

“A new settlement
between carers and the
state”

THE CARERS' COVENANT

Ben Glover

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All errors and omissions remain my own.

Ben Glover

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Executive Summary

The rise of the informal care economy is perhaps the most significant yet under-reported demographic shift in recent British history. We estimate there are now almost eight million informal carers in the UK - an approximately 35% increase on 2001 - and that the value of the informal (unpaid) care economy is now equivalent to £139bn.¹ This is about as large as overall health spending in the UK² (£144bn) and more than seven times the UK's total annual spend on adult social care (£18bn).³

Given that our population will continue to age, we only expect to see further increases in the size of the informal care economy in coming decades. We see in this report the astonishing work carers are doing across the country but we also see that too many of them are struggling as a result of their duties. This report aims to put that right by outlining a new, bold policy agenda to support carers.

Furthermore, the increasingly high-profile political debate regarding the future of social care has omitted any meaningful discussion of the plight of carers and the vital role that they will play in any new solution on social care. We hope that this report will put carers back at the centre of this debate and may also lead to some proper consideration of the role they could play in solving Britain's social care crisis. Operating between the state and the market in families, communities and neighbourhoods, we now see informal carers as one way through the current political impasse on social care so long as we can ensure they are better supported.

This report makes 12 policy recommendations across five key themes: financial assistance, employment, identification and support, support networks and technology. These policies together form a covenant for carers, a radical new settlement between the state and our nation's many informal caregivers. These recommendations are grounded in a research project that examined three distinct questions:

- (1) Who are informal carers?
- (2) What is the experience of informal carers?
- (3) What support is available for carers internationally?

On question (1) we find that the number of informal carers has increased considerably in recent decades, as has the amount of care they provide. We saw that informal carers are more likely to be female, aged in their fifties or sixties, and living in towns or rural areas away from large metropolitan cities. We also found that they are likely to be in employment though they are also significantly more likely to be in part-time employment or economically inactive.

On question (2) we find that carers are often extremely stretched and overworked as a result of their responsibilities, rushing from place to place without a break. Their social lives are often severely affected, as are their relationships with family members and friends. In the workplace too often they find employers unwilling to afford them the flexibility they need. Carers are frequently using almost all of their annual leave allowances to fulfil their caring duties and this inevitably has a negative impact upon their wellbeing.

On question (3) we find that the UK lags behind eight other countries examined for their support for carers (Australia, Austria, Belgium, Denmark, Finland, Germany, Italy and Japan). We find that short-term care leave is a mixture of paid and unpaid but the number of days available is often specified in law, unlike in the UK. A small number of countries have very progressive flexible working practices which give carers access to part-time hours at better than part-time pay. Germany and the Scandinavian countries have a more generous, less restrictive form of state financial assistance available for carers than in the UK.

Our research findings leave us in no doubt that current policy is failing carers and that there is a need for a radical new agenda to address this.

To deliver greater financial security for informal carers and also recognising that society values their enormous contribution, we recommend:

Recommendation 1: *The Department for Work and Pensions should abolish the Carer's Allowance and replace it with a Universal Carer's Income (UCI) for all carers providing more than 35 hours a week of care, paid at the same rate as Jobseeker's Allowance (£73.10 per week).*

To give the millions of carers that are working a chance at a better work/life balance, we recommend:

Recommendation 2: *The Department for Work and Pensions should introduce a Carer's Working Credit to give carers the right to pay-protected part-time working.*

Recommendation 3: *The Government should immediately introduce the right to one year's unpaid care leave.*

Recommendation 4: *The Government should work towards introducing one year's paid care leave funded by abolishing the State Pension 'triple lock'.*

Recommendation 5: *Employees should have the right to 10 days of annual paid care leave.*

To help ensure that carers are better identified, we recommend:

Recommendation 6: *A duty should be placed on local authorities to identify carers in their communities.*

Recommendation 7: *A duty should be placed on NHS bodies to identify carers and support their health and wellbeing.*

To help carers access peer support networks and better support, we recommend:

Recommendation 8: *Creation of a national network of Carer Forums, modelled on the National Network of Parent Carer Forums for parent carers of disabled children.*

Recommendation 9: *The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government should establish a joint £215m programme to boost the number of occupational therapy training places in England by 10%.*

To ensure that we utilise the promise of technology to better support carers, we recommend:

Recommendation 10: *Innovate UK should launch a £50m innovation fund for the development of home-based robotics to assist carers.*

Recommendation 11: *Introduce VAT exemption on purchases of technology designed to support carers in the home.*

Recommendation 12: *Pilot robotic care assistants for informal caregivers in 'left behind' regions.*

Introduction

In a 2012 essay for *Political Quarterly*, Charles Clarke, the former Labour Home Secretary, coined the phrase “the too difficult box” to describe the intractable political and public policy challenges that governments conspire to ignore.⁴ Climate change, welfare reform, vocational education, multinational tax avoidance, economic centralisation – it is a frustratingly big box. And given the country now appears destined to focus primarily upon renegotiating its place in the world for the next decade, it is one that may soon be even more tightly packed.

Still, chief amongst its contents is our inability to create a proper care system to complement and accompany the NHS. Neither the cross-party nature of this failure, nor the scale of the problem can be understated. Furthermore, with a rapidly ageing society – arguably the biggest change in who we are as a nation since the industrial revolution – compounding the situation, this is one public policy challenge that can surely no longer be ignored. Almost one in seven older people are today living with an unmet care need, a figure that looks set to only grow.⁵ Maintaining what is already a threadbare, under-resourced, barely functioning social care system will require £18bn by 2033/34 just to stand still.⁶

In response, Members of Parliament are now beginning to work across parties to explore proposals for the future of social care.⁷ The Government has promised an imminent Green Paper on social care, recognising that we need a “long-term solution to care”.⁸ Former Prime Ministers reflect ruefully that they should have done more,⁹ whilst some of the country’s leading newspaper columnists now regularly promote radical solutions.¹⁰

These developments are all undoubtedly welcome, yet equally it would be unwise for advocates of systemic change to entirely ignore the political challenge that perhaps saw social care placed in the ‘too difficult box’ in the first place. These political challenges come through very clearly in our focus groups (see chapter two) where we uncovered a stark hostility towards tax rises as a vehicle for increased care funding – and this amongst those who might reasonably expect to benefit from it too. Indeed, our focus groups left us in no doubt about why both major parties took severe political hits – Labour in 2010 and the Conservatives in 2017, respectively – when trying to finally address the issue in the full glare of a general election campaign.

Therefore, though this research began with the simple insight that individual carers were absent from a debate focused almost entirely upon the structure of the state and its funding, we now believe that a fundamental reframing of new policies away from statist solutions and towards better family and carer support may be one way through the political impasse. Furthermore, we wonder whether the long-held assumption that the UK, in contrast to other countries, culturally prefers the state to care for its relatives has survived a decade or more when eight million of us now take upon this caring role.

Of course, on a challenge of this scale it is not and never will be a binary choice between the state and carers; any feasible solution will have a mix of both. But because of this deeply held scepticism about an all-encompassing state solution

- perhaps because caring is deeply personal and different in kind to other more anonymous public services - we must be sceptical of the pull to collectivise care. That being said, the expansion of market-led private provision is also problematic - in our focus groups carers were just as wary of private providers as they were of an overbearing Leviathan interfering in their lives. We must therefore look beyond the market and state to the families, communities and neighbourhoods that are already providing so much care and examine how we can better support them.

To that end this report calls for a new policy deal for Britain's carers who serve as 'invisible millions' to so many of our current public policy systems. We do this for three primary reasons.

One, we estimate that there are almost eight million informal carers in the UK today – an increase of roughly 35% since 2001 – and that too many of them are at breaking point.¹¹ That our entire welfare, social care and health services are essentially propped up by their work, should be a cause for huge concern. Unless our carers can be supported to lead healthier, happier and more sustainable lives, the very fabric of our society is at risk of collapse.

Two, any long-term solution on social care will be dependent on the buy-in and support of informal carers, given the vital - but too often invisible - role they play in our social care system today. For reasons discussed above it may be the case that any solution on social care must also look at 'formalising' the role of informal carers through proper financial support approaching a wage and other support measures. But given the sorry state of support for carers at the moment this option just would not be possible - our carers would have to be in better shape than they are today to play such a role.

Three, the increase in the number of informal carers is already having and will continue to have significant economic implications. As this report shows, becoming a carer significantly affects an individual's ability to stay active in the labour market. Therefore, whilst the carer is often the best person to provide care for reasons outlined above, we have to find a way forward that doesn't force so many carers to leave the workplace and never return.

To those familiar with the work of feminist economists, the above will come as little surprise. As New Zealand political economist Marilyn Waring argued in her seminal work *If Women Counted*, because unpaid labour is not included in standard measures of economic activity, those providing unpaid labour are forgotten.¹² In the age of measurement, get measured or get forgotten. In Britain today informal carers have been forgotten and this report also aims to put that right.

The report contains four chapters:

Chapter One explores the rise of the informal care economy and asks 'who are informal carers?'. It concludes that they are more likely to be middle-aged, female and in work, delivering a significant number of hours of care each week. They are also likely to be found in rural areas or small towns away from large metropolitan cities. We also see that whilst the majority of carers are in work, their rate of employment is significantly lower than that of the general population, suggesting that caring is affecting their ability to work.

Chapter Two explores the experience of informal carers through two focus groups in Leeds and London. We find that carers are often extremely stretched and find it hard to cope. They struggle with existing systems of support and would welcome greater financial assistance, but are also opposed to higher taxation to pay for a more comprehensive social care system - a view that could be driven by their mistrust of external involvement in their lives.

Chapter Three provides a brief overview of the support on offer to informal carers in other countries. It concludes that they have a more flexible, generous approach to supporting carers and that the UK should enact similar measures if it is not to fall further behind international standards.

Chapter Four outlines our policy agenda to improve the lives of informal carers in UK. This focuses on five areas - financial assistance, employment, identification and support, support networks and technology - which are informed by the rest of the report. Our objective across each policy area is to provide greater support for informal carers.

Policy Background

The Care Economy

The UK Government defines informal carers as “people who look after family members, friends, neighbours or others because of long-term physical or mental ill health and disability, or care needs related to old age. This does not include any activities as part of paid employment”.¹³ This definition will be used throughout this report.

The informal care economy is the economic value of the service provided by carers who are not paid for their work. Though this is not included in standard measures of economic output we can use a range of methods to estimate its value. In a comprehensive analysis conducted by Sheffield and Leeds University academics for Carers UK, the value of the informal care economy was estimated in 2015 to be equivalent to £132bn.¹⁴

Using this methodology, we can provide an updated estimate for the valuing of the informal care economy as being equivalent to £139bn. This estimate is arrived at using ONS population forecasts for 2018¹⁵ and NHS England estimates of the average hourly cost of externally provided adult social care for 2017-18.¹⁶ For an overview of the full methodology please see Appendix One.

Key legislation

Since the 1990s we have seen an expansion of legislation and policies to support carers. This is in response to increased awareness of issues relating to carers among the public and policy makers alike.

The Carers Act 1995, which began life as a Private Member's Bill introduced by Malcolm Wicks MP, gave informal carers new rights and a firm legal status for the first time. This included the introduction of the right to a Carer's Assessment by a local authority, which could then lead to the provision of support for the carer. These provisions were later built on by the Carers and Disabled Children Act 2000, which gave the power for local authorities to offer respite breaks if deemed to be appropriate through an assessment. This introduced the provision of vouchers that could be exchanged for temporary care through community care services.

Carers gained the right to reasonable time off if a dependent is ill, injured or their care arrangements are disrupted through the Employment Rights Act 1996. This was followed by the Work and Families Act 2006 which gave carers for adults the right to request flexible working arrangements from their employers. Given that we know a large proportion of carers are in work, these changes are likely to have had a positive impact on many of their lives.

The Equality Act 2010 - a landmark piece of legislation which sought to codify the various Acts and Regulations that made up anti-discrimination law - introduced provisions to prevent "discrimination by association" on the basis of age or disability. This had the effect of introducing protection from workplace discrimination for carers of disabled and elderly people.

Introduced under the Coalition Government, the Care Act 2014 gave new rights to carers and aimed to put them on the same footing as the people for whom they care. The right to a Carer's Assessment was also strengthened - any carer meeting national eligibility criteria must have services provided that meets their needs. This legislation also put the responsibility on the local authority to identify those in need of an assessment and carry this out; previously carers needed to request an assessment to have their needs considered. The Children and Families Act 2014 extended the right to a needs assessment to all young carers, regardless of who they care for or what type of care was provided.

More recently in June this year the Government published its Carers Action Plan 2018 - 2020. This followed a Call for Evidence which identified five major themes of concern: services and systems that work for carers; employment and financial wellbeing; supporting young carers; recognising and supporting carers in the wider community and society; building research and evidence to improve outcomes for carers.

The Carers Action Plan 2018 – 2020 outlined a number of action points the Government would be taking in response to the evidence it received. The most significant included: the Department of Health and Social Care working with Employers for Carers to develop a carer-friendly employer benchmarking scheme; the Department for Business, Energy and Industrial Strategy considering the question of dedicated employment rights for carers; and the launch of a £500,000 Carer Innovation Fund to identify and promote creative, cost-effective models of care. Whilst some short-term improvements outlined in the Action Plan were welcomed, there was disappointment among caring groups that no additional financial resources were committed to carers.¹⁷

Benefits and financial assistance for informal carers

Certain carers are eligible for financial assistance. The main form of financial assistance for informal carers is the Carer's Allowance, which is £64.60 per week for those that are eligible. This is available to carers providing over 35 hours a week of care, not in full time employment or education. In addition, the person being cared for must be in receipt of one of a number of benefits.

Further financial assistance is available to those in receipt of one of a number of means tested benefits, and amounts to £36 per week for those that are eligible (Carer's Premium). Finally, Carer's Credit is a National Insurance Credit that helps carers fill gaps in their National Insurance records, and in turn protect their access to a State Pension.

Chapter One:

Who are Informal Carers?

The increase in the size of the UK's informal care population is one of the most significant yet under-reported demographic shifts in recent years. We estimate that there are now almost eight million informal carers in the UK - approximately a 35% increase on 2001.¹⁸ Given that our population will continue to age, we can only expect to see further increases in the size of the informal care economy in coming decades.

The demands made of informal carers are increasing too, with the average number of hours of informal care provided by carers rising. A majority of carers are juggling these duties with work, with over half in some form of employment. How working practices operate is therefore likely to have a significant impact on the wellbeing of informal carers. Women more often than not bear the burdens of informal care, making up roughly six in ten of Britain's informal caregivers. This has important implications for anyone interested in closing the gender pay gap or advancing gender equality.

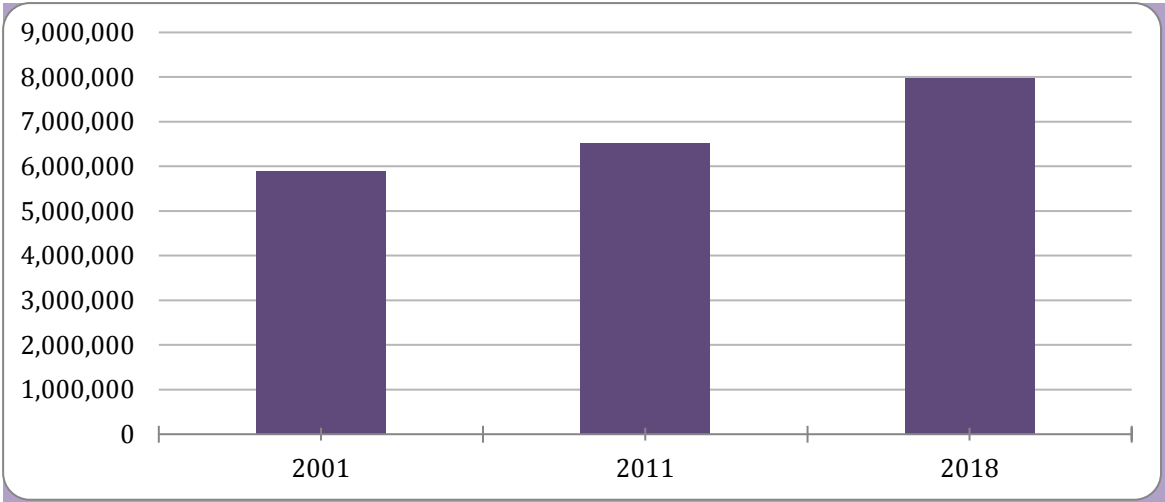
Brexit is only likely to add these pressures. If the Government follows the Migration Advisory Committee's recent recommendation to end almost all low-skilled migration from the EU, we would expect the supply of labour for adult social care to be significantly impacted.¹⁹ This is because, as outlined in a recent report by the think tank Global Future, almost one in five formal carers in England's adult social care system are migrant workers. Therefore it is estimated that ending freedom of movement with the EU could lead to 115,000 fewer social care workers by 2026.²⁰ Indeed, the Department of Health and Social Care recently identified that a fall in EU migrants working in adult social care could even threaten recent progress on increasing the proportion of women in work.²¹ Because informal care is more likely to be provided by women, the burden of a post-Brexit increase in the level of informal care provision is expected to fall more heavily on women than men.

The rise of informal carers

Recent years have seen substantial growth in the number of informal caregivers in the UK. Whilst there are a number of estimates of the size of this growth, for the purpose of this report we have largely relied on official Census data. At the time of the 2001 Census it was estimated that there were 5.8m informal carers in the UK and by the time of the 2011 Census this had risen by over 620,000 to approximately 6.5m informal carers.²²

We can provide an updated estimate of the number of informal carers in the UK in 2018. Based on Carers UK analysis that 12% of the UK population are informal carers,²³ and updated ONS population projections for 2018,²⁴ we can estimate that there are 7,980,000 carers in the UK in 2018.

Figure 1 – Informal carer UK population estimate



Source: ONS, Demos projections

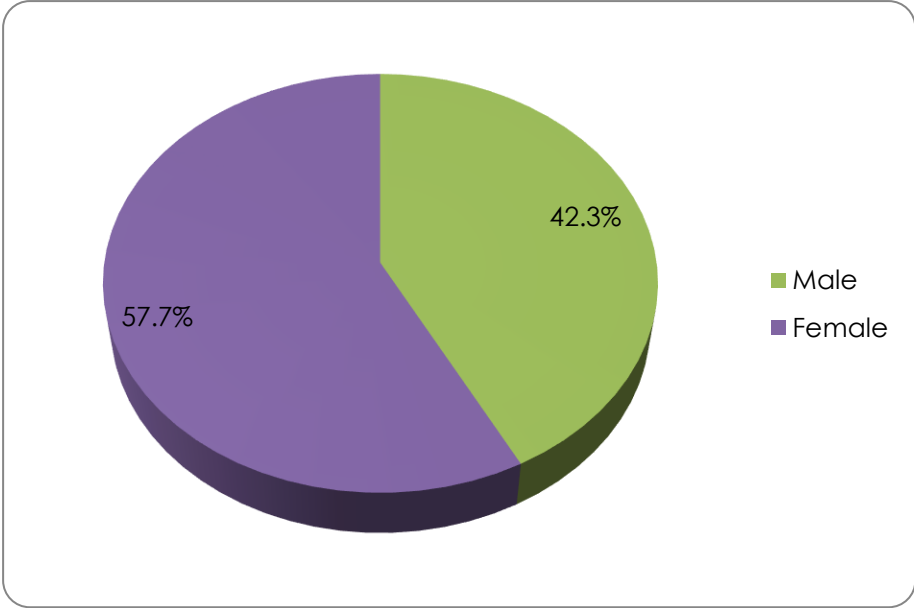
The literature notes there is considerable 'turnover' within the unpaid carer population. Every year over 2.1 million adults become carers and almost as many find that their caring duties cease.²⁵ As Carers UK note, this high turnover means that caring will end up touching the lives of most of us - three in five people will take on caring responsibilities at some point in their lives.²⁶

With our society likely to continue ageing in the future, we can expect the number of informal carers to continue to rise. Carers UK estimate that we will see a 40% rise in the number of carers needed by 2037 - an extra 2.6m carers.²⁷ This suggests issues relating to the informal care economy will only continue to rise – underlining that policymakers must get to grips with the challenges sooner rather than later.

Gender

Gender is an important factor in the distribution of informal caring responsibilities in the UK. We know from the 2011 census that roughly 58% of carers are female, as displayed in the chart below.

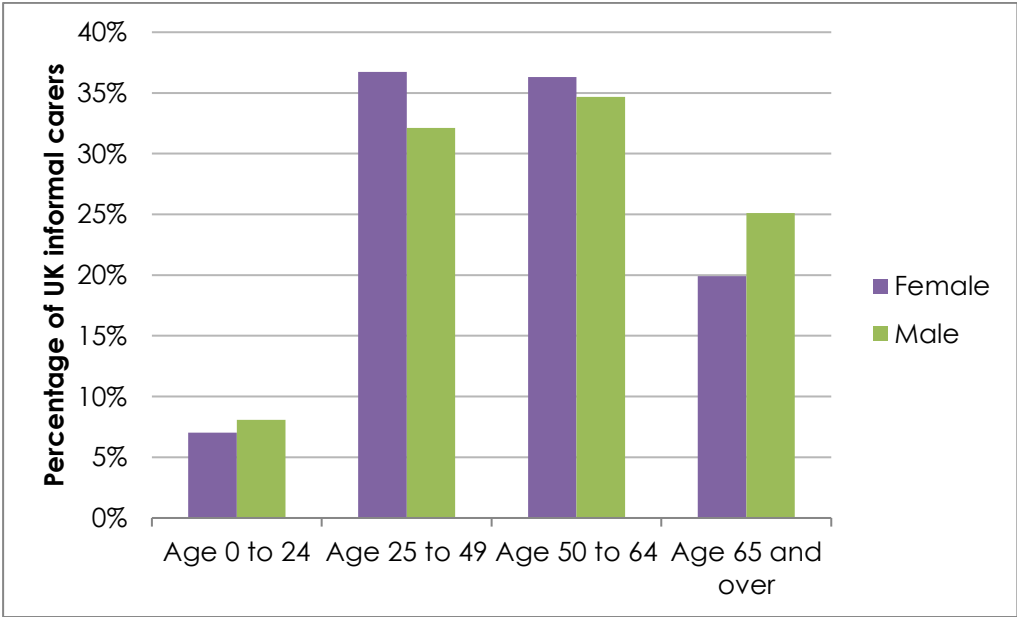
Figure 2 – Gender divide in UK informal carer population



Source: ONS

Looking at the gender divide across ages reveals more about this distribution. We see that in the two age brackets with the largest number of informal carers - 25 to 49 and 50 to 64 - women are more likely than men to be providing unpaid care. However, post-retirement the overall proportion of men providing informal care is greater than for women, though given there are more female informal caregivers overall there are still more female informal carers in this age bracket.²⁸

Figure 3 – Division of informal carer population by age and gender



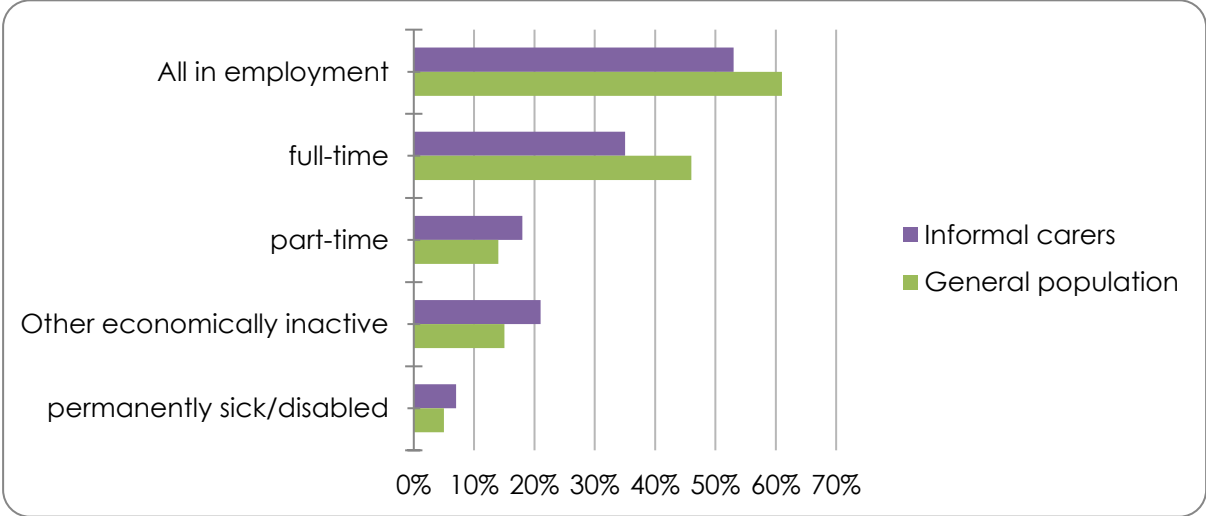
Source: ONS

This should be of considerable concern to policy makers interested in further increasing female work rates. Given that caring is likely to reduce the ability of an individual to work, if women are providing more care during the years of their working lives than men we would expect to see reduced labour market participation as a result. And if women are leaving work to care, this could be contributing to the gender pay gap - something which political parties of all colours are committed to closing. To conclude, the rise of the informal care economy could threaten decades of progress on women in work. Furthermore, as we saw above, if Brexit leads to a decline in EU migration and in turn a fall in the size of the adult social care workforce, women are likely to bear the brunt of this extra demand through providing more informal care.

Work

There is strong evidence in the literature that a clear majority of informal carers are in some form of work. Department of Work and Pensions statistics tells us that 53% of adult informal carers are in employment, with 35% in full-time employment and 18% in part-time employment.²⁹ However this is lower than the rate of employment for the general population (61%), providing evidence of a gap in labour market participation between informal carers and the rest of the population.

Figure 4 – Informal carer employment



Source: Family Resources Survey 2016-17

In addition, the unemployment rate for informal carers is slightly higher: 3% in comparison to 2% for the general population. More significantly, the proportion of economically inactive informal carers is 6% higher for informal carer adults than the general adult population - at 21% versus 15%. This suggests that the burdens of care are pushing informal carers not just away from work temporarily but also towards more long-term labour market disengagement.

These statistics suggest a divide in the informal carer population between a majority in work and a small minority that have withdrawn from the labour market entirely or are unemployed. This suggests that policies designed to support informal carers may need to be targeted at particular groups and that the informal caregiving population should not be treated as a homogenous group.

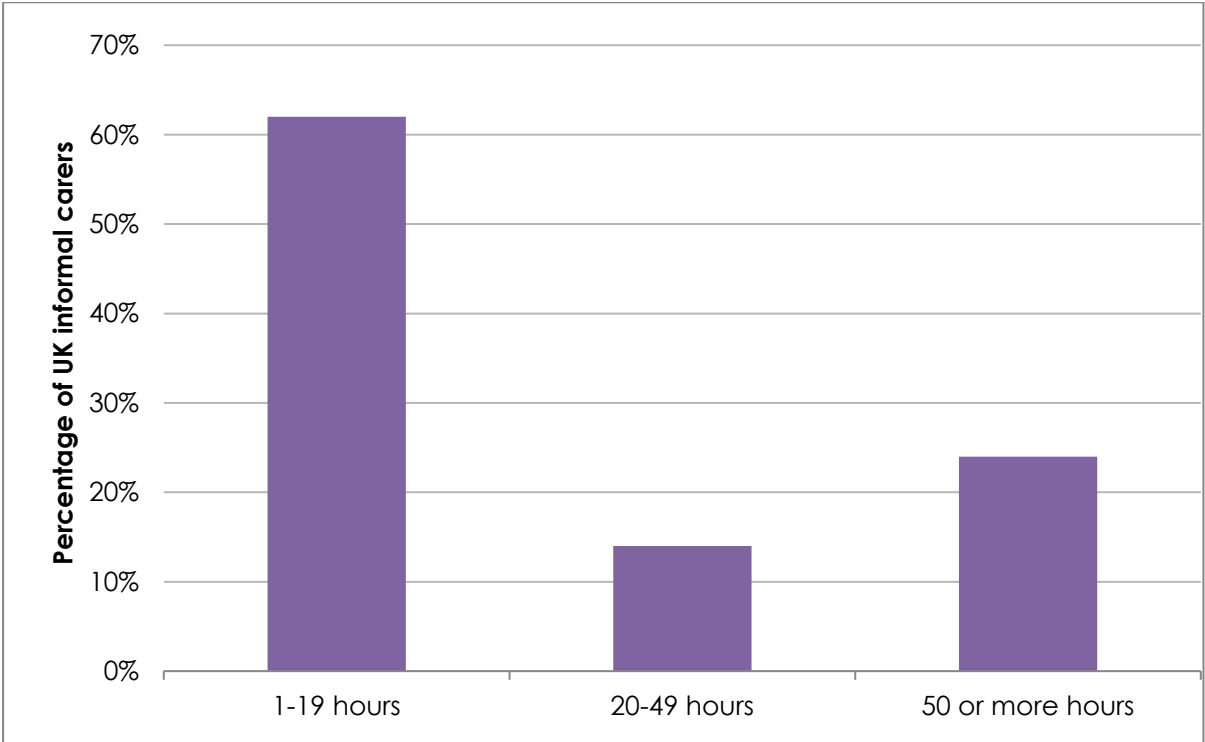
It is also useful to examine how informal carers receive their income. Only 13% of informal carers receive their main source of income from benefits designed to support informal carers (e.g. the Carer's Allowance) with a clear majority (55%) receiving their main source of income from wages, salaries, and self-employed income.³⁰ That informal carers are unlikely to have had much interaction with the welfare state therefore has important implications for the design of government policies intending to support them.

Time spent caring

The amount of time carers spend caring is important to understanding what their lives are like and what the impact of caring may be on them. It is clear that informal carers are spending a very significant number of hours caring per week - a figure which looks set only to rise.

Drawing on data from the Carers UK report 'Valuing Carers', we see that the bulk (62%) of carers spend 1-19 hours per week caring, with around 14% spending 20 - 49 hours per week caring and almost a quarter (24%) spending over 50 hours per week caring.³¹

Figure 5 – Hours of care provided per week by informal carers



Source: Carers UK, Valuing Carers (2015)

There is also strong evidence of a trend towards individual carers providing more hours of care per week. Between the 2001 and 2011 censuses, the hour bracket with the highest growth was in the highest unpaid care bracket - 50 hours or more per week.³² This should cause some cause for concern particularly when a majority of informal carers are in work. If the number of hours of care provided by each carer continues to rise it will only become more difficult for carers to cope with their many responsibilities.

Location

Stark regional divides exist in the distribution of informal carers across England and Wales. Through our examination of the available literature and statistics regarding the distribution of informal carers, we found divides along both North/South and town/city axes - familiar dividing lines in the UK today. This section focuses on England and Wales as comparable data was not available for Scotland and Northern Ireland.

According to ONS estimates, London and the South East have the lowest proportion of informal carers in England, with just 8.5% and 10% of the adult populations in these regions providing unpaid care. In contrast, 11.3% and 11.2% of the adult populations in the North West and the North East respectively provide informal care.

Region	Proportion of population providing informal care
London	8.5%
South East	9.9%
East	10.4%
Yorkshire and the Humber	10.6%
South West	11%
East Midlands	11%
West Midlands	11.1%
North East	11.2%
North West	11.3%

This should be of significant interest to anyone intent on closing the economic gap between the North and South of England. Given that unpaid carers are less likely to be in work than the general population, this could be acting as a drag on economic output in regions such as the North East and North West.

We also see a division in the distribution of informal carers between towns and metropolitan cities. As displayed in the table below, the five English local

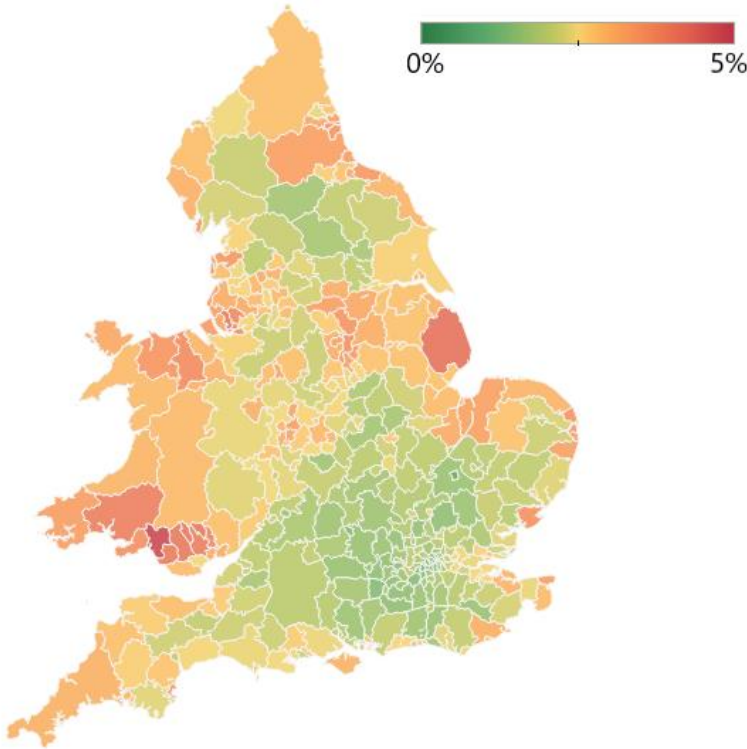
authorities with the highest proportion of informal carers providing 50 or more hours per week are all concentrated in towns and semi-rural areas. By contrast, the five local authorities with the lowest proportion are all in metropolitan cities.

Local Authority	Proportion of population providing 50 or more hours per week of informal care (%)
East Lindsey	4.1
Knowsley	4.0
St. Helens	3.7
Halton	3.6
Blackpool	3.6

Local Authority	Proportion of population providing 50 or more hours per week of informal care (%)
Wandsworth	1.3
Cambridge	1.3
Richmond upon Thames	1.3
Kensington and Chelsea	1.2
City of London	0.9

The map below provides further illustration of the regional variation of informal care provision across England and Wales, reinforcing the fact that carers tend to be found at the fringes of our country.

Figure 8 - Proportion of population providing 50 or more hours per week of informal care by local authority in England and Wales³³



This has significant implications for policy makers keen to address the growing divide between our large metropolitan cities and towns. The need to do so has recently risen up the political agenda with the recognition that English towns and rural areas largely carried the vote for Brexit, and that these places appear to have often been 'left behind' by globalisation and other recent economic changes.

As it appears that towns are more likely to have a large number of informal carers, any public policy strategy to address the inequalities between towns and metropolitan cities should pay close attention to the role that the informal care economy may be playing in driving this divide.

Worlds Apart

We see this division clearly when comparing East Lindsey in Lincolnshire - the English local authority with the highest proportion of informal carer hours - with Wandsworth in London, one of the lowest. East Lindsey is significantly more elderly than Wandsworth - its median age is almost 51, and it has one of the most elderly populations in England. By contrast, the median age in Wandsworth is almost

twenty years younger (33), and it is the 19th youngest population in the UK by local authority.³⁴

Furthermore, Wandsworth ranks fourth in the government's list of social mobility hotspots whilst East Lindsey comes 227th.³⁵ Wandsworth appears worlds apart from East Lindsey - and the size of the informal care economy could be explain part of that gap.

Economic impact of informal care

It is important to consider what impact the above trends may be having on the economy and the UK's economic performance. In this initial assessment we suggest that the rise in the informal care population could be impacting the performance of the British macroeconomy.

There is good evidence that caring duties may cause informal carers to leave work, with Pickard et al noting that there appears to be a significant "negative relationship between unpaid care and employment in Britain".³⁶ In support of this, the Survey of Carers in Households 2009/2010 found that 8.3% of informal carers have left work to care. There is also evidence that provision of unpaid care for 20 or more hours per week or on a co-habiting basis negatively affects employment rates.³⁷

The literature suggests that this comes at a significant cost to the UK taxpayer. Research conducted by the Personal Social Services Research Unit at the LSE estimated the public expenditure costs of carers leaving employment in England equivalent to £2.9bn per year.³⁸ This estimate comprises £1.7bn in social security benefits paid to those that have left jobs due to their caring duties, in addition to another £1.2bn in foregone taxes due to the group's lost earnings. Age UK have also estimated the overall cost to the exchequer as equivalent to £5.3bn.³⁹

Furthermore, we know from a range of studies that leaving the labour market is likely to negatively impact an individual's health. In turn, this could lead to higher costs for the NHS and in turn the taxpayer, suggesting that the above figures are likely to be significant underestimates.

We can also estimate the broader economic costs based upon the salaries or incomes that would have been received by those informal carers had they not stopped working. We estimate that there are roughly 650,000 informal carers in the UK that have left the labour market to care. This is based on the Survey of Carers in Households 2009/10 figure that 8.3% of carers have left work to care; our 2018 estimate of the total UK informal carer population; and an exclusion in the calculation of the roughly 2% of informal carers that are under the age of 16 and therefore not of working age. We estimate that if all the carers leaving the labour market were of average income, the total 'lost' wages would equal roughly £17.5bn.

This could have a role in explaining the UK's so-called 'productivity puzzle'. Economists have struggled to explain why productivity in the UK is 16% lower than we would have expected it to be had pre-2007 productivity trends continued.⁴⁰ The rise in the number of informal carers could be having an impact upon this.

To support this thesis there is evidence in the literature that, alongside the long term increases in the number of informal carers which we saw detailed earlier in this report, we should expect the rate of expansion in the number of informal caregivers to have increased since the financial crisis.

In an investigation of how macroeconomic conditions drive the supply of informal care in the US, it was found that the provision of informal care is counter-cyclical - the supply and receipt of informal care decreases during economic expansions, and increases during downturns.⁴¹ A separate investigation into the effects of the financial crisis on the provision of informal care across Europe found an increase in the availability of informal care and a reduction in the use of formal health services after the downturn. The authors write that the “the opportunity cost of potential carers is one of the main factors determining the surge in informal care receipt” - as wages fell, the opportunity costs of informal care also fell.⁴²

Whilst further investigation to establish a clear causal link would be desirable, the rise of the informal care economy could be a key piece in the productivity puzzle. Further investigation of the impact on productivity of informal care in the UK would be a desirable area for future research.

Chapter Two: **The Experience of Informal Carers Today**

In Chapter One we surveyed the literature and data available on the profile and make up of informal carers. To summarise, we found that the number of informal carers has increased considerably in recent decades, as has the amount of care they provide. We saw that informal carers are more likely to be female, aged in their fifties or sixties, and living in towns or rural areas away from large metropolitan cities. We also found that they were likely to be in employment.

But data can only go so far in shedding light on the lives and experiences of citizens. Thus, Demos has always seen qualitative research - speaking directly to the people our research is about and affects - as vital for gaining a more rounded understanding of the policy challenges. Therefore, this chapter presents the findings of two focus groups conducted with informal carers in London and Leeds. Whilst these cannot claim to be representative samples of the population at large, they do provide a unique insight into the day-to-day lives of informal carers.

We structured the focus groups around four broad themes:

- The carer's experience
- Work
- Policy proposals
- Social care provision and funding

We found that carers were often extremely stretched and overworked as a result of their responsibilities, rushing from place to place without a break. Their social lives were often severely affected, as were their relationships with family members and friends. In the workplace too often they found employers unwilling to afford them the flexibility they need, though some more positive experiences were also heard. Carers were frequently using almost all of their annual leave allowances to fulfil their caring duties and this inevitably has a negative impact on their wellbeing.

There was broad support in our focus groups for the introduction of paid annual caring leave, which was seen to provide some much needed flexibility. There was much less support for extended periods of unpaid carer's leave or moves towards more part-time working because carers too often just wouldn't be able to afford time away from the workplace. Whilst initially sceptical, our focus groups also recognised the role that new technology could play in making their lives more manageable.

On broader issues relating to social care provision and funding there was deep scepticism about the role for state-provided formal care to alleviate them of their duties. These findings have significant implications anyone trying to design an adult social care system fit for the future. Whilst policy design is important, public opinion will ultimately make or break any attempt to try fix social care - as the Conservative Party found out at the last General Election. And as these focus groups demonstrate, the views of informal carers are not always where politicians

might expect them to be. Any solution will have to be as mindful of these attitudes as they are attuned to its technical intricacies.

The carer's experience

Participants in both focus groups were almost unanimous in viewing their caring duties as having a very significant impact on their lives. It was common to hear how carers felt they were "constantly juggling", with their role regularly described as a "balancing act" that "you can't switch off from". As one carer put it:

"I work full time and I've got my own child at home as well so I'm having to fit everything around appointments, hospital appointments, doctors' appointments, hair appointments, everything around just general life."

Female participant, Leeds

We also frequently heard that carers felt that they never got a break from their responsibilities - "it takes up a portion of your head." As one participant put it:

"This is our life now, isn't it?"

Female participant, Leeds

Discussing how they coped with such duties, we frequently heard that they felt like they were "running on adrenaline":

"(Like) soldiers in films almost like a white-knuckle ride, because the adrenaline is so acute."

Male participant, London

It was also very common to hear that participants' social lives had been severely affected by their caring responsibilities. These comments from participants were typical throughout both focus groups:

"I find it hard because I'm young and I've not enjoyed the last two or three years as my friends have and been able to go out and go on holiday."

Female participant, Leeds

"[My]social life has been non-existent, has been for a long time."

Male participant, London

Along with their social lives being affected, we consistently heard that "me time" had been severely affected by their caring duties. This impacted their ability to continue with hobbies, exercise, or occasionally relax:

"You don't get 'me time'. You don't really get time to yourself because you're just constantly working or looking after."

Female participant, Leeds

"I used to swim or go gym after work. I can only get there on the weekend now, it just won't even fit in now."

Female participant, London

That caring has a significant financial cost as well as a physical or mental costs is something organisations such as Carers UK have repeatedly outlined. This finding was supported in our focus groups, with one participant describing how:

"I feed them and I do jobs for them and I buy things for them. It all, if you kind of sat back and got your accountant's head on them, it doesn't cost peanuts."

Male participant, Leeds

It is more difficult to quantify the impact that caring may have on relationships and we regularly heard that caring strained or worsened a relationship with a close family member. It was also very common to hear that the carer had taken on the vast bulk of the responsibilities within their family - "it's always one family member that takes on the main burden". Describing her relationship with her sister, one carer spoke of how:

"She lives down the road and refuses to help, and always finds excuses. That relationship is beyond repair. We will never speak again."

Female participant, London

Much of the above has focused on what carers find most difficult about caring - appropriate given that their duties are a real challenge for most carers. However, it is important to note that some real positives were also raised in both of our focus groups. These often centred on the satisfaction gained from interacting and spending time with family members.

"I enjoy interacting with my family. Luckily I don't work during the day, so I can go see friends and family."

Male participant, London

"For me, it's a social thing because she's a friend, 84 years old, she's sick and I mean she can sort herself...For me, I'm happy that I get to be of help caring for her."

Male participant, Leeds

Work

In Chapter One we saw how a majority of informal carers are in full-time employment. This was reflected in our focus groups, with the overwhelming majority of participants in some form of work. This brings about its own set of challenges - as one participant put it, "you're doing your job and you're doing another job".

The experience of carers in the workplace was very mixed. We regularly heard that more flexibility around working hours and time off would make a real

difference to their wellbeing but that this wasn't always forthcoming. Describing a conversation with her manager, one participant said:

"She was just like 'I don't really understand why you need the time, I don't really see how you can help' and it made me feel awful. I have tried to start looking for a [different] job but there's no time."

Female participant, Leeds

Whether employers were supportive often appeared to depend upon both the size and type of their employer, and their relationship with their manager or employer. In more positive experiences, participants noted:

"I work for a very large telecoms company, and when my mum was diagnosed, I do work in HR, they spoke to my line manager, and they were very helpful, and I do less hours now, that's how I manage to work around it."

Male participant, London

"I can work at home as well because I've got all the tackle to work at home, laptops and phones various things, so I don't need to be in the office and they're quite trusting of that and I still get the work done."

Male participant, Leeds

There were also mixed views on whether the workplace was a supportive environment. Describing the views of other colleagues, one participant commented that:

"So I think that a lot of them think 'she gets every Saturday off and we have to work every Saturday'. That's one thing that I find really difficult about it all, whereas actually, the Saturday is the day that I work the hardest in the week, it's the hardest and I'm drained on a Sunday I just don't do anything, it takes my whole weekend away."

Female participant, Leeds

We consistently heard throughout both focus groups that participants were often using most or all of their annual leave to carry out their caring responsibilities:

"I've had to start using holidays because they're being funny about me leaving half an hour early one day a week."

Female participant, Leeds

"I spend my leave attending hospital appointments, psychiatric appointments. So my leave is swallowed up."

Female participant, Leeds

Also, some carers were caught out by their employer's policies being insufficiently flexible:

"The worst thing with the employer was the immediate family thing because of my nan, I was brought up by my nan more than my mum so my nan is my mum and they didn't get that, it was 'it's not your immediate family, it's not your mum'. It's like but it is, it really, like it kind of is."

Female participant, Leeds

Some participants in more forward-looking workplaces outlined positive steps that had been taken to help them, including the establishment of a carer's forum:

"Our employer has got their head around special leave entitlement and carers and set up carer's networks. I was a member of setting up a carers forum group for carers. So we're kind of a bit ahead of the game, but I can imagine in some workplaces it's just not on the agenda whatsoever."

Male participant, Leeds

There were also specific issues raised relating to the experience of the self-employed. As explored in the recent Demos report *Free Radicals*, whilst there are often significant advantages to self-employment, income security can often be a major issue for the self-employed.⁴³ This finding was echoed in our focus groups, with self-employed carers welcoming the flexibility that came with working for themselves but also acknowledging that this could come at a cost to their incomes if they needed time off work. One self-employed participant summed it up as:

"Obviously I get more flexibility now because I don't have a boss, but more responsibility."

Male participant, London

Policy proposals

There was a strong sense in both focus groups that existing benefits for carers were overly bureaucratic and there was real hostility towards the Carer's Allowance. Participants often viewed the application process as "militaristic" and believed that "it is not an easy process, a very lengthy and complicated process":

"If you get Carer's Allowance it dictates what you can make, what you can take. I feel, slightly, like they are penalising us for trying to take care for our family, and then trying to control how we do it. And it really alienates us"

Male participant, London

"It's like you have to do Krypton Factor to get that, and on top of that it's like, meh, we're still deciding!"

Male participant, London

As a result, there was strong support for reducing the conditionality of Carer's Allowance - "it would be so great not to have to deal with the additional stress". Many of our focus group participants were not eligible for this benefit as they earn more than the maximum possible weekly wage. However, there was broad agreement that receiving the benefit would make a real difference to their lives.

"We would say we've got this money right, cost me £15 for my bus fares, take them, to so and so....It takes that financial burden off...It's just one less thing."

Male participant, Leeds

Participants were also unlikely to have previously interacted with the welfare state and this for some participants was a real source of pride. As a result any benefit for informal carers has to be appropriately designed and easy-to-use, a test which Carer's Allowance currently fails in the eyes of many of our focus group participants:

"All my life I've never been on benefits, I've not claimed one penny at all. Suddenly here you think what the hell do I do? Absolutely no idea."

Male participant, Leeds

Internationally it is common for carers to have the right to access a number of specific days of annual carer's leave. This was discussed in our focus groups and on the whole participants were very supportive. Participants felt that it would give them a little bit of flexibility and could act as a "get out of jail free" card for when they really needed it:

"Why don't you have additional holidays, not holidays as such, but having something on top of your annual leave that you are entitled to. Like as a bit of leeway, so you can have that extra half a day off."

Female participant, Leeds

"Some days I just need to be quiet. I don't want to smile, I don't want interaction, I just want to be still. So I'd like a get out for free jail card. "

Female participant, Leeds

There was also a recognition among some participants that it might be difficult for all employers to be able to offer their employees this right:

"We've got to be realistic because big companies they can afford to do that. Little companies can't, they can't have their workforce having that entitlement, it's just not doable. "

Female participant, Leeds

At the 2017 General Election the Conservative Party proposed the right to a period of unpaid carer's leave in its manifesto.⁴⁴ Our focus group participants

had mixed views on this proposal. Most felt that it was something they simply wouldn't be able to afford to do:

"Couldn't afford it. It's financial... because career breaks are generally unpaid."

Female participant, Leeds

There was also a strong belief that work was an important part of their life, and that they wouldn't want to be away from the workplace for a considerable length of time:

"Work is the only thing I've got that's mine. I want to do a good job if I put my name to something it gets done and it gets done well. I'm proud of that. I identify myself through my work. I couldn't not work. My idea of hell."

Female participant, Leeds

"Thing is a lot of people complain about work but without work then you lose your motivation. I don't want to sit in front of Jeremy Kyle every day of the week watching his 9.30 slot."

Male participant, Leeds

Issues around affordability also dogged a proposal to give carers easier access to part-time hours:

"If I didn't work full time he wouldn't have anywhere to live!"

Female participant, London

The role that technology could play in improving the lives of informal carers was also explored in our focus groups. Participants were initially hostile to the idea, concerned that there was already 'too much technology' and that technology would not be useful for them:

"I don't want any more technology, you can smash it all. People don't know how to communicate anymore, they don't know how to be kind, they don't know how to look after one another."

Female participant, Leeds

However, as the discussion developed there came a recognition that technology may be able to assist with certain tasks:

"Unless it cleans the house. I've no problem with that. And drives a car for you. Drones getting the medicines in."

Male participant, Leeds

"I think as a carer we do a thousand practical things a day which is great and you've got to do them. So if you could alleviate some of the more mundane stuff that's absolutely fantastic."

Male participant, Leeds

Yet there remained a clear belief that there could never be a complete substitute for human interaction and face-to-face care.

"Robots and technology and Facetime and Skype have got its place but you can't get away from human interaction."

Male participant, Leeds

We also heard how technology had already assisted some carers with carrying out their duties. Speaking about an alarm system he had installed in his home to assist with looking after his wife, a participant described how:

"It's absolutely brilliant and it doesn't cost much. So in terms of technology it's given me peace of mind."

Male participant, Leeds

Social care funding and provision

Broader issues relating to social care provision and funding arose naturally in our focus group discussions. Though these wider issues are not the main focus of this report, we have chosen to include some of these comments because of their relevance to current political discourse on social care and their implications for policy makers trying to build a long-term care system.

We found deep scepticism among participants about the scope for formal care provision to alleviate them of their duties. The implication of this for policy makers is that some carers may reject social care provision if it was offered by the state. There were also concerns that formal carers would come at any hour and that there would not be consistency of care. Typical comments included:

"We did try to arrange for a carer, which we had to pay for, in the end we had to stop it, they send anybody, at anytime, I think she needs... security, especially with dementia, she needs continuity of care".

Male participant, London

"From my experience, she found someone was stealing from her, and it just put her off."

Female participant, London

There was a strong sense among participants that the act of caring is deeply personal and that often no one could do this better than themselves or a close relative:

"There is no one who can care better for my mum than me. I'm not qualified, I'm not trained, I know my mum inside and out. I know things that you can't teach about my mum."

Female participant, Leeds

"The only people I would trust is someone I know very very well, so it would have to be a close friend or a close relative."

Female participant, Leeds

How to pay for a more universal provision of adult social care was also discussed. Participants were largely against higher or new taxes. Typical comments included:

"I would take having to pay an extra tax as just adding insult to injury. I know full well that I'm saving the government shed loads of money doing what I do. What, you're going to tax me on top? Are you having a laugh? Do you want to break me?"

Female participant, Leeds

There was also a strong sense that, through National Insurance contributions or other taxation, they had 'already paid' for adult social care in later life:

"I mean, if we work and pay into the system and pay for our healthcare all our lives then right at the very end why should we have to plunder and sell all our hard-earned assets to them and pay on top of what we have already paid."

Male participant, Leeds

"To be expected to spend more whilst we've already invested heavily in the welfare state is fundamentally wrong."

Female participant, Leeds

"It just seems like you're paying on top of paying."

Female participant, Leeds

There was also strong opposition to using more of the value of your home to pay for adult social care, as was suggested in the Conservative Party's 2017 Manifesto:

"It's just absolutely wrong, if you haven't got a house, you still get looked after by the state why should people do their best to do their best for their family, why should it all be taken off them."

Male participant, Leeds

Chapter Three:

An International Perspective

In this chapter we provide a brief overview of the support available to carers in Australia, Austria, Belgium, Denmark, Finland, Germany, Italy and Japan. We have selected these countries because they cover a range of different approaches to welfare and social care.

We found that short-term care leave is a mixture of paid and unpaid but unlike in the UK the number of days available is often specified in law. A small number of countries have very progressive flexible working practices which gave carers access to part-time hours at better than part-time pay. Germany and the Scandinavian countries have a generous, less restrictive form of state financial assistance available for carers than in the UK. This is because in those countries informal care is often seen as a form of work requiring appropriate remuneration.

What effect might these policies have on the lives of carers in these countries? We would expect that as a result of more flexible working practices carers would be better able to juggle their caring needs with the demands of work. This may mean that informal carers are more easily able to remain in work and that labour market participation rates would not be so affected by caring. If carers receive more generous and less restrictive financial assistance from the state then we would expect poverty rates among carers to be lower too.

On our analysis the UK lags behind competitor countries in making progress to better support carers. As we have seen in Chapter One and Two of this report this means that carers here are really struggling; reform is urgently needed to ensure we do not fall any further behind our competitors. Failure to do so would further worsen the condition of carers and - in the long run - be bad for both the taxpayer and our economy.

Short-term care leave

Parents in Japan have the right to short-term unpaid care leave to look after an unwell or disabled child. This is up to five working days per parent per child if under six years old, and up to ten working days per year for parents with two or more children.⁴⁵ Similarly, Belgian employees enjoy the right to ten days of leave per year to deal with unexpected or sudden circumstances, without entitlement to payment.⁴⁶

Italy allows parents to take unpaid leave without limits for children under three years. For children between three and eight years this is limited to five days a year per parent.⁴⁷

Australian employees are able to access paid short-term care leave. Here, employees have a right to ten days of paid carer's leave per year of service with that employer. However, for employees without this record of service this entitlement falls to just two working days unpaid carer's leave for each instance.⁴⁸ Similarly, since 2015 German employees have enjoyed access to *Pflegezeit* - an

entitlement allowing employees of relatives that depend on them for care to take up to 10 days of paid care leave per year.⁴⁹ This is paid at 90% of an employee's income.

Longer-term care leave

As with short-term care leave, the right to long term care leave is common across the countries examined. However, unlike short term care leave, this is more likely to be paid than unpaid.

In Japan, care leave can be taken for a spouse, parents, children, parents-in-laws, grandparents, siblings and grandchildren for a period of two weeks or more due to serious disability or illness, with a limit of 93 days over the lifetime of each individual. This can be split into three periods or fewer, and is paid at 67% of earnings.⁵⁰

In Italy, employees are entitled to two years leave over the course of their entire working life to look after someone with serious need in their family. During the period of leave, the individual is entitled to receive an allowance of 100% of their previous earnings, up to a ceiling of €47,351 per year.⁵¹

In Austria, employees can take long term care leave (*Pflegekarenz*) to care for or arrange care for dependents or family members for initially three months. The minimum duration for this period of leave is one month, and the initial three month period can be extended to six months if the status of the dependent person worsens substantially.⁵²

Since January 2014, employees have also been entitled to *Pflegekarenzgeld* - a cash benefit which amounts to 55% of net average income per calendar day, with six months maximum duration for this payment. Austrian employees also enjoy a statutory right to a maximum of six months unpaid care leave to look after an ill family member or child.

Similarly, in Belgium employees may take full time leave ranging one to twelve months, or full time leave up to 24 months. This must be taken in blocks of one to three months and benefits, and is paid at the rate of parental leave by the state (€721 net of taxes).⁵³

Over and above this system, Belgium operates a 'Credit temps' (Time Credits) scheme for all employees in the private sector, with a similar scheme for career breaks operated in the public sector. Leave taken under this scheme can only be taken to care for a child younger than eight years, to provide palliative care, or care for a severely ill relative. Employees need to have two years of previous employment with the same employer to guarantee eligibility, and there is a guarantee that the employee will return to work with the same employer.

The amount received depends on age and years of employment, with the maximum monthly amount available for a full time break being €654. To protect companies, only 5% of employees within one company are able to use the 'Credit temps' system at a particular time. Funding is provided by the Federal social security system which is paid for by contributions from employees, employers and the central state.

In Germany, employees can take up to six months 'nursing care leave' to look after a close relative though employers are not obliged to pay the employee during the period of leave.⁵⁴ Here, the definition of close relative used is very broad and employers with fewer than 15 employees are usually exempt.

Scandinavian countries take a particularly generous approach to longer-term care leave. In Finland carers have a legislated right for a minimum of 90 days away from work, up to a maximum of one year. However, this is company specific and the individual needs to have been working for at least 12 months prior. This is paid at 70% of the daily unemployment allowance and 80% if the carer has more than 25 years of work history.⁵⁵

In Denmark informal carers enjoy the statutory right to leave for the care of someone close to dying and there is no fixed time limit for the period of leave. The minimum amount during the care leave is equal to 82% of sick pay and up to 1.5 times the sick pay if there is more than one dependent. The state can also pay maintenance fees when expenses are high.⁵⁶

Flexible working

The policy of *Familienpflegezeitin* Germany allows employees to reduce their weekly working hours to a minimum of 15 hours to allow them to care for a dependent relative for a period of up to two years.⁵⁷ During this period of leave employees are paid a lower income but this reduction is less than the reduction in time spent working. An employee lowering their hours to 50% for two years would expect to receive 75% income during that time period, then 75% for the two years on returning to work full-time.

In Austria, those providing care for ill dependents or family members have the right to work part-time. For longer term arrangements, a minimum working time of ten hours per week must be worked.⁵⁸

Financial assistance

Australia operates a means-tested benefit similar to the UK's Carer's Allowance. As in the UK a similarly small proportion of carers receive the benefit – about one fifth of all carers.⁵⁹ If the carer is personally providing constant care and satisfies certain income and assets tests, then they are eligible for AUD 671.1 per fortnight. This is paid at an equivalent level to the Australian pension rate.⁶⁰

Belgium operates a flat-rate allowance – *mantelzorgpremie* – in certain provinces in Flanders which is not strictly means-tested. This is variable according to the municipalities considered but it averages around €32 per month.⁶¹

In Germany carers are eligible for a carer allowance under the pension insurance scheme.⁶² This is paid to those providing at least 14 hours a week of care. The carer has a contract with the relevant insurance company and their salary is dependent on the number of hours worked. The rate of payment depends on the setting in which the carer is assisting the person being cared for and the number of hours of care provided, with monthly payments ranging from €224 to

€665 for home care and from €1023 to €1918 monthly for partial/full institutional care.

Again, we see particularly generous policies of financial assistance in the Scandinavian countries. For Finnish carers there is no income test and carers can expect to receive a minimum of €336 per month which is considered for tax purposes as a form of income. In Denmark an individual can be employed as a carer for six months with the possibility to extend for six months.⁶³ A contract is drawn up between the carer and the relevant municipal council. The salary is DK 16,556 per month with a certain proportion of the payments made as pension contributions.⁶⁴

Social care provision in Scotland

Whilst this report is not primarily concerned with different social care systems it is worth highlighting changes to social care delivery in Scotland because of its impact, or lack of, on informal care provision. Free Personal Care (FPC) has been available in Scotland since 2002 for anyone over the age of 65 assessed as in need by their local authority.⁶⁵

Perhaps surprisingly, it is generally believed that this policy has not reduced the amount of informal care provided in Scotland. A 2006 King's Fund study found that where both receivers of FPC in a household were aged over 65 years there was no change to the supply of informal care.⁶⁶ However, amongst lower income households FPC did lead to a reduction in the likelihood of an individual receiving informal care from another family member.

A further study also found that FPC did not lead to a reduction in overall informal care provision but that it did lead to changes in the type of informal care provided.⁶⁷ Interestingly, a 2013 study found that FPC *increased* the probability of an individual providing informal care by between 3 and 5 percentage points.⁶⁸ This suggests that the provision of formal and informal care may be complementary.

Chapter Four: **A New Covenant for Carers**

In Chapter One we saw how the informal care economy has grown considerably in recent decades and in Chapter Two we saw the stress this is putting on carers.

A majority of carers are in work and we heard how many carers are struggling to balance this with their caring duties. They are attempting to manage this with measures such as using their annual leave allowances to care - action which in the long term is likely to be severely detrimental to their wellbeing. We also saw how leaving the workplace to care is likely to impact that individual's likelihood of returning to work.

We also saw broad support in our focus groups for policies which could offer flexibility at work but which would not come at a significant financial cost to the carer. Whilst initially sceptical, our focus groups also recognised the role that new technology could play in making their lives more manageable.

In Chapter Three we saw how other countries have often developed more flexible and generous practices to support workers than are found in the UK.

These findings inform our new covenant for carers - policy recommendations split across five themes:

- Financial assistance
- Employment
- Identification and support
- Support networks
- Technology

Financial assistance

Many problems afflict our current system of financial assistance for informal carers. It is important to note that the main form of financial assistance available to informal carers - Carer's Allowance - has changed little since its introduction in 1976 as the Invalid Care Allowance. Because Carer's Allowance is an income-replacement benefit and the majority of carers are in work, most are not eligible for Carer's Allowance.

This is of concern when we know informal carers are likely to face considerably higher living costs as a result of caring. Increased costs arising from transport, shopping and leisure activities came up repeatedly in our focus groups. In a survey, 77% of informal carers stated they face higher utility bills as a result of their caring duties, 67% said that they face higher transport costs, and 49% said that they pay more in shopping bills.⁶⁹

Carer's Allowance is also paid at a significantly lower rate than other income replacement benefits. For example, Jobseeker's Allowance (aged 25 or over) is paid at £73.10 per week, the Employment and Support Allowance (support

group) is paid at £110.75 per week, and the basic State Pension is paid at £125.95 (maximum amount). Organisations representing carers have long argued this is unfair, particularly when the benefit demands the carer provides a number of hours of care per week equivalent to working full-time (35 hours).

Furthermore, because Carer's Allowance is withdrawn in its entirety when a carer's weekly income exceeds £120, those in its receipt face a 'cliff edge' when upping the number of hours they work.⁷⁰ As a result, Carer's Allowance could be acting as a significant disincentive to work and may be a driver behind the lower labour market participation of informal carers.

Finally, as the government has significantly increased the National Living Wage in recent years, the number of carers eligible for Carer's Allowance has shrunk as a result of earning too much to be eligible. This means that a significant number of carers who may have previously relied upon Carer's Allowance will no longer receive the benefit.

In conclusion, we believe that the Carer's Allowance is a 1970s benefit unfit for a 21st Century Britain where eight million of us are carers:

Recommendation 1: *The Department for Work and Pensions should abolish the Carer's Allowance and replace it with a Universal Carer's Income (UCI) for all carers providing more than 35 hours a week of care, paid at the same rate as Jobseeker's Allowance (£73.10 per week).*

This new allowance would provide financial assistance to cover income-replacement and help with increased living costs as a result of caring. It would be available to all carers providing over 35 hours per week of care - the threshold required to receive Carer's Allowance today - and paid at an increased rate of £73.10 per week. This would bring the rate at which the Carer's Allowance is paid in line with Jobseeker's Allowance.

A UCI would be universal in the sense that it is not means-tested nor dependent on the person being cared for receiving one of a number of benefits (as is currently required by Carer's Allowance). Carers would also be able to receive the benefit if they are in full or part-time work and if they are in education. This would end the long-standing injustice of carers 'paying to work', whereby Carer's Allowance is withdrawn for those earning over £120 per week. A UCI would also not act as a disincentive to informal carers from entering work or enrolling in education courses. Furthermore, given that 1.2m carers are living in poverty⁷¹ and that one in two carers are living in a household where no one is in work,⁷² increasing the Carer's Allowance to £73.10 per week is likely to have a real impact on their lives. We heard throughout our focus groups that this money would likely be spent on assisting and supporting their caring duties.

The total number of claimants eligible for Carer's Allowance is roughly 1.3m according to Department of Work and Pensions statistics for February 2018. However, just over 840,000 of this eligible population were receiving this payment as of February 2018. This is because, for example, payments can be suspended whilst a carer is in hospital. Therefore we estimate the actual annual cost of Carer's Allowance to be around £2.8bn.

We estimate that the eligible population for a UCI for all informal carers working at least 35 hours per week is roughly three million carers. This estimate is based on figures used in the Carers UK Valuing Carers 2015 report, with populations updated for 2018 based on ONS population projections.⁷³ Assuming payments to all of the eligible population and a weekly payment equivalent to the Carer's Allowance, the total annual cost to the taxpayer would be approximately £10.2bn. We have also modelled in Figure 7 the estimated cost if 66.5% of the eligible population took up a UCI - the proportion of the total eligible population for Carer's Allowance that currently receive the benefit.

This figure doesn't consider any of the broader economic benefits we might expect to see as a result of introducing a UCI. Whilst a much more detailed assessment would be required to estimate this value, there are signs that the benefits could be considerable.

First, we would expect the multiplier effect of an increase in the incomes of informal carers to be high. The multiplier effect is the mechanism through which an initial injection of money into the economy can produce a final increase in the size of that economy greater than the initial injection. We can expect this effect to be high in the case of the UCI because it is likely that the vast majority of carers will spend this additional money instead of saving it or withdrawing it from the economy's circular flow through other means.

Second, increased financial assistance to informal carers could act as a boost to 'left behind' regional economies. As identified in Chapter One of this report, we often see large populations of informal carers in towns which have struggled economically. By giving informal carers more money, we could in turn be giving these regions a much-needed economic boost.

Figure 7⁴

Benefit	Population	Weekly payment	Weekly Exchequer cost	Annual Exchequer cost
Carer's Allowance – payments to 100% of eligible population	1.3m	£64.60	£82m	£4.3bn
Carer's Allowance – payments to 66.5% of eligible population ⁷⁵	843,000	£64.60	£54m	£2.8bn
Increasing Carer's Allowance to JSA – payments to 66.5% of eligible population	843,000	£73.10	£62m	£3.2bn
Universal Carer's Income – payments to 100% of eligible population	3m	£64.60	£196m	£10.2bn

Universal Carer's Income - payments to 66.5% of eligible population	2m	£73.10	£147m	£7.7bn
Universal Carer's Income - payments to 66.5% of eligible population	2m	£64.60	£130m	£6.8bn

We recognise that our recommendation will require an increase in public spending and as a result it is only right we suggest revenue-raising measures to pay for this. Scrapping the Carer's Allowance would free up £2.8bn of funding, meaning a UCA at a JSA weekly rate (overall cost £10.2bn) requires approximately £7.4bn more funding.

Because we could become a carer at any age - and therefore stand at any stage in our lives to benefit from a UCI - we think it only fair that anyone of working age contributes towards its cost. We also think that only charging the over 40s, as has recently been proposed for new social care taxes, may serve to deepen intergenerational tensions rather than addressing them. The Institute for Fiscal Studies estimate that £8.2bn in total could be raised by increasing National Insurance Contribution (NICS) rates for employees and the self-employed by 1ppt, and by raising the employer NICS rate by 1ppt.⁷⁶ This would more than fill the fiscal gap left by the introduction of a UCI at a JSA weekly rate.

The above analysis does not consider the likely wide and significant societal benefits of a UCI. By more than doubling the number of carers receiving some form of financial assistance we are likely to transform many of their lives. If carers are lifted out of poverty by a UCI we can expect their health to improve, further lowering the costs to the state of supporting them. If they are able to afford to return to education or take a part-time job - no longer trapped on Carer's Allowance by a benefits cliff-edge - then we can expect their livelihood and wellbeing to increase further and thus for the Exchequer to benefit too in the long run.

More importantly, a UCI is about putting carers back in control of their lives. Providing carers directly with additional income is underpinned by the principle that individuals are best placed to make the best decisions about their lives. This belief runs through a wealth of previous Demos research, for example in our early championing of personalised budgets in public service delivery.⁷⁷ And whilst a UCI is not a direct or comprehensive solution to our care crisis, we believe better support for carers is a vital first step towards such a solution. Given the extensive role that informal carers already play in propping up our existing welfare and social care systems, any long-term solution will require their buy-in. A UCI is about getting us towards that and helping break the current political impasse on social care.

One important objection is the possibility that by reducing the level of conditionality associated with carer benefits we are increasing the opportunity for fraudulent claims. Furthermore, because of the generosity of the benefit there may also be a greater incentive to commit such fraud. As a result, it may be

appropriate for additional funding to be provided to the Department for Work and Pensions to undertake further compliance work and, where necessary, enforcement action.

We also recommend that the Government considers whether there should be an exemption to the overlapping benefits rule for those in receipt of a UCI, allowing it to be claimed in conjunction with over income-replacement benefits. This would provide a further much-needed boost to the incomes of some of our country's most vulnerable carers. Given that our costings for a UCI assume every carer providing over 35 hours a week of care would receive the benefit, and no doubt many of these would already be receiving other income-replacement benefits, the cost of this is in a sense already priced in to our estimates of a UCI's total cost.

Of course the argument against this would be that Jobseekers Allowance, for example, is supposed to be conditional on precisely that: jobseeking. And that perhaps caring might end up being a lucrative alternative compared to unemployment, perhaps encouraging fraud. As we have noted above, the DWP should certainly look carefully at expanding its fraud-busting capabilities as part of a UCI's roll-out. This is also why we make recommendations below to strengthen duties on local authorities and the NHS to identify carers.

However, in terms of the labour market signal this would send as to the value of caring as a form of work, even for the unemployed, we think the enhanced monetary contribution to those out of conventional work is entirely defensible. Not least because of the enormous public finances savings carers provide by diminishing demand for formal care.

Employment

As we saw earlier in this report, the majority of carers are in work. This means that working practices are likely to have a real impact on their lives and wellbeing.

Currently, all employees have the right to request flexible working once they have worked for the same employer for six months, as long as they haven't made the same request in the past year. Employers must have a sound business reason for rejecting the request. In addition, employees have the right to a 'reasonable' amount of time off work to deal with an emergency or an unforeseen matter relating to a dependent. This usually includes partners, children or parents, though others may qualify. However, this is only available in an emergency and is unpaid unless the employer chooses to pay.

In both of our focus groups the ability to take more breaks from work was repeatedly raised as a key wish of carers. Carers also raised that in certain instances they had requested flexible hours or time out of work and that their employer had denied these requests or not been accommodative of them.

Whilst it was recognised in both of our focus groups that reducing the number of hours worked could make a real difference to the wellbeing of carers, too often they would be unable to afford the subsequent fall in income.

Recommendation 2: *The Department for Work and Pensions should introduce a Carer's Working Credit to give carers the right to pay-protected part-time working.*

The Department for Work and Pensions should introduce the right to income-protected part-time working for informal carers. Under this policy carers would not see their wages fall by as much as the corresponding reduction in the number of hours worked.

This is inspired by the German policy *Familienpflegezeit* under which a full time carer has the right to request part-time working with access to better than part-time pay. For example, a carer reducing their hours to 50% would receive 75% pay for the period of part-time working, then 75% pay for an equivalent period when they are back working full-time.

However, an employer-centric model – in which an individual must work for a period of time with a particular employer to 'pay back' the additional pay received whilst working part-time – may not be suitable for the UK. This is because such a policy could limit the flexibility of our labour market, something we believe is a real strength of British capitalism and should be preserved. Therefore, a scheme in which the liability is borne by the state instead of the employer and restrictions on workers moving jobs are minimised would be more suitable. To deliver this the Department for Work and Pensions should administer a pay top-up for carers going down to part-time hours – a Carer's Working Credit – which would protect their income whilst working part-time. This would then be 'paid back' over a number of years by the individual through a carer's tax code.

However, for many carers, going down to part-time hours will not be possible nor suitable, and an extended period of time away from the workplace may be required.

Recommendation 3: *The Government should immediately introduce the right to one year's unpaid care leave.*

The Government should immediately implement its 2017 General Election campaign proposal to give carers the right to one year's unpaid care leave.⁷⁸ This should also include the right for the individual taking leave to return to the same job on the same basis after their period of leave.

Whilst the right to a fixed period of unpaid care leave with a guaranteed job to return to would be an improvement on the current situation – and would begin to bring us in line with other countries as seen in Chapter Three – we do not endorse this as a long-term solution. This is because we know too many carers simply wouldn't be able to afford the time away from the workplace, something we frequently heard throughout both of our focus groups. This finding is supported by a survey of parents with caring responsibilities for other adults which found that a third would not be able to afford to use one year's unpaid carer's leave.⁷⁹

Recommendation 4: *The Government should work towards introducing one year's paid care leave funded by abolishing the State Pension 'triple lock'.*

The Government should work towards introducing one year's care leave on a similar basis to Statutory Maternity Pay - 90% of average weekly pre-tax earnings for the first eight weeks followed by £145 or 90% of average weekly earnings (whichever is lower) for the remaining weeks. As with maternity pay, the cost would be borne up front by employers with the potential for 92% of the total cost to be claimed back.

After looking to those of working age to pay for a UCI through higher National Insurance contributions we think it is only fair that the elderly contribute towards the cost of paid care leave. Whilst they would not stand to gain exclusively from such a policy, the elderly are likely to benefit significantly from younger family members or friends being able to take time off work to look after them.

That is why the Government should fund one year's paid care leave by looking to abolish the 'triple lock' on pensions which links State Pension increases to whichever is higher of earnings, prices or 2.5%. Linking pension increases to CPI inflation and ignoring the average earnings minimum uprating requirement would save almost £4bn by 2021/22.⁸⁰ These savings should be put towards the gradual introduction of one year's paid care leave.

Recommendation 5: *Employees should have the right to 10 days of annual paid care leave.*

Currently employees have the right to request short-term emergency care leave. Unfortunately this is unpaid meaning the ability of many informal carers to access it is affected.

We repeatedly heard through our focus groups that informal carers are regularly using their paid annual leave to take time out to care. The introduction of 10 days of paid annual care leave would ensure that this practice – which is likely to significantly impact the wellbeing of the carer – is less likely to happen.

Identification and support

Beyond financial assistance, the state also seeks to support carers through the identification of support and other services. Responsibility for this today rests largely with local authorities.

Under the Care Act 2014, local authorities should put in place arrangements to identify and target those individuals who may benefit from preventative support.⁸¹ However, this legislation only demands that councils "have regard to...the importance of identifying carers in the authority's area with needs for support which are not being met".⁸² This could explain why so many local authorities appear to be poor at identifying informal carers. The Carers Trust found that just 17 (13%) of 132 local authorities contacted stated that they were working to identify carers, and that of the 23 councils that had a prevention strategy in place, few details were provided.⁸³

This means that there is a reliance on carers to self-identify and therefore in reality the burden for accessing support largely lies with carers themselves. This is a problem because there is evidence that carers may be unlikely to self-identify and claim a particular benefit. For example, we know that fewer than half of

those that care for someone with cancer identify as a carer.⁸⁴ This research also shows that male carers, those looking after the elderly and those who provide less intensive caring are all least likely to identify as a carer. Furthermore, the fact that only local authorities have a responsibility to identify carers means that agencies which may hold relevant information about them may not be speaking to one another.

Recommendation 6: *A new duty should be placed on local authorities to identify carers in their communities.*

The Care Act 2014 should be amended to require local authorities to actively identify carers in their local area and to keep an up-to-date local register of them. To enable carers to easily register local authorities should be required to host an online webpage allowing carers to notify them of their status.

Beyond local authorities, it is also vital that health services take steps to better identify carers. As Carers UK outline, hospitals and other medical locations are a good place to identify carers as this is often where a caring journey begins or increases but we know from the data this is not happening enough.⁸⁵ Despite 70% of carers coming into contact with health professionals⁸⁶ they identify only 11% of carers and GPs identify just 7%.⁸⁷

Recommendation 7: *A duty should be placed on NHS bodies to identify carers and support their health and wellbeing.*

This measure would begin to address the historic ineffectiveness of our health services at identifying carers and bring a wide range of benefits. It would help ensure carers are signposted towards services available to them and that their status as carers is taken into consideration when receiving treatment. It could also allow for better personalisation of health support. Earlier identification of carers would enable earlier interventions to better support their wellbeing too.

Support networks

A frequent theme in our focus groups was the extent to which carers often feel isolated and how having a clearer support network could make a real difference to their lives. Indeed, we heard of some best practice from employers which have established carer networks within their workplaces and the positive impact that these had.

The National Network of Parent Carer Forums are a network of 152 forums in England. Parent Carer Forums include parent carers of children and young people with Special Education Needs and/or disabilities.⁸⁸ There are around 80,000 participating carers in England. The aim of Parent Carer Forums is to give parent carers a voice and allow them to come together to influence local, regional and national service improvement through co-production with their involvement. The Government provides funding to the charity Contact a Family to support the administration of the forums, receiving £2.3m last year from the Department for Education.⁸⁹

Recommendation 8: *Creation of a national network of Carer Forums, modelled on the National Network of Parent Carer Forums for parent carers of disabled children.*

The Government should provide grant funding to establish a National Network of Carer Forums. Based on the model of the Parent Carer Forums, these should provide spaces for carers to meet and be involved in the improvement of local services available to them.

Given the vital role that employers can play in supporting carers, key local businesses and employers should be invited to participate in the carer forums to add their expertise. They should also be encouraged to support the development of forums in their workplaces.

We also heard in our focus groups of the key role that Occupational Therapists can play in assisting carers and those that they care for. This support can be particularly useful for those being cared for who may not be elderly and are still living independently at home. However, the evidence suggests that they are an extremely stretched and overworked resource in the UK today. Despite occupational therapists dealing with 35-45% of social care referrals they make up just 2% of the workforce.⁹⁰

Recommendation 9: *The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government should establish a joint £215m package to boost the number of occupational therapy training places in England by 10%. .*

Recognising that the budgets of local authorities have shrunk considerably in recent years, the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government should establish a £215m fund to boost the number of training places for occupational therapists. This could be modelled on the £12m package announced in December 2017 to provide a 10% increase in the number of occupational therapy training places in Wales.⁹¹ Scaling this programme up to England would cost around £215m.

Occupational therapists can play a vital role in supporting carers and those they look after, often reducing the need for them to be admitted to hospital and allowing greater opportunity for early intervention before conditions worsen. As a result, we can expect there to be significant benefits to the taxpayer associated with this package . A US-based study found occupational therapy to be the only type of hospital spending considered with a statistically significant association for lower readmission rates for medical conditions.⁹² An evaluation of the effectiveness of extra Occupational Therapy provision in Somerset found that this intervention led to the number of carers needed falling from two to one in 37% of cases.⁹³ This resulted in savings for the council of close to £300,000.⁹⁴

Technology

In recent years we have seen significant advances in robotics and the development of Artificial Intelligence, leading some to claim we are on the cusp of a Fourth Industrial Revolution.⁹⁵ Whilst we should be careful to proceed with caution given important ethical considerations, new technologies hold the

potential to help significantly improve the lives of informal carers. This is particularly important at a time when, as a result of our ageing population, there is likely to be a reduction in the number of working age people available to help with caring.

Internationally, significant considerable advances have been made in the use of robotics for caring. In Japan researchers developed *Paro*, a robotic seal designed to be used for therapeutic play with elderly people with conditions such as dementia.⁹⁶ Whilst the use of robots to assist with caring is at an early stage in the UK, we have seen some positive developments in recent years. For example, the University of Bedfordshire and Middlesex University London will shortly participate in an international research project developing and evaluating the world's first culturally aware robots aimed at assisting with elderly care.⁹⁷ The project will expand the capability of the *Pepper* robot, designed by Japanese company Softbank Robotics.

We found in our focus groups that carers were initially sceptical about the role that robots could play in their lives. This was driven by a view that caregiving is a deeply human and personal activity that a robot would not be able to assist with. However, despite initial reservations some participants did come to acknowledge the potential benefits technology could bring, if not by replacing them all together but helping with the many household tasks - cleaning, for example - which take up a lot of their time.

Recommendation 10: *Innovate UK should launch a £50m innovation fund for the development of home-based robotics to assist carers.*

Innovate UK - the Government's innovation agency - should establish a £50m innovation fund to provide grant funding to organisations developing robotics to assist informal carers.

Research into robotics for the care sector has largely focused on solutions for a care-home environment. There is a real opportunity here for the UK to become a world-leader in robotics designed for use at home to support carers.

Recommendation 11: *Introduce VAT exemption on purchases of technology designed to support carers in the home.*

A wide range of technologies already exist to assist informal carers with their responsibilities. For example, monitors and sensors are now widely used to ensure the safety of those living at home.⁹⁸ Indeed, some participants in our focus groups described how they were already using such technology to their benefit.

However, given the often low incomes of carers there are many who would likely benefit from such technology but are currently unable to purchase it. Therefore, the Government should make such technology VAT exempt – as is already the case for a range of similar products such as equipment for disabled people.⁹⁹

Through expanding the home market for such technology we might also help to stimulate the growth of British firms working in this field.

Recommendation 12: *Pilot robotic care assistants for informal caregivers in 'left behind' regions.*

As noted above, whilst UK-based research into caregiving robotics has to date been limited, there are initial trials - such as at the University of Bedfordshire - which show real promise. The Government should seek to build on these by providing funding for researchers to trial cutting edge robotics technology in a home-setting with the assistance of carers in mind. This would enable us to deepen our understanding of their effectiveness and seek to develop home grown technologies further.

As noted in Chapter One, carers providing the most intense levels of care are likely to be located in England in towns and semi-rural areas away from metropolitan cities – areas which are often considered to have been 'left behind' by the rest of the country. Piloting robotics in these areas should be a priority given that carers here are likely to have particularly acute needs and therefore potentially stand to benefit the most from additional support. Furthermore, given the more elderly populations here and often lower levels of immigration, there are likely to be fewer people available to help with care.

Appendix One

Whilst the value of the informal care economy is not usually included in standard estimates of economic output, a range of methods can be used to estimate its economic value.

For our estimate, we followed a methodology used by Sheffield and Leeds University academics for a 2015 Carers UK report, which we have updated to reflect population increases and changes in the economic cost of providing care since then. This methodology combines the average hourly cost of a provider delivering adult social care with the number of hours informal carers work annually.

Given that 12% of the population are informal carers,¹⁰⁰ using ONS population forecasts we have estimated that there are 7,980,000 informal carers in the UK in 2018.¹⁰¹ The NHS estimates that the average hourly cost of externally-provided adult social care in 2017-18 is £15.20.¹⁰²

In conjunction with estimates of the amount of hours of unpaid care carried out each week¹⁰³, we can estimate the total economic value of the informal care economy as described in the table below.

Hours of informal care per week	Number of carers	Weekly value (£)
50 hours	1,934,352	£1,501,057,152
35 hours	1,098,846	£596,893,147
15 hours	1,533,509	£357,000,895
7 hours	1,533,509	£166,600,418
2 hours	1,879,785	£58,348,526
Total weekly value		£2.68bn
Total annual value		£139.4bn

This is likely to be an underestimate. We know that 36% of carers in England provide over 100 hours of care a week, but for our estimate we have assumed that 50 hours is the maximum number of hours an informal carer would provide.¹⁰⁴

In further research it would be valuable to provide a more accurate estimate and explore other approaches to valuing the informal care economy.

Appendix Two – Amount of care provided by Local Authority in England and Wales

Source: ONS Census 2011, QS301EW - Provision of unpaid care

Local authority: district / unitary (prior to April 2015)	Population	Provides 50 or more hours unpaid care a week	Proportion providing 50 or more hours unpaid care a week
Adur	61,182	1,642	2.68%
Allerdale	96,422	2,706	2.81%
Amber Valley	122,309	3,312	2.71%
Arun	149,518	3,807	2.55%
Ashfield	119,497	3,890	3.26%
Ashford	117,956	2,705	2.29%
Aylesbury Vale	174,137	2,939	1.69%
Babergh	87,740	1,877	2.14%
Barking and Dagenham	185,911	4,623	2.49%
Barnet	356,386	6,247	1.75%
Barnsley	231,221	7,619	3.30%
Barrow-in-Furness	69,087	2,364	3.42%
Basildon	174,497	4,455	2.55%
Basingstoke and Deane	167,799	2,988	1.78%
Bassetlaw	112,863	3,442	3.05%
Bath and North East Somerset	176,016	3,200	1.82%
Bedford	157,479	3,191	2.03%
Bexley	231,997	5,719	2.47%
Birmingham	1,073,045	28,550	2.66%
Blaby	93,915	2,074	2.21%
Blackburn with Darwen	147,489	4,296	2.91%
Blackpool	142,065	5,092	3.58%
Blaenau Gwent	69,814	2,808	4.02%
Bolsover	75,866	2,690	3.55%
Bolton	276,786	7,937	2.87%
Boston	64,637	1,767	2.73%
Bournemouth	183,491	3,785	2.06%
Bracknell Forest	113,205	1,857	1.64%
Bradford	522,452	12,305	2.36%
Braintree	147,084	3,129	2.13%
Breckland	130,491	3,577	2.74%
Brent	311,215	5,859	1.88%
Brentwood	73,601	1,438	1.95%
Bridgend	139,178	5,503	3.95%
Brighton and Hove	273,369	4,716	1.73%

Bristol, City of	428,234	9,176	2.14%
Broadland	124,646	2,891	2.32%
Bromley	309,392	6,299	2.04%
Bromsgrove	93,637	2,174	2.32%
Broxbourne	93,609	2,100	2.24%
Broxtowe	109,487	2,661	2.43%
Burnley	87,059	2,615	3.00%
Bury	185,060	4,715	2.55%
Caerphilly	178,806	6,960	3.89%
Calderdale	203,826	4,509	2.21%
Cambridge	123,867	1,589	1.28%
Camden	220,338	3,318	1.51%
Cannock Chase	97,462	3,134	3.22%
Canterbury	151,145	3,679	2.43%
Cardiff	346,090	8,605	2.49%
Carlisle	107,524	2,654	2.47%
Carmarthenshire	183,777	7,114	3.87%
Castle Point	88,011	2,509	2.85%
Central Bedfordshire	254,381	4,886	1.92%
Ceredigion	75,922	2,225	2.93%
Charnwood	166,100	3,294	1.98%
Chelmsford	168,310	3,068	1.82%
Cheltenham	115,732	1,917	1.66%
Cherwell	141,868	2,686	1.89%
Cheshire East	370,127	8,024	2.17%
Cheshire West and Chester	329,608	8,457	2.57%
Chesterfield	103,788	3,358	3.24%
Chichester	113,794	2,368	2.08%
Chiltern	92,635	1,481	1.60%
Chorley	107,155	2,729	2.55%
Christchurch	47,752	1,369	2.87%
City of London	7,375	70	0.95%
Colchester	173,074	3,413	1.97%
Conwy	115,228	3,978	3.45%
Copeland	70,603	2,107	2.98%
Corby	61,255	1,664	2.72%
Cornwall	532,273	15,856	2.98%
Cotswold	82,881	1,520	1.83%
County Durham	513,242	16,893	3.29%
Coventry	316,960	7,938	2.50%
Craven	55,409	1,178	2.13%
Crawley	106,597	2,106	1.98%
Croydon	363,378	6,870	1.89%
Dacorum	144,847	2,769	1.91%

Darlington	105,564	2,758	2.61%
Dartford	97,365	2,166	2.22%
Daventry	77,843	1,566	2.01%
Denbighshire	93,734	3,396	3.62%
Derby	248,752	6,316	2.54%
Derbyshire Dales	71,116	1,546	2.17%
Doncaster	302,402	9,419	3.11%
Dover	111,674	3,183	2.85%
Dudley	312,925	9,473	3.03%
Ealing	338,449	6,072	1.79%
East Cambridgeshire	83,818	1,637	1.95%
East Devon	132,457	3,336	2.52%
East Dorset	87,166	2,300	2.64%
East Hampshire	115,608	2,028	1.75%
East Hertfordshire	137,687	2,125	1.54%
East Lindsey	136,401	5,624	4.12%
East Northamptonshire	86,765	1,794	2.07%
East Riding of Yorkshire	334,179	8,595	2.57%
East Staffordshire	113,583	2,532	2.23%
Eastbourne	99,412	2,579	2.59%
Eastleigh	125,199	2,409	1.92%
Eden	52,564	1,134	2.16%
Elmbridge	130,875	1,878	1.43%
Enfield	312,466	6,194	1.98%
Epping Forest	124,659	2,500	2.01%
Epsom and Ewell	75,102	1,216	1.62%
Erewash	112,081	2,917	2.60%
Exeter	117,773	2,447	2.08%
Fareham	111,581	2,299	2.06%
Fenland	95,262	2,944	3.09%
Flintshire	152,506	4,476	2.93%
Folkestone and Hythe	107,969	3,178	2.94%
Forest Heath	59,748	1,208	2.02%
Forest of Dean	81,961	2,175	2.65%
Fylde	75,757	2,149	2.84%
Gateshead	200,214	6,251	3.12%
Gedling	113,543	2,890	2.55%
Gloucester	121,688	2,732	2.25%
Gosport	82,622	1,949	2.36%
Gravesham	101,720	2,556	2.51%
Great Yarmouth	97,277	3,349	3.44%
Greenwich	254,557	5,410	2.13%
Guildford	137,183	2,111	1.54%
Gwynedd	121,874	3,497	2.87%
Hackney	246,270	4,120	1.67%

Halton	125,746	4,569	3.63%
Hambleton	89,140	1,872	2.10%
Hammersmith and Fulham	182,493	2,531	1.39%
Harborough	85,382	1,503	1.76%
Haringey	254,926	4,171	1.64%
Harlow	81,944	1,878	2.29%
Harrogate	157,869	2,824	1.79%
Harrow	239,056	4,784	2.00%
Hart	91,033	1,286	1.41%
Hartlepool	92,028	3,044	3.31%
Hastings	90,254	2,413	2.67%
Havant	120,684	3,313	2.75%
Havering	237,232	5,835	2.46%
Herefordshire, County of	183,477	4,316	2.35%
Hertsmere	100,031	1,820	1.82%
High Peak	90,892	2,037	2.24%
Hillingdon	273,936	5,526	2.02%
Hinckley and Bosworth	105,078	2,471	2.35%
Horsham	131,301	2,276	1.73%
Hounslow	253,957	4,790	1.89%
Huntingdonshire	169,508	3,464	2.04%
Hyndburn	80,734	2,510	3.11%
Ipswich	133,384	3,139	2.35%
Isle of Anglesey	69,751	2,185	3.13%
Isle of Wight	138,265	4,104	2.97%
Isles of Scilly	2,203	35	1.59%
Islington	206,125	3,762	1.83%
Kensington and Chelsea	158,649	1,954	1.23%
Kettering	93,475	2,104	2.25%
King's Lynn and West Norfolk	147,451	4,794	3.25%
Kingston upon Hull, City of	256,406	7,412	2.89%
Kingston upon Thames	160,060	2,346	1.47%
Kirklees	422,458	9,621	2.28%
Knowsley	145,893	5,876	4.03%
Lambeth	303,086	4,270	1.41%
Lancaster	138,375	3,535	2.55%
Leeds	751,485	16,441	2.19%
Leicester	329,839	7,929	2.40%
Lewes	97,502	2,304	2.36%
Lewisham	275,885	5,088	1.84%
Lichfield	100,654	2,548	2.53%
Lincoln	93,541	2,447	2.62%
Liverpool	466,415	14,985	3.21%
Luton	203,201	4,445	2.19%

Maidstone	155,143	3,361	2.17%
Maldon	61,629	1,454	2.36%
Malvern Hills	74,631	1,847	2.47%
Manchester	503,127	11,963	2.38%
Mansfield	104,466	3,550	3.40%
Medway	263,925	6,684	2.53%
Melton	50,376	1,017	2.02%
Mendip	109,279	2,441	2.23%
Merthyr Tydfil	58,802	2,363	4.02%
Merton	199,693	3,388	1.70%
Mid Devon	77,750	1,727	2.22%
Mid Suffolk	96,731	1,995	2.06%
Mid Sussex	139,860	2,301	1.65%
Middlesbrough	138,412	4,343	3.14%
Milton Keynes	248,821	4,788	1.92%
Mole Valley	85,375	1,410	1.65%
Monmouthshire	91,323	2,549	2.79%
Neath Port Talbot	139,812	6,712	4.80%
New Forest	176,462	4,314	2.44%
Newark and Sherwood	114,817	3,156	2.75%
Newcastle upon Tyne	280,177	6,836	2.44%
Newcastle-under-Lyme	123,871	3,524	2.84%
Newham	307,984	6,319	2.05%
Newport	145,736	4,507	3.09%
North Devon	93,667	2,449	2.61%
North Dorset	68,583	1,502	2.19%
North East Derbyshire	99,023	3,011	3.04%
North East Lincolnshire	159,616	4,762	2.98%
North Hertfordshire	127,114	2,343	1.84%
North Kesteven	107,766	2,983	2.77%
North Lincolnshire	167,446	4,684	2.80%
North Norfolk	101,499	2,993	2.95%
North Somerset	202,566	4,564	2.25%
North Tyneside	200,801	5,478	2.73%
North Warwickshire	62,014	1,798	2.90%
North West Leicestershire	93,468	2,342	2.51%
Northampton	212,069	4,462	2.10%
Northumberland	316,028	8,840	2.80%
Norwich	132,512	2,869	2.17%
Nottingham	305,680	7,429	2.43%
Nuneaton and Bedworth	125,252	3,680	2.94%
Oadby and Wigston	56,170	1,339	2.38%
Oldham	224,897	6,145	2.73%
Oxford	151,906	2,098	1.38%
Pembrokeshire	122,439	4,061	3.32%

Pendle	89,452	2,402	2.69%
Peterborough	183,631	4,342	2.36%
Plymouth	256,384	7,566	2.95%
Poole	147,645	3,605	2.44%
Portsmouth	205,056	4,103	2.00%
Powys	132,976	3,820	2.87%
Preston	140,202	3,451	2.46%
Purbeck	44,973	1,115	2.48%
Reading	155,698	2,599	1.67%
Redbridge	278,970	5,704	2.04%
Redcar and Cleveland	135,177	4,580	3.39%
Redditch	84,214	2,154	2.56%
Reigate and Banstead	137,835	2,281	1.65%
Rhondda Cynon Taff	234,410	9,389	4.01%
Ribble Valley	57,132	1,166	2.04%
Richmond upon Thames	186,990	2,381	1.27%
Richmondshire	51,965	917	1.76%
Rochdale	211,699	6,105	2.88%
Rochford	83,287	1,880	2.26%
Rossendale	67,982	1,782	2.62%
Rother	90,588	2,732	3.02%
Rotherham	257,280	8,865	3.45%
Rugby	100,075	2,062	2.06%
Runnymede	80,510	1,383	1.72%
Rushcliffe	111,129	2,091	1.88%
Rushmoor	93,807	1,616	1.72%
Rutland	37,369	671	1.80%
Ryedale	51,751	1,141	2.20%
Salford	233,933	6,449	2.76%
Sandwell	308,063	9,937	3.23%
Scarborough	108,793	3,177	2.92%
Sedgemoor	114,588	3,049	2.66%
Sefton	273,790	9,006	3.29%
Selby	83,449	1,727	2.07%
Sevenoaks	114,893	2,254	1.96%
Sheffield	552,698	14,512	2.63%
Shropshire	306,129	7,379	2.41%
Slough	140,205	2,591	1.85%
Solihull	206,674	5,133	2.48%
South Bucks	66,867	1,174	1.76%
South Cambridgeshire	148,755	2,444	1.64%
South Derbyshire	94,611	2,202	2.33%
South Gloucestershire	262,767	5,384	2.05%
South Hams	83,140	1,971	2.37%
South Holland	88,270	2,518	2.85%

South Kesteven	133,788	2,979	2.23%
South Lakeland	103,658	2,338	2.26%
South Norfolk	124,012	2,734	2.20%
South Northamptonshire	85,189	1,510	1.77%
South Oxfordshire	134,257	2,189	1.63%
South Ribble	109,057	2,765	2.54%
South Somerset	161,243	3,550	2.20%
South Staffordshire	108,131	2,676	2.47%
South Tyneside	148,127	4,793	3.24%
Southampton	236,882	4,802	2.03%
Southend-on-Sea	173,658	4,139	2.38%
Southwark	288,283	4,748	1.65%
Spelthorne	95,598	1,993	2.08%
St Albans	140,664	2,202	1.57%
St Edmundsbury	111,008	2,322	2.09%
St. Helens	175,308	6,473	3.69%
Stafford	130,869	3,123	2.39%
Staffordshire Moorlands	97,106	2,698	2.78%
Stevenage	83,957	2,132	2.54%
Stockport	283,275	6,970	2.46%
Stockton-on-Tees	191,610	5,308	2.77%
Stoke-on-Trent	249,008	7,814	3.14%
Stratford-on-Avon	120,485	2,553	2.12%
Stroud	112,779	2,205	1.96%
Suffolk Coastal	124,298	2,919	2.35%
Sunderland	275,506	9,621	3.49%
Surrey Heath	86,144	1,323	1.54%
Sutton	190,146	3,620	1.90%
Swale	135,835	4,010	2.95%
Swansea	239,023	8,508	3.56%
Swindon	209,156	4,369	2.09%
Tameside	219,324	6,359	2.90%
Tamworth	76,813	2,178	2.84%
Tandridge	82,998	1,442	1.74%
Taunton Deane	110,187	2,294	2.08%
Teignbridge	124,220	3,379	2.72%
Telford and Wrekin	166,641	4,978	2.99%
Tendring	138,048	4,892	3.54%
Test Valley	116,398	2,292	1.97%
Tewkesbury	81,943	1,669	2.04%
Thanet	134,186	4,387	3.27%
Three Rivers	87,317	1,517	1.74%
Thurrock	157,705	3,821	2.42%
Tonbridge and Malling	120,805	2,502	2.07%
Torbay	130,959	4,684	3.58%

Torfaen	91,075	3,458	3.80%
Torridge	63,839	1,781	2.79%
Tower Hamlets	254,096	4,915	1.93%
Trafford	226,578	4,893	2.16%
Tunbridge Wells	115,049	1,900	1.65%
Uttlesford	79,443	1,324	1.67%
Vale of Glamorgan	126,336	3,586	2.84%
Vale of White Horse	120,988	2,220	1.83%
Wakefield	325,837	9,940	3.05%
Walsall	269,323	8,777	3.26%
Waltham Forest	258,249	4,960	1.92%
Wandsworth	306,995	3,977	1.30%
Warrington	202,228	5,144	2.54%
Warwick	137,648	2,359	1.71%
Watford	90,301	1,584	1.75%
Waveney	115,254	3,734	3.24%
Waverley	121,572	1,870	1.54%
Wealden	148,915	3,099	2.08%
Wellingborough	75,356	1,819	2.41%
Welwyn Hatfield	110,535	2,076	1.88%
West Berkshire	153,822	2,509	1.63%
West Devon	53,553	1,398	2.61%
West Dorset	99,264	2,406	2.42%
West Lancashire	110,685	3,372	3.05%
West Lindsey	89,250	2,458	2.75%
West Oxfordshire	104,779	1,768	1.69%
West Somerset	34,675	979	2.82%
Westminster	219,396	3,426	1.56%
Weymouth and Portland	65,167	1,812	2.78%
Wigan	317,849	9,858	3.10%
Wiltshire	470,981	9,478	2.01%
Winchester	116,595	1,934	1.66%
Windsor and Maidenhead	144,560	2,199	1.52%
Wirral	319,783	10,693	3.34%
Woking	99,198	1,567	1.58%
Wokingham	154,380	2,315	1.50%
Wolverhampton	249,470	7,408	2.97%
Worcester	98,768	2,075	2.10%
Worthing	104,640	2,292	2.19%
Wrexham	134,844	4,048	3.00%
Wychavon	116,944	2,791	2.39%
Wycombe	171,644	2,832	1.65%
Wyre	107,749	3,688	3.42%
Wyre Forest	97,975	2,677	2.73%

York	198,051	3,589	1.81%
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Notes

¹ Please see Appendix 1 for methodology and calculations.

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- ⁷⁴Figures may not add in table due to rounding.
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¹⁰³ To estimate the number of hours of informal care provided per week by each informal carer, we have used the same proportions of hours used by Carers UK in their 2015 annual report.

¹⁰⁴ https://files.digital.nhs.uk/publication/a/o/sace_report_2016-17.pdf

