ESPN Thematic Report on work–life balance measures for persons of working age with dependent relatives

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European Social Policy Network (ESPN)

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Contents

Summary / Highlights

Responsibilities for policies and services for disabled children, working age adults and older people, and their respective family carers, are fragmented between several UK government departments and between the constituent countries of the UK. Workplace policy and regulations, and social security payments related to disability and care are the responsibility of UK-wide government departments. However, responsibilities for health and social care services are devolved to the four constituent UK countries. Within these, individual local authorities have lead responsibility for identifying, assessing needs and supporting carers, with responsibilities for supporting disabled children and their families, and for working age and older adults and their carers further split within individual local authorities. Local practices and resources to support carers are both highly variable, both between and within the four UK countries.

Across the UK, carers - of disabled people of all ages - have rights to request flexible working and to time off to deal with emergencies, although the duration of the latter depends on employers' discretion. Carers (again of disabled people of all ages) who give up work (almost) entirely are entitled to an income maintenance benefit, Carer Allowance (CA), in their own right, to replace earnings lost because of care responsibilities. However, CA eligibility criteria are very restrictive, so only carers with no (or only minimal) earnings are eligible. The shortcomings of these measures are reflected in the high proportions of carers who give up paid work because of care responsibilities; the very small proportions who combine any more than minimal care-giving with full-time work; and the significant uncompensated earnings lost by those who reduce from full- to part-time work. Measures to support carers in maintaining (low level) contact with the labour market during a period of care-giving are needed.

Carers have achieved increasingly strong rights to assessments of their needs, independent of the circumstances of those they care for. Local authorities are responsible for providing breaks for carers, either through in-kind services or, more commonly, through a cash personal budget (PB) for carers (this may be in addition to services or a cash personal budget paid for the disabled child or adult themselves). However, only small minorities of carers report receiving assessments or a PB.

Increasingly severe cuts in central government funding to local authorities mean that increasingly few disabled people are eligible for social care services, despite rising demographic demand. Services are increasingly targeted at people with very high levels of need and no family carer. This trend is reflected in increasing numbers of family members providing high levels of care. Meanwhile cuts in services reduce any opportunities for carers to benefit indirectly from help provided to thedisabled person. New measures in England will allow local authorities to raise additional revenue for social care from residential property taxes; however, the levels of revenue likely to be generated are inversely related to local reliance on informal care.

1 Description of main features of Work-Life Balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

UK policies and provision for supporting disabled children, adults and older people with disabilities or serious chronic health problems, and their family care-givers, are split between countries, government departments and local statutory and voluntary organisations.

Health services (e.g. nursing, therapies) are funded from general taxation and provided free of charge by the National Health Service (NHS), with separate services for children, working age and older adults Local authorities are responsible for assessing individual needs and funding care and support for eligible older and working age disabled adults and (through separate departments) for disabled children. Local authorities also have statutory responsibilities to assess needs and provide support for family carers of all age groups. Local authorities have discretion over the levels and types of the services they fund, so eligibility thresholds, levels and patterns of services vary between localities.

Non-residential social care support for older and working age adults is increasingly delivered as a personal budget (PB) – an individualised funding allocation that is intended to give disabled and older recipients more choice and control over how, when and by whom their support is provided. PBs can be taken as a cash payment and used by the disabled person to employ carers (normally close co-resident kin cannot be employed in this way) or to pay for other additional services in the home. Partly because of funding restrictions and partly because of local authority accountability requirements, there is relatively little flexibility in how PBs can be used – they are usually restricted to meeting the personal care and support needs of the disabled person. Families of disabled children are also increasingly offered a PB rather than services in kind, to purchase extra help with their child's care. There is no entitlement to local authority services or PBs; access depends entirely on assessments of need by individual local authorities. Each local authority can decide for itself what level of severity of need it meets, depending on available funding; most English local authorities now provide services or PBs only to disabled people assessed as having the highest level needs. In determining priorities for supporting individual disabled people, help given by family carers is taken into account, so people without close family carers or whose carers are no longer able to cope are likely to have priority.

Carers' organisations in the UK have actively campaigned over four decades for family carers to be recognised and given support by the welfare state. Consequently local authorities also have statutory responsibilities to identify the carers of disabled children, adults and older people in their area; to assess their needs; and to provide support – most commonly a break from care-giving. Carers may also be offered a PB of their own rather than a respite care service in kind, so they have some choice and flexibility over the arrangements.

The Department for Work and Pensions (DWP) is responsible for disability and care-related social security payments: Attendance Allowance (AA) for disabled people aged 65+; Disability Living Allowance (DLA)/Personal Independence Payment (PIP) for disabled children and adults under 65; and Carer Allowance (CA) for some family carers. The Department for Business, Innovation and Skills (BIS) is responsible for policy and regulations relating to entitlements for leave from paid work.

Further fragmentation arises from the devolution of responsibilities for health and social care policies and budgets to the separate governments of England, Scotland, Wales and Northern Ireland. Scotland in particular has diverged significantly from the other UK countries. DWP is currently responsible for setting eligibility for and levels of disability and care-related social security benefits across the four UK countries (although this will change as further powers are devolved to Scotland following the unsuccessful devolution referendum of 2014). BIS regulation of labour market policies is also a UK-wide responsibility.

Voluntary/charitable and commercial sector organisations play significant roles in service delivery across the UK, providing most residential care homes, nursing homes, home care and day-care services. They are funded through payments from local authorities or from individual older/disabled people using their own money or a PB. Voluntary organisations play major roles in providing information, advice and support for family carers.

There are no legal obligations for relatives to take on care responsibilities for adult relatives. Extended families' income and assets are not taken into account in means-tested assessments of older or disabled adults' eligibility for health or social care services or in calculating any charges/co-payments they must pay. However, depending on the policy of each local authority, families of disabled children may be required to make a contribution towards the support they receive (whether services in kind or a PB) to help them care for their child.

1.2 Description of carers' leaves

UK carers' entitlements are restricted to the right to request flexible working hours and time off in an emergency.

Flexible working The right to request flexible working was introduced in 2003 for parents of young and disabled children; extended in 2007 to carers of working age disabled adults and older people; and further extended to all employees in June 2014, in an attempt to destigmatise requests arising specifically from care-giving. Currently:

- All employees with a minimum of 26 weeks employment with the employer can request flexible working.
- Employers must deal with requests in a reasonable manner and consider whether the request can be accommodated on business grounds.
- Flexible working can include changes to hours of work, times or place of work (Carers UK 2014a).

Time off in emergencies. Since 1996 all employees have had the right to a 'reasonable' amount of time off work to deal with an emergency involving a dependant, whether in the same household or in a separate household but dependent on the employee. Emergencies may include a breakdown in normal care arrangements, death or illness. There is no specified length of time that can be taken off, nor number of times emergency leave can be taken; both must be negotiated with the employer. Whether time off is paid or not is also at the employer's discretion.

1.3 Description of carers' cash benefits

UK policies assume that carers and older/disabled people are not financially dependent on each other. However, in practice considerable intra- and inter-household financial transfers are likely to take place (in both directions) (Glendinning, 1992; DWP, 2014).

Carers Allowance (CA) is a cash benefit originally introduced during the 1970s for family members unable to work because of care responsibilities and with no other source of income. To be eligible, a carer must provide at least 35 hours a week care; earn no more than £110 a week (EUR 145) net (after deduction of taxes, costs of any substitute care and 50% of pension contributions); have lived in the UK for at least 2 of the past 3 years; and not be studying for over 21 hours a week. The person receiving care must receive a disability-related benefit (DLA/PIP or AA). . S/he does not need to be a family member nor reside in the same household as the carer. CA is currently (2015/16) worth £62.10 (EUR 82) a week. It is taxable (though on its own is below the tax threshold) and is taken into account in calculations for means-tested benefits. Payment of CA continues for up to 12 weeks if the carer or person receiving care goes into hospital or respite care; for up to four weeks if either person goes on holiday; and continues to be paid for eight weeks after the death of the person receiving care.

Carers Allowance cannot be received at the same time as other social security income maintenance benefits, such as Retirement Pension. However, carers entitled to CA (whether or not they actually receive it) are entitled to an extra amount (**Carer Premium**) on several means-tested benefits, including Income Support, Jobseekers Allowance, Pension Credit and Universal Credit.

CA recipients also receive **National Insurance Credits** towards their state pension and the top-up Additional State Pension. Credits can also count towards Bereavement Benefits for a spouse/civil partner.

1.4 Description of carers' benefits in kind

In-kind benefits for carers are the responsibility of local authorities. The types, coverage and value of these benefits vary considerably between local authorities, both within and between the constituent countries of the UK. Within any local authority, different arrangements may apply to parents of disabled children and carers of disabled adults or older people.

Since 1995 carers have been entitled to an assessment of needs arising from their caring role, regardless of the wishes or circumstances of the person receiving care. Assessments should cover carers' needs and aspirations relating to participation in paid work, training, education and leisure. Local authority responsibilities for carer assessments are often contracted out and conducted by local voluntary carer organisations.

Since 2008 the English Government has published and regularly updated a Carers Strategy, which confirms its commitment to supporting carers: Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen. (HM Government 2014: 7). To achieve this:

- Carers will be respected as expert care partners and will have access to 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 supported to stay mentally and physically well and treated with dignity.

Although some resources have been allocated from time to time by government to support implementation of the Carers Strategy, particularly funding for respite breaks, these resources have not been ring-fenced (i.e. required to be spent only for this purpose). Carers' organisations consequently report that funding allocated towards the Carers Strategy has been used to help fill deficits in mainstream budgets (https://www.carers.org/news/government-announces-%C2%A3400-million-carers%E2%80%99-respite-breaks).

The English 2014 Care and Support Act, implemented in 2015, further strengthens carers' rights. Local authorities now have a duty to identify carers with unmet needs, as part of their wider responsibilities to promote well-being and delay the development of needs for support. The Act also requires NHS bodies to co-operate with local authorities in identifying carers and offering support. Carers do not have to formally request an assessment, nor must they be providing regular and substantial care, in order to receive an assessment (Carers UK, 2014b) and for the first time have a clear right to receive support. Assessments must ascertain whether family carers are able and willing to continue providing support.

The main benefits in kind for carers are:

Services or funding to allow a **regular break** (e.g. monthly, annual) from care-giving. In 2010, £400m additional funding over four years across the UK was pledged by central government for carers' breaks, but this has not been repeated. Since 2001 carers have been able to receive funding for breaks in the form of a cash payment or PB of their own (separately from, and often in addition to, the services or PB received by a disabled person). PBs have the potential to offer carers' greater choice and flexibility over the form and timing of breaks.

Information and advice, including information about the support available for carers. These services for carers are highly variable locally. Voluntary organisations are often the major providers of information and advice.

Indirect benefits for carers may be obtained from the day care, home help and home care services, respite care and social work/counselling services for the person receiving care. These can be effective and cost-effective in reducing negative psychological effects of caring and therefore have positive outcomes for carers (Pickard, 2004). Personal budgets for older people may also have indirect benefits for carers, especially if carers are involved in planning how the budget is used (Glendinning *et al*, 2009; Jones *et al,* 2012). However, people who have substantial inputs of informal care are much less likely to receive publicly-funded social care, including these services.

There are no England- or UK-wide training, counselling or psychological support services for carers, although local voluntary organisations, websites and telephone help lines are highly significant. Two recent pilot projects aimed to improve outcomes for carers:

Caring with Confidence Programme (2008-2011) aimed to provide training and support to up to 37,000 carers in England, with a budget of £15.2m over three years. The programme offered high quality, standardised training through flexible, modular programmes delivered by facilitators based in local training provider organisations. Carers taking part were very positive. Reported benefits included increased confidence about care-giving; new skills; improved health and well-being; better knowledge of support services; and indirect benefits for those receiving care. Many carers reported taking up new social, leisure or health activities, starting new training courses or finding paid work. Benefits were reported to continue after participation in the programme had ended (Yeandle and Wigfield, 2011a).

National Carers Strategy Demonstration Sites (2009-11) aimed to develop or extend services for carers in 25 English localities, by: improving the range and flexibility of breaks for carers, especially carers of people with dementia or mental illness; introducing physical health checks for carers; and improving the support carers receive in hospitals and primary health settings.

The programme involved multi-agency partnerships and new roles for professionals, sometimes requiring specific training. The majority of carers involved in the programme were older women; significant numbers of carers from ethnic minority communities were involved. Carers involved in the programme evaluation were strongly positive about the services and other help they had received (Yeandle and Wigfield, 2011b).

Neither of these pilot programmes was formally extended into mainstream health and social care practice.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

2.1.1 Carers' leaves

There are no rights for carers in the UK to take leave from paid work during a period of care-giving, other than for an emergency. Evidence from a number of studies indicates that at least some carers – particularly women – do give up work because of caring responsibilities. However, the relationship between paid work and care-giving is complex; rights to leave from work may not be significant factors. Other factors, such as gender, type of occupation and employment history are also likely to be important. Carers themselves report taking a range of factors into account in making decisions about paid work, including the circumstances in which they become carers, their wider family situation and their own health. Moreover, people who take on substantial care-giving responsibilities may have been less likely than others to be in paid work before care-giving commenced. Other research has found many carers do not want to stop paid work altogether; rather they want to achieve an on-going balance between caring and employment (see Arksey et al 2005 for summary of research evidence). It is therefore impossible to assess the impact that lack of entitlement to a period of leave from paid work might have on the incidence of care-giving, on carers' longer-term labour market participation or on carers' well-being.

Carers in UK do, however, have rights to request flexible working. One relatively small study suggested that flexible working hours (varying start and finish times, compressed working week and opportunities to 'bank' hours) are important in helping carers fit work around care responsibilities (Arksey et al 2005). Since the right to request flexible working was introduced, 96% of requests from carers have been accepted. The impact on employers has been positive: 69% report a positive impact on employee relations and 28% report positive impacts on productivity (Carers UK 2014a).

Flexible working hours are only one of several potential carer-friendly workplace measures. Carers report other helpful measures as including the opportunity to work at home part of the time, job sharing and access to a private telephone at work (Arksey *et al* 2005). Local authority-funded services (eg day care, home care) for older and disabled people are unlikely to be sufficient to enable carers to sustain a full-time job; in any case, people with family carer support are less likely to receive local authority-funded help than those living alone. Carers wishing to remain in or return to full-time work are therefore likely to face heavy care-related costs in paying for substitute care from their own resources; because of their work and earnings they are not eligible for CA (Arksey *et al* 2005).

Together these policies may be only minimally effective in supporting carers to combine paid work with care-giving. There is extensive evidence of the difficulties that working age carers experience in combining paid work with care-giving, with increasingly marked effects on employment as levels of care-giving increase. According to the 2011 UK Census, 55% of female adult carers and 44.9% of male adult carers reported they were economically active. However, only 12.1% of women and 9.3% of men were working full-time alongside caring responsibilities and only 1.2% of women and 1% of men reported being in full-time employment at the same time as providing 50-plus hours care a week.

Carers aged 50-plus are at risk of not being in paid work when providing as little as 10 hours a week care (Pickard *et al* 2012). Among all carers, caring for someone in the same household reduces labour market participation by 15%; caring for 20-plus hours a week reduces labour market participation by up to 26%, regardless of where the caring takes place (Heitmueller 2007). A survey carried out for Carers UK in 2013 suggested that over 2 million people have given up work at some point to care for loved ones and 3 million have reduced their working hours (Carers UK 2016).

One 2011 survey found that of carers who had given up work or reduced their working hours to care, a fifth were £10,000 - £15,000 (EUR 13,134 - EUR 19,700) a year worse off and a further fifth were losing £15,000 - £20,000 (EUR 19,700 – EUR 26,268) a year. Many older working carers aged 55-64 are likely to lose at least £30,000 (EUR 39,400) a year (HM Government 2013).

2.1.2 Carers' cash benefits

The level of CA is very low. One small study found CA recipients supplemented the benefit with part-time earnings, rental income or other state benefits; or were financially dependent on wage-earning partners or the benefits paid to the person they cared for (DWP 2014).

CA was originally intended to replace earnings of carers who had given up work entirely and so had no other source of income; the eligibility criteria still reflect that objective. They therefore exclude carers who are in paid work but whose incomes are substantially reduced (but are nevertheless above the CA earnings threshold). Carers with opportunities for highly paid part-time and/or occasional work are also precluded from claiming. Some carers may forego opportunities to increase their working hours and earnings, in order to stay within the CA earnings limit. Others report being unable to do overtime because of the risk of exceeding the earnings limit (Arksey *et al* 2005; DWP 2014).

There are no figures on take-up of CA. However, there is likely to be considerable underclaiming, because the carer is not aware of CA or because the person being cared for does not receive Disability Living Allowance/Personal Independence Payment or Attendance Allowance (Arksey *et al* 2005; DWP 2014). Additionally, carers receiving other social security benefits (e.g. state retirement pension) may not consider it worth claiming CA, as overlapping benefits will be disregarded.

Currently, DLA recipients are being reassessed against the more stringent eligibility criteria for the new Personal Independence Payment; this will in turn make some carers ineligible for CA. Furthermore, it has recently been proposed that Attendance Allowance – a social security payment for older people needing care or supervision at home - should be scrapped and the budget allocated to local authorities to spend on social care services. This could also restrict the numbers of carers entitled to CA.

Although the benefit is very low and eligibility criteria are very restrictive, carers do have direct entitlement to CA in their own right. CA has high symbolic value, as recognition for the 'work' of caring and a source of independent income, to counteract the fact that many carers would otherwise be wholly financially dependent on others (DWP 2014).

2.1.3 Carers' benefits in kind

Although carers have had rights to assessments of their own needs, separate from those of the person receiving care, since 1996, these are not widely taken up. Most carers are not in touch with local authority social care services. In 2009-10 only 6% of carers in England reported being offered an assessment and 4% reported having had one (Princess Royal Trust for Carers and Crossroads Care, 2011); another study found many carers uncertain whether they had had an assessment or not (Seddon *et al* 2007). Moreover, English research shows that local authority practice in conducting carers' assessments is highly variable and poorly integrated with the assessment and allocation of services or PBs to disabled children, adults or older people (Brooks *et al* 2016). Carers who are known to their local authority are more likely than other carers to be older (especially over 75), female, providing care for 20 or more hours a week, from a non-White ethnic background, not in employment, suffering illness or disability themselves and caring for a very elderly person or an adult with mental illness or learning disability (Pickard *et al* 2015a).

Only a minority of carers receive statutory support. A UK-wide survey of carers found that 64% had never accessed any other support or services such as respite breaks or counselling (apart from family and friends). Six in ten (60%) of those who had been caring for more than five years had not had any additional support (Carers Trust 2012).

One-off cash payments are by far the most common form of support given to carers by local authorities; however, some local authorities offer no carer PBs and there are variations in the frequency of payments (Carers Trust 2012; Mitchell and Glendinning, forthcoming).

Moreover, since 2010, both NHS and local authority services have been severely affected by austerity-related measures, particularly in England. Total funding from central government to local authorities in England is expected to fall by 56% between 2015/16 and 2019/20, on top of a 37% reduction between 2010 and 2015. A cut of £0.5 billion in local authority funding is expected in 2015/16; an estimated 400,000 fewer adults will receive social care services in 2015/16 than 2009/10. Of those who are still eligible, many will receive less care. Access to publicly funded social care in England is now highly skewed, with eligibility restricted to only those with the highest needs; these will generally be people without family care.

Partly to replace this shortfall, from April 2016 local authorities will be allowed to raise local residential property taxes by an additional 2%; this will be ring-fenced and spent on social care. However, this raises significant concerns about the equitable distribution of funding for social care, given wide disparities between richer and poorer areas (Franklin 2015).

One consequence of these cuts is evidence of increased burdens falling on unpaid family care-givers. Across the UK, the provision of unpaid care has increased at a faster pace than population growth. Between 2001 and 2011, the total number of carers increased by 11%; the number of people providing 20-49 hours of care a week increased by 43%, with those caring for fifty or more hours per week growing by a third (Carers UK 2016). A survey of 4,500 family carers found 48% struggling to make ends meet financially; 82% reported caring had had a negative impact on their health; and three-quarters expressed concern about the impact of caring on their health in the future (Carers UK 2014b).

Large numbers of unpaid carers are themselves elderly; in 2014 20.5% of older people provided unpaid care - a total of 1.3 million across the UK. Older people often provide more intensive care than the population of unpaid carers as a whole: over a third of older carers care for 20+ hours a week and more than a quarter care for 50+ hours a week (Mortimer and Green 2015).

Furthermore, there is an inverse relationship between the incidence of informal care-giving and the levels of additional revenue likely to be generated by the new powers given to local authorities to increase residential property taxes specifically for social care. Because of variations in local authorities' tax base, the new powers are expected to generate significantly less money in those local authorities where there is a higher reliance on unpaid care (Franklin 2015).

2.2 Assessment of overall package of measures and interactions between measures

Over several decades, voluntary organisations representing carers, particularly Carers UK and Carers Trust (formerly Princess Royal Trust for Carers), have played major roles in highlighting the work of family carers and securing statutory recognition and support for them.

Carers Allowance (CA) is underpinned by the important principle that carers should have independent entitlement to an income maintenance benefit in their own right, rather than a 'routed wages' (Ungerson and Yeandle 2007) approach where payment is included in a care allowance paid to the person needing care. However CA is very low and cannot be received at the same time as other income maintenance social security benefits. Carers with no other income source are likely to be dependent on means-tested benefits, on other (earning) household members, or the person they are caring for, in order to achieve a minimum income.

Moreover, as a benefit originally designed to support non-working carers, CA eligibility rules create clear labour market disincentives that preclude combining care-giving with any more than minimal part-time or flexible work. These regulations, together with the absence of rights to paid leave for care-related reasons, make it very difficult to combine care-giving and employment, particularly when high levels of care-giving and full-time work are involved.

Although carers’ decisions to leave work may be affected by other considerations (their own health problems, their desire to provide the best care for their relative), losing contact altogether with the labour market will have consequences beyond the period of care-giving, including affecting carers’ future pension entitlements.

Social care services aim primarily to support carers in their care-giving role, rather than provide substitute formal services to enable carers to continue working. Indeed, disabled or older adults with significant informal care support are less likely to receive formal services (or PBs) in their own right. The increasingly severe pressures on local authority budgets are further decreasing the access of older and disabled people to social care services and the levels of support received by those who are assessed as eligible, and increasing pressures on family carers as a result. These budget pressures will also affect the ambitions of the 2014 Care and Support Act in relation to carers’ rights to assessments and services.

Local authorities have clear responsibilities for identifying carers, assessing their needs and providing support. Successive iterations of the English national Carers Strategy have maintained the visibility of carers to health and social care professionals and service providers. However, this recognition has not been accompanied by significant, ring-fenced investments of funding to develop a comprehensive range of services to support carers, or even to guarantee a fully-funded annual break from care-giving. Currently only a minority of carers in England are known to their local authority social services department and even fewer receive funding for a break or other support. Frequently the main source of help for carers comes from the information, advice and peer support provided by local voluntary organisations.

2.3 Policy recommendations

Improving work–life balance for carers requires co-ordinated measures across multiple policy domains. The labour market is much more flexible and dynamic than when CA was originally designed. Eligibility rules for the benefit need to change, so that carers can more easily maintain contact with the labour market while providing substantial amounts of care. In particular, better financial support is needed for those carers who remain in work but experience very heavy income losses (for example because of reducing from full- to part-time work), or who spend substantial sums on substitute care to enable them to work. For carers who have to give up work entirely, the level of CA needs raising to at least the same level as minimum means-tested income maintenance benefits. It is inappropriate for carers providing very substantial amounts of care to be financially dependent on others, especially the person for whom they are caring.

Carers’ work–life balance – and the opportunities for carers to remain in or return to paid work – could also be enhanced by increased support for older and working age disabled people themselves. Recent research indicates a positive association between the employment rates of more intensively involved (providing at least ten hours a week care) family carers in England and receipt of services by the person receiving care. Use by the care recipient of home help services, or a personal assistant funded through a PB, are positively associated with the employment rates of both men and women carers; care recipients’ use of day care and meals on wheels are positively associated with women carers’ employment (this may reflect the greater likelihood of women working part-time). On the other hand, respite care in a residential setting, which is likely to be used for only one or two weeks a year, is not associated with carers' employment, which requires regular support each week (Pickard *et al*. 2015b).

However, the current severe restrictions on UK local authority budgets are, unfortunately, likely to have the diametrically opposite effect, with fewer older and disabled people receiving publicly-funded support; those who do receive it getting less; and increasing pressures on family carers as a consequence. Over the past two decades, carers have received growing recognition and entitlements to assessments of their own needs, these need to be complemented by significant ring-fenced resources so that carers are guaranteed regular breaks and opportunities for wider social participation.

References

Arksey, H., Kemp, P., Glendinning, C., Kotchetkova, I. and Tozer, R. (2005) *Carers' Aspirations and Decisions Around Work and Retirement*, Department for Work and Pensions, London.

Brooks, J., Mitchell, W. and Glendinning, C. (2016) Personalisation, personal budgets and family carers. Whose assessment? Whose budget? *Journal of Social Work* on-line early access DOI 10.1177/14680173 16638554.

Carers Trust (2012) *Progressing personalisation: a Review of Personal Budgets and Direct Payments for Carers, London*, Carers Trust.

Carers UK (2014a) *Supporting Working Carers: A Guide to Requesting Flexible Working*, http://www.carersuk.org/help-and-advice/work-and-career/your-right-to-flexible-working. Downloaded 5th September 2014.

Carers UK (2014b) *Facts about Carers: Policy Briefing*, London, Carers UK.

Carers UK (2016) *Submission to the Budget January 2016* http://www.carersuk.org/for-professionals/policy/policy-library/carers-uk-budget-submission-2016 downloaded 5 February 2016

Department for Work and Pensions (2014) *Household Finances of Carers Allowance Recipients*, London: DWP.

Franklin, B. (2015) *The End of Formal Adult Social Care Funding: A provocation by the ILC-UK*, London Centre for Later Life Funding.

Glendinning, C. (1992) *The Costs of Informal Care: Looking inside the Household*, HMSO, London and Social Policy Research Unit, York.

Glendinning, C., Arksey, H., Jones, K., Moran, N., Netten, A. and Rabiee, P. (2009) *Individual Budgets Pilot Projects: Impact and outcomes for carers,* York, Social Policy Research Unit, University of York.

Heitmueller, A. (2007) The chicken or the egg? *Journal of Health Economics* 26 (3): 536-59.

HM Government (2013) Supporting Working Carers: the Benefits to Families, Business and the Economy,www.gov.uk/government/publications/supporting-working-carers-the-benefits-to-families-business-and-the-economy downloaded 4 February 2016.

HM Government (2014) *Carers Strategy: Second National Action Plan 2014 – 2016*, available from www.gov.uk/dh

Jones, K., Netten, A., Rabiee, P., Glendinning, C., Arksey, H. and Moran, N. (2014) Can individual budgets have an impact on carers and the caring role? *Ageing and Society*, 34 (1): 157-75.

Mortimer, J. and Green, M. (2015) *Briefing: The Health and Care of Older People in England 2015,* London, Age UK.
Mitchell, W. and Glendinning, C. (forthcoming) How Local Authorities in England Allocate Resources to Carers through Carer Grants/Personal Budgets, *Journal of Social Work*

Pickard, L. (2004) *The Effectiveness and Cost-effectiveness of Support and Services to Informal Carers of Older People*, London, Audit Commission.

Pickard, L. (2012) Substitution between formal and informal care: a 'natural experiment' in social policy in Britain between 1985 and 2000. *Ageing and Society*, 32 (7): 1147-1175.

Pickard, L., King, D., Knapp, M. (2015a) The ‘visibility’ of unpaid care in England, *Journal of Social Work* early on-line access DOI:10.1177/1468017315569645

Pickard, L., King, D., Brimblecombe, N., Knapp, M. (2015b) The effectiveness of paid services in supporting unpaid carers’ employment in England, *Journal of Social Policy* early on-line access DOI: 10.1017/S0047279415000069

Princess Royal Trust for carers and Crossroads Care (2011) *Supporting Carers: the Case for Change,* https://www.carers.org/sites/default/files/supporting_carers_the_case_for_change.pdf downloaded 21 August 2015

Seddon, D., Robinson, C., Reeves, C., Tommis, Y., Woods, B., & Russell, I. (2007). In their own right: translating the policy of carer assessment into practice. *British Journal of Social Work, 37 (8)*, 1335-1352.

Ungerson, C. and Yeandle, S. (2007) *Cash for Care in Developed Welfare States,* Macmillan Palgrove, Basingstoke.

Yeandle, S. And Wigfield, A. (eds) (2011a) *Training and Supporting Carers. The National Evaluation of the Caring with Confidence Programme,* CIRCLE, University of Leeds.

Yeandle, S. And Wigfield, A. (2011b) *New Approaches to Supporting Carers’ Health and Well-being: Evidence from the National Carers’ Strategy Demonstrator Sites programme,* CIRCLE, University of Leeds.