

UNIVERSITY OF  
BIRMINGHAM



one  
year  
on

**Lessons Learned, Next Steps**

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# Acknowledgements

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Carers Trust would like to thank:

- Pears Foundation, whose funding supported this work.
- University of Birmingham, for being a partner in this report, and for support with the Birmingham evidence day.
- NHS England, for support with the Leeds evidence day.
- Olswang LLP, for support with the London evidence day.
- Carers Trust Policy Group, for support with shaping the work.
- Everyone who responded to the survey, including Carers Trust Network Partners and carers. Everyone who came to give oral evidence at our Evidence Days (for full list please see <https://carers.org/care-act-carers-one-year-commission>).
- Rt Hon Prof Paul Burstow, the Commissioners and Advisers for their expertise and time.

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Published by  
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# Contents

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Foreword	2
Executive summary and key recommendations	4
Introduction	6
What has gone well?	8
What needs to improve?	11
Recommendations	22
A last word: the Care Act in 2018	25

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# Foreword

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Have carers noticed any difference since the Care Act (2014) came in? That is the question this report tries to answer. The answer? Not yet.

Carers provide the bulk of care in our country. Three in five of us will become carers at some point in our lives. Without carers our NHS and social services would be overwhelmed. But many carers pay a heavy price for their caring role in both their health and their wealth.

We were told by many of those who contributed to our work that the Care Act is an important piece of social reform but its potential is far from being realised. The Care Act puts carers on an equal footing with those who have care needs. This parity in law is new, some even say revolutionary. Councils have a duty to promote the wellbeing of carers and to prevent burn out and crisis.

What we found is a mixed picture. There are beacons of good practice, but there is plenty of darkness too. For many of the carers who responded to Carers Trust call for evidence the response was stark, no, the Act had made no difference. Indeed, for many it was news to them that there were new rights.

Some told us that it was too early to review the impact of the Act. We disagree. This was never going to be a full-blown evaluation but it is a first snapshot, a baseline, that can be used to measure progress. It also offers the opportunity to provide encouragement and warnings about the ongoing implementation of the legislation.

We heard during the course of our evidence gathering that the 1948 National Assistance Act, which the Care Act replaced, took almost a decade to become embedded and supplant the Poor Law mind-set of many charged with its implementation.

The same can be said today about the Care Act. More work is needed to impress upon those responsible for the day-to-day implementation of the Act that business as usual is not good enough. The Care Act raises the bar. It expects decision-makers to look at the wellbeing of the carer and where necessary take a whole family approach.

We found evidence that when it comes to assessment the law is either poorly understood or ignored. Too often it appears that carers are fobbed off with a one-off payment as if that discharges the obligation to promote their wellbeing.

We remain optimistic about the transformative potential of the Care Act. This report should be essential reading for Directors of Adult and Children's Services, and Directors of Public Health. It has messages for the NHS too. Above all it is about making improvements for carers themselves.

I am grateful to my fellow Commissioners, advisers, Laura Bennett and the team at Carers Trust for their wisdom and hard work.

**Rt Hon Prof Paul Burstow**

Minister of Care and Support 2010–2012



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# Executive summary and key recommendations

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The Care Act has been widely welcomed. Implementation of the Act however, is far from complete. 69% of carers responding to our survey noticed no difference since its introduction and many expressed frustration and anger at the lack of support they received in their caring role.

Our survey of carers found that too many carers were unaware of their rights. 65% of carers who responded to our survey had not received assessments under the new Care Act. Our survey made some carers aware of their rights for the first time.

The quality of Care Act Assessments is cause for concern. 34% of carers responding to our survey felt that their carers' assessment was not helpful.

The Care Act and the accompanying statutory guidance make clear that carers' eligibility for support is independent of the person they care for. We found evidence however, to suggest that practitioners are not always clear on this point.

It appears that not all local authorities are complying with the letter of the law in the way they assess and respond to carers' needs. We recommend further study in relation to this.

Many carers continue to find engagement with health services problematic for them and the person they care for, yet there are many opportunities for the NHS to support carers, particularly with identification. The new NHS England Carers Toolkit<sup>1</sup> is welcome in this regard.

There was little evidence that the Act's market-shaping duty has benefited carers and promoted innovation. Local authorities could do more to develop their offer to carers.

The Act introduced a transition planning duty for young carers and parent carers. Some local authorities have adopted a narrow interpretation of this duty, limiting it to those with care needs, to the exclusion of carers with support needs.

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<sup>1</sup> <https://www.england.nhs.uk/ourwork/pe/commitment-to-carers/carers-toolkit/>

There is still good reason to be optimistic about the transformative potential of the Care Act. Implementation support is still required however, and further study and evaluation should be put in place.

## Key recommendations

- We recommend that national and local Government, together with the NHS, urgently invest in the support needed to ensure that the new legal rights for carers are fully introduced in all areas, so that carers receive the assessment, support and breaks they need to be able to choose how and when they care.
- We believe it is essential that local authorities ensure that all social workers and assessors are appropriately trained, and are able to reflect the wellbeing principle in assessment and care and support planning.
- Local authorities, with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS), should review their systems for monitoring progress in implementing the Act. The Short- and Long-Term (SALT) return should be reviewed, so that it captures all assessment and support activity for carers, including prevention.

For our full recommendations please see page 22.

Methodology and evidence may be found at <https://carers.org/care-act-carers-one-year-commission>, which includes details of the written survey and oral evidence days.

68% of all respondents to the survey said things have not changed under the Care Act.



It is the only time in the year when I am asked about me ... Having that opportunity and someone who understands, without me explaining has meant something. ”

**Carer**

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# Introduction

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Carers Trust reached more than 471,000 carers in 2014/15. On behalf of carers and our partners we welcomed the new Care Act, which gave carers important new and consolidated rights. We were supportive of the need for social care reform before the Care Act came into being. During the Care Act's passage through Parliament, Carers Trust worked closely with Parliamentarians to campaign for changes to the then Care Bill, and worked to influence the initial drafts of the Care Act regulations and guidance, along with fellow members of the Care and Support Alliance.

Throughout this process there have been concerns about whether these new rights will have the impact on the ground that is hoped for – especially given a climate of cutbacks in local authority budgets. As the Act places carers' rights on an equal footing with those of the person they care for, it is important that progress for carers is not lost in implementation.

This is why we asked the former Minister of State for Care and Support, Rt Hon Prof Paul Burstow, to chair a review Commission to find out how the Care Act was working for carers, one year after implementation. As Minister, Paul was responsible for preparing the draft Bill. Then as a backbench MP, Paul chaired the cross-party Joint Committee on the draft Care and Support Bill,<sup>2</sup> in which MPs and Peers conducted pre-legislative scrutiny of the draft Bill. Paul was an active member of the Public Bill Committee.

We encourage local authorities to adopt the learning in this report, so that they can realise the full benefits of the Care Act for carers locally. Despite the challenges of the current environment we know many local authorities share our vision of a world where the role of **unpaid carers** is recognised. We hope this report will help them make this a reality.

## **Gail Scott-Spicer**

CEO Carers Trust, and Panel member of the Commission

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<sup>2</sup> <http://www.parliament.uk/business/committees/committees-a-z/joint-select/draft-care-and-support-bill/>



## **The Commission members, and Terms of Reference**

Details of the Commission Panel members and advisers, and Terms of Reference may be found at <https://carers.org/care-act-carers-one-year-commission>. The Care Act applies to England.

## **The Care Act, its history, and carers**

More detail about the Care Act, its history, and how it applies to carers may be found at <https://carers.org/care-act-carers-one-year-commission>.

The Act itself was described positively in oral evidence, Professor Luke Clements, Cerebra Professor of Law and Social Justice, Leeds University, described the Act as offering “dramatically” better rights after “25 years of indifference to carers”. Dame Philippa Russell DBE, multiple carer, former Chair of the Standing Commission on Carers, Vice-President of Carers UK, described the Act as “monumental”.

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# What has gone well?

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It was encouraging to hear where things are starting to be in well, from carers, third sector, local authorities, and health and care professionals. In answer to the question, “Have things changed under the Care Act?”, 21% of all respondents answering this question said “Yes” (125 carers and three third sector respondents).

## Identifying carers and assessment

Perhaps not surprisingly at this stage the Commission heard more about what was not working well than what was. Nonetheless, it was encouraging to hear carers give examples of how the new act had made a difference to their lives.

Carers’ comments indicated that they felt valued and that for the first time someone was interested in them and how they were coping.



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I have just had an assessment done. I have been my son’s carer for the last 27 years unpaid and at this assessment I was asked about my needs. This has never happened before. ”

**Carer**

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Knowing I have the right to be asked if I am ‘willing and able to continue caring,’ has stopped the crucifying assumption I have a duty to care until I drop. ”

**Carer**

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It is the only time in the year when I am asked about me. That in itself validates the process in my eyes. We discuss me, how I am coping and what’s available. All our other contact with healthcare professionals centres around my husband. Having that opportunity and someone who understands without me explaining has meant something. ”

**Carer**

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For some carers, assessment is working reasonably well. Data from the survey on carers' experiences of assessment shows that:

- 31% of carers (227 carers) told us that they had had an assessment, of which the quality of assessments was largely good.
- 74% of these were face-to-face assessments.
- 52% of these carers felt that the assessor was “Knowledgeable”.
- 26% had received a letter and a support plan after the assessment.
- 34% found their assessment helpful.

In general, carers also reported that they were signposted to other services, and told where they could access carers breaks. Some also felt that the increased awareness meant that they felt less isolated. This awareness is echoed in our oral evidence sessions, Cllr Izzi Seccombe, Chair of Community Wellbeing Portfolio, LGA, told us during oral evidence that: “Without unpaid carers, the whole system would fail”.

Third sector organisations report that they are doing what they can to make assessments as personal as they can. For example, Carers Support Wiltshire reported good practice in the triaging of carers into different support services, depending on their level of need. It also felt the local council had involved it well in planning.

Councils generally felt positive about progress, 50% (12 councils) felt that things were better under the Care Act: they reported that the process has been embedded well, that assessments are now more thorough, and that assessors now have to follow the guidance provided by the Care Act.

Pete Fahy, Director of Adult Services, Coventry City Council, told us: “The Care Act gave further confidence to our practitioners. This has meant that staff are able to tell carers they have a legal right to an assessment ... We worked with local Carers Trust to provide carers' assessments. They can do it in a way that supports individual needs.”

Our Good practice box (see appendix <https://carers.org/care-act-carers-one-year-commission>) has details of practice from Birmingham, Coventry, Essex, Hampshire, Leeds and Wigan.

## Local authorities and the NHS

During the course of this review, NHS England – and partners – launched a Carers Toolkit<sup>3</sup> to help health and social care organisations work together in identifying, assessing and supporting the wellbeing of carers and their families.

The Care Act statutory guidance says that local authorities and the NHS have a duty to cooperate. Jen Kenward, Experience of Care Lead – Community, Primary and Integrated Care, Nursing Directorate, NHS England, told us in oral evidence that: “There isn’t a legislative duty in there for the NHS which makes it hard to encourage commissioners to understand their role. What it has done is build our partnership approach in terms of how we deliver on our own commitments. These partnerships have been fundamental in driving that work and making sure it is sustained. The Care Act has really helped to promote the profile of carers.” In written evidence, nearly all councils who responded said that commissioning was now joined up.

In Leeds we heard from Shona McFarlane, Chief Officer, Access and Care Delivery at Leeds Council, and also representing ADASS. Shona told us that their Health and Wellbeing Boards have made a real commitment to carers. Support for carers is part of the local performance dashboard, and carers are written into the Joint Health and Wellbeing Board strategy – launched in April 2015. We felt that the nature of Ian Brooke-Mawson’s post (Strategic Commissioning Manager (Carers), Leeds City Council and NHS Leeds CCGs) sitting across the local authority and CCGs, and the fact that both organisations attended with Carers Leeds, is in itself evidence of good joint working, with strong local relationships.

## Information and advice

It was not clear from our survey responses whether carers had been receiving information and advice as part of the information duty under the Care Act. Respondee reported seeing posters and leaflets about carers in GP practices, introduced since the introduction of the Care Act. A number of councils responding in written evidence had used the opportunity of the Care Act to refresh the information and advice they had available.

Carers Leeds told us (and provided data) that the amount of information and advice they provide had doubled since the introduction of the Care Act, personalised to each carer.

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<sup>3</sup> <https://www.england.nhs.uk/ourwork/pe/commitment-to-carers/carers-toolkit/>

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# What needs to improve?

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The Commission heard many examples of where the Care Act was not working properly for carers. In answer to the question, “Have things changed under the Care Act?”, 68% of all respondents overall answering this question said “No”, the largest group of which was made up of carers (421).

## Identifying and reaching out to carers

The Commission heard from a large group of carers who had not received assessment or support under the Care Act and who were not even aware that these rights existed. We heard a lot of anger and resignation.



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I have no idea, I know for me nothing has changed. I am doing the same exhausting job of caring for my son as I always have. ”

**Carer**

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I continue to have zero personal support after a mental breakdown. ”

**Carer**

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Sorry, this is the first time I have heard of this one . . . To be honest, this survey, found by chance on social media, has been the most enlightening experience re caring in the whole year! ”

**Carer**

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Local authorities and carers groups need to **keep reaching out to make carers aware of their rights and how they can realise them; this will include helping them to understand that they are carers in the first instance.**

Identification of carers is difficult: carers do not necessarily self-identify as a carer, for reasons that we do not always understand. Just under 10% of respondents to the survey identified as “Other”, although for many, the detail they gave clearly indicated they would meet a definition of a carer. Philippa Russell told us: “So many carers do not see themselves as carers. People very often find the term carer negative and off-putting.” Peter Hay, Strategic Director for People, Birmingham City Council, told us that: “... parents caring for disabled children still see themselves as parents, not carers. It is a constant endeavour to make the mental shift. **It is not just about how the state defines you but also how you define yourself.**” Neil Tester, Director of Policy and Communications, Healthwatch England, told us that a substantial number of people are not aware of the Care Act. One in ten local Healthwatch organisations had recently undertaken specific carers projects.

It is also worth noting that there is still widespread confusion with care workers, with many people both in and outside the health and social care sectors *mistakenly* calling paid care workers, carers.

Lina Patel MBE, in her capacity as former Chair of the now disbanded Black Carers and Carers Workers Network, told us that some black, Asian and minority ethnic (BAME) carers may not identify with the term. The translation for the word carer does not exist in the Asian languages, therefore the concept does not exist, so it may be hard for a carer to try to explain to the person they support why they need support in their own right as a carer. We also heard from Lina that some future generations of BAME carers will not choose to, or be able to, care in the same way that their culture may expect them to. We know that some family members or communities may put pressure on a carer to care, rather than seek support with the caring. We must be wary of saying that carers get support from their community – support may not necessarily be available from a carer’s community.



## Assessment

Carers' assessments are not yet working properly under the Care Act. The survey on carers' experiences of assessment shows that:



**65%**  
of carers had **not had assessments.**



**4%**  
**did not know** if they'd had one or not.



**23%**  
of the carers who had had an assessment felt that **their assessor was "Not knowledgeable".**



**26%**  
felt that they were **"Partly knowledgeable".**



**37%**  
had **not received a letter or a support plan** after assessment.



**34%**  
felt the assessment was **"Not helpful".**



**31%**  
felt it **"Partly helpful".**



**69%**  
of parent carers had **not been offered an assessment.**



The shortest time a carer reported waiting for an assessment was one day; **the average wait reported was eight weeks.**

Carers UK's State of Caring report showed that one in three carers were waiting six months or more for an assessment.<sup>4</sup> In some cases, a wait for an assessment may not be problematic, and in some cases this may cause difficulty.

<sup>4</sup> <https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2016>

We heard that carers organisations in a number of localities are able to assess and recommend one-off carer support payments funded by the local authority to meet carers' needs. This is not devolved responsibility for assessment per se.

We found awareness of carers' right to assessment and support planning to be patchy. Practitioners are not always clear that carers' eligibility is not dependent on the person with care needs' eligibility. The Care Act and statutory guidance make it clear that carers can be eligible for support in their own right, and eligibility should be determined without considering whether the adult supported by the carer has eligible needs.

## Services

For carers who had been offered a service after assessment, many services were not accessible, or appeared to be 'supply-led' rather than 'needs-led':



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Although the services are offered, I am unable to access most of them. Due to work commitments and lack of care provision for my daughter who I care for. ”

**Carer**

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I listed the areas of greatest difficulty to me and my family. I identified goals. My son requires constant supervision. I asked for the following. 1. Someone to sit with my son whilst I do homework in the evening with my other children. 2. Someone to sit with my son whilst I take my son and daughter to a 30-minute swimming lesson (my disabled son is allergic to chlorine and cannot sit and watch a lesson for 30 minutes) 3. Someone to sit with my son whilst I pick my other children up from Beavers, drama etc (my son cannot stand and wait for them to finish. He throws his shoes, lies on the floor) 4. To go out once a month for a few hours with my husband. (We have not been out together for approx six years). I was told by the social worker based in [...] that these were not services that social services offered. I was offered respite instead, which I still haven't heard any more about. Respite will be helpful, but not my greatest priority.” ”

**Carer**

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In both these examples of assessments it seems likely that neither the spirit nor the legal requirements of the Care Act and associated regulations were being followed, including the whole family approach. Assessments must have regard to the carer's wellbeing and the outcomes they wish to achieve, including the impact of caring on the carer's desire and ability to undertake paid employment and partake in recreational activities. Services were offered in both examples, but they were a far cry from a whole person-centred and relevant response.

Many carers felt that assessors wanted to find them ineligible for support.



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The assessors seemed intent on making sure I didn't have enough points to qualify for help, then when they realised I was critically in need of help they couldn't decide what department should deal with it. Mental health disability or learning difficulty. So no help provided. It seemed they was aiming to make sure they couldn't provide help. ”

**Carer**

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Availability of services felt especially problematic with carers breaks, for example:



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Any respite care for me has to be self-funded as everything is means tested. To employ a [care worker] for a few days' residential work costs around £200 per day. Then the holiday has to be paid for. ”

**Carer**

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## Market-shaping and charging

Market-shaping for carers services appears to be in state of flux. Widespread tendering of carers services – while a legitimate market-shaping tool – appears to be generating uncertainty and insecurity amongst providers and their carers.

Some councils are seeking new models of delivery, such as devolving delivery of carers' assessments and eligibility criteria decision-making to local carers services. It was not always clear how local authorities were taking on board the input from carers services, particularly where the service's advice was that eligibility criteria had been met.

Too often, carers and third sector organisations reported that councils only offered support to carers if they had a service available to meet the carer’s needs. If not then the carer was found to be ineligible, rather than looking for other services.

We found little evidence that the market-shaping duty had been engaged to the benefit of carers. By engaging the duty fully, local authorities would have the opportunity to offer carers more personalised support.

Emily Holzhausen OBE, Director of Policy and Public Affairs, Carers UK, told us that: **“If you are serious about prevention, you don’t charge carers”**. The Commission heard that 7% of carers were being charged for their services. This had led to “increased pressure” for 31% of these carers. Statutory guidance makes clear that charging carers is a false economy in many cases. The Act makes clear that a carer must not be charged for support for the person they care for, such as replacement care to give the carer a break, as this is regarded as a service to the latter.

In relation to the nature of charging, Philippa Russell asked: “Is there anything to charge for? Providers are pulling out of the market because funding has dropped off and options for carers are limited.” We also heard in written evidence that even when state funding is given local decisions about the way the money can be spent is not being applied in a seemingly logical way. One-off payments do not relieve the local authority of the duty to assess need.



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Got told that I’d qualified for £350 of funding but because ‘I needed a break’ they could only give me £150 holiday voucher, it’s ridiculous. ”

### Carer

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There needs to be a greater clarity of process regarding means testing and charging, and how they apply to carers and people with care needs.

## Funding

A consistent message from both our oral evidence sessions and in written evidence was the chronic funding pressures local authorities are facing. The Act was failing to realise its potential for want of sufficient funds to support the new ways of working embodied in the wellbeing principle and instead practitioners were defaulting to operating as if the National Assistance Act still applied.

LGA representatives told the Commission that Better Care Fund money needed to be brought forward for social care to support implementation of the Care Act. Cllr Izzi Seccombe, representing the LGA, said: “Councils have had to deal with a £5 billion funding gap since the 2010 Spending Review. They have been successful in doing so but only by making savings and services worth £2.5 billion from within adult social care (with a similar amount made from other council services beyond what would have been projected). The Care Act therefore came into force on unstable foundations. The 2015 Spending Review (government spending plans to 2019/20) and the 2016/17 Local Government Finance Settlement (total, confirmed local government funding for 2016/17) set out a scenario in which the amount available in 2019/20 will be broadly similar to what it is today. However, new responsibilities – such as inflation, demography, and the National Living Wage – will create significant cost pressures that will have to be offset by equally significant further savings. It is inevitable that adult social care will have to contribute its share of savings to this process, which will impact further on services.”

Turning to the precept and councils’ confidence to implement their duties, Sarah Mitchell, Director of Social Care Improvement, LGA said: “144 out of 152 councils have used the social care council tax precept, raising an additional £382 million for social care and support. The worry is that this is not sufficient to deal with the multitude of pressures councils are facing. For some councils, the additional funding raised by the precept is not enough to cover the full cost of the National Living Wage, let alone all other pressures. For many others the National Living Wage will swallow up the bulk of the precept, again leaving numerous other pressures exposed. That is why we are calling for £700 million of the additional money for social care via the Better Care Fund (ie the proportion of the £1.5 billion by 2019/20 that is not dependent on savings) to be brought forward to help deal with immediate funding challenges.”

Philippa Russell put it this way: “We need to refuel the Act”.

## Local authorities and the NHS

Carers responding in written evidence were clear that carers’ experience of the NHS and social care remained problematic, particularly the lack of a joined up approach. Carers gave the example that if they have told their GP that they are a carer they expect that something is then done about that and that others become aware of it. The NHS is well placed to identify carers particularly when carers accompany the person with care needs to an appointment.

Andrea Sutcliffe, Chief Inspector of Adult Social Care, CQC, told us that regulation could be used to drive up quality: “The way services support carers is a feature that CQC has to see, in order to give them a Good or Outstanding rating. CQC asks services how they interact with carers, families, and friends of people with care needs”.



Jen Kenward, NHS England, also told us that the GP Patient Survey data could be better used to support commissioning, it has a good response rate, and asks people if they are carers.

Sarah Mitchell, LGA, told us that sharing of health and social care information, identifying carers, is an area that needs to improve. This echoes what carers told us – and have said for years – about having to tell their story over and over.

The Commission welcomed the leadership that NHS England is showing through its Commitment to Carers and the recent Carers Toolkit.<sup>5</sup> However, we were told by some of our witnesses that NHS and care provider organisations could be engaged more to identify and support carers (care homes can play a part in recognising and supporting carers coming to terms with the transition from home to care home; home care workers can play a part in identifying existing carers who need additional support when their needs change or fluctuate).

## Advocacy

We heard little in written or oral evidence about advocacy. Services which councils had commissioned from the third sector seem to be limited to providing services to other groups for example, for people with dementia, or people with a learning disability. The third sector seemed to be providing some advocacy – both formal, as well as signposting carers through the system, but in many cases without having been commissioned to do so by the authority.

## Parent carers

Only 13% of parent carers in our survey had been offered an assessment. Mary Busk, herself a parent carer, and on behalf of the National Network of Parent Carer Forums, told us of the difficulties many parents had, particularly in staying in work, due to the lack of specialised childcare, for example: “Carers having to give up work is such an issue – particularly as there will rarely be childcare in place for children with severe difficulties.” She also told us about the difficulties of essentially, being her child’s advocate, and having to navigate a complex health system.

## Young carers

We heard from small numbers of young carers in written evidence (one carer under 15, and twelve carers aged 16–24). In terms of how well organisations believed the young carers’ assessments were being provided, six local authorities were positive, one negative, and three neutral. Of the third sector, two were positive, 11 negative, and six neutral. Three health and care professionals were neutral.

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<sup>5</sup> <https://www.england.nhs.uk/ourwork/pe/commitment-to-carers/> and <https://www.england.nhs.uk/ourwork/pe/commitment-to-carers/carers-toolkit/>

Carers Trust's young carers team told the panel in written evidence of its concern that not enough young adult carers and young carers knew about their right to a transition assessment, despite the Carers Trust 2015 publication about young carers' rights,<sup>6</sup> of which 5,000 copies had been distributed. In particular, the team was concerned of low awareness of local authorities' duties to use a whole family approach and to support young carers to consider higher education. The Commission heard that the majority of local authorities responding to the Making a Step Change project had not created transition assessment tools.<sup>7</sup>

The joint ADASS and The Association of Directors of Children's Services (ADCS) Memorandum of Understanding, No Wrong Doors,<sup>8</sup> between children's and adult services is a useful tool that councils may wish to use to help them understand at all levels how best to work together to support young carers and their families.

Carers Trust has developed two toolkits<sup>9</sup> for staff at further and higher education institutions to support young adult carers, and resources for schools to support young carers.<sup>10</sup>

## Transition

Despite probing, the Commission received very little evidence about the effectiveness of transition assessment arrangements for young carers or for parent carers. The lack of information seems telling in itself and suggests that there is an urgent need to ensure that the requirements of this aspect of the Act are understood by local authorities and service providers, and that transition assessments and support are implemented effectively. The Commission noted that even the term 'transition' was frequently misunderstood in oral evidence.

Work must continue to implement the Children and Families Act, alongside the Care Act, so that young carers and parent carers are properly supported. We found some confusion about the transition planning duty that the Act introduces on local authorities. Some appeared to have narrowed the scope of the duty in practice to those with care needs and excluded carers with support needs.

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<sup>6</sup> <https://carers.org/news-item/new-guide-aims-ensure-young-carers-and-young-adult-carers-know-their-rights>

<sup>7</sup> Carers Trust and The Children's Society delivered a one-year Department for Education funded project until 31 March 2016, to support effective implementation of the duties required under the Care Act 2014 and the Children and Families Act 2014 with regard to young carers and their families. See <https://makingastepchange.info/>.

<sup>8</sup> [http://www.local.gov.uk/media-releases/-/journal\\_content/56/10180/7221190/ARTICLE](http://www.local.gov.uk/media-releases/-/journal_content/56/10180/7221190/ARTICLE)

<sup>9</sup> <https://professionals.carers.org/collegetoolkit> and <https://professionals.carers.org/unitoolkit>

<sup>10</sup> <https://professionals.carers.org/stepbystep>

## Prevention

Councils acknowledged that they were unsure what they needed to do to meet their prevention duties. Carers generally did not feel they had noticed a difference. Individual social workers who responded (albeit in small numbers) also acknowledged that this was a difficult area for them. This echoes Carers Trust's earlier research into the prevention duty, which showed that just 17 (13%) of the 132 local authorities contacted by Carers Trust stated that they are working to identify carers.<sup>11</sup>

The Commission wondered if, when it came to these new duties under the Act, local authorities are defaulting back to what they did in the past, rather than embedding these new duties and powers. This is perhaps unsurprising, and indicates that this must act as a spur to progress.

Alan Lotinga, Birmingham City Council, told us of the work they had done on training (see Good practice box). The Commission felt that this was an area that professional bodies should embed and keep on reviewing. Where local authority functions are being devolved, training should be considered for organisations which the authority devolved the functions to.

Despite the clear population and public health impact of caring we found it difficult to find any evidence of public health interaction with social care and the NHS at the scale commensurate with the opportunity. In order to stay well and feel well, carers should be recognised as a public health priority, to improve their life chances, to access education and training opportunities, to remain in employment, and to live healthy lives into old age.

## Personalisation

While the Act enshrines personalisation in statute for the first time we found little evidence that personalisation has been embraced in the development of support planning for carers, where the offer is too often, one-off, or a one-size-fits-all offer of support.

## Diversity amongst carers

Lina Patel also told us that: "It [monitoring BME carers] won't be part of performance matrix. We used to have more posts to work with BME carers but those positions don't exist anymore. This means no one is gathering evidence either." This gap was borne out by the numbers of carers responding to our written evidence, 95% of carers who responded identified as White British or White Irish (see Methodology appendix<sup>12</sup>). There is clearly a gap here in implementation

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<sup>11</sup> <https://carers.org/news-item/councils-must-adopt-new-strategy-prevent-carers-burning-out>

<sup>12</sup> <https://carers.org/care-act-carers-one-year-commission>

and a need for both more research and a concerted effort to fully include BAME carers in realising the ambitions of the Act.

We received high numbers of written evidence from white carers, female carers, and working age carers. We didn't receive enough responses from male carers, young carers (including those into transition, up to 25, that is young adult carers), older carers and carers who define their ethnicity as other than being White British, to definitively know how the Act is working for these groups at this time. We did not ask about any other protected characteristic of carers, such as their sexual orientation, or carers' own disability.



LGBT carers are an area where we believe further research is necessary, and we would welcome conversations about policy and practice development in this area.

Carers are not an homogenous group, and different groups of carers need different support. More research is needed about other groups of carers, and we would welcome conversations about policy and practice development in this area.

## Monitoring implementation

Pre-Care Act, all carers assessments were captured in statutory reporting mechanisms. Those councils who were investing significant amounts of time and funding in low level assessments for carers are now no longer able to report on these assessments in the SALT return on carers' assessments. This creates a disparity in national reported figures, in some areas assessments may be showing as reduced, when they may not be. The SALT return does not fully capture carers' need for support for both short- and long-term care, or assessment – prevention is not measured although a core duty within the Act.

We heard that carers organisations in a number of localities are able to assess and recommend one-off carer support payments funded by the local authority to meet carers' needs. This is not devolved responsibility for assessment per se. It is possible that this practice is contributing to the apparent fall in carers' assessments by some local authorities, we are concerned that the current data collection does not record all assessments and that carers' needs for ongoing support and periodic review may not be as visible as it should be.

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# Recommendations

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We recommend further investment in Care Act implementation support, from the Department of Health working with local government. This should include the identification and sharing of good practice and use of materials commissioned from Social Care Institute for Excellence by the Department of Health. A priority should be sharing examples of effective identification of carers.

We welcome the NHS England Carers Toolkit.<sup>13</sup> We recommend that every Health and Wellbeing Board makes a commitment to carers as set out in the Toolkit Memorandum of Understanding (MOU), working with partners in the voluntary sector and statutory agencies. We hope this voluntary approach will gain traction.

Local authorities, with support from the LGA, should work with carers and service users to develop a self-assessment tool to monitor their progress implementing the Act.

We believe it is essential that directors of adult social services and directors of children's services ensure that all social workers and assessors are able to reflect the wellbeing principle in assessment and care and support planning.

The Health and Care Professions Council, General Medical Council, Nursing and Midwifery Council, Skills for Care and higher education institutes should review education, training and continuing professional development curricula to ensure that all practitioners are able to apply the wellbeing principle and understand the new legal status of carers, and are compliant with the requirements of the legislation.

The CQC should check that staff in care homes and general practices have had carer awareness training and can demonstrate through discussion that they are carer aware.

We recommend that CCGs look for outcome measures on the benefits of health checks for carers (such as an increase in carer assessments, flu vaccination uptake, and improved long-term condition care).

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<sup>13</sup> <https://www.england.nhs.uk/ourwork/pe/commitment-to-carers/carers-toolkit/>



As government develops the new national carers strategy, Public Health England should raise the profile of caring, promoting and developing the evidence base for carer health and wellbeing. It should work with carers to articulate a commitment to carers, consistent with that produced by NHS England.

Local authorities should consider implementing the Joint Association of Directors of Adult Social Services and Association of Directors of Children's Services MOU No Wrong Doors<sup>14</sup> between children's and adult services to support young carers and young adult carers. Schools and universities have increasing awareness of young carers and young adult carers so would be good partners for local authorities to develop new aspects of transition support with.

We believe that the right to transition planning and support for young carers and parent carers needs to be promoted by local authorities amongst young carers, parent carers and those responsible for assessment and support planning.

Think Local Act Personal should work with carers to devise and offer training and materials to support practitioners to work with carers to co-design personalised support.

It should be made clear by the Department of Health to local authorities that the default is that a carer's assessment is automatically offered, that carers are eligible for support in their own right whether or not the person with care and support needs is eligible for support. Practitioners should be trained to explain the purpose of a carer's assessment in a way that does not require the person to take the label 'carer'.

Local authorities and local carers services need robust joint strategic needs assessments to fully understand the diversity of their local population and work out how to reach all groups. To ensure that the Care Act is bedding in for all carers, more research is needed about other groups of carers.

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<sup>14</sup> <http://adcs.org.uk/early-help/article/no-wrong-doors-working-together-to-support-young-carers-and-their-families>

The SALT return should be reviewed, so that it captures all assessment and support activity for carers, including prevention.

The Equality and Human Rights Commission should ensure that Councils are adopting best practice in fulfilling their Equality Act duties under the Care Act.

Care provider trade bodies should work with local authority commissioners to develop the appropriate 'aftercare', psychosocial or practical support a carer needs when caring ends or changes.

We recommend that the CQC works with carers and carer organisations to ensure that the new programme of monitoring and inspection from April 2017 include key lines of enquiry concerning carers and that evidence of impact and improvement of care for carers is used in determining whether a provider is found to be either Good or Outstanding.

The social care system is chronically underfunded and unsustainable and requires additional financial support to realise the ambitions of the Act.



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# A last word: the Care Act in 2018

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A little over a year has passed since the Care Act came into force. It may be too early for a full post-legislative scrutiny or detailed evaluation of the Act. However, a snapshot now, examining how the Act is impacting on the lives of carers, offers pointers to Government, national agencies, local authorities and carers' organisations for ensuring the ambitions of the Act are realised.

So where should we be by 2018, three years after the Act came into force? Based on what we have heard and the evidence we have collected the Commission believe that at a minimum the following six litmus tests should be met:

1. That carers report satisfaction with the assessments and personalised support they receive, have access to the services they need and have an understanding of their rights under the Care Act.
2. That social workers and other care practitioners can evidence that they are applying the wellbeing principle in all their adult social care decisions.
3. The number of assessments in 2018 has reached at least 360,000 in line with the Government's own estimate.<sup>15</sup>
4. Social workers and other care practitioners can show that tailored support plans are routinely co-designed and kept under review with carers.
5. If a carer is facing a crisis they know how to access a rapid response service to assess and respond to their need.
6. The CQC routinely includes carers in its key lines of inquiry for inspections of adult social care, and health services.

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<sup>15</sup> The Care Act 2014: Regulations and guidance for implementation of Part 1 of the Act in 2015/16 IA No: 6107 p60 [http://www.legislation.gov.uk/ukia/2014/407/pdfs/ukia\\_20140407\\_en.pdf](http://www.legislation.gov.uk/ukia/2014/407/pdfs/ukia_20140407_en.pdf)

## About Carers Trust

Carers Trust is a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with a UK wide network of quality assured independent partners, through our unique online services and through the provision of grants to help carers get the extra help they need to live their own lives. With these locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

Our vision is of a world where the role and contribution of **unpaid carers** is recognised and they have access to the trusted quality support and services they need to live their own lives.






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