

Summary: Intervention & Options

Department /Agency: DWP	Title: Impact Assessment of Carers Employment & Income Task Force proposals	
Stage: Final	Version: 1.0	Date: 10 June 2008
Related Publications: Carers at the heart of 21 st century families and communities		

Available to view or download at:

<http://www.dh.gov.uk>

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What is the problem under consideration? Why is government intervention necessary?

For most carers of working age, protection from financial hardship means remaining in work or being able to move into work when possible. The Government needs to ensure that policies are put in place to enable carers to combine paid work with their caring responsibilities. This will ensure that they maintain a satisfactory level of income.

What are the policy objectives and the intended effects?

- Carers will be respected as expert care partners and will have the integrated and personalised services they need to support them in their caring role
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be financially supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well
- Young carers have the support they need to learn, develop and thrive, to enjoy positive

What policy options have been considered? Please justify any preferred option.

- i) Flexible job search tool for Jobcentre plus bank
- ii) specialist training for JCP advisers
- iii) Access to employment programmes
- iv) Care Partnership managers
- v) Access to skills training
- vi) Fund replacement care on approved training

When will the policy be reviewed to establish the actual costs and benefits and the achievement of the desired effects? This document will be reviewed as the taskforce proposals are incorporated into policy proposals

Ministerial Sign-off For SELECT STAGE Impact Assessments:

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister:

A handwritten signature in black ink, appearing to read "Anselm June".

Date: 09 June 08

Summary: Analysis & Evidence

Policy Option: Package of changes to CA	Description: Various measures to improve and sustain carers' participation in paid employment
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COSTS	ANNUAL COSTS	Description and scale of key monetised costs by 'main affected groups' i) £3m (one-off) ii) [<£5m not valued], iii) [net £0], iv) £2.5m per year, v) [n/a], vi) £7.5m per year. See also noted in the main body of text below on methods and data.		
	One-off (Transition) Yrs			
	£ 3m			
	Average Annual Cost (excluding one-off)			
	£ 10m	Total Cost (PV)	£	
Other key non-monetised costs by 'main affected groups' There is an opportunity cost for government spending which is assumed to be able to be proxied by a 25% deadweight cost of taxation.				

BENEFITS	ANNUAL BENEFITS	Description and scale of key monetised benefits by 'main affected groups' We have assumed benefit savings equal to the programme costs for welfare to work programmes under section (v) but as we have no good information on likely levels of participation we have represented this as a net zero cost and net zero benefit.		
	One-off Yrs			
	£ 0			
	Average Annual Benefit (excluding one-off)			
	£ 0	Total Benefit (PV)	£	
Other key non-monetised benefits by 'main affected groups' Carers are a group that are under particular pressure and are known to have specific problems balancing care and work. There is also evidence that they have specific health concerns that are likely to be alleviated by a higher income and due to engagement in the labour market and workplace.				

Key Assumptions/Sensitivities/Risks Note that while programme costs are monetizable the benefits are not and so the net benefit appears as negative. See the body of text below for methodological notes. Detail below also explains the numbers of carers in different circumstances (from 3,300 to approx 4m) that may benefit from the various policy proposals.

Price Base Year	Time Period Years 1	Net Benefit Range (NPV) £	NET BENEFIT (NPV Best estimate) £ -13m
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What is the geographic coverage of the policy/option?					
On what date will the policy be implemented?					
Which organisation(s) will enforce the policy?				N/A	
What is the total annual cost of enforcement for these organisations?				£ -	
Does enforcement comply with Hampton principles?				No	
Will implementation go beyond minimum EU requirements?				N/A	
What is the value of the proposed offsetting measure per year?				£ N/A	
What is the value of changes in greenhouse gas emissions?				£ 0	
Will the proposal have a significant impact on competition?				Yes/No	
Annual cost (£-£) per organisation (excluding one-off)		Micro	Small	Medium	Large
Are any of these organisations exempt?		Yes/No	Yes/No	N/A	N/A

Impact on Admin Burdens Baseline (2005 Prices)				(Increase - Decrease)
Increase of £	Decrease of £	Net Impact		£

Key: Annual costs and benefits: Constant Prices (Net) Present Value

Evidence Base (for summary sheets)

[Use this space (with a recommended maximum of 30 pages) to set out the evidence, analysis and detailed narrative from which you have generated your policy options or proposal. Ensure that the information is organised in such a way as to explain clearly the summary information on the preceding pages of this form.]

Introduction

1. In 2007, the Government launched a major review of its strategy for carers. Four taskforce¹ covering income, employment, social care and equality were asked to consider problems within the current system and establish objectives for reform. The Government will launch its new strategy for carers in June 2008, taking into consideration the recommendations from the four taskforce.
2. This impact assessment is concerned with proposals associated with carers' employment and income.
3. The Government's aim:
 - Carers will have the integrated and personalised services they need to support them in their caring role
 - Carers will be able to have a life of their own alongside their caring role.
 - Carers will be supported so that they are not forced into financial hardship by their caring role.
 - Carers will be support to stay mentally and physically well
 - Young carers have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters Outcomes.
4. For most carers of working age, protection from financial hardship means remaining in work or being able to move into work when possible. The Government needs to ensure that policies are put in place to enable carers to combine paid work with their caring responsibilities. This will ensure that they maintain a satisfactory level of income.
5. It is the Government's aim that combining paid work with care should be a real choice for as many carers as possible. By improving the availability and flexibility of services; encouraging more flexible employment practices; improving access to skills and re-training and giving more support to those who are out of work we will increase the proportion of carers who are able to remain active in the labour market and reduce the time that those who give up their employment are out of work.
6. The 2001 Census showed that there are approximately 4.27 million carers of working age in Great Britain: 1.8m of them men and 2.4m of them women. Two-thirds already combine paid work and care, of which ten per cent are providing 50 hours or more of care a week. Over half¹ (55 per cent) of those who are not working say they want to do so. But while carers would like the opportunity to continue in paid work, caring obligations can often make this impossible. Carers reported difficulties with getting information, accessing services and negotiating flexibility at work during the (both gradual and sudden) onset of their care-giving². It is estimated that as many as 1 in 5 carers have left or turned down a job because of their caring responsibilities³.
7. Analysis of the 2001 Census shows a strong correlation between caring and being in a workless household: 88 per cent of people of working age living in a workless household were providing 20 or more hours of care.

¹ Yeandle, S and Buckner, L (2007) Carers, employment and services: time for a new social contract? This survey is skewed towards people providing high levels of care therefore it may under estimate the percentage of those who would rather combine their caring with paid work.

² Yeandle, S and Buckner, L (2007) *ibid*

³ Equal Opportunities Commission (2004) *Review of recent EOC research on parents and carers*. Available at: www.eoc.org.uk

8. The 2001 Census showed that potentially around 1.5 million carers of working age were not in employment who could have been.
9. Those providing the greatest amounts of care find it hardest to enter or sustain paid work and the incidence of working decreases with increasing hours of care. Figures based on the Census show that for those providing over 50 hours of care only 45% of men and 35% of women (compared with 76% and 66% of non-carers) remain in work (Buckner, 2006).

Policy rationale

10. There are now more people in the UK in work than ever before. Over 29 million people are currently active in the labour market. The employment rate currently stands at 74% and unemployment levels are at their lowest in a generation. However, there are still high levels of inactivity (non-engagement). More than 4.5 million working age people are not in paid work – more than one third of them carers. As the economy continues to expand the labour market tightens and, as with any commodity, scarcity increases the price. The pool of available labour will need to be increased to counteract these inflationary pressures. It is estimated that we will need 2m more workers over the next 25 years. Management of the labour market is critical to the effective management of the economy.
11. Carers face a number of barriers to equality in respect of work. The impact of care-giving can lead to reducing the number of hours worked; limit career options and progression or giving up work entirely. There is also strong evidence that combining work and care or giving up work in order to provide care has wider implications for carers' health and financial situations.
12. Evidence suggests that most carers did not want to leave work altogether; instead they wanted to achieve a reasonable balance between caring and paid employment⁴. However, research⁵ suggests that many employers have given little or no consideration to the difficulties carers face in trying to combine substantial caring with paid employment. Inflexible working hours and the absence of 'care-friendly' employment policies have been found to be a major barrier to managing work and caring.
13. Many carers combining work and care cope with their dual role by reducing the number of hours they work: in a recent survey of working carers⁶ almost half of those working part-time had reduced their hours from full time exclusively to accommodate care related responsibilities. Qualitative research⁷ indicates that carers also cope by changing working patterns and taking up opportunities to work at home when they are available. This not only has financial implications in terms of reduction in hours worked, but there is evidence to suggest that some carers are taking lower paid and/or lower skilled jobs in order to work flexibly. In addition they often need to work close to home which can limit their career prospects.
14. For those seeking work, finding a sufficiently flexible job, concerns about 'substitute' support services for the cared for person, refusal by the person they care for to accept help from services and loss of confidence have all been identified as 'barriers'. The cost of replacement care, lack of tax incentives, and an inflexible benefits system are also factors and, for some carers, these can mean they are financially worse off by working than by remaining a full time carer. Many also felt that the services available were not adequate to make taking a job possible.
15. The Government's proposals relating to employment can be grouped into three broad areas:
 - a) help those not in paid work to move closer to the labour market
 - b) aid the transition into work
 - c) help carers balance paid work with their caring responsibilities to enable them to remain there and to flourish
16. The evidence suggests that currently carers face a number of disadvantages in terms of financial and health implications. Carers are more likely to suffer from poor health than the general population⁸.

⁴ Yeandle, S, Bennett, C, Buckner, L, Shipton, L, and Suokas, A (2006) *Who Cares Wins: the social and business benefits of supporting working carers* London: Carers UK.

⁵ Arksey, H, Kemp, P, Glendinning, C, Kotchetkova, I and Tozer R, (2005) "Carers' aspirations and decisions around work and retirement", DWP Research Report 290

⁶ Yeandle, S and Buckner, L (2007) *ibid*

⁷ Arksey, et al (2005) *ibid*

⁸ In Poor Health: the impact of caring on health, Carers UK 2004

There are a variety of reasons for this but there is evidence that the stress of trying to balance the competing demands of family and employment without adequate support is a significant contributory factor. Those with heavy caring responsibilities are between two and three times more likely to suffer from general poor health. In addition those who had to give up work to care are at particular risk.⁹

17. Reducing working hours - even over the short term - or giving up work altogether has significant implications for earnings and subsequent pension entitlements. This is particularly pronounced in contexts where the caring episode lasts for many years; it is also a more prominent issue for women.¹⁰ The evidence indicates that carers providing substantial amounts of care face much financial hardship; research conducted in 2007 found that a third of carers were in debt and one in ten could not afford their rent or mortgage.
18. Therefore these proposals represent a flexible coherent package of measures designed to give carers more control over their lives and a real choice about how they balance the competing demands of paid work and their caring role. They are also designed to help move carers closer to the labour market so that they are able to (re) enter employment when their caring responsibility comes to an end or becomes less intensive.

Estimating costs and benefits

19. The work on estimating the costs and benefits to society for this impact assessment is subject to both methodological and data uncertainty. While there is some relatively robust information on unit costs to government for some of the proposed policies and somewhat more limited information on the potential savings for government in some areas, this information in itself is not necessarily helpful in presenting a defensible picture of the net benefit to society as a whole.
20. The line taken with the quantification of the costs and benefits has therefore looked to make simplifying assumptions that balance out many of the costs and benefits and then highlights, albeit without any accurate information on magnitude, the expected direction of a final assessment.
21. Broadly, we have listed any direct net fiscal costs, benefits (or where not possible, the balance of these) and listed under non-monetized costs a standard 25% deadweight cost of taxation as a proxy for the opportunity cost of government spending. We have then listed the non-monetizable benefits arising from allowing carers to better access the labour market when they wish to do so.
22. The costings in the sections on employment programmes and replacement care for carers on approved training are particularly sensitive to untested assumptions about levels of demand. Participation in employment-related programmes is entirely voluntary for carers and relatively few carers currently access these services. Of those who do participate, not all will require formal training and only a proportion of those who do will require replacement care to access it.
23. The methods that we have adopted are under continuous review by ourselves and, when appropriate, by external academics so it is likely that the methods used will be subject to change and refinement in the future.
24. In addition, the Taskforce itself has said that many of the proposals are new and innovative and the hence any costings are sensitive to the assumptions that underpin them. As many of these assumptions will, by necessity, be untested all costings come with significant health warnings.

What is the impact of specific elements of the proposal?

Flexible Job Search Tool for Jobcentre Plus Job Bank

25. The purpose of this tool is to identify job vacancies that offer the flexibilities carers need to combine care and paid work. It would allow customers to further refine their search by specifying criteria such as flexi-time, job sharing, home working, compressed hours etc.
26. The impact in terms of numbers of people directly affected is difficult to estimate as this is an optional tool that will enhance an existing service.

⁹ Yeandle, S and Buckner, L (2007) *ibid*

¹⁰ Carers UK (2007) *Real Change not Short Change: time to deliver for carers*

27. There will be one of IT costs associated with the change of around £3m. There will also be some small ongoing costs associated with a slightly-changed role for employer-facing staff in JCP but this would be absorbed within existing baseline.
28. It is anticipated that this change would speed the search process and ensure easy access to all vacancies that meet the specific needs of individual carers. The existence of a marker would also act as encouragement to employers and JCP staff tasked with accepting vacancies to specify the flexibilities that are on offer. It is expected it may also act as an encouragement to employers to consider flexible ways of working within their organisation.
29. The ability to access flexible working opportunities has value to other priority client groups, such as lone parents, making it a valuable tool for Jobcentre Plus and their clients.

Care Partnership Managers

30. Care Partnership Managers would be senior level Jobcentre Plus staff tasked with overseeing strategic issues related to carers and care services across each JCP district. They would provide the focus on carer issues in Jobcentre Plus and ensure that employment related services reflected the needs of carers. Their role would be to:
 - Support advisers to develop their knowledge and skills in relation to carers and care issues, particularly in relation to labour market participation; enabling Advisers to confidently discuss options with carers and be able to signpost to further support and services
 - Ensure up to date and accurate information is available to all customer facing staff, enabling them to address care issues and advise carers how to overcome barriers.
 - Maintaining close working relationships with LAs and health service partners
31. They would also work with LAs and health service partners to ensure that intelligence about the local care market and customer needs is available to JCP, and that LAs and health service partners are aware of the service needs of working carers, using this to ensure that key issues for those seeking to move into paid work are addressed within local provision.
32. It is estimated that this will impact on a large number of both carers who wish to combine work and care and those who no longer have caring demands and wish to return to the labour market. There are currently around 3,500 people who are in receipt of JSA and Carers Allowance and over 50,000 informal carers claiming JSA. (FRS 05.06 figures)
33. Cost: One CPM at Band D (Higher Executive Officer) per Jobcentre Plus District would cost around £2.5m per year.
34. As there are currently no resources in Jobcentre Plus directed exclusively at carers it is anticipated that this change will positively impact on all carers engaged with Jobcentre Plus as it will better equip customer facing staff to provide a service targeted at the needs of carers.
35. In addition CPMs would help JCP management to understand the particular needs of carers and to factor these in to business planning. They would provide an outward facing service to employers, local authorities and other key players to ensure the needs of carers were met.

Specialist Training for JCP Advisers

36. Currently there are no specialist care advisers within Jobcentre Plus. Therefore we propose to provide specialist training for all advisers whose work is likely to bring them into contact with carers. By improving training, staff would be made more aware of the needs of carers and would be better able to assist them in reattaching to the labour market. Responsibilities would include support for carers who are working but at risk of falling out of the labour market as well as helping carers to (re) enter employment.
37. In order to have the greatest impact at the least cost the training to improve contact with carers should be delivered as part of the regular induction training or ongoing training packages for staff in JCP. This would mean some small investment in redesigning the current training packages and a possible marginal increase in ongoing costs. Due to a lack of information on the costs of changing a training package and the marginal nature of any change it is difficult to estimate a total cost of this proposal, but it is likely to cost considerably less than £5m.

38. JCP advisers would find it easier to give accurate advice to carers seeking to return to paid work. As there are currently no resources in Jobcentre Plus directed exclusively at carers it is anticipated that this change will positively impact on all carers engaged with Jobcentre Plus as it will better equip customer facing staff to provide a better service targeted at the needs of carers.

Access to employment programmes for carers and former carers

39. There is no specific 'New Deal' for carers within the benefits system, however, some carers do have access to other support programmes for which they satisfy eligibility criteria, e.g. New Deal of Lone Parents if they are also a lone parent. It is not proposed to create a New Deal programme specifically for carers but to provide better access to appropriate support programmes for those who need help to reattach to the labour market. This includes the support of a personal adviser, access to re-skilling and education opportunities and help with jobsearch.

40. It should be noted that access to New Deal provision would be on an entirely voluntary basis.

41. In looking at the economic benefit of this policy we have had to make some simplifying assumptions in order even to make a non-quantified assessment. Not only is it very difficult to estimate what the take-up of this policy may be by carers it is almost impossible to assess what the additionality may be, in terms of jobs gained that would otherwise not have been, due to carers accessing these programmes. This means that the cost-benefit information we already have on such programmes is not obviously transferable to making an estimate in this case. We have therefore assumed a net fiscal cost of zero per participant, within the range for the number of participants we might expect. This should result in no fiscal cost and no change in the deadweight cost of taxation or opportunity costs for government spending.

42. We have also made a simplifying assumption of wages for those who gain work being at the same level as benefits, hence eliminating need to estimate benefits from redistribution along the income distribution.

43. We are not monetizing any benefits from macro-economic growth resulting from any increase in employment due to these policies.

44. It is anticipated that this will have a positive impact on carers (and former carers) not in employment as this would allow carers and former carers to access employment and training support that otherwise would not be available to them and that this would result in some additional labour market entry and hence have some correction of negative externalities for both society and the individuals concerned due to their inability to find work when they wish to do so.

Access to skills training

45. Existing DIUS strategies built around the Leach report already emphasise flexibility and responsiveness to demand that encompasses the need of carers. There is no expected change in impact compared to the expected participation levels resulting from planned changes.

46. There is no expectation that an increase in volume or type of training beyond existing plans will be required and consequently there is no cost implication.

47. The benefits of the availability of flexible, demand led training are presented in the Leach report.

Fund Replacement Care on Approved Training

48. If carers are to take full advantage of the training opportunities that are open to them then many may need access to replacement care. This would be provided free of charge to those carers not in full time work, who participate in employment-related programmes operated by Jobcentre Plus and who are accessing training opportunities approved by their personal adviser.

49. While it should be possible to make training more accessible by making it more flexible this may not always be feasible. In certain circumstances it may be more efficient and cost effective to provide replacement care to enable carers to access the provision they need.

50. This provision would be limited to work-related training approved by JCP advisers. It would be similar to the provision currently available to lone parents which funds childcare while they undertake training.

51. Numbers below are subject to great variation due to the lack of robustness of underlying assumptions.
52. There are just over 1 million non-employed carers, of these 30% are caring for over 20 hours (thus indicating a need for replacement care) and potentially 30% may have a basic skills need (rough approximation based on data from "Skills for Life: The national strategy for improving adult literacy and numeracy skills" (DfES 2001)). This suggests just under 100,000 carers needing a basic skills intervention. Given the durations of being a carer it seems likely that we could expect 1/3 of carers to undergo training each year meaning that approved training replacement care would be needed for around 33,000 carers each year.
53. If we assume an average volume of basic skills training of 2 weeks per carer every three years at 6 hours per day (including travel time) then costs indicated by the H&SC task force indicate a replacement care cost of around £200 per training episode. This gives an annual aggregate cost of around £7.5m. It is unclear whether the costs for replacement care would be the same as the figures provided as the short term replacement nature of this care may indicate higher costs. Conversely, depending on the times of day that the carer is offering care there may be no need for replacement care, thus lowering the estimate.
54. Without sufficient, suitable replacement care or realistic flexible working opportunities being available once training has been completed which allows the carer to re(enter) paid work, there is a risk that the positive effects of this intervention will be minimised. The other activities outlined in this assessment provide an opportunity have been designed make flexible working a realistic option by encouraging employers to adopt family/carer friendly working practices and by helping carers find suitable employment which enables them to balance their caring responsibilities with paid work.

What are the impact of the proposals on different groups?

55. There is no reason to believe that men or women of any ethnic background or with a disability will be negatively affected by any of the proposals. The services will be equally available to all carers regardless of gender, ethnicity or whether they have a disability.
56. While we do not anticipate any unlawful or disproportionately negative discrimination to any particular group of carers; it is likely that some carers may not benefit from the proposals as much as others, due to disengagement with Jobcentre Plus and/or not recognising themselves as being a carer¹¹, therefore they may not take up services/provision on offer. The negative impact of this is that some carers will still face the same disadvantages if these proposals were not on offer. The Government's recent health and social care white paper, *Our Health, Our Care, Our Say* set out a number of commitments to improve support for carers, including:
- Establishing a Carers' Information Service/helpline to offer accessible, reliable information to enable carers to access services and support for themselves and the person they care for. The service is expected to be in place in autumn 2008. Government is making £2.8m a year available to fund the service.
 - Allocating specific funding for the creation of an Expert Carers' Programme. The programme will provide training to carers, empowering and enabling them. It will inform them of their rights; the services available will enable them to develop their advocacy skills and their ability to network with other carers to support their needs. The first training to carers is expected to take place in August 2008. Government is making £4.7m a year available to fund the programme.
57. There is a risk that any proposals assisting carers into work may be perceived as supporting carers to the detriment of those they are caring for. The package of proposals is designed to help carers achieve a balance between their caring responsibilities and work by encouraging employers to provide flexible working opportunities and by persuading carers that flexible working is a realistic option. Along side this during periods of participating in training provided by Jobcentre Plus we are proposing to provide replacement care when flexible training opportunities are not available.

¹¹ Research by Carers UK found that 65% of people with a caring responsibility did not identify themselves as a carer in the first year of caring. For a third of them (32%) it took over 5 years before they recognised they were a carer.

58. It also needs to be recognised that returning to work may not be an option/appropriate for some carers at a particular point in time. As caring has an end point it is important that carers are able to access the services they require when they need to. In other instances, carers may have a fairly stable level of caring for a period of time and therefore may be more open to/able to take advantage of the services on offer. Therefore the package of proposals is specifically designed to be flexible enough to support carers in (re) entering or remaining in employment when it is appropriate for them. Current evidence¹² shows that when juggling care and work becomes unmanageable, large numbers of carers completely fall out of the labour market or reduce their hours and/or take up low skilled/paid jobs in order to maintain their caring responsibility.

Gender

59. The gap in care provision between men and women is closing, but women remain more likely to provide personal and heavy duty care¹³: 60 per cent of women were providing 20-49 hours of care compared with 40 per cent of men; 61 per cent of women were providing 50 hours or more compared with 39 per cent of men¹⁴.

60. Women are more likely to care for a sick, disabled or elderly person: 18 per cent compared with 14 per cent of men. The difference mainly being accounted for by the fact that more women care for someone in another household.

61. More women than men are in receipt of Carers Allowance. As of May 2007, Carers Allowance was paid to 427,170 people of working age: 75 per cent were women (320,520) and 27 per cent men (116,650).

62. As there are more female carers in general and more female carers in receipt of Carers Allowance (therefore identifiable by Jobcentre plus in order to target its services) there is potential for the proposals delivered through Jobcentre Plus to have a greater impact on female carers than male carers. However, we are exploring the potential of working with partner organisations in order to better target services at/ access those who are less likely to be engaged with Jobcentre Plus services.

63. Male carers of working age are more likely to be in full time paid work than their female counterparts. (66 per cent and 32 per cent respectively). Women carers are more likely to describe themselves as looking after the home and family full-time (21% compared to 5% of men) and when in paid work, female carers are much more likely to work part-time (30%) than men (7%).

64. Analysis of the Family and Working Lives Survey¹⁵ found that during the onset of caring women were almost twice as likely as men to report that they had stopped working altogether. Men were more likely than women to report that they continued working with no impact on their employment situation. In addition female carers are much more likely than male carers to report their caring responsibilities prevented them from *seeking* work. FRS 2005/6 shows that 75 per cent of female carers reported their caring responsibilities prevented them from seeking employment compared with 25 per cent of male carers.

65. Overall female carers appear to have weaker links to the labour market than male carers, shown in terms of greater propensity to work part time and also to fall out of employment at the onset of caring. It should be borne in mind that part time working is a general characteristic of female participation in the labour market, driven primarily by mothers' interaction with the labour market. According to recent data from the Labour Force Survey around three-quarters of part-time workers are women, of which around two-thirds have dependent children.

66. There are known negative consequences of part time working, which includes being concentrated in low paid and low skilled sectors and being less likely to be able to build up an entitlement to private and possibly state pension schemes¹⁶. However, the positive effects of part time working is that

¹² Yeandle 2006, Arksey (2005)

¹³ ONS, 2006

¹⁴ 2001 Census Standard Tables

¹⁵ cited in Arksey (2005) *ibid*

¹⁶ Arksey 2004

there is still engagement with the labour market meaning that when the caring role reduces or stops part time employees may be in a better position to increase their participation in the labour market compared to those who fell out of employment during the time their caring responsibility intensified.

67. It is expected that as a result of some of these activities employers will be encouraged to introduce more flexible ways of working. Evidence from Work-Life Balance studies¹⁷ suggest that more women than men take advantage of family friendly working practices. Therefore it is possible that the impact will be felt to greater extent by women. However, BERR and GEO are jointly working on a campaign to raise awareness of the right to request flexible working amongst parents, carers and their employers and this may go some way to encouraging male carers to take advantage of their right to request flexible working.

Ethnicity

68. Some ethnic groups have higher rates of caring than others. Pakistani and Bangladeshi residents of working age are twice as likely to live with someone with a limiting long-term illness as White British residents, and with carers in some ethnic minority groups experiencing poorer health themselves as well¹⁸.
69. Ethnic minority carers were especially likely to be caring for a sick or disabled child or for someone with a mental health problem. Proportionately more ethnic minority carers were caring in circumstances where Direct Payments were being used to arrange services¹⁹.
70. Research has shown 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. There is evidence to indicate that non-white carers are more likely than white British carers to be “struggling” financially²⁰. The introduction of the package of proposals is an opportunity to promote equality by assisting ethnic minority carers into paid work which enables them to maintain their caring responsibilities.
71. Minority ethnic carers²¹ were particularly likely to report they felt restricted in using services because of a lack of information, or as a result of services they perceived as too expensive, inflexible, or not suitable for their individual needs. Research also indicates that in general ethnic minorities are less likely to take advantage of JCP services than their white counterparts. “What works for whom?”²² states that customers from ethnic minorities place greater emphasis on personal contact and friendliness of staff than white customers, suggesting that one-to one interactions are of particular importance for customers from ethnic minorities.
72. In addition the National Black Carers and Carers Workers Network reports that cultural concepts of caring do not translate well into some BME community languages, with the consequence that people do not always understand that they might be entitled to support.
73. The additions to the care information service proposed by the Social Care taskforce will help to address this problem by placing legal duties on local authorities to provide information, advice and assistance to carers in relation to care services in their area. We are also exploring the possibility of working with partner organisations to engage carers who do not normally use or are reluctant to use JCP services. In addition, specialist training for JCP advisers, also has the potential to address this issue by equipping staff with the knowledge and awareness of the particular issues carers from different ethnic backgrounds may have.

Health and disability

74. Using FRS 05/06 data, it is estimated that 785,000 carers (22% of all carers) are DDA disabled (around one in five)²³. Therefore people with disabilities or long term illness are likely to be

¹⁷ DTI Report 39 (2005) Results of the second flexible working employee survey

¹⁸ Yeandle 2006

¹⁹ Yeandle (2006) *ibid*

²⁰ Yeandle, S et al, *Diversity in caring* CES report

²¹ Yeandle *ibid*

²² Hasluck and Green: *What works for whom?* DWP research report 407

²³ FRS 2005/06

significantly affected by the proposals, either as the person being supported by the carer, or as the carer themselves. For the carer, the proposals offer opportunities to help carers balance work and care. As discussed earlier, any proposals assisting carers into work may be perceived as supporting carers to the detriment of those they are caring for. However, the package of proposals are designed to encourage more flexible working opportunities in the labour market rather than replacing working age carers with formal services. However, supporting carers to increase their income and to improve their health and well being through being able to balance paid work with care may also improve the support and services available to disabled people.

75. In addition to the significant proportion of carers who are DDA disabled, there is strong evidence to show that carers face significant disadvantages in terms of health than non carers. People with significant caring responsibilities are twice as likely to be in poor health as non-carers²⁴. 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 responsibilities²⁵. The proposals offer opportunities to address this inequality by enabling carers to better balance their caring responsibilities with paid work. Research also shows that carers who had to give up work to care are at particular risk of poor health²⁶. There is strong evidence to show the benefits of working on people's health. Therefore the proposals designed to help carers find suitable and flexible work and remain in work may address the health disadvantages they currently face.
76. Carers who reported poor health status in a 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 well-being. In 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 carers²⁷. To address this the Health and Social Care taskforce propose providing better services and support for carers by:
- Providing a specialist carer's service in every area where one does not already exist. The exact nature of service delivery would be decided locally, the minimum outcomes of establishing specific support for carers in every area would be:
 - early identification of carers;
 - advocacy, empowerment, involvement;
 - ongoing emotional support (as distinct to counseling which is very specific, expensive and only applicable to some carers).
 - To improve NHS support for carers through:
 - Evaluating existing services where there is health involvement for recognition and support for carers.
 - Establishing six national pilot sites to develop services in primary and acute care which recognise and support carers and their contribution throughout pathways.
 - Funding an evaluation of these pilot sites to establish a business case for these services nationally and also to develop tool kits and best practice guides.
 - To provide better training for GPs in working with carers
 - To develop, pilot, evaluate and, subject to a positive evaluation, roll-out nationally a training programme for GPs, in conjunction with RCGP, to help them support and interact with carers in a more productive way.
77. In addition, there is opportunity for JCP staff either through partnership working or better training to equip them to deal with carers issues to play a role in helping carers in accessing the support they require.

Age

78. The vast majority (90%) of working carers are aged 30 years or over, with a significant proportion aged over 50. Caregiving has been identified as a key contributory factor in lowering the labour

²⁴ (Carers UK, 2004).

²⁵ ONS, 2006

²⁶ (Yeandle, 2007).

²⁷ (Yeandle, 2006

market activity rates of those aged 50 years and over²⁸. In 2001, 1.2 million men and 1.6 million women aged 50 and over in England and Wales were providing unpaid care to family members, neighbours or relatives. This represents 16 per cent and 17 per cent of older men and women respectively²⁹. The package of proposals is designed to help all carers achieve a balance between their caring responsibilities and therefore will be available to carers of all ages. Encouraging employers of the benefits of providing realistic flexible working opportunities is also part of the extending working lives agenda.

79. 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 development³⁰. 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. The access to skills training and the funding for replacement care for those on approved training offer the opportunity to address these inequalities.
80. Carers of disabled children tend to be younger (83 per cent are under 50) and are more likely than other carers to say that there are no suitable services locally (nearly half compared to a quarter), but they are less likely than other carers to say that the person they care for does not want to use services (a third compared to 46 per cent). The package of proposals offers a real opportunity to help carers find and remain in suitable paid work. Accessing suitable childcare provision for disabled children can be problematic/difficult³¹. The provisions under the Childcare Act should improve this position. Among other things the Childcare Act will:
- a. Give Local Authorities a statutory responsibility to ensure the local childcare market meets the needs of working parents, including those with children who are disabled or from minority ethnic groups;
 - b. Ensure that parents of disabled children have access to reliable information on childcare options; and
 - c. Secure child level data on outcomes of children with SEN/ disabilities from minority ethnic backgrounds.
81. It is also worth noting that many disabled children can be accommodated in mainstream settings with little or no adjustment and through appropriate practice. However, there is still a way to go, the 2004-05 Parents Survey showed that:
- Disabled children and children in families with at least one disabled parent were significantly less likely to have used any childcare in the last week than children in families where no-one is disabled. These children were also significantly less likely to have used formal childcare; and
 - Children in families with at least one disabled parent were significantly less likely to have used informal childcare in the last week than children in families where no-one is disabled, while disabled children were no less likely to have used informal childcare than children in families where no-one is disabled.
82. Future provision to improve access to formal childcare for disabled children was also announced in *Aiming High for Disabled Children*, published in May 2007. This will provide additional funding of £35 million for 2008-09 to 2010-11 to improve access to childcare for disabled children and young people. It said that this funding will be used in a 3 year childcare accessibility project to help improve access and to reduce attitudinal barriers. Pilots starting in September 2008 in 10 local authorities will test out ways of meeting the needs of disabled children as identified in the childcare sufficiency assessments, with best practice subsequently being rolled out more widely.

Rural

83. Research by Carers UK³² found that urban and rural carers cared for similar kinds of people and that there were few differences between the experiences and circumstances of urban and rural carers.

²⁸ Vickerstaff, S. Loretto, W., Billings, J., Brown, P., Mitton, L., Parking, T. and White, P. (2008) *Encouraging Labour Market Activity Among 60-64 Year Olds*, draft report to DWP.

²⁹ Office for National Statistics – *Focus on Older People*

³⁰ Carers, Employment and Services (CES) study, 2006/7. By Sue Yeandle et al, Leeds University for Carers UK

³¹ Family and Children Study 2005

³² Yeandle, S, Bennett, C, Buckner, L, Shipton, L, and Suokas, A

84. Rural carers were slightly more likely to mention a lack of suitable services in their area, to say what is available locally, or to be held back in using services because they are too expensive. Rural carers found the travelling to services particularly time consuming and costly. The establishment of the carers information service and the creation of the expert carers programme along side the proposal by the equalities taskforce to build on the carers information service in terms of placing legal duties on local authorities to provide information, advice and assistance to carers in relation to care services in their area.

Conclusion

85. The Government believes that combining paid work with care should be a real choice for as many carers as possible. The package of proposals present a real opportunity to improve the availability and flexibility of services; encourage more flexible employment practices; improve access to skills and re-training and give more support to those who are out of work. This will increase the proportion of carers who are able to remain active in the labour market and reduce the time that those who give up their employment are out of work. This in turn will have a positive impact on the employment rate.

Specific Impact Tests: Checklist

Use the table below to demonstrate how broadly you have considered the potential impacts of your policy options.

Ensure that the results of any tests that impact on the cost-benefit analysis are contained within the main evidence base; other results may be annexed.

Type of testing undertaken	<i>Results in Evidence Base?</i>	<i>Results annexed?</i>
Competition Assessment	Yes/No	Yes/No
Small Firms Impact Test	Yes/No	Yes/No
Legal Aid	Yes/No	Yes/No
Sustainable Development	Yes/No	Yes/No
Carbon Assessment	Yes/No	Yes/No
Other Environment	Yes/No	Yes/No
Health Impact Assessment	Yes/No	Yes/No
Race Equality	Yes/No	Yes/No
Disability Equality	Yes/No	Yes/No
Gender Equality	Yes/No	Yes/No
Human Rights	Yes/No	Yes/No
Rural Proofing	Yes/No	Yes/No

Annexes

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