

## The Care Act and the ‘visibility’ of unpaid carers

by **Linda Pickard**

Coming into effect today the **Care Act**, with its widening of eligibility for unpaid carers to be assessed and for support to be provided to meet carers’ needs, is an important step forward.

A key aspect of the new legislation is its changes to the criteria for the assessment of carers’ needs and removal of the requirement that unpaid carers must be providing a ‘substantial amount of care on a regular basis’ to be eligible for an assessment and support. Yet it is unlikely that sufficient funding has been made available to support these changes.

Our research looked at which carers are currently ‘visible’ or known to councils and which are not, and used the results to examine the likely effects of the new legislation. Funded by the **NIHR School for Social Care Research**, findings from our research have recently been published in the **Journal of Social Work**.

We identified the characteristics of carers known to councils by using two large-scale surveys. We compared the 2009/10 **Personal Social Services Survey of Adult Carers in England** and the 2009/10 **Survey of Carers in Households in England**, and concentrated on carers likely to be eligible for an assessment at the time the surveys were conducted – so we focused on carers providing substantial amounts of care. We defined carers providing substantial care as those providing unpaid care to family or friends for 20 or more hours a week.

### Key results

Carers who are known to councils provide extremely long hours of care. Even though the study was confined to carers providing a substantial amount of care, we found that over 87% were ‘full-time’ carers and they cared for 35 or more hours a week. Indeed, over half of the substantial carers known to councils were providing care for 100 or more hours a week and, following **Vlachantoni**, might be described as virtually ‘round-the-clock’ carers.

### Implications for the effects of the Care Act

We concluded that councils’ emphasis on the most intense carers is unlikely to be due solely to the current legislation. ‘Substantial’ care is clearly broader than the ‘full-time’ or virtually ‘round-the-clock’ caring on which councils currently focus. So councils are already targeting *within* carers who provide intense care. The implication is that a change in the legislation, and the dropping of the ‘substantial and regular’ clauses alone, will not necessarily broaden access to carers’ assessments.

The reason why councils focus on the most intense forms of caring is likely to be due to resource constraints. So, if the new legislation is to broaden access to carers’ assessments, there will need to be considerable new resources.

There are plans to provide additional resources of approximately £25 million a year in England to finance the costs of additional carers’ assessments associated with the Care Act. This funding is based on an **impact assessment** carried out in 2012, which assumed that approximately 250,000 new assessments nationally would be needed. More recently, an **updated impact assessment** was produced which raises its estimates of the costs of additional carers’ assessments to around £40 million a year.



Are these resources likely to be enough? In 2012/13, [Community Care Statistics](#) show that 411,000 carers were offered an assessment or review in England, yet there are nearly two million people providing care for 20 hours a week or more in England, according to the [2011 Census](#). Therefore, even if only those caring for 20 or more hours a week are offered an assessment, this implies an increase of over 1.5 million in the number of new assessments required, at a cost of approximately £150 million.

How far the new resources needed to implement the Act are available will determine the extent to which access to carers’ assessments will be broadened in practice.

### Further information

Pickard L, King D, Knapp M (2015) [The ‘visibility’ of unpaid care in England](#), *Journal of Social Work*, Published online 4 February 2015.

The study was carried out by [Linda Pickard](#), [Derek King](#) and [Martin Knapp](#) at the Personal Social Services Research Unit at the LSE. This is an independent study funded by the NIHR School for Social Care Research. The views expressed are those of Dr Pickard and the research team and not necessarily those of the NIHR School for Social Care Research or the Department of Health, NIHR or NHS.

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