HOUSE OF LORDS

Adult Social Care Committee

Corrected oral evidence: Adult social care

Monday 25 April 2022

4.35 pm

Watch the meeting

Members present: Baroness Andrews (The Chair); Baroness Barker; Lord Bradley; Baroness Campbell of Surbiton; Lord Bishop of Carlisle; Baroness Eaton; Baroness Fraser of Craigmaddie; Baroness Goudie; Lord Laming; Lord Polak; Baroness Shephard of Northwold; Baroness Warwick of Undercliffe.

Evidence Session No. 7 Virtual Hearing Questions 60 - 66

Witnesses

I: Madeleine Starr, Director of Business Development and Innovation at Carers UK; Sue Yeandle, Professor of Sociology and Director of CIRCLE (the Centre for International Research on Care, Labour and Equalities) at University of Sheffield.

Examination of witnesses

Madeleine Starr and Professor Sue Yeandle.

The Chair: Our next two expert witnesses are Madeleine Starr, director of business development and innovation at Carers UK, and Professor Yeandle, professor of sociology and director of CIRCLE. We will go straight into the session with a question from Baroness Barker to Professor Yeandle.

Q60 **Baroness Barker:** Good afternoon. Thank you very much. I warn you that we are about to have a Division, so we may have to take a five-minute break and suddenly do remote voting. Hopefully, we will not.

We have looked at the issue of carers' needs from the perspective of the benefit system. These questions are about employment and maintenance of income through employment. Sue, to what extent is it better to support carers by enabling employers to keep them in employment, and what is the evidence base for that?

Professor Sue Yeandle: Thank you very much. It is a really important question. Most people of working age who are carers are in employment, so it is important to be aware that that is the de facto situation. Only a minority of working-age carers are fully outside employment, although a lot of carers combine their caring with part-time employment.

There is plenty of evidence that remaining in employment is sustainable for most carers most of the time, although there will always be some carers who, because of the complexity of their caring situation, the extent of their caring, the caring needs of their close ones, or perhaps the failings of the support arrangements on which they ought to be able to rely, all of which would apply in the case that we heard in Nadia's evidence earlier, want to care full-time, or end up caring full-time. It is important that there should always be a choice.

We know from the research that I have done over many years on carers of working age, in particular to do with their relationship to employment, that most carers want to remain in employment if they can. Many carers who give up work to care, sometimes without fully comprehending what that might involve, wish that they had not done so and then find it difficult to return to work. With the right mix of options for supporting them, that can work well, and it can work well for carers of older people. Almost half of all carers are caring for an older person. That caring responsibility usually arises in mid to late career. It is important to be aware of that, and that it tends to be a relatively shorter period of caring. Often, the relative you are caring for needs care for a few years, perhaps even only a few months, and it is different from some other forms of caring.

About a quarter of carers care for a spouse or partner. That is quite often longer-term caring, and it is almost always co-resident caring, which is not what the care of the elderly typically is, although sometimes people live with their older relatives. Most people caring for an older person are

caring for somebody in a different household. Carers of a partner or spouse are also often caring long term, and for them it is often very important to remain in paid work. Usually, the partner's income has already gone because of their illness or disability. That becomes a strong incentive to remain in the labour market for those carers. Their household financial well-being, as well as other aspects of their well-being, will be significantly affected if they give up work or feel that they have to do so.

About one in eight carers are carers of a son or daughter with disability or long-term serious illness. Those carers very often begin caring earlier in their working life, often in their 20s or 30s, and they are probably picking up a caring responsibility that will be part of their life for half a century, for most of their career. They can combine work and care, and many do, but it is more difficult for them. They are a group of carers who are particularly not well served by our current arrangements. There are a range of ways that support for carers is provided by the state in legislated entitlements for workers and in the compensation arrangements that apply in some countries. What is available to them in terms of services and support matters. If we can get those things right, most people can remain in work while caring.

From my experience of studying caring for a long time, I would say that the case of Nadia is at the extreme end of the complexity, the extent and the challenges of caring. Madeleine will probably comment on this too. Of course, a carer in that situation will not be able to manage all that without adequate social services support. It will not be possible to go to work, but for most people it is possible.

The mix of options is not right in this country. I do not know whether you want me to go on to talk about that. There are four or five categories of support that the state can organise, and which we see in other countries, which could be available, and we only have some of those at the moment. That is part of our difficulty. I can go on to that if you want, but I do not want to speak for too long.

Baroness Barker: Maybe you could send us a note that identifies those four or five categories. That would be helpful.

Professor Sue Yeandle: The key thing is that although we have almost led the way internationally with the right to request flexible working, which is very effective and a big help to many carers, we do not have compensated carer's leave in our system. The carers who most need help to manage work and care, the carers who struggle most, are those in the poorest-quality jobs, and they are the ones who will simply be unable to take advantage of carer's leave even if, as planned, it is introduced in a modest way in the employment Bill that we are expecting.

The poorest carers will not be able to take advantage of that, because their household income depends on them earning the money that they earn every week. Five days' pay lost is simply not feasible for them. We risk doing something that will be a bit of an empty gesture for the carers

who most need support if we offer carer's leave without making it compensated.

I deliberately do not say "paid", because most countries do not require the employer to pay the carer when they take carer's leave. They compensate it either through their employment insurance system or through a special social insurance system that they have designed. The Germans have a long-term care insurance scheme. The Swedes have a social insurance bank that they can use for this. Other countries use the employment insurance arrangements that the employee pays into, which also cover their unemployment and injury benefits. Those can be tweaked in some systems.

We need to find a way to compensate carers when they need to take time off to care. I will provide the evidence that you need from other countries in my written evidence. My team has been studying this in some detail for several years. There are some very good examples of ways in which it can be done. In particular, it needs to be done both for the short-term acute needs that carers sometimes have, when they need to sort out a problem with a particular caring situation, and for support in specific situations such as terminal illness, end-of-life care, or when someone has had a stroke and needs to come home from hospital and needs a lot of support for a short period while they begin to recover. People need a longer period of time away from the labour market to give that support.

In some systems, there are good arrangements, including arrangements that can be shared between siblings or between different family members, where a certain number of days are compensated through the arrangements so that people can take the time without being completely unsupported and losing all their wages to undertake those roles. Germany, Sweden and Canada, for example, have all introduced those kinds of arrangements. It is important that we think in those terms too.

Baroness Barker: You clearly have an immense amount of evidence and data to give us. I do not want your answer now, but perhaps you could write to us on this. You said that most people can carry on caring most of the time until something happens. Could you talk about the patterns of care? Are there triggering factors? For example, when the person being cared for develops dementia, is that a key trigger factor? If you could give us a bit more of that type of information, it would be very helpful. Thank you.

Professor Sue Yeandle: I will do that. Thank you.

Baroness Barker: Thank you.

The Chair: I think that is what we mean by transitions. Those points of transition and inflection are certainly where things go very wrong. What you are saying is fascinating, Sue.

Q61 **Baroness Warwick of Undercliffe:** Thank you, Sue. What you say is fascinating, particularly because of the way in which it builds on our two

previous witnesses, whom I believe you heard.

Professor Sue Yeandle: Yes, I did.

Baroness Warwick of Undercliffe: You obviously understood that one of the big problems for Nadia was the fact that, even though she was in work and was able to access care, the adequacy of the care was not there and she could not trust the caring support that she got. That is an element that we need to say something about. If you have done any work on that, it would be immensely helpful.

We are focusing on the inability to carry out paid work. In addition to all the complexities you have already talked about, how are different carers affected by that fact and that correlation, for example, depending on gender, age and ethnic background? From an inequality perspective, what is the consequence of the failure to support carers in work? Do we have evidence of that? Have you done any work on it?

Professor Sue Yeandle: They are certainly important factors. They are predictive of caring. We know that two-thirds of people will be a carer during their lifetime. We have robust evidence on that. That applies to 70% of women and 60% of men. Caring is a common experience. It is even more common for women than it is for men. Women become carers earlier in their lives on average than men do—women by 46 and men by 57. We have very good evidence from some of the finest statistical assets in our official statistics that enable us to say that with certainty.

Care is concentrated in areas of socioeconomic deprivation and in certain groups. It is concentrated, geographically, in the same way as poor health and the prevalence of disability. That cannot be any surprise, because carers are looking after people who are experiencing illness or disability, and we see those factors grouping in particular localities. If job quality is poor—if people are in low-paid jobs or have unsocial or unpredictable hours, if they are in precarious work, if they are on zero-hours contracts—combining work and care is particularly hard for people in those groups. You can see how the problems for carers in remaining in work and having well-being, which is what we should be trying to achieve, become more difficult in certain circumstances.

Ethnic background is relevant. There is data from some past census data about the highest percentage of working people who are carers, and we will have much better data on it in a few months' time when we get the 2021 census figures for England and Wales. We do not have them yet, but the data is being collected. Caring occurs in all ethnic groups, but there was a higher rate among Pakistani, Bangladeshi and Indian populations in previous censuses and it was high among the white British population, as I said. When we look at the percentage of working-age carers who are in work, we find that it is not the same as where the concentration of the numbers of people in that age group is. Some people in some ethnic groups manage to combine work with care better than others. If you like, I will give you more detail on that in my written evidence.

Women in the black Caribbean population were shown in past censuses to be much more likely to be combining full-time work with caring than women in other categories, even though they were not the highest percentage in the number of women who were in a caring situation in that ethnic group. There are a lot of important factors, and the disadvantage in relation to caring in employment needs to be tackled in a number of ways.

A particular concern of mine is that we know that for young adults who are carers, because of their caring circumstances there is a strong association with them not becoming a university student to the same extent as young people who are not carers, and not going into paid work in the same numbers as young adults who are not carers. They are less likely to be in work and they are less likely to be obtaining good qualifications. They will not be getting training if they are not in work, because they will not be offered any training if they are a full-time carer. That disadvantage may stay with that cohort of young people for the whole of their career. It is a big issue.

I am particularly concerned about parent carers of a disabled child. That is a long-term caring responsibility. Two-thirds of those people are women. They are less likely than other mothers to be in paid work and are likely to be on a low income. Many disabled children—twice as many when we looked at it in the 2011 census—as opposed to children without a disability, are in a household with no working adult.

We can see how caring, deprivation, ill health and disability all in the mix together can accumulate to provide a set of disadvantages that have an ongoing effect on that person's opportunities in life. That has real resonance with the levelling-up agenda of the current Government and with general concerns about rising degrees of inequality. I would say those are—[*Interruption.*]

Baroness Warwick of Undercliffe: We may need to pause for a couple of minutes to let people vote.

The Chair: Absolutely.

The Committee suspended for a Division in the House.

The Chair: I now formally resume the session. Thank you, Sue, for your offer to fill us in with more information and more detail about the points we have discussed, and the point about co-ordination.

Q62 **Lord Bradley:** I have a brief question about the social insurance point that Sue was just talking about. This country is very poor on social insurance underpinning provision, so could you give us some more information about set-up costs and government involvement in set-up costs in social insurance schemes? If you have any information about that, I would be very grateful.

Professor Sue Yeandle: The debate that went on in Germany before it introduced its long-term care insurance scheme was protracted, and

difficult and challenging for politicians at the time. There is no easy way for us to get to that situation. That is why we may need to think a bit outside the box as to what else we can do. For example, when we introduce carer's leave, which to my mind needs to be paid, if we cannot afford to do it for all carers we should try to identify how we could do it for carers on low incomes. They are the carers who most need that, whereas affluent carers do not.

If I need to take time off, as on Friday when I have to take my 100 year-old father for a hospital appointment, I do not have to lose any pay to do that, and I have never had to in my situation as a university employee. Many people would have to, and low-paid workers could not afford to do that. If we could find some way of saying that people who are standard-rate taxpayers, or who earn below a certain threshold, should be compensated, even if only on a proportion of their pay, that would be helpful. Some fund would need to be established. We cannot magic that up, because we have not ring-fenced national insurance contributions in such a way, although of course current developments, depending on how they play out when the legislation is finalised on the use of the increase in national insurance, might provide some opportunity to do some of that. We need to find the resources for it.

Other countries have ways of doing it. If you are not careful, you think, "Everybody who is a carer will want this". They will not. Even with terminal illness leave, people do not tend to take the maximum days allowed. The countries that have studied this—Sweden allows 100 days off, some countries allow three months, and some six months, with compensation payments—found that most people do not take all the days to which they are entitled. It is the reassurance of knowing that you could do that, and that when it is important, when the person really needs you, you can stay home and you will not impoverish the family by doing so. That is important. Morally, in a modern society, that is a really important thing that we could think about doing, which people would support.

The Chair: Thank you so much. That is absolutely brilliant and very pragmatic. That sort of evidence shows that there is not a huge amount of deadweight that you could anticipate.

Professor Sue Yeandle: You spoke to Nadia about the example of paying a carer. There are examples in several systems where that is available. The systems that I think work best are those where a local authority is allowed to make a contract with a full-time carer. Effectively, it contracts with them to ensure that they get some time off and proper respite from their full-time role; they get a regular payment, and the employment insurance and other protections that go with being an employee. They are not officially an employee, but they are doing it under certain conditions. That is not what most people want to do and the take-up of those schemes is really quite low.

The Chair: Thank you very much indeed. We look forward to some more written evidence.

Q63 **The Lord Bishop of Carlisle:** Sue, so far we have been focusing very much on the way in which lack of access to paid employment, or perhaps an inability to juggle the conflicting demands of paid employment and unpaid care, can lead to poverty, but I guess we are all aware of the way in which poverty itself can have implications for people's health—mental and physical—and their well-being. We have already heard a bit this afternoon about exhaustion, stress, and even despair. I think you are on record yourself as having said that, without proper employment or money coming in, care can become quite overwhelming and depressing. Could you say a little more to us about some of the benefits, the plus side of people having that kind of employment or adequate pay and cash coming in, and what we can do to make sure that that happens so that people's health and well-being as carers is protected?

Professor Sue Yeandle: With the best will in the world, a carer who is outside employment will probably always be relatively poor, and that will mean that there are limitations on the way they can live their own life. It will also put limitations on what the person they care for can do, whether it is a spouse, a son or daughter, or an elderly parent, but particularly in the case of a spouse or son or daughter. Poverty is a really difficult aspect of caring that is very problematic for people for the rest of their life.

We know that caring 24 hours a day, seven days a week, 365 days a year, and being the person who always has to do the caring needed in a household, is really stressful for people. It is why respite and breaks are so important. In studies that I have been involved in over the years when carers have been interviewed about caring—they also say it to carers and employment projects, which are often run by local carers' centres, for example—quite a lot of them say that there is a respite effect of being at work. Going to work gives them a break from the caring situation, gives them a boost, and enables them to feel a sense of their own identity and self-esteem, which can get eroded. While you are always putting the person you care for first, you can lose the sense of who you are, and you might feel that people only value you because of what you are doing for the person you care for, rather than for who you are and what you do and what your own particular skills and abilities and behaviours are. Identity and self-esteem are important.

The other difficult challenge that carers face is feeling socially excluded from being able to participate in ordinary everyday life. Work is part of the ordinary everyday life that most people expect to be part of until they retire. There are also all the other things that you cannot do if you do not have enough money or time. You cannot participate in leisure activities. You cannot be yourself. You cannot be the person you and perhaps the rest of your family want you to be. Often people want to spend time with a carer. Having the resources to do that is really important as well.

Being in employment has a protective effect for some of the things that are a problem with caring, such as depression and anxiety, poor mental health and feelings of low self-esteem. Those are the very risks that will lead to carer breakdown. Carer breakdown has knock-on effects on the

whole health and social care system. If the carer cannot continue, services and supports have to be put in place, or the person may have to be taken somewhere else to be cared for because they can no longer be cared for at home, or in their own home, and a whole set of ramifications will follow. It is about enabling people to have more balance in their life so that they are not overwhelmed by caring, or, as I am sure Madeleine will probably say later, crushed by caring, but are enabled to do the caring that most of them desperately want to give.

I have met very few carers in all my research who said they wished they did not have to do it at all. Most of them just want support and a break. If you can provide the support and the break, the state will get all the free caring that people want to give because it is an expression of the way they feel about the person. Sometimes it is about love. Sometimes it is a feeling of obligation or duty, or simply that it is the right thing to do.

Those are all real feelings that people have about caring. Of course, we want those to be prevalent in society, but to my mind we ought to be spreading the load a bit more and enabling and encouraging people to share in employment and in caring. People who have care needs will probably also benefit if they have a number of people involved in providing support rather than just one very stressed person. There is potential for a win-win situation, if we can get the balance right.

The Lord Bishop of Carlisle: That is really helpful, thank you. The point about identity and self-esteem is so important, and it goes back to the request that I think everybody has been making for recognition, for respect, and for proper provision for those who are in this position.

Professor Sue Yeandle: Of course, a lot of this was articulated very ably in the Care Act 2014. We do not have to reinvent the wheel. A lot of what we need to do is in that legislation, but much of it has not been adequately implemented, for a whole variety of reasons, including the pandemic, austerity, and other difficulties that have occurred. A lot of people across all parties put a lot of effort into getting the legislation right, and if we can push towards the goals that were set out there and go back to the principles that were intended to guide it, there is a lot of mileage in it still.

The Lord Bishop of Carlisle: That is enormously helpful. Thank you very much.

The Chair: You make a very strong case, Sue, for post-legislative scrutiny of the Care Act to see how it can be put into practice. Madeleine, thank you for being so patient. It is not easy coming last in these sessions and we are very anxious to hear you now. Thank you for waiting.

Madeleine Starr: It was interesting to hear all the preceding speakers. It adds to the debate, so I have been delighted to sit and wait.

The Chair: Thank you for being so gracious.

Q64 **Baroness Campbell of Surbiton:** Hello again, Madeleine. It is very good to be speaking to you today.

I want to focus on government. You and I have talked over the years, on numerous occasions, about various pledges made by Governments to introduce reforms that would enable carers to juggle working and caring duties, most recently through the employment Bill. We have heard how deeply frustrating and complex the various financial benefits systems are and how often one benefit cancels out another, so it is a bit of a minefield.

Do you think the Government have undertaken sufficient reforms to that effect, and if not, how confident are you—I think I know the answer to this question—that they will? What reform, perhaps your top two reforms, do you think should be implemented by the Government to enable carers to remain in paid work, or at least in some kind of work? Could I have a good and succinct answer about what your top two are, at least?

Madeleine Starr: Thank you very much indeed for such an interesting question. You are right; we have worked and campaigned very hard over the years for reform and change. I have to start by saying that we warmly welcome the Government's proposal for an Employment Bill that would directly support carers, including a Day One right to request flexible working and statutory care leave, which was of course a manifesto commitment. However, the Employment Bill is not yet in the legislative timetable, so making sure that it is in the next Queen's Speech is a matter of urgency. That is a great first step to get the Bill over the line.

We were relatively confident that that legislation would come sooner rather than later, but I think that recent responses to our Parliamentary Questions, and I am sure the committee will reflect on this, have led us to feel that the timescale is being stretched. We have moved from, "We will legislate for this at our earliest opportunity", to more recently, "when parliamentary time allows". Although the Government continue to reiterate that it is a manifesto commitment, we cannot stress enough how important this provision is to carers, and for the future of social care. We have heard about those interdependencies from Sue and from the previous witnesses.

Many good practice employers already offer care leave, both paid and unpaid, but the value of a statutory right is that employers have to include it in their mainstream policies and practices. That creates wider recognition and understanding in the workplace of the issues faced by working carers and the provisions that can support them. We have heard a lot today about the invisibility of carers and the importance of the recognition of their value, and that is absolutely paramount.

The leave proposed—five days—is unpaid and, ideally, we would want to see it paid. I think Sue made an exceptionally good point. More people will make use of it, in particular those in more precarious work and on lower incomes, and that mitigates any potential inequality. I would still say that, as it stands, it is a great start.

Of course, I shall go on to say that we can do more. I promise I will just give you two things. We have seen real gains in legislative support for carers over the years. They have been hard won but they are there. There is always room for more, and reasonable adjustments in the workplace to enable carers to juggle work and care, would provide essential support, tailored to the individual carer. Again, that also grows recognition and understanding of the challenges facing working carers, which increases their visibility.

Sue made the point, but I will repeat it, about paid leave to care for someone at the end of their life. It is not only a recognition of caring. It is a recognition of caring as part of the life course, and a life course that has milestones, and in some ways, that makes it more comparable to parenting. It takes a life-stage approach to caring. That is absolutely critical, because in effect it normalises the activity that, as Sue says, is a contribution that most people want to make, are happy to make, and is of huge value to society, but they want to be able to do it supported.

Baroness Campbell of Surbiton: What you said about taking leave for end-of-life support is interesting. I remember 25 years ago, when my first husband was dying, having to take a year off work to be there to support him, and there was absolutely no recognition or payment to support that at all. Getting benefits for that completely unravelled both our care packages, so I know how crucial that is. Often people do not recognise that disabled people themselves are carers and have caring duties as well as care needs. That is often overlooked, so I am glad that you raised it. Thank you. If there are any priorities that you would also like to put forward, please send them in, because we would like to hear them, and a priority list would help us.

Madeleine Starr: I will do that. Of course, you can have a never-ending hit list, but it is important to prioritise. I think we have heard valuable evidence this afternoon that leads us to understand what could really make a difference. There is Sue's example that, if we cannot pay care leave for everyone, let us start by paying it for the poorest people in the most precarious work.

Baroness Campbell of Surbiton: Thank you, Madeleine, that is really helpful.

The Chair: Absolutely. The concept of a life course is extremely important, and your use of the term "normalising care" as part of an assumption that we make in the whole social security/social benefit system, whatever we want to call it, is also important.

Lord Bradley and Lady Fraser have our last two questions. I may have thrown you, Lord Bradley, by not asking my question.

Lord Bradley: Yes, you did slightly.

The Chair: I think it has already been answered. I am sorry about that.

Q65 **Lord Bradley:** No problem. Good afternoon, Madeleine. I am very

pleased to meet you. As we come to the end of the session, I want to focus on the employer response to carers. Could you give your view about what good employer support would look like, and how that can be incentivised? You may not have time this afternoon, but if you have examples of good practice in this area, we would be very pleased to receive written evidence on that.

Madeleine Starr: We certainly have many examples of good practice. We have worked with employers over the last 20 years. We launched our Employers for Carers forum in 2009. That is designed to deliver practical support to employers in developing carer-friendly working policies and practices. We have from that membership a great bank of case studies, which is proving invaluable for us, as we first seek to influence other employers, and then to influence the reforms.

We would summarise good employer support with five Ps. The first is preparation, which is all about identifying carers in the workforce and enabling them to identify and recognise themselves. A great example is when the NHS introduced a carer question in its annual staff survey the year before last. It found that one in three people in the NHS workforce is juggling paid work with care. That led it to step up its workplace support for carers, which was absolutely brilliant. It was a good response, but I think they were profoundly shocked in the NHS to find that the number was so high.

Behind preparation and identification are the policies and guidance that employers introduce and deliver. That is all about developing and embedding carer support policies, and making support for carers transparent. It is no good having great policies if people do not know about them, or do not feel confident enough to disclose their caring responsibilities and take advantage of those policies. That is a big issue in a lot of workplaces.

Our third P is practical support, as in practical provisions and arrangements that support working carers. In the pandemic, we saw a significant increase in the wellbeing support offered to carers, for example, much more signposting to external services. There was an acknowledgement that those very practical things would help carers to juggle sometimes very complex caring roles without service support, because the service support more or less stopped overnight, and to juggle that and keep their jobs going, which they did.

The fourth P is peer support, which is critical. That is all about engaging and connecting carers in the workplace. In Covid, we saw great examples of that happening virtually, and I do not think it will change now. Employers have understood the value of that connection, and the way that virtual can support it.

Finally, we have to promote the support, because it is all about raising awareness and making caring visible in the workplace and, again, ensuring that carers feel confident and comfortable in coming forward for support.

As I said, our Employers for Carers members have given us rich examples of excellent practice, and I will make sure that we get some good examples to you. I think we have already sent the committee our latest survey, but I will make sure that we send the link again. We do an annual report with our employer members. Last year's was all about supporting working carers as they return from Covid-19. It was all about recovery and return. That captured not only the support measures employers had developed or, importantly, enhanced in the pandemic, but their commitment to ensuring that continued. That was really interesting.

They had all increased the flexible working arrangements they had provided and made them more flexible, sometimes with part days or part hours to enable people to juggle work and care. Critically, they had provided additional flexible leave arrangements, because Sue is right that leave can be so important. Six in 10 of our employers said that those arrangements had become much more embedded since the pandemic, but they had an absolute commitment to continuing them; eight in 10 said they would offer both flexibility of location and flexibility of hours to staff returning to their place of work. They said, too, that they had learned good new practical lessons that would help them to support working carers in the future.

On what incentivises them, since the beginning of our work with employers, we have striven to develop a business case that outlines the bottom-line benefits to organisations and individuals of offering support for working carers. We know it is the right thing to do, and a good thing to do, but what benefit is it to the business? Sometimes, that is why a business will adopt it. The benefits we have identified and promoted over the years include better retention, which obviously means a reduction in recruitment and training costs. Better staff engagement means more motivated staff who go the extra mile and, as a result, there is reduced absenteeism, or certainly identified absenteeism. If someone takes care leave, they do not have to go sick, and you know why they are not there.

I will give you just one example of cost savings. We have a great recent example from Centrica, which has a workforce of around 20,000. The year before last it identified potential cost savings of £2.5 million a year through increased staff retention, and £4.5 million for reduced unplanned staff absences. That was an extraordinary figure to be able to put into the public domain, which it did. Interestingly, Centrica offers very generous paid carer's leave arrangements, and it has done for over 10 years, for up to 10 days, and there is an option to extend that using matched annual leave. As part of the exercise of identifying the benefits, it measured uptake and found that the average number of days taken was fewer than three. That demonstrated that staff do not abuse the provisions, as people so often fear. Sue gave the example of the leave for end-of-life care; most people do not take the full provision. That is really important. It busts the myth that, if you give people an inch, they will take a mile.

Another incentive is recognition as an employer of choice. Employers want to be seen as the employer of choice, particularly now when recruitment is so tough, and it is tough out there. With employers, we have launched a benchmarking scheme called Carer Confident. We co-produced it and piloted it with employers. It had to make sense to them. It is relatively simple and not too onerous to undertake, but it is a robust measure of how they are doing on carer support and what more they need to do. We have 50 organisations now accredited, growing month on month.

It is about those two things: a powerful business case, one that you can quantify better than ever, and recognition as an employer of choice.

The very last point is that we cannot make assumptions about which organisations can do this, because, big or small, most can and do, and those who do get a real benefit from it.

Lord Bradley: That is immensely helpful. Thank you very much indeed.

The Chair: Finally, but far from least, Lady Fraser.

Q66 **Baroness Fraser of Craigmaddie:** I thank all our witnesses for a very interesting and very powerful session today.

Madeleine, this question is to you. In your evidence to us before this committee, you spoke about the employer piece being critical in giving carers flexibility. I was particularly struck by something Professor Yeandle said earlier: that carers can often give up work without realising the implications of doing so, and many regret giving up work and want to rejoin the workforce. Our committee is interested in exploring how carers can be retained in the workforce and ways of enabling them to rejoin the workforce should they wish to. What are the challenges that you have identified that carers face when transitioning from one to the other, and how can we best support them?

Madeleine Starr: That is an excellent question and, of course, in some ways equally important. Number one, we can do something to stop people falling out of work, and it is important that part and parcel of the support that employers offer is helping carers to identify themselves early, and to give them advice, information and support so that they do not fall out of work. When they do, we know that there are significant challenges in them returning. This discussion has been around a long time. In fact, Professor Yeandle and I have been involved in research in various projects on this topic since the early 2000s. Some interesting support measures have been developed, and there have been some great findings, but it is fair to say that the support identified as critical to carer returners has never really been embedded in mainstream services. It remains something that we tend to do in projects, pilots or initiatives.

The best crack we had at it was in 2008, following a review of the national carers strategy, when care partnership managers were introduced in Jobcentre Plus to focus on the needs of carer returners, and to be there to help promote training within Jobcentre Plus to help carers.

Government funding was made available for replacement care to enable carers to undertake training when they wanted to return to work while continuing to care. No targets were set for carer return and for the outcomes, and of course, as soon as the recession hit, the focus moved to young unemployed people. I am not saying that was not right. There were some hard choices to make and some real priorities to be determined, but I think it fell off the agenda at that point. Although significant gains had been made, they fell back again. That is disappointing. We have had more projects since. Carers have been identified in initiatives for older returners—for example, 50-plus—but it is still not mainstream support, and it needs to be.

I do not think that the barriers they face have changed much since that work started all that time ago. Carers whose caring role has come to an end need training to update their skills, and work to help them recognise the skills they have gained from caring that could be transferred to the workplace, so that they do not see their time caring as a hole in their CV but as enhancing and adding to their CV. Of course, they need a supportive employer who understands the void often left when caring comes to an end, and the extraordinary loss of confidence that can bring. There are some real issues when caring comes to an end that we probably have not addressed well in support terms yet.

For carers who want to return to work while still caring, all those things are still important. Training remains essential, as does, of course, an employer who understands the challenges of combining work and care, and who has all the workplace policies and practices that we have just talked about that support working carers. However, none of that is of any value if carers cannot access flexible, good-quality and affordable services for the people they are supporting, and this is a service issue. Lack of services is one of the greatest risks to carers juggling work and care. In our state of caring survey last year, 20% of carers identified lack of services as the thing most likely to make them reduce hours or give up work completely. In our Carers Rights Day report last year, 72% of carers were worried about continuing to juggle work and care. The service piece is absolutely critical.

As long ago as 2011, a small group of employers who were part of the leadership group of our Employers for Carers forum, chaired by BT, produced a paper on services as a condition for employment. In that paper, they argued that accessible, affordable and good-quality services were a condition for employment as essential as local transport infrastructure or utilities. They argued that a national care strategy that, like the national childcare strategy, would be predicated on a sufficiency of supply of care services would enable their employees to remain in work if they started caring, and we got that sufficiency of supply into the Care Act 2014. I can remember how excited I was when that was actually achieved, but it has not really materialised because of all the pressures on local government, and for all the reasons that have been given this afternoon. We should see care services as fundamental not only to the quality of life of individuals but to a functioning economy.

We argued that in a cross-government report in 2013. That was published following a task and finish group convened by Paul Burstow, who was then care services Minister. We have rehearsed this. We have dug deep and produced statistics and figures. That was a cross-government report. It was signed by Treasury, I remember. Professor Yeandle was also involved in that group.

Not a lot has come of it. It is not only about services to support the individual and services to support the carer; it is services to support society. Sue would argue that and we would argue it, too. People make an extraordinary contribution. They do it willingly, but they should not have to be crushed by it—thanks, Sue; yes, indeed, crushed by it—as so many people are. We should be able to combine the different facets of our lives through the provision of services to facilitate that. The value to the economy is still greater than the amount we would pay for that. A lot of people have done their sums on that, and I am sure Sue would be happy to provide some of those sums.

That last question is absolutely critical for me, because it brings into very sharp focus the two sides of the coin: the employer support, the workplace support, the reforms and the legislative reforms we have to have in place; and the services that have to reflect the need for people to manage a life outside caring. For all the benefits that people have talked about this afternoon, that life has to include paid work where that is their wish.

The Chair: Thank you very much indeed. That is an extraordinarily powerful note on which to end. This has been an exceptional session for us. We have gone from the personal to the very political. You have not just given us information this afternoon; you have given us a dimension and wisdom about contextualising the place of care in society and the economy, as well as in relation to the personal and the family, and you have put all that together with all the information about missed opportunities and creative solutions, the stuff that you are living with and know so well. We do not want to repeat anything without making it apply specifically to the situation we are in today of course, so thank you very much indeed. Thank you for the offer that you made of us being able to follow up with you. It really has been invaluable. Thank you again.