NEW DEAL FOR CARERS

Equalities Task Force

REPORT
July 2008

This is a report to government. The Task Force membership comprised representation from central and local government, professional bodies and third sector organisations.
RECOMMENDATIONS FROM THE EQUALITIES TASKFORCE

Membership

- Co-Chairs:
  - Sally Greengross, CEHR Commissioner
  - Janice Shersby, Director, Government Equalities Office

- Membership:
  - ADASS
  - Carers UK (ACE)
  - Afiya Trust
  - CEHR (replacing EOC & DRC)
  - Children’s Society
  - LGA
  - Contact A Family

- Also taken evidence from Counsel & Care and Princess Royal Trust

These recommendations reflect core principles the Taskforce believes should underpin the new strategy and include practical examples of which policy responses are most necessary to redress the inequality gap for carers. The recommendations can be split into two groups:

- Tackling the barriers that caring creates to more equal outcomes
- Ensuring equality of access to support amongst carers
A legislative approach?
The Taskforce feels strongly that the recognition of carers role and contribution is a priority and essential to achieving equality for carers, and this is reflected in the recommendations. The group considered two potential approaches to strengthening this;

- extending protection to carers under legislation. This would not only provide an important underpinning to the other recommendations but also have a real and lasting impact for carers in the longer term. It would have two main positive effects; prevent discrimination against carers, which continues despite current legislation and it would respond directly to the lack of recognition which Carers UK research indicates is the top concern for carers. These issues are particularly relevant now due to both the Discrimination Law Review and the Coleman case currently before the European Court of Justice. These provide an ideal opportunity to make a bold commitment to carers rights.

- to promote sector led improvement through the dissemination of good practice and peer support, with mechanisms to challenge poor performance where it exists.

Although extending legislation was supported by the majority of the Taskforce, this was not a unanimous view. The counter view was that good practice and adoption of the other recommendations from the Taskforce on policy and practice would make significant impact on the recognitions carers receive, and on improving outcomes. Concerns about extending legislation included:

   New duties do not necessarily always deliver better services.
   New legislation would place a new compliance burden on employers and service providers and there could be significant cost implications.
   Any new duty would therefore need to be properly costed, introduced in a phased way, fully funded and linked to relevant changes by government to all regulations and guidance for local authorities to avoid perverse consequences and/or contradictory requirements.
   A recommendation to extend legislation pre-empt the analysis of the consultation on the Discrimination Law Review.

The question of legislative protection from discrimination for carers is being considered as part of the Discrimination Law Review. The Government’s position, set out in the Discrimination Law Review green paper published in June 2007 was that, while committed to providing support to carers, it was not persuaded of the need to create freestanding discrimination legislation for carers. It sought views on this. The consultation responses being considered include those submitted by the Taskforce members.

However all members of the task force believed that an improvement programme disseminating good practice including arrangements for “carer proofing” local policy and procedure would be very beneficial and should be a key action.
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Detail</th>
<th>Equalities Impact</th>
<th>Priority</th>
<th>Likely cost</th>
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<tbody>
<tr>
<td><strong>Tackling the barriers that caring creates to more equal outcomes</strong></td>
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<tr>
<td><strong>Recognition and status</strong></td>
<td>In tandem with the launch of the National Carers Helpline, mount a national awareness campaign focusing on carers’ contribution and role. Highlight their diversity and challenge current public perceptions which may stereotype carers as female over 50. The campaign should also aim to reach those who may not self identify as carers, eg parents of disabled children and some BME groups.</td>
<td>Improve respect for carers, improve health. Potential benefits in facilitating carers ability to combine work and caring.</td>
<td>High</td>
<td>Varying. Eg. Costs of DH ‘Ask Frank’ awareness campaign. National campaign would be v high cost</td>
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<tr>
<td><strong>A National Improvement Programme aimed at disseminating good practice including arrangements for “carer proofing” local policy, practice and procedure. This should be facilitated as part of implementation of the national strategy and include a substantial element of sector led activity.</strong></td>
<td>Ensuring that carers needs are more consistently recognised and and addressed by local organisations with a role in supporting carers.</td>
<td></td>
<td>High</td>
<td>Best practice: low cost</td>
</tr>
<tr>
<td><strong>The taskforce notes that the Discrimination Law Review green paper published last summer sought views on its approach to addressing the needs of parents and carers and that decisions will be reached, having considered the full range of views expressed. See preceding section for a summary of TF views on this issue. EHRC to consider how they could include looking at the impact of existing legislation on carers, in exercising their functions.</strong></td>
<td></td>
<td></td>
<td>High</td>
<td>Not assessed</td>
</tr>
<tr>
<td><strong>Enable carers to work</strong></td>
<td>Extend financial support to help with the costs of care provision for carers who work. This could be done byProviding equal opportunity to work by providing the same financial support to</td>
<td></td>
<td>Medium</td>
<td>see employment</td>
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<tr>
<td>Recommendation</td>
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<td>Taskforce Recommendation</td>
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<tr>
<td>Extending Tax Credit system to fully include carers</td>
<td>Extending the existing Tax Credit system to fully include carers, eg allowing carers access to working tax credit at 16 hours threshold and/or making allowances for alternative care costs similar to that currently available for parents with childcare costs. If this proves unworkable then the introduction of Care Vouchers should be considered as an alternative option.</td>
<td>Carers as is currently available to parents. Reducing poverty, reducing isolation, improve mental health of carers.</td>
<td>Taskforce recommendation: Care Vouchers</td>
<td></td>
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<tr>
<td>Improved employment-related support and guidance</td>
<td>Improved employment-related support and guidance. Pilot an initiative to mirror DWP’s New Deal for Lone Parents on a voluntary basis.</td>
<td>Provide similar employment support to carers as is currently offered to other disadvantaged groups. Reducing poverty, reducing isolation, improve mental health of carers.</td>
<td>See employment taskforce recommendation 6: access to employment programmes</td>
<td></td>
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<tr>
<td>Local authorities</td>
<td>Local authorities, when managing the local care market to ensure that consideration is given to developing services that meet the needs of carers who wish, or need, to work</td>
<td>Reduce poverty, provide equal opportunity to work</td>
<td>Medium</td>
<td></td>
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<tr>
<td>Commission a national campaign to increase awareness of extended right for carers to request flexible working, both for employers and carers</td>
<td>Commission a national campaign to increase awareness of the extended right for carers to request flexible working, both for employers and carers. Emphasise the business case for employers offering flexibility. [Links to recommendation on national campaign under recognition/status]</td>
<td>Reduce poverty, provide equal opportunity to work</td>
<td>Medium</td>
<td></td>
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<tr>
<td>Improving access to education and skills</td>
<td>Encourage more flexible opportunities for life long learning to be made available to carers (for example through more flexible hours, modular courses etc), in particular those who have been out of the workplace. These provisions are often already available for parents who wish to learn flexibly.</td>
<td>Equal opportunity to learn, and develop skills and interests. Reduce poverty by raising employability of carers.</td>
<td>High</td>
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This reflects the Government’s move towards more demand led funding systems for colleges to encourage responsiveness to the needs of the individual learner.

<table>
<thead>
<tr>
<th>Skills Training</th>
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<tr>
<td>Change Carers Allowance rules to allow full time study – ideally for everyone, but if not, then for those of school age at a minimum.</td>
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<tr>
<td>Equal opportunity to learn, and develop skills and interests. Reduce poverty by raising employability of carers; improve educational levels</td>
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<tr>
<td>High</td>
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<tr>
<td>See Income Taskforce recommendation</td>
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<table>
<thead>
<tr>
<th>Reduce isolation and poverty</th>
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<tbody>
<tr>
<td>Reform of carers’ allowance to improve financial position of carers</td>
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<tr>
<td>Improve recognition. Reduce poverty, improve health. Treat carers on a comparable basis to other disadvantaged groups and recognise the contribution they are making.</td>
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<tr>
<td>High</td>
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<tr>
<td>See Income Taskforce recommendations</td>
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<thead>
<tr>
<th>Health</th>
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<tr>
<td>Ensure equality of access to mainstream healthcare and preventive services by raising awareness of carers’ needs with GPs and other professionals and targeting carers as an ‘at risk’ group. Awareness should include the diverse needs of different groups of carers. In particular, given the higher rate of mental health problems from which carers can suffer, target priority access to counselling and other therapeutic interventions.</td>
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<tr>
<td>Improve health, especially mental health.</td>
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<tr>
<td>Medium</td>
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<td>£75-150 per day for 20 people; rolling programme of 12 sessions £2,160,000 p.a. (Health and Social Care Taskforce rec. 12)</td>
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<th>Leisure</th>
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<tr>
<td>Encourage local government to share best practice on discretionary discount schemes for transport and leisure facilities for carers, including where discounts are offered whether the carer is accompanied by the person they care for or not.</td>
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<tr>
<td>Right to a life outside caring. Improve health</td>
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<tr>
<td>High</td>
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<tr>
<td>Low – many LAs already do this [insert examples] See Health &amp; Social Care Taskforce recommendation</td>
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</table>
### Local support

Local authorities and GOs to ensure that the carers dimension is fully embedded into the existing mechanisms for sharing of good practice throughout their work, and the work of LSPs and LAs. Examples of best practice include: the UK/ACE National Tool; the General Social Care Council Standards for practitioners. Many organisations are already looking at this and with effective co-ordination this could be a powerful tool for change.  

<table>
<thead>
<tr>
<th>Ensuring equality of access to support amongst carers:</th>
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<tr>
<td><strong>Define carers</strong></td>
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| **Targeted information** | Improved and accessible information about support services which recognises differing patterns of care and needs within:  
- BMER communities (to include building and sustaining BME carers network)  
- LGBT carers  
- disabled carers  
- men and women carers  

The existing public sector duties on gender, race and disability have a clear role here.  

The National Carers Helpline needs to monitor usage and ensure access and responsiveness to the needs of these groups. | Reduce inequality amongst carers | High | See Health & Social Care Taskforce recommendations 2, 17 and 19  
Estimated cost of £220,000 p.a for BMER carers’ network |
Disseminate good practice via IDeA, NHS Institute etc

EHRC to consider how cross sector information could be shared.

Review existing data sets and identify any gaps in information which could be filled relatively quickly to improve information on carers, and their diversity. Establish effective protocols for data sharing. Ask ONS to consider as part of the data review work following the Equalities Review, and to include relevant census questions. Ensure that data collection includes information on ethnicity, sexual orientation, gender, disability wherever possible.

Ensure that the monitoring and evaluation of implementation of programmes (including pilots) targeted at carers includes monitoring of the impact on a range of carers in different circumstances (ie a full impact assessment)

Improve information about inequality amongst carers

Ensure that monitoring and evaluation of implementation of programmes (including pilots) targeted at carers includes monitoring of the impact on a range of carers in different circumstances (ie a full impact assessment)

Young carers
Children should not be undertaking regular and substantial caring responsibilities or inappropriate personal care tasks which impact on their own physical, emotional wellbeing or educational achievement.

All young carers should have the same access to education, career & life choices as their peers

Remove the education exclusion from Carers Benefit for 16-17 year olds.

Ensure guidance and training around Education Maintenance Allowance allows the flexibility to prevent young carers losing EMA when regular attendance is affected because of caring responsibilities.

Young carers are supported to achieve and have equality of access of education and life chances.

High

For all recipients of CA: £30m rising to £46m in year 5. Also impact on Income Support costs  
See Income
<table>
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<tr>
<th>Guidance on young carers to be available and practice evaluated and shared, building on existing models eg Children’s Society work Ensure young carers are included in schools’ pastoral plans and discuss with Ofsted the most effective way to monitor processes.</th>
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<tr>
<td><strong>Culturally appropriate services</strong></td>
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<tr>
<td>All services for young carers and their families are fully inclusive regardless of cultural background or ethnic origin. Training/guidance on the wider cultural needs of young carers including those from BME and refugee families [Information on entitlements developed &amp; dispersal issues addressed e.g. prevent refugee families falling through gaps, and prevent barriers to continuity of community support network. ]</td>
</tr>
<tr>
<td>Equality of access for all families with care needs, reducing the need for young carers to take inappropriate roles.</td>
</tr>
<tr>
<td>High</td>
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<tr>
<td><strong>Targeted information</strong></td>
</tr>
<tr>
<td>Parents and children have information about processes and services available in appropriate formats and with interpretation where necessary (including large print, Braille, etc) and different languages so that they can make well-informed choices.</td>
</tr>
<tr>
<td>Equality of access for all families with care needs, reducing the need for young carers to take inappropriate roles</td>
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<td>High</td>
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Priorities for the Equalities Taskforce

For several Taskforce members, legislation to protect and promote the rights of carers would, if a decision was taken to introduce this by the Government following the Discrimination Law Review, be a top priority.

Having identified its highest priorities, the taskforce outlines here is views on potential timescales for their introduction:

**Short term**

- Encourage local government to share best practice on discretionary discount schemes for transport and leisure facilities for carers, including where discounts are offered whether the carer is accompanied by the person they care for or not. Costs of embedding carers issues into best practice minimal.

- National awareness campaign on access to flexible working.

- Improved and accessible information about support services which recognises differing patterns of care and needs within:
  - BMER communities (to include sustaining a BME Network)
  - LGBT carers
  - disabled carers
  - men and women carers

Costs in line with Health and Social Care recommendations 2,17,19. **CHECK NUMBERS**
• Review existing data sets, identify any gaps, establish effective protocols for data sharing. Costs in line with Health and Social Care recommendations 8 & 10. CHECK NUMBERS

• EHRC to consider how they could include looking at the impact of existing legislation on carers, in exercising their functions.

Medium term
Depending on availability of resource and implementation timescales:

• Extend the provision of flexible learning opportunities to carers (this is currently offered to parents) Costs in line with Employment Taskforce recommendation on access to skills training.

• Change Carers Allowance rules to allow full time study. Costs in line with Income Taskforce recommendation.

• Wider National awareness campaign for recognition of the carers role.

Long term

• Reform of carers allowance. Costs in line with Income Taskforce recommendation.

In proposing the above the taskforce recognises that even where a recommendation is a high priority the feasibility of its implementation may vary and this will impact upon the delivery timetable for the eventual strategy. This feasibility will not necessarily be linked to cost- a particular low cost proposal may be operationally more difficult to introduce than a particular high cost proposal. Further work will be needed on implementation aspects of recommendations which are accepted.

Young carers –
The recommendations for young carers are set apart from the main recommendations as the Taskforce considers they should be viewed in their own right.
Short term

- Develop evidence on young carers
- Targeted information
- Culturally appropriate services – include in good practice work.

Medium term

- Remove education exclusion from Carers Benefit for 16-17 year olds.
EQUALITY AND CARING

Introduction

The demographics of our society are changing. The increasing incidences of childhood disability coupled with longevity will lead to an increasing reliance on the work of carers.

Consultations with carers have highlighted the tension for many between the desire to care and the desire to maintain a life outside caring. This suggests that in policy terms there is a need to consider how to ensure that these responsibilities do not unfairly limit individuals’ choices in terms of their economic or social involvement in society because of a lack of appropriate support. In particular, women have traditionally taken on the bulk of caring responsibilities. With more and more women working, the challenge for policymakers is to ensure that the desire to maintain employment does not limit individuals’ choices and capacity to care, and conversely that those who choose to care are able to maintain employment and labour market contract and wider inclusion in society.

Evidence shows that outcomes for carers are generally poorer than for society as a whole, as highlighted by the Equalities Review\(^1\). Those providing care for 20 or more hours per week are more likely to suffer health problems themselves, to live in poorer areas and in households with fewer resources. Further, they are less likely to have educational qualifications or to be in employment. Many of those with caring needs are older people and much of the help they need is provided by other older people or by those in late middle age. However, caregivers are found across the age spectrum and have a range of differing needs and experiences\(^2\).

Carers report similar concerns about the difficulties they experience in accessing services but they do not experience caring or the effects of caring equally. The experience of caring will differ, for example, according to the circumstances of the person cared for, and the cultural expectations and family structures within different communities. And there are some groups of carers about which little is known due to difficulties in identifying them at a national and local level.

Considered slightly separately as a group are young carers. The Taskforce was unanimous that children should not be undertaking regular and substantial caring responsibilities or inappropriate personal care tasks which impact on their own physical, emotional wellbeing or educational achievement.

Background

\(^2\) Joseph Rowntree Foundation (JRT), *Care Providers, Care Receivers: A Longitudinal Perspective*, 2006
Improving outcomes for carers and equalities issues have been the focus of the Equalities Taskforce’s work. Membership of the Taskforce reflected a broad range of stakeholders qualified to present and assess evidence on the how to improve a national carers strategy from an equalities perspective. To guide the work of the taskforce, key terms of reference for the group were as follows:

- Identify the barriers and opportunities for carers (for example, in contrast to non-carers, or for specific groups of carers) in achieving equality/equality of opportunity with a view to making recommendations on reducing and eliminating barriers and enhancing opportunities

- Equalities in this instance should be defined broadly and take into account the different positions and needs across diversity strands, including social inclusion, recognition, human rights

- The taskforce should take into account the balance and relationships between carers and those for whom they provide care.

The recommendations made by the Equalities Taskforce offer both a guide to core principles that could be reflected throughout the strategy and suggestions for practical policies that embody these principles. The policy options focus on ways to resolve some of the biggest equalities issues facing carers, as assessed by the Equalities Taskforce (see separate document). In some cases our recommendations will overlap with those of other taskforces, and we do not consider that our recommendations in areas such as health or employment are comprehensive; they are intended to focus on key equality issues.

**Carers experience poorer outcomes**

The evidence base suggests that there are clear associations between caregiving and disadvantage. Some of the areas in which carers may suffer as a result of their caring responsibilities are as follows:

*Income and Employment*

Many carers experience financial difficulties as a result of being a carer: through loss of earnings as a consequence of giving up work to care; through costs of caring that the carer incurs; and/or through the impact of the financial circumstances of the person being cared for on the household budget.

Research has shown that a third of carers thought they were constantly struggling financially and 40 per cent said they managed on the money they

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3 ADASS; Carers UK (ACE); Afiya Trust; CEHR (replacing EOC & DRC); Children’s Society; LGA. The Taskforce was jointly chaired by Sally Greengross, CEHR Commissioner and Janice Shersby, Director, Government Equalities Office. The groups also took considered from Counsel & Care and Princess Royal Trust
Those who were not in paid work were the most likely to report they struggled to make ends meet (53 per cent of unemployed carers, for example, compared to around a third of employed carers). Relative wealth did not appear to guarantee access to desired services and carers from across the board again echoed conclusions from other research that they had unmet demands for information and advice.

Carers providing 20 plus hours per week were likely to be of lower socio-economic status than those not providing care. This is true for different age groups, using both individual and household-level indicators of socio-economic status.

The economic impact of caring can be long term, as a study by the Family Fund illustrated. Taking the example of pensions and economic well-being in older age, pension payments, on average accounted for £21.20 of weekly family expenditure in the UK and this fell to £6.02 for families with disabled children. This means caring responsibilities can continue to be a financial liability even after the caring itself has ended.

The Equalities Taskforce has made recommendations in the areas of income and employment, whilst recognising that these have been considered in more detail by the other taskforces. In particular, the Equalities Taskforce considered that the issue of recognition of the value of carers’ contributions was a key issue that needed to be addressed in coming to any conclusions.

Health

There is a clear relationship between health, caring and the hours of care given. The Carers UK reports by Leeds University show that for men and women, those working full and part-time, self-reported health status worsens as the number of weekly hours of care increases. Other research has shown how carers can experience stress-related illnesses as a result of caring.

Carers were more likely to report that their health was 'not good', or to have a limiting illness or disability than those who did not provide care- 26 per cent compared to 10 per cent. In 2000, 28 per cent of carers said their health had been affected by their caring commitments, with 14 per cent of carers reporting that they felt depressed as a result of their responsibilities.

Carers who reported poor health status in the survey for Carers UK expressed concerns that current service delivery did not enable them to care in a way that was conducive to maintaining their own health and wellbeing. In

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4 Yeandle, Sue et al, Diversity in Caring: towards equality for carers.
5 JRT, 2006
6 Family Fund. How do they Manage. Woolley 2004
7 Carers, Employment and Services (CES) study, 2006/7. By Sue Yeandle et al, Leeds University for Carers UK.
9 ONS, 2006.
particular, carers reported that the limited support they felt they received and their frustration in accessing services contributed to their ill health. Carers in poor health were considerably more dissatisfied with available services than other carers\(^{10}\).

The relationship between health and caring raises a number of important implications for policy development, not least because sustained poor health may affect carers ability to care for their friend/family members and on their eventual need for care services themselves.

To help tackle this we recommend health service providers target carers as priority group, especially given poorer mental health outcomes for some BME and older carers.

**Recognition, Status and access to services**

Figures from the Carers UK telephone helpline and consultation exercises show that carers report lack of recognition from professionals and the general public as a number one concern. Many people in carers organisations and who work with carers argue that the economic and health disadvantages clearly evidenced towards carers suggest the existence of discrimination.

When asked about their use, perception and assessment of local services, it is notable that there was more similarity in responses across carers in different economic circumstances than difference. The most striking finding is that between a third and a half of carers said their use of local services was limited.

A number of organisations have taken some steps to try and address this. Examples of where organisations have been seeking to address this include

- The General Social Care Council Standards for practitioners say: “As a social care worker, you must protect the rights and promote the interests of carers” and that this includes: “Promoting equal opportunities for carers” and “Respecting diversity and different cultures and values.”

- Carers UK have published an on line a toolkit developed by the ACE National Partnership in association with ADASS, the Beacon Councils for Carers and IDeA. This includes a checklist for carers leads in a range of local organisations and roles and a carers and equalities check list

The Taskforce considered that recognition and equal treatment for carers were a central issue which needed to be addressed in developing approaches to tackling disadvantage and improving outcomes for all carers. Views on the best mechanisms to achieve improved understanding and focus on carers’ experiences and needs were not however unanimous. A majority of Taskforce members registered a strong conviction that the Government should extend the existing, relatively new legislation relating to public sector equality duties

\(^{10}\) Diversity in Caring: towards equality for carers, 2006/7. By Sue Yeandle et al, Leeds University for Carers UK.
for race, gender and disability as this would provide a powerful lever for improvement. They argued that this could potentially be coupled with wider anti-discriminatory legislation. Against this, other views were expressed that non-legislative change in policy and practice, together with awareness raising and sharing of good practice could equally secure progress, and that further legislation was unnecessarily regulatory. The Taskforce also:

- recognised that its membership was not comprehensive in representing the views of all those who would be affected by any such legislation
- noted a judgement in the Coleman case regarding discrimination by association is expected this year and would be relevant.

The Government has recently concluded a consultation on options for change to discrimination legislation and public sector duties. The green paper stated that the Government was not convinced that further legislation was needed in this area, and sought views. The outcome of the consultation and the Govt’s proposals for legislation will be announced in advance of introduction of a proposed new Equality Bill.

The specific recommendations made by the Taskforce include proposals for more concerted national including sector-led action to address this issue.

**Inequalities amongst Carers**

People with caring responsibilities do not experience caring or the effects of caring equally. And certain groups of people are more or less likely to be carers. The taskforce considered the policy implications of the diversity of carers and made recommendations.

**Black and Minority Ethnic (BME) carers**

The evidence base indicates clear ethnic differences in the tendency to provide unpaid extensive care, with some geographic variation.

A recent study on carers shows that people of Bangladeshi and Pakistani origin were more likely to provide care than those from other ethnic groups once age and gender were controlled for. Another study showed that compared to white British carers, other ethnic groups were less likely to combine caring with part-time employment, and this had a negative impact on their resources. BME ethnic groups were considerably more likely to report that it was ‘a constant struggle to make ends meet’. Minority ethnic carers were particularly likely to report they felt restricted in using services because of a lack of information, or as a result of services they

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11 JRT, 2006
12 Yeandle, Sue et al, Carers, Employment and Services Study, 2006/7 [CES], Leeds University for Carers UK. Survey of 1,909 carers in England, Scotland and Wales plus depth interviews with 134 respondents.
perceived as too expensive, inflexible, or not suitable for their individual needs.\textsuperscript{13}

However, research suggests that BME carers are not accessing support services to the same extent as white carers. Inspections of services for people with learning disabilities reported very slow progress in providing services and support for carers from BME communities\textsuperscript{14} and although limited, Scottish evidence suggests that BME carers are less likely to make use of Free Personal Care services.\textsuperscript{15} BME carers of children also have, on average, lower take up of Disability Living Allowance (DLA) for these children and other benefits, are awarded lower levels of DLA and have their applications refused more often\textsuperscript{16}. It is not clear however what the reasons for refusals are.

The National Black Carers and Carers Workers Network reports that cultural concepts of caring don’t translate well into some BME community languages, with the consequence that people don’t always understand they might be entitled to support\textsuperscript{17}.

\textit{Gender}

The gap in care provision between men and women is closing but women remain more likely to provide personal and heavy duty care\textsuperscript{18}. Of the 4.27m carers in GB, 1.8m are men and 2.4m are women, although women undertake a larger volume of caring than these numbers might suggest: women supply around 70\% of caring hours\textsuperscript{19}. As the Equalities Review highlights, changes in the employment patterns of women is one of the factors which will have implications for the future supply of carers and this demonstrates the need to help people combine work and caring roles if they choose. For women there are associations between types of employment and employment history and caregiving. Women working in the public sector are more likely than other full-time workers to be carers, as are women with a history of working in a caring profession. Further, women who returned to work soon after childbirth were less likely to later become caregivers\textsuperscript{20}. Increasing the availability of quality, flexible part-time work and support services so that more cares can return to work if they wish would be one way of helping women/men to balance caring responsibilities with work and would therefore help to reduce financial hardship in present and later life.

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\textsuperscript{13} I\textit{BID}.
\textsuperscript{14} Commission for Social Care Inspection (CSCI), \textit{The State of Social Care in England 2005-06}, 2006
\textsuperscript{15} Scottish Executive, \textit{Evaluation of the Operation and Impact of Free Personal Care}, 2007
\textsuperscript{17} \textit{Key Issues for Carers from Black and Minority Ethnic Carers} A report by the National Black Carers and Carers Workers Network, report submitted to DH, October 2007.
\textsuperscript{18} ONS, 2006
\textsuperscript{19} See Yeandle, Sue et al, \textit{Carers, Employment and Services Study}, 2006/7 [CES], and \textit{Diversity in Caring- towards equality for carers}, Leeds.
\textsuperscript{20} JRT, 2006
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**Disabled Carers**

Evidence on the number of disabled carers is limited. Given the specialist nature of many services needed by this group of carers, effective consultation is essential. The ND Carers process has highlighted that stronger links need to be made between the providers of information to carers and GP surgeries, day care centres and other facilities used by those with disabilities.

**Gay men and Lesbian carers**

Evidence suggests that the number of people in same sex partnerships is rising\(^{21}\), however the evidence on gay men and lesbians in the context of caring is limited. The recent CES report concludes that the difficulty it had in accessing gay and lesbian carers, despite widespread support from a range of local and national organisations in the GLBT community, may indicate a group of carers not accessing the services they need.

It is unclear what impact the recent change in legislation is having on LGBT carers’ role as carers: Since the introduction of legislation that recognises civil partnerships on 5 December 2005, registering a civil partnership brings a wide range of rights and responsibilities similar to marriage.

**Geography**

Carers in rural/urban settings reported similar views about the factors that limited their use of services, although there was a slightly greater likelihood for rural carers to be unaware of local provision and to be held back in their use of services because of their expense. However, rural carers were slightly less likely to say that services were not sensitive to their needs (40% relative to 44%) perhaps reflecting less diversity in their characteristics and those of the people they cared for. One particular issue raised by rural carers in the depth (one to one) interviews was the difficulty in travelling to and from services. Travel could be time consuming and costly.

**Age: Caring undertaken by children and young people**

Being a young carer has a detrimental effect on young people’s life chances and opportunities. Among young adults (aged 16-24) caring reduces the likelihood of participating in further or higher education, with a resulting impact on future earnings as well as their own personal development.\(^{22}\) More general issues resulting from caring include problems at school, health and emotional problems, isolation, lack of time for leisure, problems with transition to adulthood, lack of recognition and feeling they are not listened to.

**Caring in older age**

\(^{21}\) Office National Statistics (ONS), *Focus on Health*, 2006

\(^{22}\) Carers, Employment and Services (CES) study, 2006/7. By Sue Yeandle et al, Leeds University for Carers UK
The proportion of carers providing more intensive levels of care rises sharply from age 65. Further the number of hours spent care giving rises with age with a higher percentage of older carers providing more intensive levels of care. Among the oldest carers, around 44,000 people aged 85 and over provided care, with around half of these (51 per cent) caring for 50 or more hours a week. The situation of older carers is compounded by the increased risk of financial hardship as well as isolation and social exclusion among older people generally.

**Carers of disabled children**

Carers of disabled children tend to be younger than other carers (83% are under 50). They are more likely than other carers to say that there are no suitable services locally (nearly half compared to a quarter), but less likely than other carers to say that the person they care for does not want to use services (a third compared to 46%).

The diversity of carers and their needs has led the Equalities Taskforce to make a range of recommendations including: awareness-raising work, tailoring information and services to different needs, and improving evidence on the range of needs and impacts of caring.

The recommendations the Equalities Taskforce makes on young carers reflect the Taskforce’s view that children should not be undertaking burdensome, regular and substantial caring responsibilities or inappropriate personal care tasks.

**Conclusion**

The research evidence and consultation exercise results considered by the Equalities Taskforce provide support for a revision to current and future services for carers and those they care for. As overarching principles the equalities taskforce proposes that a new strategy for adult carers should tackle the barriers to achieving more equal outcomes that caring creates; and ensure equality of access to support for carers. This would afford carers with more choice and control in balancing their various commitments and aspirations.

A number of the recommendations would require additional funding- with a mixture of high, medium or low funding implications for the public purse. However sizeable positive impacts could be achieved at minimal cost and with relatively small changes to the current package of services - particularly through improving awareness of services through information that targets particular carer sub-groups, and improving the awareness of service providers of carers’ needs so that effective approaches to meeting them at a local level.

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23 ONS, 2006
24 Like other taskforces the equalities taskforce concluded that children should not be undertaking regular and substantial caring responsibilities. More evidence on children carers is contained within the health and social care report.
can be developed. Such changes would also have an indirect impact on another big area of concern - the lack of public recognition for the caring role. Another an important consideration to factor into decisions about a revised carers strategy is the feasibility of implementing recommendations - whether low cost or otherwise. The complexity of some existing practices/services/payments means that change will not necessarily be straightforward, even where there is a minimal cost associated. The Equalities Taskforce recognises this range of possible constraints in its proposals for short/medium/long term measures. Further work on implementation would be needed.

Finally, the work has highlighted the ongoing need for effective consultation with carers and those in receipt of care as well as improvements in the evidence base on carers so that carers with different characteristics and their needs can be quantified. This would help to address the problem of carers from some groups under-reporting their caring status and better identify need.