acting as carers, but women are more likely to give up work to care; 66% of male carers of working age are in full-time paid employment and 7% have part-time jobs; of women who are carers, 32% are in full-time work and 7% have part-time jobs.¹⁵ The 2001 census also showed that caring is more prevalent among people of working age in some ethnic groups, especially younger Indian, Pakistani and Bangladeshi men and women, who are three times more likely to provide care compared with their white British counterparts.¹⁶

Carers who provide twenty or more hours of care per week, both male and female, are more strongly concentrated in lower level jobs than other workers, more likely to work in 'routine' occupations, and less likely to work in managerial or professional jobs¹⁷ Working carers are also more likely to be unqualified and less likely to hold university degrees than other people in employment. Among women in full-time work, those who provide unpaid care for more than fifty hours a week are twice as likely to be unqualified.¹⁸ For women, therefore, becoming a carer compounds existing gender disadvantage.

Many carers want to combine work and care: employment is not only fundamental to people's living standards, but to their sense of themselves – work gives structure and purpose to lives and plays as much a social and psychological function as an economic one. It is also known that claiming benefits long-term is both a symptom and a cause of depression and that unemployment and mounting debts are among the biggest causes of mental illness.¹⁹

The business case

There is also a good business case for supporting carers at work: it reduces stress and improves job performance and job satisfaction, increases commitment to the organization and decreases staff turnover and the associated costs. The peak age for caring is between 45 and 54, when 1 in 4 people is a carer (Census 2001) and this is also the time in people's careers when they are likely to have acquired skills and expertise valuable to an employer. Five years ago the Work Foundation published a study, *Productivity, Performance and People* which concluded that a motivated workforce working flexibly to suit employee and employer alike would deliver more for Britain's businesses than old-style rigid hours. Big employers, from M&S and Sainsburys to PWC and Lloyds TSB have recognized this and pioneered ways to allow workers more choice in hours and place of work.²⁰

Under current legislation (see Appendix II) employees can request flexible working hours, and employers are obliged to give consideration to their request and only refuse to grant it, when there is a clear business reason for doing. Not all jobs are flexible and clearly it is more difficult for small firms than large ones to accommodate flexible working.

Issues for working carers

Many people do successfully combine working with caring and national surveys on carers and employment found that more than half had a 'carer-friendly' employer and that most had help from family and friends.²¹ However, it is also true that caring responsibilities affect training and promotion and can blight careers. If a carer provides significant care, they are likely to give up work. On average carers retire 8 years early and thus miss out on years of income and pensions contributions.²² Based on a Carers UK survey of 3000 carers, it was found that the average loss of earnings in 2006 by those who had either to give up their job, reduce their hours or take a more junior position in order to care was £11,050.²³

The nature of the illness or disability of the cared-for person is also significant, ie, whether the person has a physical or mental illness, and the extent to which it fluctuates in severity. Carers who find it most difficult to balance work and caring are those who are looking after someone whose condition fluctuates and is, therefore, unpredictable

Carers of people with learning disabilities cope with a more predictable situation, but there are certain points when it becomes more difficult for them to maintain employment. This can be when their child becomes adult and the family lose the familiar support of the children's services, or when they leave the school and college system and are at home everyday needing care.

Multiple caring responsibilities can also present great challenges, and it is not uncommon for a person to be caring for a sick partner, their children, and perhaps an elderly parent, at the same time.

Carers seeking to enter/re-enter employment

We do not have figures on the number of people seeking to enter employment when a period of caring comes to an end. We do know, however, that approximately 2m people cease to be carers each year, either because the person they have cared for has died or gone into residential care, and we can assume from this that there will be a large number of ex-carers who are of working age. If they have been carers for a long time, it is likely that their skills will be out of date; they may lack confidence and will face the problems of finding a job that all long-term unemployed people do.

Young adult carers

Young carers can face problems when they reach adulthood and enter the job-market as often their education will have suffered and they lack qualifications. A disproportionate number go into paid care work, as this is an area with which they are familiar, and attention needs to be given to supporting them through this transitional phase and exploring other options with them. The Oxfordshire Education Business Partnership links young people to the world of work so that they know more about working life, adapt well to employment and learn more effectively. This could be a good way to reach out to and identify young adult carers in order to help and support them in the early stages of their training and employment.

Chapter 4: National context and background

Carers have been moving up the national agenda for the last twenty years and government policy and legislation has increasingly recognized their situation and their needs. (See Appendix III) From the Carers (Recognition & Services) Act passed in 1995, we now have a new National Carers Strategy, an All-Party Parliamentary group on carers and Ministers in post with responsibility for carers (Ivan Lewis, MP, and Anne McGuire, MP). The legislation now in place secures: carers' right to 'emergency leave' from work to deal with caring crises; the right to request flexible working arrangements, and a right to an assessment of their own needs which takes their wishes with regard to education, training, employment and leisure into account.

This has been driven by a number of factors: firstly, the introduction of community care policies in the 1980s and 90s meant that more people were enabled to live at home rather than in a home, hospital or institution, but this in turn meant that much more care has had to be shouldered by family members: secondly, the numbers of people needing care are increasing as medical advances succeed in extending life; thirdly, carers themselves have become a larger and more vocal group. National and local campaigning bodies highlight the needs of carers and the contribution they make, not just to the health and social well-being of society, but also to the national economy. It has been estimated that carers save the state £87b a year, a sum greater than the annual budget for the NHS of £82b in 2006/7.²⁴

The first National Strategy for Carers was published in 1999 and since then further rights and support for carers have been created. The government showed its renewed commitment to carers with the new ten year National Strategy, published on 10th June 2008 and signed by seven government departments

National strategy for carers: *Carers at the heart of 21st century families and communities*

The new strategy commits £255m of new funding to create additional support for carers encompassing a number of new initiatives, including improved information provision, training for professionals in local authorities, annual health checks for carers, training modules for GPs, extra funding for the voluntary

sector and to support young carers. No increase in carers' benefits was announced, however, something for which carers' organisations had heavily campaigned.

Partnership is at the heart of the strategy and central and local government, the NHS, the third sector, families and communities are enjoined to work together to implement it.

The strategy recognizes the needs of working carers with the allocation of £38m to help carers enter, or re-enter, the job market, mostly channelled through JobCentre Plus initiatives, including improvements in training for Jobcentre advisors, and an awareness-raising campaign to ensure carers, and employers, are informed about flexible working rights. On 12th June 2008, two days after the launch of the Strategy, Employers for Carers, a new national forum of employers was launched at the House of Commons. This has a brief to work with employers to support carers in their workforce by identifying and promoting the business benefits of supporting carers in, and into, work. This was re-launched as a membership organisation in March 2009 and has already produced new materials for employees and employers.

National funding for the strategy begins in April 2009 and we are as yet at the beginning stages of seeing how its various initiatives will bed down with other government measures.

Policy agenda

There are a number of other policy developments which impinge upon carers and the way in which services and support are to be delivered. High on the agenda are equality, partnership, personalisation of care, welfare-to-work programmes, and the contracting out of services to the private and voluntary sectors. There is also a strong focus on 16-25 year olds not in employment, education and training, which could encompass young adult carers, and a new five-year strategy on dementia, which will affect carers of older people. Wider reform of care and support systems, including financial support, is also promised with the government consulting on this before publishing a Green Paper in 2009.

The Equality Bill announced in the Queen's speech in December 2008, proposes the consolidation of all pieces of equality legislation into one Act. Of particular relevance to carers will be the obligation on public bodies to consider diversity issues in developing employment policies and planning services. Also relevant in this context is the ruling in July 2008 of the European Court of Justice in *Coleman v Attridge Law* 18/7/08 (ECJ Case C-303/060) that the laws that protect disabled people against discrimination in the workplace not only apply to the person themselves, but also by association to their (parent) carer. and this could have real impact on the situation of working carers.

In the last two years, there have been new initiatives from the Putting People First (PPF) programme, government's vision for the personalisation of adult social care services, which aims to increase people's

choice and control over how their needs are met. Over the three year span of the PPF programme, councils are expected to offer personal budgets to most people receiving adult social care and through the option to take budgets in cash, significantly increase the number of people receiving direct payments. This has implications for carers as it allows for the direct employment of personal assistants. Already an estimated 76,000 people in England are employed as personal assistants and that number could soar if personal budgets take off.²⁵ There are a number of issues for carers to consider in going down this route, but a widely-held view is that a personal assistant is *better than a succession of strangers*.²⁶ It could also release carers to take up, or continue in, employment in the knowledge that their family member is being looked after by a person who knows them well.

Other issues are driving the government agenda are the growing number of older people and the current recession; the population is ageing, the workforce is shrinking and we are due to have a pension crisis in 20/30 years time.

Demographic change

We reached a turning point in history in 2008 when for the first time, Britain's over 65s outnumbered those under 16. The significance of this cannot be over-estimated and commenting on this Sue Yeandle wrote:

*I believe that we are living through a 'pivot point' in human history.....whereas in past generations, younger people have always outnumbered older people, in the future - and for evermore so far as we can judge - older people will outnumber the young. The new age structure means that providing care and support for caring is more challenging for public policy than it has ever been before.*²⁷

Longer life-expectancy is something to celebrate, but it has a number of other implications, particularly in terms of public expenditure. With the number of people aged 85+ predicted to increase by over 900,000 in 2025²⁸ and part of this longer life span likely to include more years in poor health, the number of carers is also set to rise with an estimated additional 3m required by 2034.²⁹

The decline in the workforce also means a sharp rise in economic dependency of older citizens on those of working age, which in turn means a dwindling tax-base to support care services and pensions. Whereas now in the UK, four people of working age support each pensioner, by 2035 it will be two and a half and by 2050 only two.³⁰ The national economy requires a large work-force to support public expenditure and there has been a drive to move people from benefits to employment. Ironically, this has coincided with the worst recession in decades.

Recession

The UK was officially confirmed to be in recession on 23rd January. Company failures rose to 4,607 in the last three months of 2008, an increase of 52% on the same period last year, and there were a record number of personal bankruptcies.³¹ Nor is the prospect for recovery looking imminent; a further 40,000 British firms are expected to go bust this year,³² and the CBI are forecasting a 3.3% decline in economic growth over the course of 2009.³³

Unemployment jumped to over 2m in March; it is expected to reach 3m by the end of 2009 and the Bank of England forecast on 11th February 2009 that unemployment will reach over 8% by 2010.³⁴

The recession is hitting women and young people hardest; statistics show a higher proportion of women being laid off in the SE than in any other region (53,000 women in full-time employment compared to 36,000 men in last September and November³⁵) and of the 3m expected to be unemployed by the end of this year at least 40%, 1.25m, will be under 25.³⁶ The only sector that is growing is supermarkets, which are taking on thousands of new employees nationally.

None of this bodes well for carers attempting to enter or re-enter the job market as they will be in competition with many other job-seekers, most of whom will not have been out of employment for so long and many who will be better qualified. The Association of Graduate Recruiters is urging students to take low-skilled jobs or voluntary work when they graduate this summer. Work Foundation studies from the last recession show that employers stopped flexible hours for parents, job-sharing and part-time work and that it took years for those to return.³⁷ With an estimated ten applicants for every vacancy,³⁸ employers are unlikely to take on someone who has been long-term unemployed and who may have additional needs, over someone newly unemployed. This all coincides with the roll-out of welfare reforms designed in a very different era to shift Incapacity Benefit claimants and lone parents back into work. The government announced 1.3b plan to help the jobless and improve the skills base in November, but already it has had to re-tender its welfare to work services as the private companies involved are withdrawing from what will be an unviable and unprofitable field.³⁹

However, it also points to the need to redouble efforts to support carers in retaining work and to offer extra help for those seeking to return to work. In some ways the recession could turn to the advantage of carers in that employers might well be looking to reduced working hours and part-time working rather than making people redundant. Recent evidence shows that in an attempt to avoid redundancies, one in seven employers has already introduced short hours working and 19% have introduced flexible working.⁴⁰

Apart from the difficulties of finding and keeping a job, the recession will have other effects on carers and the services they need. They too will be affected by the general rise in debt, of home repossessions and the slump in interest rates. A cut-back in public spending can also be expected and will probably be

drastic if a Conservative government is elected in 2010. Charities too will experience a fall in their funding from public budgets and voluntary donations; Oxfam, eg, has already had to cut its Cowley workforce by 71%.⁴¹

Chapter 5: Oxfordshire context and background

Oxfordshire County Council's Annual Report for the year 2007/8 characterises Oxfordshire as the most rural county in the South-East of England, with half the population living in rural areas, a quarter living in Oxford City and the remainder in market towns. Although a prosperous county, it contains areas of deprivation, especially within the city. Twelve Oxfordshire SOAs (super output areas) are in the top fifth of the most deprived areas in England, ten in Oxford city and two in Banbury, and this indicates multiple levels of deprivation – low skills, low incomes and high levels of crime.⁴² Large areas of rural Oxfordshire are also ranked as 'deprived' in terms of their distance from local services.

Oxfordshire's minority ethnic population is 5% overall, but rises to 16.6% in Oxford.⁴³ Oxford also has a substantial population of refugees, asylum seekers, and workers from Eastern European countries.⁴⁴

Employment

Oxfordshire falls within the wealthy south-east region and until recently has enjoyed high employment rates. The largest employers in the county are in the public sector: Oxfordshire County Council and the five district councils, the NHS, the Post Office, the two universities and the colleges of further education; in the private sector: BMW, although rapidly divesting itself of jobs, Siemens, Marks and Spencer and the Co-op, and there is also a large voluntary sector including the headquarters of Oxfam and a number of housing associations.

Unemployment is rising in Oxfordshire, as in other parts of the country. The number of people claiming Job Seekers Allowance climbed to 7,574 in March 2009, the highest figure since May 1997.⁴⁵ BMW has axed 850 agency jobs, which will have knock-on effect on the local economy, and over 300 jobs are also expected to go in June when the Royal Mail moves its sorting office to Swindon. The Oxford Times of 8th February 2008 contained 97 job advertisements, and a year later on 12th February 2009 it contained 34.

The Employment Partnership Manager for Oxfordshire commented that lack of skills is the biggest barrier to getting carers into work. While Oxfordshire, in general, is a well-educated county, there are very high levels of people without qualifications in some areas, eg, 46% of people in Blackbird Leys ward.⁴⁶ This again points to the need to concentrate resources on areas of deprivation and to work on the provision of skills training.

Carers

OCC's annual report for 2007/8 comments that, *the profile of a 'typical' Oxfordshire resident is changing. There are now many more people over 85 living in the county and the number of people with learning disabilities living here has also increased..... Demographic changes will see an increase of 125% in the number of over 85 year olds in Oxfordshire over the next 20 years.*⁴⁷

This clearly has implications for the level of care needed. The table below shows that there were 53,435 unpaid carers in Oxfordshire in 2001. Analysis of the census data carried out by the Institute of Public Care (IPC) showed that of these, 43% were male and 57% female, and 7 areas of rural Oxfordshire were ranked in the top 10% nationally of people providing unpaid care. Just over half of all unpaid carers (52%) were between 25 and 54 years old and over 22% were aged between 55-64 years.⁴⁸ In other words, approximately three-quarters were of working age.

	All people	All people who provide unpaid care	% people who provide care 1-19 hrs a week	20-49 hrs	50+
Oxon	605,488	53,435	75.73%	8.63	15.64
Cherwell	131,785	11,423	73.75	8.95	17.30
Oxford	134,785	10,522	75.58	10.33	16.09
South	128,188	11,802	77.84	7.82	14.34
Vale	115,627	10,865	76.47	7.83	15.70
West	95,640	8,823	77.12	8.29	14.60

NB Provision of unpaid care: looking after, giving help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems relating to old age.

Census 2001, Key statistics for LAs in England & Wales, Table K508

Population data is likely to significantly underestimate the number of carers because many people do not identify themselves as such. The information from the 2001 census is also now eight years out of date. We know that the population is increasing in Oxfordshire,⁴⁹ and the number of carers will increase proportionately. The IPC estimated that there would be 56,000 carers in Oxfordshire in 2009, a rise of 6%, but Carers UK have predicted a much larger increase of 19,771 new carers each year in Oxfordshire based on their analysis of demographic trends.⁵⁰

The Office of National Statistics is intending to include a question on carers in the 2011 census so we will have a clearer picture then, but the significant factor is that only a small proportion are in contact with

services. Evidence gathered for this report showed that perhaps 10% of people known to be carers in Oxfordshire are in touch with services.

Oxfordshire Carers Strategy

A multi-agency Oxfordshire Carers' Strategy Steering Group was set up in 1999, chaired by the head of Adult Social Care, with a wide range of statutory and voluntary membership with the objective of helping organizations plan their work with, and for, carers. The first Oxfordshire Carers Strategy was published in 2002 and revised in 2008 after extensive consultation with carers and partner agencies. The strategy for 2009-12 builds on earlier strategic aims and objectives, while integrating the general direction and vision of the newly published National Strategy. Among its nine goals for carers is *support for their wider aspirations for work, education, training and leisure*. Outreach to employers and working carers is a priority, and key groups identified to target include carers when they first become carers, employees who provide more than 35 hours of care a week and carers when they consider starting or returning to work. The Strategy incorporates the LAA targets to increase the numbers of carers assessed and accessing services, and to reduce joblessness in the county by 1%, and envisages the planning and delivering of service through partnership-working between a wide range of service providers, including Social Services, the NHS, Education, Adult Learning, JobCentre Plus, and district and city councils.

OCC has invested £1,959,000 to deliver carers services, breaks and emergency support, and a further £605,000 has been secured as part of the budget settlement from OCC to develop a range of services for carers, including increasing opportunities for employment.⁵¹

OCC support for carers at work

OCC also operates a model HR policy in relation to carers with training at all levels regarding carers issues, flexible working for employees and an in-house carers group. It also offers opportunities for unpaid work placements with the council for people wanting to get back into work. It would be helpful if all partner organizations signed up to such policies, so that at least the public sector in Oxfordshire was following best practice in relation to carers.

Chapter 6: Carers and Employment in Oxfordshire

*Carers in paid employment find themselves in a changing public policy environment, in a labour market undergoing significant change, and in organizations where managerial practices and employers' expectations of their employees is highly variable.*⁵²

As we have seen, unemployment is rising in Oxfordshire; in Witney, eg, in just one month to January, the number of people signing on in the town grew by 175%, one of the fastest rates of jobless growth in the country.⁵³

National initiatives

There are a number of initiatives, national and local, aimed at helping carers, and others, into work and supporting those already at work. The New Opportunities White Paper announced in January 2009, features a plan to give £500 in training grants to every person who has taken more than 5 years off work to care for a child or sick relative. The money will be paid into skills accounts, rather than in cash and may be used for IT courses, sales and marketing or project and financial training. The government also announced at its recent Jobs Summit that it is to give firms that recruit people unemployed for more than six months 'golden hellos' of up to £2,500, to be awarded by JobCentre Plus. Plans were also announced to increase apprenticeships by 35,000 over a two-year period beginning in April 2009.⁵⁴

Local initiatives

In Oxfordshire, JobCentre Plus, local authorities and the PCT are all working together to a target of 1% reduction in worklessness, one of 200 national indicators identified by central government. Job Clubs have been opened in Banbury and Oxford in response to the unemployment crisis. These are joint initiatives between Oxfordshire County Council, Oxfordshire Economic Partnership, City and District councils, JobCentre Plus, Oxfordshire Business Link, the Learning and Skill Council and Oxford and Cherwell Valley College

Jobcentre Plus

JobCentre Plus is the key agency in helping people into employment and will play an important role in the implementation of the Oxfordshire Carers Strategy and the Local Employment Partnership. Carers are one of the target groups at the JCP (twelve points are scored for getting a carer or lone parent into work compared with one point for someone with no special needs). There is a Partnership Manager in post for the county, whose remit includes lone parents, people with disabilities and carers. At present there are specialist advisors for lone parents and disability at JCPs, but not for carers, and a carer seeking work would usually be seen by a disability advisor. Importantly, JCPs can provide funding for replacement care for job-seekers undertaking training and they also carry out 'better-off' calculations to see whether a carer would be better-off working or not. From April 2009, a new carers strategy will be introduced in JCPs; they will hold a data-base of all employers who are 'carer-friendly', advisors will have training on carers issues, mainly focused on where to signpost them, and a portal on the computer system to access information on carers.

Local employment partnership

The Local Employment Partnership (LEP) works with the JCP to help people who have been long-term unemployed. The LEP has about 400 employers signed-up and represents businesses that will take on employees who have been out of work for six months or longer. The JCP arranges training for applicants to get them ready for work, and the employer guarantees to give them an interview on the same basis as

other applicants. The LEP also offers funded work trials for potential employees, pre-employment training opportunities, reviews of recruitment processes and mentoring schemes for people who want to return to work. If a person succeeds in getting a job after having been unemployed for six months or longer, they will be entitled to an in work credit of £40 per week. They will also be able to see a JCP advisor for six months after having got a job and this could be of great support to someone who has been out of work for some time. Those who have been unemployed for years rather than months will be, by definition, hard to place and this will apply to many carers. Under the Flexible New Deal, people are to be referred to a contractor after 12 months on JSA, but as we have seen these agencies are pulling out in the face of rising unemployment.

The current statutory period before a new employee can ask for flexible working is six months, whereas carers require this from day one and it would be helpful if it could be identified at the interview stage. Another step which could help carers is the putting in place of arrangements for emergency care **before** a job interview, so that the applicant could present an employer with a guarantee that they could cover crisis situations from the word go.

Cara Brandi, the Carers and Employment Development Co-ordinator at South & Vale Carers Centre, has worked closely with the JCP and through the links she has made, it is proposed that JCP will provide Carers Centres access to all local jobs currently available on the JCP website, listing restrictions in hours and working patterns, and provide a data-base of employers who offer flexible working. Carer Centre leaflets are now being distributed at each JCP in Oxfordshire with all Attendance Allowance, Disability Allowance and Carers Allowance forms. Inbiz, the self-employment agency that works out of the JCP, has also agreed to distribute Carer Centre leaflets to its clients. Both JCPs and Carers Centres now have a better idea of what the other provides and a number of referrals from the JCP to the S&V Carers Centre have been made.

Alternatives to work

Despite all these initiatives, and the good will behind them, it is clear that the rising unemployment levels and the sheer lack of jobs will prove the biggest obstacle to finding employment for carers. Other opportunities apart from paid work could be explored to help carers extend their horizons. The government is promoting volunteering as a way of boosting mental well-being. It is spending £25m pa on the V initiative which is on target to get 500,000 young people involved in some kind of voluntary activity and an extra £40m is committed to the sector from April 2009, aimed at creating a 40,000 strong army of charity volunteers from job seekers who have been unemployed for at least 6 months. The DWP has issued a booklet on how to volunteer and how benefits might be affected.

There is a wealth of voluntary opportunities in Oxfordshire to be explored. Oxfordshire Community & Voluntary Action (OCVA) works with more than 300 not-for-profit organisations in the county, matches up volunteers with the right opportunity for them and also offers a Certificate in Volunteering, a national qualification equivalent to two GCSE B grades. Unpaid carers, of course, are the ultimate volunteers, but volunteering outside the home alongside other people, might be fun.

Education is another possibility. Ruskin College, for example, offers a number of courses free of charge for people on benefits, including its Ransackers project which enables people without educational qualifications to pursue a research interest with supervision and support. In the absence of employment opportunities, such activities could provide interest, purpose and companionship, and also prove useful additions to a CV for when the employment market picks up.

South & Vale Carers Centre Employment Project

Cara Brandi has made links with local businesses and business groups, employment organisations, and other local agencies, and carried out a number of surveys of carers (see Appendices I & VI). Information stalls were found to be a very useful way of making contact with working carers and one held at Infineum UK, a large local employer, for example, resulted in five members of their staff requesting individual appointments. Infineum agreed that these could be carried out on site in working time and this would be an excellent model to follow at other workplaces as working carers find it difficult to visit carers services in working time,

Cara also carried out a number of surveys of carers and employment, including one of all carers of working age registered with the South & Vale Carers Centre from December 2007 to December 2008, using questionnaires based on those drawn up by the CES team in their study of carers and employment. The findings, in general, echo those of the CES study:

Most working carers have the support of friends and family in combining work and care, and most feel quite well supported by their employers. Most did not want to give up work to care although many are under pressure and are considering reducing their hours or quitting their jobs. Where these carers feel most let down, and see the greatest need for improvement is in the way services in their local area are designed, delivered and made available to them.⁵⁵

Significantly, only 23% of respondents to the South & Vale survey reported that they had had a carer's assessment and of this group, only 13% had received services as a result.

Fourteen people who responded to the questionnaire took up the opportunity of a face-to-face interview and their responses vividly illustrate some of the problems faced in combining work and care.

I need to do both [my work and help my son], my son is more important for me. It is really affecting my job, I cannot concentrate on my work and try to do the best I can.

Caring for someone with Alzheimers is exhausting, so even when I do get 'free-time' I find it hard to focus on getting on with working.

I was working full-time when mum had her stroke. Initially my boss was very understanding. When she found out mum was coming home to my care, she tried to get rid of me by asking me to work miles away.

Cara also carried out surveys of other local workforces, made contact with other local employers and organizations and made presentations to various local business groups (see Appendix VI for full list). The main findings of her liaison work were:

- Many people had never had the opportunity to speak about their concerns relating to caring and employment
- There are no tangible links with the local business community that relate directly to issues of caring and employment and thus there could be many working carers who do not realize that support is available to them
- Information stalls in larger workplaces and presentations at smaller local business groups and organizations are an effective way of reaching working carers and their employers
- Carer Support groups, such as that offered by Oxfordshire County Council ,do not exist at other sites
- There is nowhere for working carers to have a dialogue or link up with other carers in their situation unless it is already provided by their employer.

Chapter 7: Access to training for carers

The reasons why carers need to be able to access training and study opportunities have been well-documented. They are incorporated into the national and local carers' strategies, both of which share a vision of carers being able to have 'a life of their own' and the same access to universal services and opportunities as other members of the community.

Reasons for study are:

- to be able to gain and keep up the skills needed to participate in modern life, eg literacy and numeracy, English as a foreign language, computing.
- to be able to gain/consolidate skills used in caring
- for pleasure and quality of life, confidence, company, stimulation, a life of one's own, all of which to contribute to good mental health
- to gain skills to stay in work or to return to work, to keep skills and confidence fresh so that the carer feels able to re-enter work should caring change or finish.

However, despite these benefits there are many issues that affect carers' access to courses:

- Money – the cost of the courses + some benefits can be lost if studying on a full-time course.

- Time - finding about courses takes time, there is a lot of information available, but it needs to be located and worked through and not everybody has access to a computer on which to do this. The demands of caring can also make it difficult to make a commitment to a long course.
- Tiredness – carers need replacement care or help in other areas of their lives so that they have the time and energy to study.
- Confidence – people can lack confidence if they have not studied for a while. This can be worse for carers as it is known that longer-term caring can lead to isolation and lack of confidence

For members of BME groups these problems may be exacerbated because of difficulties with language and literacy, especially for women, and there may also be social expectations that they should stay at home and care for family members. For men, there may be a problem if they are unused to taking part in group activities.

There are many different learning providers in Oxfordshire (see Appendix IV) and information is available from various sources. Paradoxically, this is one of the problems as there is much duplication and overlap of information which can lead to both advice workers and carers feeling confused and over-whelmed. Many different facets have to come together in order for carers to be able to use learning or study opportunities, and carers may need to find out information from a range of agencies, which all operate relatively independently – and without a detailed knowledge about how the others work!

Replacement care is often essential for people wanting to take up study or training. This can be provided via a Social Services Assessment (but there may be a problem of high eligibility criteria to be met) or by the learning provider or by other funding, eg via Carers Centres.

Funding is also complicated, as there is a range of routes to funding which often change. Eligibility for some advice services, and for some courses, is only provided for people with a low level of educational qualifications. Some courses are free to carers or people on benefits, eg, those provided by Oxford Adult Learning. Carers also have to consider the effect on their benefits, and the time it would take to reinstate them if they were to start a course and then have to give it up because of care issues.

Helping carers return to work seems more difficult than supporting them to remain in work. The difficulties revolve around finances/benefits, suitable work opportunities, suitable training opportunities, adequate relief care, difficulty in finding information, loss of skills, motivation and confidence. By the time a carer has been out of work for a while, the question of returning to work or taking on training generally does not arise, as the carer's expectations and energies have been so reduced.

Mr S cares for his wife who has mental health problems and for their three children. He lost his job because it was not sufficiently flexible. Because his wife has mental health problems her condition is

unpredictable. He would like to return to work but does not know where to start, he feels that at forty he is too old for some training schemes and although there are courses for his type of work, they are full-time and he cannot manage this as there is not adequate child care available, nor enough care to support his wife (who does not meet the eligibility criteria). Financially, he would have to be earning over £30,000 pa to break even with what the family currently receives in benefits.

Chapter 8: Services

The main services for carers are supplied by the Social and Community Services Department of OCC and the PCT in the statutory sector, and by the Carers Centres in the voluntary sector (which receive their core funding from OCC). There are also many voluntary organizations, both local and national, that provide services, advocacy and support to carers. Carers UK acts as the national campaigning body and voice for carers and the Oxfordshire Carers Forum serves the same purpose locally.

Carers Centres

There are three Carers Centres in the county, based in Oxford, Banbury and Didcot, and they provide essentially the same services in slightly different ways. They support carers at all stages by having a drop-in advice service and also employ Carer Support Workers, or Outreach Workers, who can visit carers in their own homes. They run information services, befriending schemes (volunteers who sit with people on a regular basis to allow their carers some time off); support groups for carers, outings and courses and grants of up to £100 to pay for something of their choice to help them in their caring role – all of which perform an important maintenance function and can help forestall crises. In addition, each centre has received funding from the PCT to support outreach work with local GPs, and from OCC to support work with carers in employment. Oxford Carers Centre also has two part-time workers who work with the Asian community

Oxfordshire Social and Community Services

Oxfordshire County Council assesses need and provides services to the people of Oxfordshire, 24 hours a day, 365 days a year. It aims to protect vulnerable people, enabling them to get the most out of their lives by providing a range of services to enable them to live as safely in their own homes for as long as possible.

OCC also provides attractive and clear information for service users and carers in the form of a website and printed materials, eg, *Care in Oxfordshire* and *The Information*.

The single point of access to Social Services now provided (by telephone number and email) makes it easier for carers and others to find their way into the system, and to feel that ‘something is happening’ that will enable them to cope.

After assessment, which could include a carer's assessment, and according to eligibility criteria, services provided could include home support, occupational therapy, day services, respite services, residential care, relief to care, carers breaks and grants, laundry, shopping and meals service. Clients also have the option of direct payment so that they can organize their own services.

Supporting carers in work is very much on the agenda and carer breakdown is seen as a critical situation under the eligibility criteria. A new project of providing direct payments of up to £1,500 to pay for replacement care for working carers has recently been piloted. This ends on the 31st March 2009 and an evaluation of its effectiveness will be carried out.

Services for adults with learning disabilities or mental health problems are provided by the multi-disciplinary health service based specialist teams.

There are two Carers Development Managers in post, who both work part-time, and a 'Carers Champion' in each team who, in addition to their normal caseload, keep the needs of carers on the agenda.

Clearly the above services can be vital to enable carers to carry on and maintain work or study. Support that is timely, flexible and appropriate is much appreciated.

Mrs W approached the Carers Centre as she was at the end of her tether coping with her mother who has Al who has Alzheimers Disease. She was trying to maintain her part-time job, but was exhausted and had no energy for leisure activities or to maintain a social life. The Carers Centre worker supported her in re-contacting Social Services asking for a review and respite care. Respite was booked for the following month which relieved Mrs W's anxiety immediately. Her mother like the home so much that the respite stay has turned into a permanent one. Mrs W is thrilled and has her life back!

These services swung into place because the carer was at the point of breakdown. The services do not work so well for those not deemed to have reached this stage. The Fair Access to Care Criteria mean that clients only get access to help if they fall into the two highest categories, ie, if in crisis or emergency, or close to such a situation. People can be under considerable stress from caring, although the cared-for person may not yet be eligible for a service, and may reduce their work hours at this stage.

Carers often encounter long waits for assessment and then for services and they cannot get on with their lives until arrangements are in place. Flexibility of when and what care is provided is also an issue. Mrs G, for example, would have liked someone to help with meal preparation for the children and occasional housework. Carers may be caring for children or grandchildren, as well as the cared-for person, as well as trying to hold down a job. Juggling all these responsibilities is exhausting and often it is the job that goes.

Hospital discharges

Crises can occur in connection with deterioration in the health of the person cared for, either after a hospital discharge, or as a result of a gradual decline. Hospital discharges with insufficient support seem to be particularly stressful.

Madeleine works full-time, her mother-in-law is in hospital with heart problems, and is clearly going to need much more input at home, and a care plan is being discussed. She received an unexpected phone call at work, telling her to come and pick up her mother-in-law now, she's in the discharge lounge. No care plans had been made, and no aids provided for the home, and the hospital social worker had not been informed. She came into the Carers Centre in great distress.

Pressure on hospital beds is such that it can lead to premature discharge of patients without adequate liaison between medical staff and social work staff. This is in contravention of the Charter for Long-term Care which states that if you have to go into hospital, staff will work with you to *ensure that your discharge from hospital is well planned and safe.....if you agree, we will also include your carer in this process.*⁵⁶ Hospitals are at present fined if they breach the waiting time in A&E; perhaps, they should equally be fined if they discharge patients prematurely.

Another problem that arises in connection with hospital and medical care is the amount of time carers have to spend attending appointments:

Sandra is a single parent working full-time who cares for her disabled adult son. The nature of his condition means that he has many hospital appointments and the journeys to and from the hospital are exhausting. Appointments are not co-ordinated and they are often scheduled over several days rather than on a single day. When she attends hospital appointments or when he is recovering from surgery she has to take holiday time or unpaid leave. Taking time creates a stressful situation with her colleagues and her manager is not sympathetic.

It is at points such as this that carers think about whether they will be able to sustain caring with working at their current level. Carers often come into the Carers Centre **after** they have reduced their working hours or given up work.

Advising and supporting carers of working age is complicated as the system is not 'joined-up', ie, there are a range of partner agencies which need to share information and work in a coherent way for carers, but this is a developing area at present. Carers' issues are becoming, or have become, mainstream in some agencies, but awareness varies. It is not yet easy for workers from any agency to direct a carer through a smooth, comprehensive, well-informed, flexible, hitch-free system.

Working as an advice worker in the area of carers and employment feels a bit like working on a building site – and a moving one at that!

North and West Carers Centre Survey

Christine Brough, Carers and Employment worker at the North and West Carers Centre, carried out a county-wide telephone survey of 120 carers to establish what services they and the person they cared for used, and from the information obtained constructed the matrix below.

Provider	Carer Support and/or User Groups	Befriending service	Day Services	Relief to care/outreach	Advice Signposting Information	Leisure and other breaks	Drop in
OCC: -	****				****		
Internal Requisition			****	****			
Via DP/IB			****	****		****	
Carer's Centres	****	****			****	****	****
Age Concern		****	****		****		****
MIND	****		****	****	****		****
Home Farm Trust	****		****				
Headway	****		****		****		
Styleacre			****				
Leonard Cheshire			****	****		****	

The survey also asked those in employment whether their caring role impacted upon their employment, and those not in employment, whether they would consider entering or re-entering the workplace and whether they would consider training to enable them to access employment.

43% of the carers who said that they would like to be employed/remain in employment or progress training opportunities stated that it was unlikely that they would continue in their chosen field because of the health needs of the person they care for. In particular, carers reported that users with split diagnoses did not have their health needs taken into account in a community-care assessment. This meant that due to the lack of appropriately trained care operatives, they were unable to pursue job opportunities as they were 'best placed' to be the care provider.

Of the 43% in this group, 31% were aware that Direct Payments or Individual Budgets could be utilized for employing either agency, or directly-employed staff, but unaware that these staff could be client specific trained by continuing-care staff (under the shared cared protocol). The lack of health training facilitators, due to cutbacks in the NHS, means that demand for services outweighs supply. Of the remaining 12% in this group, most were awaiting the outcome of the user's statutory care assessment and it was assumed that they would 'pick up any slack'.

Between 1998 and 2007, 37% of respondents gave up full-time employment (14% male and 23% female), and only 9% of this group remained in employment, albeit part-time, resulting in a major loss to the household earnings.

The most common reason given for giving up work was the breakdown of care packages due to insufficient resources, untrained care operatives and lack of capacity within accredited agencies, particularly in the most rural areas in the north and south of the county.

Only 4% of full-time working carers (26% overall) were aware of the 'flexible working' Act to assist carers of adults in their employment. Of this 4%, only 1% had a flexible working plan agreed by their employer. In the main it appears from carers' statements that only the larger businesses (over 100 employees) have the resources to commit to the scheme.

Those caring for a person with mental health problems said that they would prefer them to be able to access a workplace as 'placements' are at a premium, both in work-related scenarios and in day-care provision.

It was the consensus of the interviewees that Carer Assessments generally did not result in services for carers as no resources were allocated to them, and that the statutory user assessments pre-suppose carer engagement.

The survey of carers carried out by the North and West Carers Centre found that 26% of the 120 carers in the study said that they felt 'old, worn out and worn-down' and that returning to work or education would be an added pressure. Most reported that they had been out of the workplace for 20 years plus and 'technology' had passed them by.

This all echoes the findings of national surveys that there is a lack of appropriate support services both for carers and for the people they care for. Carers say that the main issues are poor quality care, not enough hours, having to pay charges or simply not getting any service at all, which is increasing as local councils tighten up the eligibility criteria.⁵⁷ The situation is not helped by the national shortage of social workers, Oxfordshire is not as badly affected by this as other areas of the country, but it was recently reported that

one in twelve social work posts was vacant across the county and this is bound to affect the department's ability to respond to the demands made on it.⁵⁸

Information and awareness-raising

Currently there may be as many as 7,000 who are aware of being carers in Oxfordshire, of whom probably only 25% realize they are entitled to assessment of their needs.

(Martin Avis, Oxfordshire Carers Forum)

As we have seen, there are a large number of people who do not identify themselves as carers within the early years of caring and many miss out on benefits and practical support as a result. Because of the high rate of turnover of new carers (approximately 2m people each year start caring and a similar proportion stop), it is very important that information strategies target carers in the crucial first year of caring.⁵⁹ The estimated figure of 19,000 new carers in Oxfordshire each year shows how many carers the local authority and other agencies might have to reach to ensure all carers have the information they need to care safely as well as accessing all rights and entitlements.

The issue most frequently raised by carers in the CES survey was the need for information to be available in a clear and understandable manner in one place or package right from the beginning of caring⁶⁰. The need to know how 'the system' works was also identified as a key priority. The issue is not so much the lack of services for carers, as finding a way through the maze of services that do exist. In addition to the services provided by Social Services and the Carers Centres, there are a myriad of voluntary agencies that provide a range of services, Replication is rife and while choice and diversity can be welcome, it can also lead to confusion. The system is also bewildering to the staff who work in it and research for this report has shown workers often do not know what other agencies are doing. Each agency produces literature of its own and what would be more useful is a series of fact-sheets based on a particular issue, eg, dementia, and listing all the services relevant to that problem, and how to access them.

It would also be useful to have the information available at the points where carers first come into contact with the system. This means engaging with carers where they are most likely to visit and request advice, GPs, hospital staff, departments and benefits, and at work, office line managers, and Human Resources departments. Research has shown that carers are more likely to have contact at these points far sooner than with Social Services or the voluntary sector.⁶¹

Locating people before they get to crisis point and feel forced to give up work is clearly very important. This involves work around awareness-raising for individuals and their employers and the relevant agencies. However, it should be borne in mind that increased awareness of services will lead to

increased referrals and without a concomitant increase in social workers and Carer Centre support workers, this could result in people having to wait a long time for services.

Chapter 9: Conclusions

As we have seen, as the population ages, the numbers of people requiring support at home is increasing year on year. Thus there will be a growing need for carers, and plans need to be in place to support them to remain in work, from employers, social services and other agencies, as without this support - carers will quit the workplace and find it very difficult to re-enter it when their caring years are over.

Much good work is being done in Oxfordshire to improve the situation of working carers. However, despite the achievements that have been made, reaching carers, providing them with information and encouraging them to use carers' services is still 'work in progress' in Oxfordshire, as for most local authorities. At present the number of Carers Assessments as a 'gateway' to services, is reaching only a small minority of carers. Social workers are under huge pressure and carers needs are not always a priority until a crisis occurs and this situation will not be remedied unless there are posts in every team with a specific remit for carers.

In Oxfordshire, as elsewhere, restrictions on Adult Social Services budgets and the eligibility criteria used in identifying those who can receive support through social services, mean that it is mainly carers at the 'heavy' end of caring who get support and these are not generally in work. Evidence in the CES study at national level suggests that it is important not to assume that such carers cannot or do not want to work; carers experience seems to be that they are rarely asked about their preferences, or if they need help in accessing a paid job. Carers Assessments are one way of identifying ways of improving the support available to working carers (eg through respite and breaks) and by delivering services to those they care for in more flexible, sensitive and situation-specific ways.

Oxfordshire Social Services has responded to this challenge by undertaking a number of innovative measures to support carers and those they care for, and their funding of this report is one measure of their commitment to improving the lives of working carers. The County Council also follows a very proactive model of supporting carers in their employment, which could well be copied by other employers. Their funding of the three carers centres and the Oxfordshire Carers Forum provides both much needed support services for carers and also a voice through which their concerns can be heard.

It is recognized that promoting the right of carers to a life outside caring by safeguarding their employment and training opportunities is moving forward only slowly. Some support, including employment-related advice, is provided by the Carers Centres, and outreach to local employers and to

carers in work has been provided by the development worker based at South and Vale Carers Centre, but her post is coming to an end on 31st March 2009.

Oxfordshire Social Services has had a multi-agency Carers Strategy in place since 1999. A cornerstone of its approach has been to put carers' employment on to the agenda of other local agencies and partners. To mainstream responsibility for supporting carers in employment to all relevant local agencies – those responsible for job creation, recruitment and supply of skilled labour, as well as local employers – is a major challenge. It is doubly so in an era of rising unemployment presents structural barriers to anyone seeking work, especially if they have been out of the job-market for some. Resources therefore should be aimed at supporting working carers to continue in work, to facilitate self-help through mechanisms such as access to good quality information and setting-up of working carers' forums, and the promotion of good practice to employers. Cara Brandi's work at the South & Vale Carers Centre could be considered as a pilot for such work.

In conclusion, today's tough economic climate means that obtaining and maintaining employment will be difficult for everybody and doubly so for carers. This is not a counsel of despair, but points up the need to redouble efforts on behalf of working carers and to think through ways to support those outside the world of work to have a life of their own. As always, policy and strategy documents are full of aspirational language and good intent, the main problem is in implementation. In the face of shrinking resources for public services, we must be better focused, more co-ordinated and more imaginative.

Future research

Carrying out the research has been a learning process on the part of the research team and this report therefore should be regarded as a preliminary, rather than definitive piece of research. Perhaps what has been most useful is that it has identified areas for further research, eg:

Transition from children to adult services

Needs of multi-caring families

Needs of refugee population

Trade union support for working carers

Families of armed forces personnel

ACAS involvement

Role of Regional Government Office in promoting employment

Self-employed carers

Gypsy and traveller population

Lessons from other countries where care has been successfully reformed

Chapter 10: Recommendations

Good practice revolves around mechanisms for identification and recognition of carers, employment of people within Social Services and Health Authority with specific responsibility for carers, promotion of carers assessments, funding for training and replacement care, provision of easily accessible information, benefits, outreach work, mechanisms to involve carers in policy decisions, awareness-raising of carers across the workplace, and services at accessible hours.

(Carers UK, Framework for Fairness, 2007)

1. Focus on supporting carers in work who wish to remain in work.

Focusing resources on this group will reach large numbers of carers. For many reasons, it is easier to support carers to maintain employment than to enable them to return to work after a period of caring, especially if there has been a long break from work.

Awareness-raising among employers and services about identification of working carers, their rights, needs and support services available

Pro-active preventative measures and monitoring to ensure that carers are identified and plans are in place to manage ongoing demands and stress, and action plans for changes and crises before they occur
Focus on 'pressure points' in carers lives when they are most likely to think about reducing their hours or giving up work:

- At the start of caring when carers need information, advice, and emotional support, eg, at point of hospital diagnosis
- At crisis points such as hospital admissions/discharges
- When the carer is coping with other family responsibilities
- When the carer's own health deteriorates

2. Specialist Carers and Employment Development Worker/s to be employed (in the Carers Centres?) to outreach to employers and carers in the workplace:

To build up links with employers and facilitate outreach events/training/information stalls

To facilitate groups for working carers, or other means of information and support, eg online carers forum, carers information packs

To be involved in monitoring and researching carers' needs and feeding them back to the appropriate agencies

To link back to Carer Support Workers/Outreach Workers in Carers Centres

To be a point of information and consultation for employers and other agencies

To take part in existing employer networks and to promote good HR practice

To form links with relevant workers in hospitals, social services, carers centres and other related agencies to raise awareness of issues which impact on working carers, eg hospital discharges without adequate support, long waits for Social Services assessments

Much valuable work has been done by Cara Brandi in her six months as Carers and Employment Development Worker at the South & Vale Carers Centre and links have made with local businesses and business groups which will be lost if the project is not continued.

Health Services

Specialist carer liaison worker posts to be identified in hospitals

Procedures to be set in place to actively identify carers and to offer advice and support

Social Services

Procedures to be set in place to actively monitor working carers and to ensure that carers assessments are done in a timely way

Speedy, prioritized response to working carers in high risk groups (other family responsibilities, poor health of carer, cared for deteriorating)

Speedy and easy availability of short-term help or Direct Payments to manage crises

Direct Payments (replacement care grants) to be flexible, eg, child care, cleaning, breaks, transport

Improved day care facilities

Carers Centres

Additional funding for support workers to link up with Carers and Employment worker to provide casework support for working carers.

Offer services relevant to working carers at accessible hours

Focus on carers who are not in work but who would like to return

There is currently no one-stop-shop carers can use to find out about work and training opportunities.

There is a complex network of related agencies to do with work, training, benefits, funding, replacement care etc and this is confusing for both carers and workers.

Appoint a Specialist Carers Work and Learning Options Worker to work together with other agencies to develop a project along the lines of LEaP (see Restore, Oxford or Carers Resource, Harrogate)

Their role would involve raising aspirations and awareness of carers, particularly long-term carers, linking with carer-friendly employers, promoting relevant courses, liaising with course providers, establishing smooth and effective pathways between agencies and providing a casework service to individuals.

It is very difficult for carers to re-enter the job market and attention should also be given to developing alternatives such as voluntary work, education and leisure opportunities

Monitoring

Evidence is becoming increasingly important in funding decisions. Data-collection and monitoring needs strengthening and monitoring, and a working group on data collection should be set up across all agencies involved

Local authorities, health authorities, JobCentre Plus should have explicit recognition that there is a new cohort of carers each year and demonstrate practical steps in which they will seek to address the turnover of carers, develop plans for advising carers at the end of caring, helping them to return to work and plan for the future

Direct Payments

Promote the use of direct payments and work with paid personal assistants to develop a model whereby 'care-cooperatives' can be set up to ensure continuity of care to cover holidays, illnesses etc

Focus work on areas of greatest deprivation as these have greatest concentration of carers

- hold surgeries in community centres
- stalls at shopping centres

Information and awareness-raising

Use the information service of libraries to help carers access information

More computer training for carers – there is a lot of information on the web and carers can be more independent and self-reliant if they are confident in computer use.

Produce an instantly recognisable universal carers logo to use on all relevant leaflets for all agencies

Distribute Carers identity cards as carers need priority in certain circumstances

Hold annual conference for carers/agencies/employers

Produce a series of information sheets based around topics rather than organizations detailing the services available and how to access them eg mental health, physical disabilities/illness, dementia giving comprehensive information on services available and how to access them + flow chart to navigate your way through.

Produce posters advertising Carers Centres - *don't raise expectations that can't be met - more referrals =more work*

Go to where carers are:
advice and information sessions in GP surgeries
leaflets and posters throughout hospitals/workplaces

Send out carers and employment packs to all local employers

Co-ordination

Appoint a Carers Czar for the county with responsibility for co-ordinating the work of the Social Services, Health Authority and voluntary agencies

Produce a news sheet for carers organizations advising on new developments, posts etc

Invest in training for workers, policy, legislation, practice in different organizations is changing all the time and workers need to be kept up to date and informed about what others are doing

Preparation for work

To encourage people onto courses, colleges and training providers could run short courses, taster sessions and a wide range of courses, identify carers at the enrolment stage and provide support.

Equip job applicants with replacement care insurance so can go to interview able to show that they have plans in place to enable them to cope in an emergency

Organise 'shadowing' and work-experience placements

LAs to work with Regional Government offices to ensure that needs of carers are taken into account when planning economic development and labour market

Local Authority in its role as the largest employer in the county and an exemplar organisation, could encourage and support local employers to produce model employment policies for carers.

Each partner agency to sign up to a model carers and employment HR policy.

Encourage working carers to join their union

Second social workers to Carers Centres for a session a week to carry out to advise on social services provision and liaise with Centre workers

Establish a Breaks Bureau to advise and arrange all forms of respite care, holidays, etc

Produce a Carers Charter which clearly sets out services carer can expect from SS and HA and within what time limits (see, eg, East Lancs PCT Carers Charter).

Arrange hospital appointments in clusters and at convenient times for carers

Keep carers on the agenda:

- keep local MPs and councillors informed and involved
- use local radio, newspapers, annual Carers Rights Day
- hold stalls at local events, eg Fun in the Parks

Provide training and support to enable carers to participate in policy forums

Appendices

Appendix I: Methodology

Surveys carried out by the South and Vale Carers Centre

170 research questionnaires were mailed to carers of working age who registered with the South & Vale Carers Centre from December 2007 to December 2008; 33 responses have been received so far. The

questionnaires were based on those used by the CES team in their study of carers and employment and looked at:

- individual financial circumstances
- how long they had been caring
- number of hours they care each week
- details of circumstances of person/people being cared for
- carer's qualifications and employment status
- whether or not an assessment of persons being cared for and of the carer had been carried out and what the results of these assessments were.

Face-to-face follow-up interviews were also held with 14 respondents to the survey.

Smaller surveys were also made of staff at the Rutherford Appleton Laboratories

Staff, the Kings College, at the Joint Services Command and Staff College, Shrivenham, Fitzwaryn

Special School, Wantage and members of the Oxfordshire County Council Working Carers Group

Survey carried out by the North and West Carers Centre

A telephone survey was made of 120 people known to staff at the Centre identified as Direct Payment users/carers, sheltered housing users/carers and carers in or seeking employment. For the purpose of the matrix, key questions asked were:

- age of carer
- category of person cared for
- type of services accessed by user/carer or both
- are you currently employed
- does your caring role impact upon employment/flexible working-plan
- would you consider entering or re-entering the workplace
- would you consider training to enable you to access employment

Appendix II Main legislative/policy developments affecting working carers in England since 1995

Development

Carers (Recognition & Services Act) 1995

Key change for carers

Introduced the concept of a Carers Assessment.

Caring about Carers:

A national strategy for carers

Policy statement,

Department of Health (1999)

Stressed that enabling carers to combine paid work and care was a priority for government.

Employment Relations Act 1999

Gave employees the right to 'reasonable time off' to deal with emergencies

Carers & Disabled Children Act (2000)

Gave carers the right to an Assessment (carers of adults and disabled children). Allowed carers to receive services in their own right and introduced Direct Payments to purchase these.

Carers (Equal Opportunities Act) 2004

Placed a statutory duty on local authorities to inform carers of their rights, and to consider carers' wishes in relation to education, training and employment when conducting Carers Assessments.

Work & Families Act 2006

Extended the right to request flexible working arrangements to all carers in employment, from April 2007

Our Health, Our Care. Our Say:

Outlined an expectation that local authorities and Primary Care Trusts would identify a Carers Lead.

a new direction for community services

Department of Health White Paper (2006)

Recommended the introduction of funds for emergency respite care, and development of an Expert Carers Programme and a national Carers Helpline

Initiated a consultation on a 'New Deal for Carers'.

New Deal for Carers

Policy announcement (2007)

Package of measures relating to respite, emergency planning and help-lines for carers.

Pensions Act (2007)

Recognised carers' situation, and reduced the number of qualifying years carers need for a full state pension; introduced a new Carers Credit for those caring 20+ hours a week for someone who is severely disabled.

National Carers Strategy (2008)

(Table adapted from Carers, Employment & Services Report Series,2007)

Appendix III: Courses and training providers in Oxfordshire**Next Step Programme**

A network of local organisations offering information, advice and guidance on careers and learning to all adults (20+). Provides free and impartial information and advice on all aspects of career change and retraining, also on learning for fun and volunteer opportunities. It has a website with links to other sites, eg JobCentre Plus, which can give information on benefits, and access points in libraries, career centres and JobCentres across Oxfordshire.

Service delivered by Adult & Community Learning, Partnership, OCC

Can only offer one-to-one interviews with people who have just a basic level of educational attainment.

JobCentre Plus

Provides pre-employment training in conjunction with the Local Employment Partnership for those who have been out-of work for 6 months or longer, and a level of replacement care when a customer needs to undertake training

Oxfordshire Business Education Partnership

Shaw Trust - Pathways to Work

Oxford and Cherwell Valley College

Has a good variety of part-time and full-time courses, many of which are vocational or practical, including care-orientated courses. There is no specific policy about carers, but there are advisors to help decide about courses and funding. Campuses in Oxford, Banbury and Bicester.

Witney & Abingdon College of Further Education**Ruskin College, Oxford**

Has a number of day and weekend courses, or longer certificate and degree courses for people without formal educational qualifications.

Oxford University Department for Continuing Education

Day, week and longer courses for mainly academic interest. Based in Oxford but runs courses throughout the county.

**Workers Education Association
Oxford Women's Training Centre
Open University**

OU T161 course is free for women returners to work, it takes them through the process of thinking about what job to return to, building a CV etc, in a step by step process which provides mutual support. . OU is supportive of people with special needs and has a booklet on caring and studying. Distance learning can be especially suitable for carers as there are few formal attendance requirements and study can be carried out at home at a time convenient to the student.

Short courses especially for carers:

Looking after yourself, run by Oxfordshire Carers Forum

Caring with confidence (was Expert Carers programme) run by OCC

Informal courses run by the Carers Forum and Carers Centre in conjunction with partner agencies, eg 'Mental Health First Aid for Carers'. These courses are free and replacement care and transport costs can also be provided free

Oxfordshire Social Services allow carers to attend any relevant in-house training provided for their staff

E training

City & Guilds offer an e-learning course, 'Looking after me' and 'Learning for Living' a preparation for work course, how to use your expertise as a carer

Enterprise Programme for Carers

Key starting point for information: oxoncarers.org.uk website has a section on education, learning and training which lists providers of courses and signposts to other sources of information.

National websites and helplines provided by Next Step and Directgov.

Appendix IV: Good practice examples

Scotland

NHS Boards in Scotland are required to produce Carer Information Strategies detailing how they provide carers with the information and training they need for their caring role, alongside building 'carer awareness training into professional schemes

East Ayrshire

1. Single Shared Assessment for carers involving social workers and community health providers.
2. Training and capacity-building activities to enable carers to participate fully in local service planning processes. Carers Strategy Group formed in 2003 comprising equal numbers of carers and reps from the statutory sector, chaired jointly
3. Provision of advice and information sessions from Carers Centre in GP surgery, funded by GP practice
4. East Ayrshire LA is focusing on its own role as an employer, and in so doing, aims to provide an example which other large employers can follow. Approaches include a 'payslips campaign' in which basic information supplied by the Carers Centre was sent to every employee on their payslip + Carers Employment Pack available to employees requesting further information about their entitlements and rights

Falkirk

5. Annual carers conference
6. Short Breaks Bureau provided by the Council offering range of options, eg holiday-type breaks which include cared-for person and family, respite at home using direct payments

The Moffat Programme

7. Four individual pilot projects operate in NHS Board areas with the aim of acting as good practice models and developing protocols that ensure that all carers who come into contact with health services are systematically identified, signposted to local advice, made aware of their rights and can access appropriate support to help them with their caring responsibilities. Local carers centres lead the pilot work in partnership with health and social care partners, with the objectives of identifying carers at the first point of contact with services, advising them of their right to a carers assessment, consulting with carers and actively involving them in hospital discharge planning at an early stage. The programme is being evaluated by Glasgow University's School of Health and Social Care.

Swansea

8. Caring Break Project - involves volunteers providing regular sitting hours + respite service that carers know they can call on in an emergency
9. Specialist outreach worker to support Bangladeshi carers employed by, and based in, Social Services.
10. To boost numbers of Carers Assessments, one-off payments have been made available from Carers Grant Scheme funds, on completion of a separate Carers Assessment with an eligible carer. Payment is up to a maximum of £350 per carer, pa. It's extremely flexible and can be used for range of purposes.
11. Swansea SS has number of specialist posts with a carers' remit, which are key to delivery of systems and initiatives, based in each team.

Anglesey

12. Provision of residential respite specifically to support carers in their caring role and to provide them with overnight, weekend or 7 day breaks.
13. Carers Review and Assessment Officer has been appointed by Adult Services to undertake Carers Assessments and is responsible for conducting reviews of the needs of carers and their families - liaises with local health and voluntary agencies.
14. ACE funding has been used by LA to support carers to attend training programmes provided by local FE colleges to build their confidence and develop skills related to their interests or to equip them to pursue formal education or return to the labour market. LA has also helped carers with respite services and costs associated with attendance.
15. Crossroads has used ACE funding to work with employed carers in Swansea through a pilot project which aims to design appropriate respite services to 'work around work' allowing carers to remain in employment.

Southwark

16. Southwark Health & Social Care Partnership has set out to increase take-up of Direct Payment, based on understanding that these payments can enable carers to 'meet their own leisure, respite, educational or training needs'. DP Project Manager is in post to manage the Council's investment in this area and resources have been directed to the voluntary sector to provide support for users and carers wishing to use direct payments, policy on third party arrangements has been put in place, enabling clients to nominate someone they know to manage payments on their behalf and training on direct payments is mandatory for all practitioners who are involved in Care Assessments.
17. Carers Grant used to support dedicated development/outreach post to reach hard to reach carers, particularly from ethnic minority carers, based in voluntary organization. Specialist assessors in SS teams to look not only at carers immediate needs but also how their role and needs might change in future.
18. LA funds benefit information sessions aimed at carers, provided by voluntary sector. Allocation of funds for accredited 'back to work' training for carers who want to begin job-seeking.

Sandwell

19. Carers Development Manager organizes an annual carers conference, open to all carers in borough. Inter-agency Steering Group has Quality Standards Checklist which can be used to review and evaluate any service that may have an impact on carers.
20. SS has appointed 6 outreach workers to undertake Carers Assessments and to encourage carers and users to take up Direct Payments. Employment agenda for carers has been taken up as key part of all assessors training.
21. LA funds benefits take-up work aimed at carers.
22. Survey has been carried out of how many people within LA and NHS are carers. Intend to work through Chamber of Commerce and JobCentre.

Hertfordshire

Herts CC Adult Services has played a national role in the development of policies for carers from mid-1990s onwards, 2005 was awarded Beacon Status for its services supporting carers

22. LA has employed an Involvement Worker for BME users and Carers who has set up forums, used surveys and held targeted events.
23. Has number of specialist posts with a carers remit. Carers Development Manager administers allocation of Carers Grant and co-ordinates a group of Carers Leads situated within specialisms of Adult Care Services.
24. Adult Care Services have used Carers Grant funding to promote use of Direct Payments by carers.
25. Expanded range of Telecare equipment installed as early warning system in users and carers homes.
26. Established Multi-agency Carers Strategy group with aim of increasing number of agencies aware of carer issues and encourage them to adapt services to meet carers needs. has links with Mental Health trust, PCTs, JobCentre, East of England Regional Assembly and voluntary sector organizations. Has sub-groups covering emotional support, information strategy, emergency planning, carers in employment and lifelong learning.
27. Created Carers Only group within own workforce.
28. Adult Care Services has had a multi-agency Carers Strategy in place since 1996, cornerstone of its approach has been to put carers employment on to agenda of other local agencies, eg work is being developed to:
- make work-focused interviews through JobCentre more carer-friendly
 - produce a *Guide for Care Managers* to help them signpost carers to other agencies who can provide employment services or access to training opps
 - examine opportunities to raise carers' employment issues with PCTs through use of Local Area Agreement target
 - incorporate carers and employment targets into East of England Regional Assembly Social (Inclusion) Strategy Action plan
 - promote carers access to adult learning through collaboration with the Learning & Skills Council
29. Created a *Carers Pre-Career Guidance Pack* to enable carers to explore all their employment options, including retraining and volunteering
30. Money Advice Unit is available to answer carers questions by phone or email about their likely income should they return to work, taking into account lost benefits and care replacement costs.
31. Carer/Management Agreement has been developed with carers input that sets out the agreement reached with a line manager and aims to protect the carer from arbitrary changes in the event of a change of personnel.
32. Training programme and DVD, *Working for Carers*, has been developed to induct all new staff and show to existing staff and voluntary sector homecare providers.
33. New protocol being developed to enable service providers funded through Carers Grant to purchase careers advice for carers who are ineligible for free careers guidance service.
34. Comprehensive guide for carers produced by Herts Action for Carers & Employment Project - *Guide to supporting carers who wish to study or work and continue caring*, delivering on Carers Equal Opportunities Act 2004, covering FAQs, Carers Assessments, Flexible Care Services, Volunteering, Starting to Learn and Train, Starting to Work, Supporting Carers as Employees, Finance & Welfare Benefits, and aimed at Health & Social Care Staff, Voluntary organisations, Learning and Employment Agencies, Care Providers, HR Staff, Managers of Carer Employees, Carers combining work and care. Gives case examples in each section and lists of relevant organisations, websites and phone numbers. 43 pages long excluding appendices.

Leeds

36. First Carers Strategy launched in 1995 + establishment of Leeds Carers Centre, supported by Leeds City Council and HA, Carers Development Officer funded to support new centre in its development of respite services and to work at a strategic level.
37. Carers Strategy Implementation group set up, chaired by chief officer of Adult SS, membership drawn from carers reps, carer organizations, health and social care.
38. With introduction of Carers Grant in 2000, Carers Lead Officer appointed to manage grant commissioning process focusing on carers' breaks, leisure opportunities, careers advice and training.
39. Also worked with over 200 individuals in social care teams to train and support practitioners in carrying out Carers Assessments + reviewing quality and outcomes of Action Plans that arise from assessments.

40. Adult Social Services adopted Better Care, Higher Standards, Partnership for Long Term Care Charter launched by DoH in 1999, tells anyone who needs long-term care or support what standards of service they can expect from local housing, health and SS and what to do if not met. One of 7 standards is 'to support carers in caring'.
41. Produced progress reports on carers' levels of satisfaction with services and gaps in services.
42. Formed multi-agency employment and training working group.
43. Established group of carers to inform their work on carers' assessments and creating further opportunities for carers.
44. Produced guides for carers - list of all relevant services and systems, shorter leaflets on getting a break, carers services in Leeds and caring in BME communities.
45. Carer Development Worker based in Carers Centre for BME communities, holds outreach surgeries + home visits
46. Survey of working age carers about their aspirations and work experiences.
47. Careers fair targeting carers and involving a range of education and training providers. Cornerstone of approach has been to put carers' employment onto agenda of other local agencies and ptrns including highlighting working age carers as a hidden yet potential workforce to JobCentre and other local employers.

Sheffield

48. Carers Centre co-ordinates Carers Reference Group, meets quarterly to give carers opp to convey their views and experiences of services to reps of stat agencies in health and SS
49. Produces guide, *Holidays, Respite and Short Breaks to Carers*
50. Short Breaks Fund offers carers up to £300 per break, is managed by the Carers Centre, monitored and high take-up from BME groups
51. Respite vouchers scheme, run by a community enterprise - following assessment, carers are offered vouchers, each representing an hour of respite which they can redeem as and when they choose - 2 fold aim, to offer carers greater flexibility and for council to better understand levels and patterns of demand.
52. Partnership Board set up within each service area in Adult Social Services, some have funded admin worker to support carers engagement, eg, photocopying, arranging meetings.
53. Support worker based at Sheffield Mencap to ensure that carer reps are able to understand policy and be effective.
54. Some service areas has appointed outreach workers to address particular profile of their carers and users, eg in Learning Disabilities over half of people are from EMB communities.
55. Older People team have created a data base 'of expert elders', over 50, carers & users, offered training, health and social care teams can draw on their expertise when planning or reviewing service provision.
56. Priority to develop supported housing schemes with on-site caretakers and social care and nursing provision.
57. Promoting Direct Payments - during assessment of needs DPs offered as a matter of course - particularly benefited EBM communities.
58. Targeted support, including benefits and employment-related advice delivered by the Carers Centre to employed carers in the city.

West Sussex

59. County Council involved in individual budgets national pilot, moving away from assessment process led by practitioners whose role is mainly to ration resources, to a new system which allocates a budget to individual users and carers enabling them to purchase the services they need.
60. Employment of Personal Assistants has resulted in consultative network of PAs, which is developing alternative models of service delivery, including care co-operatives, aiming to achieve continuity of care.
61. 1990s touring bus used to provide information, now replaced by outreach workers.
62. County's Carers Strategy drawn up through consultation, Carers Advisory Forum, open to all carers and their rep orgns, feeds views re service provision and unmet needs to Carers Strategy Group, chaired by senior member of Adult Services and attended by practitioners from LA, HA and voluntary sector - this group devised Joint Strategy & Action Plan for carers in 2000 drawing on feedback from 2 county-wide carers conferences run in collaboration with HA.

63. Carers were high priority in Local Area Agreement signed in March 2006 through which senior managers have been given specific responsibility for development of carers' services.
64. NHS Trust has used the Patient and Public Involvement Forum (initiative introduced nationally in 2004) to raise awareness of carers issues.
65. CC employs specialist posts with carers remit: member of Adult Services senior management team (Carers Lead) + Carers Policy Officer.
66. CC has set up Rise Project (Respite, Independence and Supporting Employment) to support carers in remaining in or returning to work.
67. CC host and funds a website 'West Sussex Carers Online' which provides signposting to paid jobs in the care sector, training courses to build people's skills in carers role, and info on carers rights as employees.
68. Social Care staff to be trained on council's obligations under Equal Opportunities Act, 2004.
69. Outcome-based carers' assessments to be piloted which meet carers education training, employment and leisure needs.
70. **City and Islington College** has been holding a series of 4 day workshops for Woolworths staff who lost their jobs in January, covering job-hunting, CV writing, interview techniques and advice on training and education
71. **Northern Ireland** Equal Opportunities legislation includes a statutory obligation on public authorities to have due regard to the need to promote equality of opportunity 'between persons with dependants and those without'. Carers UK recommends replacing 'persons with dependants' with 'persons with caring responsibilities'.
72. **Belfast Institute** opens on Saturdays specifically to provide access for those who have difficulty attending college during the week, including those with caring responsibilities.
73. **East Lancashire Teaching PCT** has produced a Carers Charter in consultation with carers, based on the five key National Standards: What Carers say they want, Carers UK
1. Recognise carers as equal partners
 2. Support and maintain carers' health and well-being
 3. Information
 4. Breaks for carers
 5. Having a voice
- The Trust has also appointed a Carers Strategy Officer and has an in house carers register for employees
74. **Knowsley Council** has introduced an internal apprenticeship programme to provide 23 council jobs for young people.

(Examples drawn from CES Report Series on local areas, Carers UK, Princess Royal Trust for Carers and the press)

Appendix V: Interviewees

JobCentre Plus

Jo Bray, Manager, Didcot

Diane McKenna-Rhead, Employment Engagement Manager

Anneli Morgan, External Partnership Manager for Oxfordshire

Nicola Zaja, Manager, Abingdon

Jill Akroyd, Development Manager, Carers and Work, Hertfordshire County Council

Martin Avis, Oxfordshire Carers Forum

Kate Bahu & Terry Cox, Extended Schools, South Oxfordshire

Lesley Barter, Oxfordshire Education Business Partnership

Di Chesterman, Didcot First

Jo Douglas, SOHA Housing

Aimi Evans, Community Development Worker, Oxfordshire Rural Communities Council
Glyn Evans, Farm Crisis Network
Miriam Futter, Employment Strategy Officer, John Lewis Partnership
Karen Glinker, HR, Defence, Science & Technology, Serco
Kate Groucutt, Senior Policy and Public Affairs Officer, Carers UK
Barbara Harker, Headteacher, Fitzwaryn School
Commander Harrison, Joint Services Command & Staff College
Robin Hunt, Development chemist, Infineum International Ltd
Lajla Johannsen, Carer Development Manager, OCC
Hugh Owen, HR Business Partner, Infineum International Ltd
Fiona Pickard, HR Manager, AEA Group
Nisha Prakash, Health Improvement Practitioner, Oxfordshire Primary Care Trust
Marian Roycer, Parent Partnership
Bekki Scales, Principal Human Resources Officer, Oxfordshire County Council
Sarah Somers, Administrative Support, Joint Services Command & Staff College
Alan Steer, My life, my choice
Katie Talbot, HR Department, Rutherford Appleton Laboratory
Reg Waite, Wantage & District Business Breakfast
Colin Wilkins, Wantage & District Business Breakfast
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