

ESSENCE SUMMARY 2

Support for unpaid carers: Economic evidence

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BACKGROUND

There are more than 5.4 million people in England who provide unpaid care now and, due to the ageing of the population and higher disability rates among older persons, their number is fast rising.

An unpaid carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health issue or an addiction and cannot cope without their support.

The care they give is unpaid or very low paid (e.g. through carer's allowance). When delivering support for unpaid carers, a major challenge for social care is that local authorities commission

carer support services, whereas the derived benefits may be shared by other actors, such as individuals, employers and society.

Interventions covered:

1. Indirect services (replacement care).
2. Direct support (psychological therapy, educational interventions, support groups).
3. Employment conditions.
4. Cash benefits.
5. Assistive technology.
6. Multi-dimensional support.

KEY POINTS

- For those who provide unpaid care, particularly at higher intensities, there is substantial evidence of negative effects on employment, health and wellbeing, with associated individual and societal costs.
- There are significant gaps in the evidence with regards to interventions to support carers, outcomes and types of caring situation studied, with a lack of evidence on cost-effectiveness and few evaluations of key recent policy initiatives.
- Evidence is strongest and most consistent for formal care services for people with care needs; flexible working conditions; psychological therapy, training and education interventions; and support groups. It may be that a combination of interventions is most effective.

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CONTEXT

Population ageing and the fact that there is higher disability rates among older persons has substantially increased the need for long-term care. In England, this is aggravated by cuts to adult social care budgets and a reduction in adults receiving publicly funded care services.

In addition, the actor that organises support and pays the costs of the support for unpaid carers may not necessarily be the one who gets the benefits. For example, the social care sector pays the costs of formal services, and benefits from the service-derived outcomes are potential savings with impact beyond social care, including carers, employers and society overall (through improved employment and productivity).

The evidence on those who provide unpaid care indicates poor work-related outcomes, particularly for individuals providing long hours of care. Specifically, unpaid carers are less likely to be in paid employment, and they face difficulties with re-entering employment after caring finishes. The longer that a carer is out of paid work, the harder

it is for them to return. Furthermore, carers are more likely to work fewer hours than non-carers but those caring for 10 or more hours a week are more likely to leave employment than to reduce their hours. Providing care has other effects on employment, including disruption, missing hours or days of work and sickness absence. Provision of unpaid care is also associated with poorer mental and physical health and quality of life, particularly at higher intensities of caring.

Brimblecombe et al (1) reported on the outcomes associated with the provision of unpaid care. The review synthesised the evidence to date on the effectiveness and cost-effectiveness of different interventions to support unpaid carers. The goal of the review was to inform policy discussion and strategy on unpaid carers.

This case summary presents the main evidence from that review. It looks at a wide range of interventions to support unpaid carers grouped under six broad categories.

INDIRECT SUPPORT FOR CARERS: SERVICES FOR PEOPLE WITH CARE NEEDS

What is the intervention? UK policy on unpaid carers aims to provide 'replacement' formal care services for the person with care needs as one way to support carers' labour force participation, health and wellbeing. 'Replacement care' may include ongoing services such as home care, personal assistants or occasional substitute care including short breaks ('respite').

Is the intervention effective? Carers' labour force participation: According to recent research, the provision of formal care support for the care-recipient is associated with a higher probability of being in employment, particularly for women. The most effective services in supporting carers' employment are home care, personal assistants, day care and meals-on-wheels (or their equivalent). These types of services are provided

during the working day, so they can enable carers to participate in paid employment.

Carers' health and wellbeing: There is some evidence that day care and home care can be effective in reducing the negative psychological effects of caring, particularly for higher-intensity carers. Findings on short breaks/'respite' are mixed. Although carers generally perceived benefits to their emotional wellbeing, there is little robust evidence of this, with several studies showing a negative effect.

Is the intervention cost-effective? Most research reports on labour force outcomes and it shows a positive relationship between use of formal services by the care-recipient and carers' employment outcomes. Social care pays the costs of formal services and benefits from

outcomes are potential savings for individuals, employers and in societal costs. When assessing cost-effectiveness the majority of the papers

emphasises cost-savings. Specifically, there is a potential to reduce individual, employer and societal costs of negative employment outcomes.

DIRECT SUPPORT FOR CARERS

What is the intervention? There is extensive international literature on interventions aimed directly at carers. The research covers a range of interventions for people in a variety of caring situations. Different carers need different interventions, depending on level and type of care need and other circumstances of carer and care-recipient.

Is the intervention effective and cost-effective?

Interventions that appear to be most effective cost-effective are psychological therapy, training and education interventions and support groups. More is presented in a separate summary, looking at a coping programme for family carers of people with dementia. It can be accessed [here](#).

WORK CONDITIONS

What is the intervention? The review looked at two types of potentially effective work conditions in the literature: flexible working practices and statutory paid care leave.

Is the intervention effective? Flexible working practices: Flexible working practices bring positive outcomes for employees, including enabling better reconciliation of work and care and lowering chances of unemployment. These practices also increase the chances of remaining in employment or extend the employment trajectory. Additionally, they lower the chances of reduced hours of work for carers in UK. They can also mediate the mental and physical effects on the health of carers, especially for women. There are also positive outcomes for employers in terms of improved retention, productivity, good employee relations and lowered related costs.

Statutory paid care leave: Evidence suggests that carers may be reluctant to stop paid work altogether. However, some carers may want to achieve an on-going balance between caring and employment. As such, care leave may have a positive effect on employment in some circumstances, particularly in combination with flexible working practices.

Is the intervention cost-effective? Flexible working practices: These practices enable better reconciliation of work and care and lower chance of not being in employment, resulting not only in overall cost-effectiveness, but also bringing individual, employer and societal savings.

Statutory paid care leave: These practices may have a positive effect on employment in some circumstances, particularly in combination with flexible working practices.

CASH BENEFITS

What is the intervention? There are two main policy approaches to cash benefits. The first is a carer's allowance. This is provided directly to the carer after being approved through an application process, which is the current system in England.

The second policy approach is a care allowance to the person with support needs. They can use funds to buy in services of carers from the labour market, or to remunerate a relative for care.

Is the intervention effective and cost-effective?

Cash benefits can reduce poverty if the level is high enough and the system flexible enough. In combination with part-time employment or part-time care leave, they provide some compensation for reduced income. However, they can also increase or maintain gender inequality and low income, since payments for care are usually fairly low and is often done by women. They may also act as a disincentive to work, particularly for

women on lower incomes. This is because the eligibility criteria limit combination with formal paid employment or more than minimal formal employment. In this way, cash benefits may have negative effects on female labour force participation, both being in employment and hours worked. Earnings-limited allowances, such as those in England, discourage carers from working additional hours and/or may bring incentives to reduce hours of work.

ASSISTIVE TECHNOLOGY

What is the intervention? The review looked at two broad types of assistive technology. The first is directed at the care-recipient and can be considered as a 'replacement care' service. We specifically looked at the evidence on technology that acts as memory aids, provides safety or security, and/or enables more independent living. Telecare is a type of assistive technology directed at the care-recipient, and this particular intervention is presented in detail as part of a separate case summary, please see here. The second type of assistive technology is technology that is aimed directly at the carer, such as technology-assisted or delivered training or support.

Is the intervention effective? Assistive technology directed at the care-recipient: there is evidence that this intervention has the potential to achieve better self-reported balance between work and care for carers, but there was no evidence on differences in carer productivity or morale. It can also contribute to better harmonisation of paid work and family care or improve health and well-being of carers if part of a

broader package of services and support. Additionally, the intervention can have a positive effect on carer stress, strain and psychological health. There is no evidence indicating benefits on burden or quality of life.

Assistive technology aimed directly at the carer: These interventions include technology-assisted or technology-delivered training or support. There is evidence that technology aimed directly at the care-recipient can bring better health and wellbeing outcomes, in particular less stress, again if part of a broader package. In particular, telecare aimed directly at carers can reduce carers stress and depression, but negative effects are also reported.

Is the intervention cost-effective? There is evidence that assistive technology directed at the care-recipient can be cost-effective and improve psychological health for carers. There may be associated cost savings for health and social care systems, although few studies consider this question. No evidence is available to support the cost-effectiveness of assistive technology aimed directly at the carer.

MULTI-DIMENSIONAL SUPPORT

What is the intervention? The need for multi-dimensional interventions or combinations of interventions depends on level and type of care need of the care-recipient. Additionally, interventions depend in part on carers' broader

circumstances such as age or economic status. As care needs and carers' personal circumstances change over time, the nature of support that is needed is likely to change also.

Is the intervention effective and cost-effective?

A combination of interventions may be most effective and cost-effective in meeting the diverse needs of carers and people with care needs. Improving work–life balance for carers requires coordinated measures across multiple policy

domains. Good work-life balance and wellbeing cannot be achieved by carers' benefits alone. Formal care services, flexible working practices and poverty alleviation measures must also be utilized.

HOW ARE THE INTERVENTIONS IMPLEMENTED?

In England, there have been a series of Carers Strategies and Acts of Parliament to support carers, especially their health, wellbeing and employment (2–6). These have included workplace support, such as the right to flexible working, direct and indirect support for carers and increasing rights for carers, most notably in the 2014 Care Act (6).

The new Carer Action Plan 2018–2020 (2) outlines the cross-government programme of work to support carers in England over the next two years. It sets out the present Government's commitment to supporting carers across five priorities including services and systems that work for carers and supporting young carers.

The Department of Health and Social Care in England has also asked the National Institute for Health and Care Excellence to develop a guideline on supporting adult carers to be published 22 January 2020. More information on the guideline development can be accessed at www.nice.org.uk/guidance/indevelopment/gid-ng10046.

Examples of services directly for carers, their implementation and their economic impacts are reported in the literature. Yeandle and Wigfield (7) conducted an evaluation of the government's

National Carers' Strategy Demonstrator Sites (DS) programme. The programme included twelve 'breaks' sites that ran over 18 months. As part of the DS programme, each site was expected to develop new, innovative services for carers or to extend existing, effective arrangements. The programme focused on offering breaks to carers, delivering annual health and well-being checks for carers, and providing better support for carers in hospital and primary care.

The review identified potential economic savings relating to preventing hospital or residential care admissions and supporting carers to sustain their caring role. Other economic savings were found related to providing earlier identification of physical and/or mental health issues and improving carers' health and wellbeing; working in partnership with other stakeholders; supporting efficiency savings in GP practices; assisting carers to return to, or remain in, paid work; establishing informal support networks among carers. Four sites calculated the cost savings of their services, using different approaches.

More details on the individual case studies can be accessed at <https://essl.leeds.ac.uk/dir-record/research-projects/841/evaluation-of-the-national-carers-strategy-demonstrator-sites-programme>.

MORE INFORMATION

An updated meta-review of evidence on what is known about effective interventions to support carers of ill, disabled or older adults is presented elsewhere (8).

REFERENCES

1. Brimblecombe, N, Fernández, J, Knapp, M et al (2018) Review of the international evidence on support for unpaid carers. *Journal of Long-term Care*. 25--40.
2. Department of Health and Social Care (2018). *The new Carer Action Plan 2018–2020*.
3. Her Majesty's Government (2008). *Carers at the heart of 21st century families and communities*.
4. Her Majesty's Government (2010). *Recognised, valued and supported: Next steps for the Carers Strategy*.
5. Her Majesty's Government 2014. *Care act 2014* .
6. People First. *The Care Act – An overview (2014)*.
7. Yeandle S (2011) *The evaluation of the Department of Health's National Carers' Strategy Demonstrator Sites programme*. University of Leeds.
8. Thomas S, Dalton J, Harden M, et al (2017). *Updated meta-review of evidence on support for carers*. Southampton (UK): NIHR Journals Library.

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