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# **Crediting Carers: *building society to care***

November 2009

## **Executive Summary**

The Government's Green Paper on reforming social care, *Shaping the Future of Care Together*, proposes to create a National Care Service and offers suggestions on how more private funding could help create a sustainable social care system for the future.

It would take unattainable public or private investment to create a sustainable social care system that is not dependent on the free care provided by family and friends. Therefore, planning for a National Care Service must have carers at its heart, especially if we are to address the likely shortfall in the provision of caring. We must find ways to enable more people to care, whilst reducing the burden on those who currently have unsustainable caring roles.

Currently, the more care provided by family and friends, the less they receive in support from the social care system. This reality will become clearer to families under the new common Resource Allocation System recommendations. We propose a 'Credits for Caring' scheme that would provide credits relating to the amount of care provided. This would enable carers to purchase services that sustain their caring roles as well as their own wellbeing. Through increasing carers' wellbeing and access to work, education and leisure, savings would be created for the Government by reducing lost tax revenues, welfare benefits expenditure and health care spending on the carer.

The 'Credits for Caring' scheme would greatly expand the number of carers eligible to receive some individual support through the social care system, with our cost projections based on 1.05 million carers. Evidence cited in this report shows that small amounts of support for carers can lead to large reductions in residential care admissions, which would produce significant savings for the social care system. Depending on the level of credits awarded, the scheme could be completely self-financing, using those savings and through redirecting some existing public spending on carers.



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### **Carers are the bedrock of the care and support system**

The Secretary of State for Health announced that carers are the “bedrock” of the care and support system. However, the Green Paper<sup>i</sup> has not attempted to create a National Care Service that recognises their central role. The claim that “by improving support to people who need care, we will also be supporting carers”<sup>ii</sup> is correct, but does not address the needs of those thousands of carers who will continue to contribute a greater amount to their relative’s or their friend’s care than the State.

The Green Paper focuses on the financial contributions needed to create a sustainable social care system without considering the in-kind contribution provided by carers, which is of far greater value than the potential cash contributions released by the proposed funding models.<sup>iii</sup>

### **A growing supply/demand gap in caring**

The Impact Assessment of the Green Paper considers the future supply of care, but does not consider the future supply of unpaid care in these considerations. Instead, Rafael Wittenberg, who performed the financial modelling for the Green Paper, advises that his modelling assumes an increase in the amount of care provided by carers rising in parallel with the provision of paid care, without any evidence that this will happen.<sup>iv</sup> This is in contrast to predictions that demographic and behavioural changes will create a shortfall of 250,000 “intense carers” by 2041.<sup>v</sup>

There are various demographic and behavioural trends that could reduce the number of people who could provide care. Fifty-eight per cent of carers are women<sup>vi</sup> and the trend towards more women in employment could reduce the supply of people able to perform full-time caring roles and increase the numbers who are trying to combine both employment and care, which has its own additional pressures. Furthermore, the divorce rate has increased rapidly<sup>vii</sup>, reducing the number of adults in households who are able to provide care and increasing the likelihood that children will have to provide care.<sup>viii</sup>

Geographic mobility has increased the physical dispersal of families, which reduces the ability of the extended family to provide care, thus increasing the burden on co-habiting relatives. Technological innovations using internet, mobile phone and telecare technology have a role to play in helping families to provide practical and emotional support at a distance, but this is not a complete solution.



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As well as demographic and behavioural changes that will affect the supply of caring, moves to clarify the reduction in resources allocated to those who have carers are likely to further reduce willingness to care, unless an incentive system is created to mitigate these effects.

The report on the Individual Budget pilots notes that a service user would have points deducted from their Resource Allocation System (RAS) score “on the grounds that resources were not needed to fund external support arrangements that informal carers were already undertaking”.<sup>ix</sup> Thus, the input of the carer was effectively given a monetary equivalent value. *Personalisation and the law: Implementing Putting People First in the current legal framework*<sup>x</sup> clarifies this, stating that caring contributions should only be taken into account in reducing a person’s allocation of resources if the carer is willing and able to continue caring at the current level. If this led to a more consistent application of the current law, we might expect to see more people understanding that they can choose to work rather than care, as well as a commensurate reduction in the amount of caring that people choose to provide.

None of the proposed funding models address this likely gap between supply and demand. Indeed, insurance models, as proposed, may diminish the willingness of family and friends to provide care. Family and friends might feel that all social care needs should be met as a result of the insurance payments they will have made.

We believe the only sustainable way to maintain or increase the supply of caring is to encourage more people to take on smaller caring roles, alongside employment and to reduce the burden on carers who provide large amounts of care which can cause poverty and ill health.<sup>xi</sup> Clarity about the State’s expectations and carers’ entitlements to choice, support and benefits will be needed to achieve this.

### **Sustaining and encouraging carers**

Sustaining carers in their role requires clear entitlements in proportion to the amount of care which they provide. The Green Paper includes a proposal on this theme which we would like to see developed and expanded. The Government suggests that the costs for couples requiring care and support can be very high and that since many couples provide care and support for each other, they could contribute lower amounts in the Comprehensive Model.<sup>xii</sup>



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We agree with this suggestion to recognise and value caring through a reduction in required contributions. We believe, however, that this benefit should be extended to all carers and not just couples, as this would be viewed as unfair by carers in non-couple relationships (neighbours, friends, other relatives) who are arguably less obligated to provide care. It is exactly these groups who should be encouraged to provide care that might help reduce the burden on existing carers.

### **Credits for caring**

The current social care assessment system considers the provision of informal care when calculating the level of services that should be provided, but it is only now starting to routinely record the amounts of caring provided and to illustrate what the service package would have been if no informal care was being provided. Carers can receive an assessment of their own needs, but the numbers of carers receiving assessments is very low and the number of carers receiving services as a result of the assessment even lower.<sup>xiii</sup> **We propose to create a 'Credits for Caring' scheme that would encourage more people to provide care and increase the number of carers who would receive support.**

The *Common Resource Allocation Framework* (CRAF)<sup>xiv</sup> produced by the Association of Directors of Adult Social Services (ADASS) involving 18 councils, people with disabilities, family members and In Control, specifically includes the value of informal care provided when calculating the final RAS score/indicative budget. Depending on the amount of unpaid care provided by a carer, the budget for the service user would equal 0%, 40%, 70% or 100% of the amount that was estimated to be needed if the service user had no carer. This percentage can be seen as indicating the value the State places upon a carer's individual contribution.

**We propose that a percentage of this value is awarded to the carer as a personal budget to spend on services which would either help them sustain their caring role or be put towards the costs of their own future care needs.** Guidance states that everyone should go through the RAS process, which would allow the value of care provided by the carer to be calculated even where the user prefers a social care package to a personal budget. This would be in addition to any benefits such as the Carer's Allowance and to information and support services currently provided on a universal or preventative basis. Furthermore, carers would retain their right to a Carer's Assessment for their own needs to be assessed, and the statutory responsibility to meet needs which



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reach Fair Access to Services eligibility criteria would also remain. Some areas might decide to use this system as a way of allocating individual carer support and breaks services more proportionately. These are currently allocated solely to carers who reach thresholds indicating that crisis is imminent. This could have the result of moving resources upstream and helping more carers to sustain their caring role and their education, employment or participation in family and community life.

The 'Credits for Caring' scheme could run in a part national-local or wholly national system as described in the Green Paper. There could be a national entitlement for carers to earn credits, but the actual percentage they would receive could be decided by local authorities, or set at a national level.

Similar credit systems have proved successful in motivating neighbours and communities to become involved in helping others. The Gellideg Foundation Group in Merthyr Tydfil runs a time bank scheme where local people can earn credits by volunteering. There are 220 regular volunteers on the estate from 600 families.<sup>xv</sup> A similar scheme could serve to increase the supply of carers, which must be a primary aim of a new National Care Service.

Alternatively, a carer could choose to redeem their credit accrued against future social care costs which they may have to pay. For instance, they could use their credits towards paying a fee in the Comprehensive Model proposed by the Green Paper.<sup>xvi</sup> If a voluntary insurance system was created, rather than the comprehensive mandatory model, the credits could be used to purchase insurance against future social care costs. This could increase the number of people participating in a voluntary model, especially among people who might be more unlikely to participate. More participants in insurance schemes would reduce premiums, which could stimulate more participation. To incentivise using credits as contributions to social care insurance, the Government could offer co-payments or knock-on benefits, which would assist those carers neither eligible for free care or financially able to make significant personal contributions.

There is likely to be public support for this proposal. National Voices recently conducted a survey amongst 205 people asking if carers should pay less than other people in a funding model requiring individual contributions. Results showed that 57% believed that they should and only 26% thought that they should not, whilst the remainder were unsure. This indicates support for carers being helped to meet their own social care costs in a way the 'Credits for Caring' scheme would provide.



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### **Costs**

The Impact Assessment accompanying the Green Paper states that the average cost of home-based services is £6,500 per person, per annum or £125 per week.<sup>xvii</sup> Under the CRAF, if a service user states that some of the support they need comes from a carer, and the carer advises that it causes them some concern and some negative impact on their life, the service user's indicative budget would be reduced to 70% of the amount produced by the RAS.

Our proposal would mean that a percentage of the 30% deducted from the indicative budget is allocated to carers as a credit. Where there is more than one carer providing care, an agreement would need to be made between the local authority and the carers concerning the share of credits earned. We have produced estimated costs based on carers receiving 15%, 20% and 25% of their contribution as a credit using the average cost of home-based services. Where carers are contributing the same proportion to home care services that cost more than the average, credits received would similarly increase.

*Table 1: Costs of Credits for Caring scheme – See Appendix 1 for workings*

| % of RAS deduction for the carer's contribution given as a credit to the carer | 15%          | 20%          | 25%          |
|--|--------------|--------------|--------------|
| Average annual credit for carer providing moderate care                        | £293         | £390         | £488         |
| Average annual credit for carer providing substantial care                     | £585         | £780         | £975         |
| Total annual credits issued to carers  | £508,909,840 | £678,546,453 | £848,183,066 |

There are various reasons that the 'Credits for Caring' scheme would not incur such extra costs and could actually produce savings that would fund the scheme.

### **Funding Credits for Caring**

Residential care currently absorbs 54% of all spending on social care at £24,000 per person compared to £6,500 per person for home care services,<sup>xviii</sup> therefore reducing the number of admission to residential care creates savings in the system.

*Predictors of institutionalisation in people with dementia*<sup>xix</sup> was a longitudinal study of 100 people and their main family carer in South London and found a 20-fold protective effect of having a co-resident carer when it comes to residential



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care admissions. Other studies have found that where there is no carer, the person receiving care is more likely to be admitted into residential care.<sup>xx</sup> Carer stress is a common factor in admission to nursing or residential care, with it being the reason for admission in 38% of occasions<sup>xxi</sup>.

*A family intervention to delay nursing home placement of patients with Alzheimer disease*<sup>xxii</sup> was a randomized controlled trial (RCT) of 400 spouse carers in the USA. The 10-year study found that those whose carers had received low-level support, including six sessions of individual and family counselling, were likely to stay at home for an average of 500 days more than those whose carers were not supported in this way. Thus, carers can reduce or delay the need for residential care if they receive support that keeps them healthy and able to care.

A further RCT found that carer distress was reduced by the use of an additional specialist clinical assessment for vulnerable older people at risk of residential placement.<sup>xxiii</sup> Torbay Care Trust used General Health Questionnaires to show that high levels of hidden carer distress were reduced by 21% by a few sessions of emotional support.<sup>xxiv</sup> The 'Credits for Caring' scheme would assist early intervention and prevent the caring burden becoming too much.

This provides evidence that a 'Credits for Caring' scheme could reduce residential care admissions. However, the evidence is far from complete and there is an urgent need to widen research on the impact of carer support on residential care admission, hospital (re-)admissions and hospital discharges.

From 2006 and 2007, 176,400 carers received carers' specific services through the social care system after an assessment or review.<sup>xxv</sup> Under our 'Credits for Caring' scheme, we have projected that 1,565,788 carers could receive credits that would enable them to purchase services such as breaks or counselling. The evidence quoted above indicates that 188,100 people were admitted to residential care to relieve the stress of their carer.<sup>xxvi</sup> It would be reasonable to assume that an increase in the number of carers receiving services would result in a reduction of residential care admissions due to carers stress. A reduction of 25% in admissions due to carer stress would equate to a 10% overall reduction in residential care admissions. The table below compares the funding that would be required for the 'Caring for Credits' system and savings from reducing residential care admissions based on 1.565million carers receiving credits. As explained above, it is likely that the number of carers receiving credits would be lower than this.



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Table 2: See Appendix 2 for full workings

| Reduction in residential care admissions                                | 5%           | 10%          | 15%          |
|---|--------------|--------------|--------------|
| Saving from reduced residential care admissions if caring credit at 15% | £270,879,345 | £541,758,960 | £812,638,035 |
| Caring Credit costs at 15%  | £528,427,195 | £547,944,550 | £567,461,905 |
| Saving from reduced residential care admissions if caring credit at 20% | £264,373,560 | £528,747,120 | £793,120,680 |
| Caring Credit costs at 20%  | £704,569,593 | £730,592,733 | £756,615,873 |
| Saving from reduced residential care admissions if caring credit at 25% | £257,867,775 | £515,735,550 | £773,603,325 |
| Caring Credit costs at 25%  | £880,711,991 | £913,240,916 | £945,769,841 |

This table shows large savings could be generated by carers receiving extra support that could be used to fund the 'Credit for Caring' system, which could further decrease residential care admissions and produce further savings. From the table above you can see that savings from a 15% reduction in residential care home admissions would more than cover the costs of a 'Credit for Caring' system where carers receive 20% of the value they save the social care system.

There are other reasons why a 'Credits for Caring' scheme could trigger savings within the social care system:

- Credits for Caring would encourage more people to provide care, reducing the demand on the social care system. A 20% credit of the value of care provided would still leave an 80% saving for the social care system;
- Credits for Caring would enable carers to purchase services that sustain their health and employment/training opportunities, reducing lost tax revenues, welfare benefits and health care spending on the carer.

English local authorities and Primary Care Trusts (PCTs) will receive £356million intended to be used to support carers in 2010/11. At present, this funds a mixture

of direct support and breaks for carers, alongside funding for community capacity building, identification and involvement. Services that identify hidden carers, provide universal advice and information, specialist breaks and other services are essential to carers. It is vital that local areas continue to receive strong encouragement to commission or grant fund such services. The part of current



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funding which is used to fund direct individual carer support above and beyond councils' statutory obligations under FACS could be channelled more proportionately and preventatively via the 'Credits for Caring' scheme, alongside new resources made available in the short-term from the State, to encourage this movement of resources 'upstream'. In the medium-term, residential care and other savings realised through the scheme could help to fund it. This would be an alternative approach to local authorities attempting to develop separate Resource Allocation Systems for carers.

Existing funding is also used to provide training and awareness-raising for professionals and work that helps carers participate in local decision-making, as modelled in the recent Department of Health publication *Commissioning for Carers*.<sup>xxvii</sup> These services are improving recognition of the important role performed by carers and are essential in implementing the *Carers Strategy*.

### **Building society to care**

The 'Credits for Caring' scheme provides a solution to the paradox that families currently face: the more care they provide, the less support social care gives. For the first time, carers would have clear entitlements that increase with the amount of care that they provide. The amount of care they provide should still be a choice for carers and calculated in agreement with the carer, service user and services, but this scheme would give carers more capacity to get the support that they need in their caring role.

The 'Credits for Caring' scheme would also increase identification of carers as social care assessments would have to record the contribution made by a carer, and automatically lead to the carer's involvement in the 'Credits for Caring' scheme. The carer could then be automatically referred to information and advice centres to access other types of support available to carers such as welfare benefits or those commissioned from the third sector. Currently, half of those carers providing substantial amounts of care are unaware of their rights to assessment.<sup>xxviii</sup>

This proposal attempts to make a clearer and fairer correlation between the amount of care provided and the support offered to carers. Alongside this it will be important to ensure that carers are increasingly involved in support planning. We would like to see families offered the option of whole-family care planning processes, in which care planning discussions help families make sense of the varied interacting rights and entitlements affecting them.



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The creation of a sustainable social care system must start with the foundations, which is the care provided by family and friends. Increased investment elsewhere cannot replace what carers contribute, therefore supporting carers is fundamental to any system. The 'Credits for Caring' scheme provides this and enables carers to maintain their own health and ability to care. It is time to give carers the credit they deserve.



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### **Appendix 1: Costs of a Caring for Credit scheme**

To calculate the cost of providing such an entitlement for carers, we have used the 2001 Census figures focusing on carers aged 18 and over and caring for over 20 hours per week. The Census divides these carers into two categories: those caring 20-49 hours per week and those caring for over 50 hours per week.

Depending on the level of care provided and the impact of this on the carer, the Common Resource Allocation Framework (CRAF) advises that the indicative budget should be multiplied by 0%, 40%, 70% or 100% to take into account these two factors. The service user would receive 0% of their indicative budget if the carer provided all support and it had no impact on the carer, or 100% where there was little support provided by a carer. When carers care for between 20-49 hours per week, it is unlikely that either situation would apply. Here, we have assumed that the person they are caring for would receive 70% of the indicative budget so we have therefore categorised these carers as providing relatively moderate levels of care for the purposes of working out 'Credit for Caring' levels. The carer would then receive a % of the 30% that they are effectively contributing.

For those carers caring for more than 50 hours per week, we have assumed that the person they are caring for would receive 40% of the indicative budget, and therefore have categorised these carers as providing substantial levels of care. The carer would then receive a % of the 60% that they are effectively contributing. We have produced cost calculations where 15%, 20% and 25% of the value of what is being contributed by the carers is given as a credit to the carer.

The 2001 Census found 534,766 carers in England, aged over 18 caring between 20-49 hours per week and 1,031,022 carers aged over 18 caring for more than 50 hours per week. There are currently 1.7million people receiving care through the social care system. Basing our projections on the census would mean that 88% of people in the social care system would have a carer who would receive credits. This is probably an overestimation of the actual number of carers who would receive credits so for our projections we have reduced the number of carers receiving credits to two-thirds of the numbers provided by the Census. Thus, our calculations are based on 358,293 carers receiving credits who provide relatively moderate levels of care and 690,785 carers receiving credits who provide relatively substantial levels of care.



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We have used the average cost of home care provision at £6500 per annum, as given in the Green Paper citing the CSCI *State of Social Care report 2007/08*, to work out the average credit earned by carers. Where carers are contributing the same proportion to home care services that cost more than £6500 per week, their credit would increase with that. For instance, Appendix 2 provides an example where the carer could be receiving £2628.60 p/a in credits when providing relatively moderate levels of care.

Using a 'Caring Credit' level of 25%, 358,293 carers who provide relatively moderate care would earn an annual value of £488 (25% of £6500 – (£6500 x 70%)), and 690,785 carers providing relatively substantial care would earn a weekly value of £975 (25% of £6500 – (£6500 x 40%)). This would total £848,183,066 credits earned by carers per annum.

Using a 'Caring Credit' level of 20%, 358,293 carers who provide relatively moderate care would earn an annual value of £390 (20% of £6500 – (£6500 x 70%)), and 690,785 carers providing relatively substantial care would earn a weekly value of £780 (20% of £6500 – (£6500 x 40%)). This would total £678,546,543 credits earned by carers per annum.

Using a 'Caring Credit' level of 15%, 358,293 carers who provide relatively moderate care would earn an annual value of £293 (15% of £6500 – (£6500 x 70%)), and 690,785 carers providing relatively substantial care would earn a weekly value of £585 (15% of £6500 – (£6500 x 40%)). This would total £508,909,840 credits earned by carers per annum.



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### Appendix 2: Savings from reduced residential care admissions

There is evidence that increased support for carers can reduce residential care admissions. The Green Paper advises that 54% of total social care spending, £22billion, is spent on residential care at an average of £24,000 per person. This would equate to £11,880,000,000 being spent on 495,000 people.

Our projected savings are based on a reduction in residential care admission rates of 5%, 10% and 15%. In projections for the costs of a 'Caring for Credit' scheme in Appendix 1, we have used the average home care cost of £6500 per annum. Given that people in residential care would likely require higher than average home care services, we have used an annual cost of £17,524 calculated from the Common Resource Allocation Framework for somebody with relatively high needs.

Given the likely high impact on a carer, we have only assumed that the indicative budget would only be reduced by 30% to account for the carer's contribution. We have assumed that the reduction in residential care admissions would be matched by an increase in the number of carers supporting people at home hence an increase in the costs of running the 'Credits for Caring' scheme as set out in Table 1 / Appendix 1

Based on RAS Score of 52% in CRAF = £337 p/w if residential care replaced by home care services, and carers contribution of 30%.

|  |               | Savings if 5%<br>reduction in<br>residential care<br>admissions | Savings if 10%<br>reduction in<br>residential care<br>admissions | Savings if 15%<br>reduction in<br>residential care<br>admissions |
|--|---------------|---|--|--|
| Current People receiving residential care          | 495,000       |   |  |  |
| Current Average cost of residential care           | £24,000 (p/p) |   |  |  |
| Indicative RAS Budget if home care services        | £17,524 (p/p) |   |  |  |
| Av home care cost minus carer's contribution - 30% | £12,267 (p/p) |   |  |  |
| Carers receiving credit of 30% contribution        | 358,293       | 383,043   | 407,793  | 432,543  |
| Cost of Caring Credit p/a at 15%                   | £789          | £528,427,195  | £547,944,550   | £567,461,905   |
| Saving p/a   | £10,945       | £270,879,345  | £541,758,690   | £812,638,035   |
| Cost of Caring Credit p/a at 20%                   | £1,051.44     | £704,569,593  | £730,592,733   | £756,615,873   |
| Saving p/a   | £10,681.76    | £264,373,560  | £528,747,120   | £793,120,680   |
| Cost of Caring Credit p/a at 25%                   | £1,314.30     | £880,711,991  | £913,240,916   | £945,769,841   |
| Saving p/a   | £10,418.90    | £257,867,775  | £515,735,550   | £773,603,325   |



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## References

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- <sup>ii</sup> Pg. 20, Shaping the Future of Care Together, Dept of Health, 2009
- <sup>iii</sup> *Just Care*, IPPR, 2008 calculated that it would cost £67bn to replace the care provided by carers and *Valuing Carers: calculating the value of unpaid care*, Carers UK, 2007 calculated that it would cost £87bn
- <sup>iv</sup> Health Select Committee, Social Inquiry, Oral Evidence, 5<sup>th</sup> November 2009
- <sup>v</sup> *Informal Care for Older People by their Adult Children*, Pickard, 2008 presented to British Society of Gerontology annual conference
- <sup>vi</sup> Census 2001
- <sup>vii</sup> Liddle & Lerais, 2007
- <sup>viii</sup> 54% of young carers live in a lone parent household. *Young carers and education*, Dearden & Becker, Carers UK, 2002
- <sup>ix</sup> Pg. 31, *The Individual Budgets Pilot Projects: Impact and Outcomes for Carers*, Glendinning et al, 2009
- <sup>x</sup> *Personalisation and the law: implementing Putting people first in the current legal framework*, Association of Directors of Adult Social Services, 2009
- <sup>xi</sup> 'Care and support - a community responsibility?' Brindle, Joseph Rowntree Foundation, 2008
- <sup>xii</sup> Pg. 114, *Shaping the Future of Care Together*, Dept of Health, 2009
- <sup>xiii</sup> Around 353,000 carers received a carer's assessment or review during 2006-07, either separately or jointly with the service user. Of the 353,000 carers assessed or reviewed, an estimated 315,000 carers received a service. Of these, 56 per cent received 'carer specific' services, and 44 per cent received information only Pg. 5, *The Individual Budgets Pilot Projects: Impact and Outcomes for Carers*, Glendinning et al, 2009
- <sup>xiv</sup> *Common Resource Allocation Framework*, ADASS, Citizen Leaders, In Control & Putting People First, October 2009. Available at:  
[http://www.dhcarenetworks.org.uk/\\_library/Resources/Personalisation/Personalisation\\_advice/Common\\_resource\\_allocation\\_framework\\_final.pdf](http://www.dhcarenetworks.org.uk/_library/Resources/Personalisation/Personalisation_advice/Common_resource_allocation_framework_final.pdf)
- <sup>xv</sup> Pg. 14, 'Communities in recession', Karen Day, Joseph Rowntree Foundation, 2009
- <sup>xvi</sup> *Comprehensive model: every 65 year old would be liable to pay a mandatory contribution to cover social care costs*. Pg. 114, *Shaping the Future of Care Together*, Dept of Health, 2009
- <sup>xvii</sup> *Green Paper Impact Assessment*, Pg. 53. Department of Health. Quoting from Commission for Social Care Inspection (2009) *The State of Social Care 2007/08*.
- <sup>xviii</sup> Commission for Social Care Inspection (2009) *The State of Social Care 2007/08*.
- <sup>xix</sup> S Banerjee, J Murray, B Foley, L Atkins, J Schneider, A Mann. *J Neurol Neurosurg Psychiatry* 2003;74:1315-1316 [www.jnnp.com](http://www.jnnp.com)
- <sup>xx</sup> Davies, B. and J. L. Fernández (2000). *Equity and Efficiency Policy in Community Care*. Aldershot, Ashgate.
- <sup>xxi</sup> *Care Homes for Older People Volume 2 Admissions, needs and outcomes*. Bebbington, A, Darton, R, Netten, A. PSSRU. 1996
- <sup>xxii</sup> Mittelman MS, Ferris SH, Shulman E, Steinberg G, Levin B. *JAMA*. 1996 Dec 4;276(21):1725-31. [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed). See also: *Improving caregiver well-being delays nursing home placement of patients with Alzheimer disease*. Mittelman MS, Haley WE, Clay OJ, Roth DL. Department of Psychiatry, New York University School of Medicine, NY 10016, USA. [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed)
- <sup>xxiii</sup> *Specialist clinical assessment of vulnerable older people: outcomes for carers from a randomised controlled trial*. VENABLES, D et al. *Ageing & Society* 26, 2006, 867-882. f 2006 Cambridge University Press.
- <sup>xxiv</sup> Pg. 24, *Putting People First without putting carers second*, The Princess Royal Trust for Carers and Crossroads Care, 2009



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<sup>xxv</sup> Pg. 5, The Individual Budgets Pilot Projects: Impact and Outcomes for Carers, Glendinning et al, 2009.  
A further 138,600 carers received information only.

<sup>xxvi</sup> Carer stress was the reason for admission in 38% of occasions, and the Green Paper states that residential care spending was on 495,000 people. See endnotes xix and xvii respectively

<sup>xxvii</sup> [www.idea.gov.uk](http://www.idea.gov.uk)

<sup>xxviii</sup> *Missed Opportunities; The Impact of Carers' New Rights*, Carers UK, 2003



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**Author:** Gordon Conochie, Joint Policy & Parliamentary Officer  
The Princess Royal Trust for Carers and Crossroads Care

### **About The Princess Royal Trust for Carers and Crossroads Care**

We are the two biggest providers of services for carers in the UK and work together at a national level to promote policies and guidance that will support carers.

**The Princess Royal Trust for Carers** is the largest provider of comprehensive carers support services in the UK. Through its unique network of 144 independently managed Carers' Centres, 85 young carers' services and interactive websites ([www.carers.org](http://www.carers.org) and [www.youngcarers.net](http://www.youngcarers.net)), The Trust currently provides quality information, advice and support services to over 400,000 carers, including approximately 25,000 young carers.

Each Carers' Centre within the network is an independent charity in its own right, delivering a wide range of local support services to meet the needs of carers in their own communities. Each provides expertise specific to their particular area of the UK. Carers' Centres' core services include:

- finding hidden carers via outreach in GP surgeries, hospital wards and schools;
- finding the right information for every carer, whatever their circumstances;
- making sure carers' voices are listened to by local decision makers;
- supporting carers emotionally and practically throughout their caring journey;
- helping to make caring a positive experience by helping carers to share experiences and by ensuring access to breaks, education, training and employment

**Crossroads Care** is Britain's leading provider of support for carers and the people they care for. We work with over 35,000 individuals and their families, helping carers make a life outside of caring. We employ over 5,000 trained professionals, providing flexible services to people of all ages and with a range of disabilities and health conditions.

As a charity, we care for people not for profit. Our Carer Support Staff love their work. They understand what carers, and those they care for, need and feel. They



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know the simple things that really matter, they do the hard jobs with a smile and they take pleasure in fitting into family life. It's no surprise then, that Crossroads Care staff build long and trusted relationships and that more people turn to us for support than to any other social care provider. Crossroads Care ...the people carers turn to