

The Treatment of Informal Care as a Social Risk in England

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Overview

Research Objectives

- To analyse the treatment of informal care by the English state
- Specifically focusing on the informal care of older people (65+)
- Undertake a comprehensive analysis of all care policies in England

Methodology

- Qualitative study using policy simulation techniques, interviews and document analysis
- Data collection period 2012-2013

Findings, recent reforms, recommendations

- To what extent is informal care treated as a social risk in England?
- What difference will the Care Act 2014 make?
- Policy recommendations for improving the statutory protection of carers

Literature

Feminist Literature

- Defines the concept of care;
- Including care as an activity; a relationship; and a burden
- Provides explanations for the treatment of care by capitalist society
- (Waerness, 1984; Qureshi and Walker, 1989; Ungerson, 1987, 1995; Tronto, 1993; Daly, 2001; Twigg, 2008; Barnes 2012)

Social Risk Literature

- Analyses how welfare states recognise and treat old and new social risks
- (Esping-Andersen, 1999, 2002; Hacker, 2004; Jenson, 2004; Taylor-Gooby, 2004; Kananen et al. 2006; Bonoli, 2005, 2007; Bonoli and Natali, 2012)

Care Policy Literature

- Undertakes cross national comparisons of care policies or focuses on analysing particular aspects of UK care policies
- (Twigg, 1989, 1992; Burau et al., 2007; Ungerson and Yeandle, 2007; Comas-Herrera et al., 2010; Glendinning et al., 2009; Fernandez and Snell, 2012)

Is Informal Care Recognised and Treated as a Social Risk?

Defining Social Risk

- Social risks are contingencies which;
 - can lead to **poverty** and/or **welfare loss**
 - are **universal** in nature, affecting significant numbers of people in a population
- States assume responsibility for protecting individuals against these contingencies through the provision of statutory support

Recognising Social Risks

- Informal carers can face care-related risks including;
 - Financial poverty
 - Time poverty
 - Welfare loss; injury/illness
- Scale of **population ageing** contributing to states implementing care policies to support older people and informal carers
- So states appear to be increasingly recognising informal care and long-term care as 'social risks'

The Research

To what extent are;

All risk-bearers

Adequately
protected

Against all care-
related risks?

Are carers treated
consistently across;

**Policies/
Eligibility criteria**

Localities

Practitioners

Methodology



Research Strategy

- Qualitative research methods and analysis

Research Design

- Case study with comparative elements

Research Methods

- Policy simulation technique
- Semi-structured interviews
- Document analysis

Model Care Relationship Matrix

- Policy simulation tool
- Influenced by the model family approach (Bradshaw et al. 1980; 1993; 1996; 2002; Eardley et al. 1996; Kilkey 2000)
- Designed to record;
- the types and levels of statutory support
- each care relationship type
- would be assessed to be entitled to receive across **all** policy mechanisms in the care policy system

Policy mechanisms

- **Cash benefits** for carers and care-receivers
- **Care services** for carers and care-receivers
- **Employment-related measures;**
- For carers in work
- For carers to return to work

13 vignettes

- Each containing a care relationship
 - informal carer + care-receiver
- Characteristics determined by empirical data on informal carers in England and eligibility criteria

Data Collection (2012-2013)

National Level

Benefits

DWP Managers
and TS advisor

Employment

Third Sector
Manager

Locality Level (2 localities)

Local Authority

Social work
practitioners and
managers
Third sector
managers

Jobcentre Plus

JCP practitioners
and
District managers

Interviews

- ▶ Government documents;
 - Legislation
 - Regulations
 - Policy documents
 - Government websites
 - Benefit claim forms
 - Carer Strategies (1999; 2008; 2010)
- ▶ Welfare rights handbooks and databases

Secondary data

Key Findings

**Inconsistent
recognition,
treatment,
protection,
of different
types of carers**

**Marginalised
position of
carers
in policy
system**

**Complex,
fragmented,
adversarial,
policy system**

Key Findings: Part 1

Inconsistent recognition, treatment and protection of carers on account of ;

Their characteristics

Where they live

Which practitioner assesses them

Partially Protected Carers: Full-time carers

Findings

- Non-employed carers providing 35+ hours of care per week are recognised and offered protection but;
 - Carer's Allowance rate (£58.45 per week) is inadequate
 - The level of care support these eligible carers can access is often inadequate

Examples of inadequacy

- Low income carers are expected to live on a benefit income of £103.60 per wk. JRF's Minimum Income Standard recommends £240.89 per wk for single people
- LA1: maximum sitting service 70 hours per annum
 - *'its not even 2 hours a week....unless you kind of use it every fortnight....But you know that's a break a fortnight it's not much is it'* (Social work practitioner)

Unrecognised and Unprotected Carers: Part-time (non-employed) carers

Findings

- Treated as **unemployed workers** rather than part-time carers
- **Benefits:** Only entitled to Jobseeker's Allowance
- **JCP:** Carers granted minimal concessions when seeking work
- Benefit sanctions apply if not making enough effort to access work
- **Care services:**
 - Local authorities have a duty to offer a carer's assessment if providing 'a substantial amount of care on a regular basis'
 - Not all 'part-time carers' deemed eligible to access support

Quotes

- *'I do have certain worries that they might be between a rock and a hard place'* (JCP practitioner)

Recognised and Unprotected Carers:

Employed carers

Findings

- **Benefits:**
 - Carer's Allowance is an income replacement benefit but carers earning £100+pw or caring <35 hours exempt
 - Working Tax Credits treat carers as **low income workers**
- **Care services:**
 - Local authorities have a duty to **consider** the impact of caring on employment but support levels inadequate
- **Employment legislation** inadequate:
 - No statutory rights to paid or planned care leave
 - Flexible working rights are 'empty' rights

Quotes

- *'I mean the carer's assessment should take into account a person's desire to work but they are not going to set up daily care so you can go out to work'* (Third sector manager LA1)

Inconsistent Treatment: Across Localities

Carers treated differently on account of where they live and work due to variations across;

Employer's
employment
support policies

JCP support

Care services
support

Which local authority carers live in can affect;

- Access to carer's assessment
- Eligibility thresholds for accessing support
- Statutory support charges;
 - carer services may be; free;
 - fixed charges (£5 per hour);
 - full cost for self-funders (e.g. £14 per hour)
- Service categorisation varies;
 - sitting services in LA1 are free carer's services
 - But are chargeable care-receiver's services in LA2

Inconsistent treatment of carers across different practitioners due to;

Applying different interpretations to the statutory regulations

'...substantial care is if the carer is living with the person and providing 24 hour care.'

'...10 minutes a day could be regular and substantial to someone who's got...other commitments...'

Their personal attributes and experiences

'Because I am experiencing it myself...I understand...the strain that it puts you under...I'm probably more likely to offer someone a carer's assessment than some of my colleagues'
(Social worker)

The effort practitioners make to advocate for care relationships in resource allocation negotiations

'its...a case of getting the right social worker who is prepared to argue it through the panel'

(Third sector manager)

Key Findings: Part 2

Marginalised position of carers on account of;

Derived rights

Weak rights

Statutory support designed for other groups

Poor Quality Rights

Derived rights

- Carers' rights to support often **contingent** upon the care-receiver's entitlements
- Access to '**carer**' **benefits** (including Carer's Allowance, Carer's Credit, Income Support, council tax exemption) dependent on care-receiver receiving Attendance Allowance (disability benefit)
- Access to **carer's assessment** requires care-receiver to be considered eligible to receive a community care assessment

Weak rights

- No automatic entitlement to **flexible working**: employers retain control over granting or rejecting the request
- **Local authorities** have a power (optional) not a duty to provide care services to meet carers' eligible needs

Peripheral Position of Carers: Employment Support

JCP support for unemployed workers

- **‘Work Preparation Support programme for carers’;**
- is a portal to the generic support available for all jobseekers
- Employability training course in L2 *‘...the hours that they are expected to be at that opportunity is not very compatible for carers so it can be tricky for them to access that sort of thing.’*
(JCP practitioner)

Employment support for employed workers

- **Right to take time off in an emergency:** does not meet carers’ needs for planned care leave (e.g. to attend medical appointments with the care-receiver)
- **Right to request flexible working** extended to **all** employees
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Peripheral Position of Carers: Care Services

Focus on the care-receiver

- **During the assessment:** *'The social worker...should go out and look at the whole household...but they look at the cared for person...and put services in without even considering the carers if they want to'* (Third sector assessor LA2)
- **At a strategic level:** *'Carers...because they're not the person who is being looked after, I think people tend to see them in second place...people tend to see it as something nice to do rather than essential'* (Strategic Local Authority Manager LA2)

Carer support seen as optional

- **Weakness of legislation** underpinning the provision of carer services
- **Ring-fencing of Carers Grant** specifically used by local authorities to invest in carer services removed in 2003
- Carer's services susceptible to **budget cuts** *'Carers can be a fairly soft option...it's one of those things that they can trim back'* (TSML1)

Weakness of National Carer Strategies

Carer Strategies (1999; 2008; 2010)

- Recognise the risks experienced by carers and acknowledge that the state needs to do more to support carers
- Occupy a peripheral and weak position within the overarching policy system;
- Contain no legal or compulsory requirements;
- Government departments and local authorities are free to determine whether or not to implement the strategy recommendations to improve support for carers

Quotes

- Described as having 'no teeth' (Third sector representative)
- *'A strategy is only that, it is a strategy, how it is followed up within other organisations is very much for them', '...it is for each department to take forward its policy', 'it's for others to pick that up and run with it locally'* (National Government representative)

Key Findings: Part 3

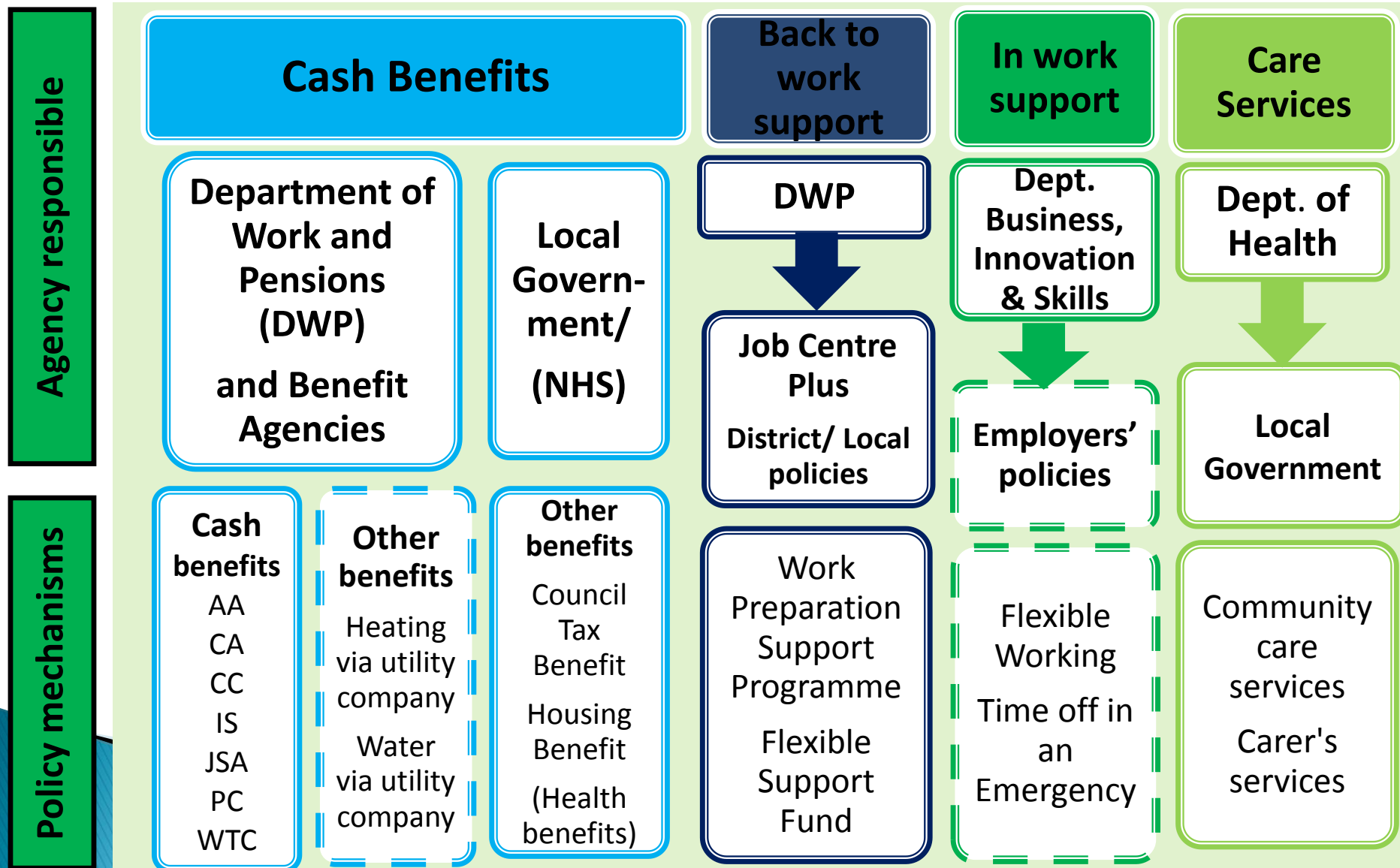
Complex, fragmented and adversarial policy system;

Undermines access to support

Requires energy and time to navigate

Produces risks

Fragmented Policy System



Adversarial Care Policy System: Produces Risks

Lack of Trust

- No automatic entitlement: need to prove you are a carer

Inadequacy of state funding

- Practitioners 'battle' 'fight' 'argue' with managers within resource allocation negotiations

Austerity measures making this worse

- *'I mean they are expecting families to be carers and not all families want to be. Its budget cuts, that's all it is, its budgetary'*
- *'....At one time you could ask for 30 minutes for a lunch call....Now they are cutting it down to 15 minutes. You have to plead to get meal preparation' (Social work practitioners in LA1)*
- *'....If people are saying I can't do it anymore, it might be OK is that all the week, is that part of the week, are you still able to carry on doing weekends' (Resource Allocation Manager LA1).*

Policy Reform

Care Act 2014

- ▶ Will strengthen the rights of carers in the **care services domain**
 - Lowers the threshold for an assessment of need
 - Local authorities have a duty to provide support to eligible carers
- ▶ Will not resolve the fundamental deficiencies of the overarching system

Recent Reforms

To treat informal care as a social risk requires:

Lower thresholds & greater parity across all eligibility criteria

Greater equivalency of support across localities

All benefits and support to be adequately funded

Support to address and protect carers' specific needs

Policy Recommendations