



Consortium for the Regional Support for Women in Disadvantaged and Rural Areas

Response to: Carer's Bill

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**Foyle Women's
Information
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Women's Regional Consortium: Working to Support Women in Rural Communities and Disadvantaged Urban Areas

1. Introduction

1.1 This response has been undertaken collaboratively by the members of the Consortium for the Regional Support for Women in Disadvantaged and Rural Areas (hereafter, either the Women's Regional Consortium or simply the Consortium), which is funded by the Department for Communities and the Department of Agriculture, Environment and Rural Affairs.

1.2 The Women's Regional Consortium consists of seven established women's sector organisations that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion.¹ The seven groups are as follows:

- ♀ Training for Women Network (TWN) – Project lead
- ♀ Women's Resource and Development Agency (WRDA)
- ♀ Women's Support Network (WSN)
- ♀ Northern Ireland's Rural Women's Network (NIRWN)
- ♀ Women's TEC
- ♀ Women's Centre Derry
- ♀ Foyle Women's Information Network (FWIN)

1.3 The Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural areas, including all groups, centres and organisations delivering essential frontline services, advice and

¹ Sections 1.2-1.3 represent the official description of the Consortium's work, as agreed and authored by its seven partner organisation

support. The Consortium ensures that there is a continuous two-way flow of information between government and the sector. It also ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views, needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately results in the empowerment of local women in disadvantaged and rurally isolated communities.

1.4 The Women's Regional Consortium appreciates the opportunity to respond to Mervyn Storey's proposals on a Carer's Bill. This is particularly the case given that care is a gendered issue which impacts disproportionately on women who are the main providers of both paid and unpaid care work. As the Family Resources Survey shows across the United Kingdom in all age groups, up to the age of 74, women were more likely to provide informal care than men² so this is clearly a gendered issue. Unfortunately there is no breakdown available by gender specific to Northern Ireland but statistics show that in 2018/19, 9% of the population were informal carers in Northern Ireland³ and many of these unpaid carers are likely to be women.

1.5 Throughout this response the Consortium has sought to ensure the voices of women are represented. We believe that it is essential for policy makers and Government to listen to the voices of the women who live here and for whom caring has such significance in their lives. We have attempted to include throughout this response some of what local women have said in relation to care and which detail their lived experience of providing care.

1.6 We wish to endorse the response made by the Women's Policy Group (WPG) on which the Women's Regional Consortium is represented. We also fully endorse the responses made by our colleagues in Carers NI, Action for Children NI,

² Family Resources Survey 2018/19, Department for Work and Pensions, March 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874507/family-resources-survey-2018-19.pdf

³ Family Resources Survey 2018/19, Department for Communities, December 2020
<https://www.communities-ni.gov.uk/system/files/publications/communities/frs-201819.pdf>

Barnardos and NI Regional Young Carers and urge full consideration of their responses in the development of this Bill.

2.0 General comments

In Northern Ireland there are 220,000 carers and it is estimated that by 2037 the number of carers could have increased to 400,000. These carers save the Northern Ireland economy over £4.6 billion a year which is more than the annual NHS spend in Northern Ireland. 15% of the Northern Ireland workforce are balancing work and care. Northern Ireland figures show that 64% of carers are women and 36% are men.⁴

There are a number of characteristics of the Northern Ireland economy which make addressing the issue of caring an important issue here. This includes the fact that caring is still very much seen to be “*women’s work*” and in more traditional, patriarchal societies like Northern Ireland it often falls to women to provide this care.

Northern Ireland has a large rural population. Over 80% of the Northern Ireland land mass is rural and more than one in three of the population (36%) live in rural areas.⁵ Research by the Northern Ireland Rural Women’s Network (NIRWN) shows that rural women are under increasing pressure from the economic climate: “*Historic underfunding of rural women’s activities and underinvestment in rural areas; centralisation of service support; lack of infrastructure, and the burden of caring responsibilities is leaving rural women experiencing more poverty and social isolation than ever before.*”⁶

In addition Northern Ireland is a small business economy. Small businesses account for 99.9% of all businesses in Northern Ireland and employ more people than all the

⁴ <https://www.carersuk.org/northernireland/news-ni/facts-and-figures>

⁵ Key Rural Issues, Northern Ireland 2019, Department of Agriculture, Environment and Rural Affairs, <https://www.daera-ni.gov.uk/sites/default/files/publications/daera/Key%20Rural%20Issues.pdf>

⁶ Rural Women’s Manifesto, NIRWN, September 2015

<https://www.nirwn.org/wp-content/uploads/2016/12/NIRWN-Rural-Womens-Manifesto.pdf>

larger businesses and the entire public sector combined.⁷ It can be more difficult for small businesses to provide flexible working opportunities and to provide enhanced leave for carers as they can experience more problems with disruption to their business.

2.1 Caring and Women

Statistics outlined above, both locally and nationally, show that women are more likely than men to provide care. By the time they are aged 46, half of women have been a carer. Men have the same 50:50 chance by age 57 – eleven years later.⁸

The Women and Equalities Committee said in 2016 about the causes of the gender pay gap: *“a large part of the gender pay gap is down to women’s concentration in part-time work. Many women are trapped in low paid, part-time work that doesn’t make use of their skills. This is partly due to women’s disproportionate responsibility for unpaid caring, but also because many of the sectors women work in, like retail and care, offer predominantly low-paid, part-time work.”*⁹

These findings show that caring is a feature of many women’s lives and typically happens at a younger age for women than men. This means that women are more likely to find themselves in a caring role at an age when they would be expected to be in paid work. Women are more likely than men to be forced out of the labour market by caring responsibilities. Caring affects their participation in the workforce and ultimately reduces their earnings over their lifetime. This has clear implications for gender equality.

The issue of unpaid care has been brought into sharper focus as a result of the Covid19 pandemic. New figures released by Carers UK for Carers Week 2020 show an estimated 4.5 million people in the UK have become unpaid carers as a result of

⁷ <https://www.fsb.org.uk/standing-up-for-you/national-offices/northern-ireland>

⁸ Will I care? The likelihood of being a carer in adult life, CarersUK, November 2019
http://www.carersuk.org/images/News_campaigns/CarersRightsDay_Nov19_FINAL.pdf

⁹ Gender Pay Gap, Second Report of Session 2015-16, House of Commons Women and Equalities Committee (HC 584), March 2016
<https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/584/584.pdf>

the Coronavirus pandemic.¹⁰ These figures show that of all unpaid carers, 58% are women and 42% are men.

“The value of care, care work and all the stuff normally done within the home. It is at the root of everything and why women can’t participate properly. Caring work is not valued in society and is the bedrock of everything. There is a circular relationship between not valuing care work and undervaluing women. It is undervalued because it is something that women do – there is underlying misogyny.”

(Participant at Consultation Event)

“We should all go on strike! We saw what happened with Covid in the emergency responses women were always sidelined. There is a need to value what women do. Women are always the add on at the end and it’s totally frustrating.”

(Participant at Consultation Event)

“Caring mostly falls to women, it’s a big issue for women.”

(Participant at Consultation Event)

“It is just expected that a daughter will take on a caring role.”

(Participant at Consultation Event)

“There is still the assumption that it is women who will provide care. If there is care needed it is assumed that women will provide it whether for parents, children or grandchildren. Women are expected to care yet there are not the services there to support them.”

(Participant at Consultation Event)

“Care always falls to the mother. I had a job share when I had my son but when he was 6 I had to take a career break as he had that many doctor’s appointments. I ended up giving up the job and haven’t worked since. It all does fall to the mother.”

(Participant at Consultation Event)

“Where is the care for mothers? We are all fighting to get stuff to help our children but are coming up against a lack of resources.”

(Participant at Consultation Event)

¹⁰ Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak, Carers UK, June 2020
https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf

“My sister was a carer for my parents and ended up looking after my dad and her own grandchildren. Her GP described her as the ‘sandwich generation’ whose parents are living longer so women are looking after their own parents as well as their grandchildren. That has just become acceptable yet the services haven’t risen to support these women.”
(Participant at Consultation Event)

2.2 The Personal Impact of Caring

Caring can be difficult and can put stress on a carer’s health and wellbeing. Carers Week research¹¹ found that 6 out of 10 people (61%) said their physical health has worsened as a result of caring, while 7 out of 10 (72%) said they have experienced mental ill health. Carers providing 50 hours or more of care per week are more than twice as likely to be in bad health than non-carers.

Carers can experience loneliness and isolation particularly if they are providing substantial amounts of care. Carers are seven times more likely to say they are always or often lonely compared with the general population. Over half (54%) of the population of the UK say they are never or hardly ever lonely compared with just 1 in 5 (21%) of unpaid carers in Northern Ireland. Just over 7 in 10 (74%) of all carers reported having ever felt lonely or isolated as a result of their caring role.¹²

Research by Carers NI¹³ also revealed that carers in the UK are nearly twice as anxious as the general population. Carers in Northern Ireland reported significantly lower life satisfaction and lower happiness compared with the NI average and their anxiety levels were almost twice as high as those reported by the population of Northern Ireland as a whole (5.3 compared to 2.7).

The case of Barbara MacArthur, a 93-year old sole carer for her disabled son has recently received a huge reaction on social media following her letter to The Guardian.¹⁴ Barbara described her life as a carer for her son as “*continuous years of*

¹¹ Supporting Carers to be Healthy and Connected, Research Summary for Carers Week 2018, Carers UK, June 2018

https://www.carersweek.org/images/Resources/CW18_Research_Report.pdf

¹² State of Caring, A snapshot of unpaid care in Northern Ireland, Carers NI, October 2019
<https://www.carersuk.org/northernireland/news-ni/state-of-caring-in-northern-ireland-2019>

¹³ Ibid

¹⁴ <https://www.theguardian.com/society/2020/jul/29/at-93-i-am-still-my-sons-sole-carer>

strain” and that she felt that “more cutbacks mean that there is even less help available than ever.” She also described that in her 60s and 70s she was “caring for elderly relatives for 16 or 17 years who otherwise could have cost the state quite a lot as they had no money, but they dreaded the thought of going into care so gave up their council flat to live with us. It was hard, unpaid work as I was ineligible for Carer’s Allowance.”

The Covid19 pandemic has also had an impact on the health of carers. Almost two thirds of carers (64%) say that their mental health has worsened as a result of the pandemic. This was significantly higher for carers who were struggling financially (74%). 65% of women said their mental health had suffered compared to 58% of men. 58% of carers say their physical health has worsened as a result of the pandemic. This was slightly lower for men (54%) compared with (58%) of women, but carers who were struggling financially had seen a higher impact on their physical health with 70% having seen it worsen as a result of the pandemic.¹⁵

“Care doesn’t stop.”

(Participant in Consultation Exercise)

“It is just expected that we will continue to provide this care for nothing.”

(Participant in Consultation Exercise)

“I was writing down a list of all the jobs I have ever done in my life, volunteering, etc. But I didn’t think to write down I’m a full-time carer. I forgot. It’s a very lonely experience. We should all celebrate what we do as carers and be very proud.”

(Participant at Consultation Event)

“The country relies on carers. They are not appreciated the way they should be.”

(Participant at Consultation Event)

“Two years ago I had to leave work and become a full time carer for my son who has autism. I felt very lonely when I left the job.”

(Participant at Consultation Event)

¹⁵ Caring behind closed doors: six months on, Carers UK, October 2020
[Caring behind closed doors Oct20.pdf](#)

“When you are caring for someone who is not well, you never know what the next day will bring so it’s hard to plan in advance.”

(Participant at Consultation Event)

“All those providing unpaid care – they don’t get to participate in society in the same way.”

(Participant at Consultation Event)

“My sons have Asperger’s and they are 43 but there is no support available for them. I worry about them every day. It’s always the women who have to pick up the pieces.”

(Participant at Consultation Event)

2.3 Covid19 Pandemic

The Covid19 pandemic and subsequent lockdown has brought a sharp focus on the importance of caring. Care work is the invisible unpaid contribution to the economy that has largely been unrecognised and accounted for. The pandemic has shown that care work, mostly carried out by women, is vitally important to the economy yet is massively undervalued and needs to be at the forefront of social and economic recovery plans.

New figures released by Carers UK for Carers Week 2020 show an estimated 4.5 million people in the UK have become unpaid carers as a result of the Coronavirus pandemic.¹⁶ This adds to the 9.1 million unpaid carers already providing care before the outbreak, bringing the total to 13.6 million. There are 2.8 million extra workers juggling work and unpaid care since the start of outbreak. These figures show that of all unpaid carers, 58% are women and 42% are men and that of the unpaid carers who have started caring since the start of the pandemic 59% are women and 41% are men.¹⁷

¹⁶ Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak, Carers UK, June 2020

https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf

¹⁷ Ibid

A survey by Carers UK in April 2020¹⁸ showed that 70% of unpaid carers in the UK are having to provide more care for their loved ones during the Coronavirus outbreak. On average carers are picking up an additional 10 hours of unpaid care per week, helping their loved ones with personal care, practical tasks and emotional support. A third (35%) of them are providing more care because their local care and support services have been reduced or closed. This has particular impacts for many women who may find themselves unable to return to work if special schools, day centres and other support services are not in place.

Specific to Northern Ireland Carers UK research¹⁹ found that:

- 15% of respondents said they were already providing care before the Covid19 outbreak (212,000 people) and a further 7% stated that they have started caring since the outbreak (98,000 people). Using population projections, it can be estimated that there are as many as 312,000 unpaid carers in Northern Ireland;
- 59% of respondents stated that unpaid caring responsibilities was having a detrimental impact on their ability to do paid work;
- 54% identified the financial impact of additional care costs as a key concern;
- 49% expressed high concern over not having anyone to talk to about the challenges of caring;
- 54% of respondents in Northern Ireland stated that they are now more aware of the role of unpaid carers than before and 74% thought that carers were not well valued or valued at all;
- 72% of respondents in Northern Ireland do not believe that unpaid carers have been supported by the Government during the Covid19 pandemic;
- 74% of the public in Northern Ireland believed that the government should increase support; for example, though increased financial support, investment

¹⁸ Caring behind closed doors, Forgotten families in the coronavirus outbreak, Carers UK, April 2020 https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf

¹⁹ Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak, Carers UK, June 2020 https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf

in care and support services so unpaid carers can take a break and through further investment in social services.

The pandemic has compounded the challenges for carers with many unable to take breaks from their caring roles and many having to spend more money on household bills and necessities during the outbreak. Research carried out by Carers UK in April 2020²⁰ showed that 81% of carers had to spend more money on necessities such as food and household bills and almost two thirds (64%) of unpaid carers have not been able to take breaks from their caring role.

Statistics also show that carers are twice as likely to have relied on a foodbank due to the pandemic. They show that over 106,000 carers in the UK said that their household had used a foodbank in the last month. The figure for foodbank use by female carers was twice as high as that for male carers.²¹

Pre-existing inequalities only make the economic challenges of Covid19 worse. The pandemic has underscored the income inequality that exists after a decade of austerity following the financial crisis. Women are paid less on average than men, women are more likely to work part-time and in low-paid, insecure work. Women are also more likely to be caring for children/family members and are more likely to claim social security benefits. We do not wish to see the situation repeated following the financial crash in 2008 which resulted in austerity and welfare reform measures that disproportionately impacted on women.²² The Coronavirus pandemic has shone a light on the importance of caring work and it is vital that coming out of the pandemic that measures to support and enhance the lives of carers should be part of the Government's social and economic recovery plans.

²⁰ Caring behind closed doors, Forgotten families in the coronavirus outbreak, Carers UK, April 2020 https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf

²¹ CARING and COVID-19, Hunger and mental wellbeing, University of Sheffield, University of Birmingham, Carers UK, Economic and Social Research Council, June 2020 https://www.carersuk.org/images/publications/Caring_and_COVID-19_Hunger_and_mental_wellbeing.pdf

²² Research by the House of Commons Library shows that 86% of the savings to the Treasury through tax and benefit changes since 2010 will have come from women <https://researchbriefings.files.parliament.uk/documents/SN06758/SN06758.pdf>

2.4 Carer's Allowance

Carer's Allowance, the main benefit for people providing unpaid care for family or friends, remains the lowest benefit of its kind at just £67.25 per week (2020/21 rates). Part of the eligibility for Carer's Allowance is an earnings limit of just £128 a week. These low values in terms of payment and earnings means that many carers struggle to make ends meet. Many organisations including Carers UK²³ have been calling for some time for the value of Carer's Allowance to be increased and for the earnings limit for claiming Carer's Allowance to be raised to ensure those juggling work and care on low pay also receive support.

Despite their enormous contribution to society, too many carers continue to struggle financially often with serious repercussions for their mental and physical wellbeing. Providing care has the potential to result in a reduction in income as many carers will be forced to reduce their working hours and face extra costs associated with caring. Previous research from 2016²⁴ shows that overall 1.2 million informal carers were in poverty. The Covid19 pandemic has exacerbated the financial struggles that many unpaid carers face. Many have experienced increased costs because of the crisis combined with living on a limited income to meet these costs.

Carers UK and many other organisations representing unpaid carers have joined together to call on the Work and Pensions Secretary to recognise the financial impact that Covid19 has had on carers. An open letter²⁵ sent to the Work and Pensions Secretary, Rt Hon Therese Coffey MP and Chancellor, Rt Hon Rishi Sunak MP, calls for better financial support for unpaid carers who have faced rising costs during the pandemic.

²³ <https://www.carersuk.org/news-and-campaigns/campaigns/fairer-for-carers>

²⁴ Informal carers & poverty in the UK, New Policy Institute, May 2016

https://www.npi.org.uk/files/2114/6411/1359/Carers_and_poverty_in_the_UK_-_full_report.pdf

²⁵ https://www.carersuk.org/images/FairerforCarers/Open_letter_re_level_of_Carers_Allowance_to_Work_and_Pensions_Secretary_-_vFINAL.pdf

Locally the Women's Policy Group (WPG) in Northern Ireland²⁶ (the Women's Regional Consortium are represented on this Group) have called for an end to carer's financial hardship.²⁷ The WPG have called for financial support for carers to be urgently improved as this would particularly benefit women who are more likely to be caring and providing higher levels of care. The WPG are calling on the UK Government and Northern Ireland Assembly to immediately increase the level of Carer's Allowance and also to provide a one-off Coronavirus supplement of £20 a week to those entitled to Carer's Allowance to match the rise in Universal Credit.

It has also been highlighted that for some people who need care there is a need for more than one person to provide that care. Due to the nature of certain disabilities some people need two carers providing care 24/7 to help with personal care, administering medications, etc. Despite this only one person is entitled to claim Carer's Allowance for this care. This seems grossly unfair given the already very low level of Carer's Allowance and the intensity of care required for people with the most significant care needs.

"If you price what it costs for someone to go into care against what carers provide it would be very expensive. The Government are saving billions on this type of care. There really should be a little given back to carers."

(Participant in Consultation Exercise)

"How much do women save the economy? If we priced it the figures would be scary. We need to value this unpaid care."

(Participant at Consultation Event)

"The costs of have someone in a nursing home or in prison are extortionate, costing so many thousands. Yet how can they equate that with the level that Carer's Allowance is paid. If it costs that much to look after someone in those settings how come it is not recognised in another?"

(Participant at Consultation Event)

²⁶ The Women's Policy Group Northern Ireland is made up of women from trade unions, grassroots women's organisations, women's networks, feminist campaigning organisations, LGBT+ organisations, support service providers, human rights and equality organisations and individuals

²⁷ COVID-19 Feminist Recovery Plan, Women's Policy Group Northern Ireland, July 2020
<https://wrda.net/wp-content/uploads/2020/07/WPG-NI-Feminist-Recovery-Plan-2020.pdf>

“Everyone should be entitled to a basic living allowance whether they are a carer or disabled. The bottom line is that people should have a decent income.”

(Participant at Consultation Event)

“If you are a pensioner you get nothing for caring you are ruled out of Carers Allowance. It is not only people who are working that are discriminated against. It is not the case that if you turn 65 you are no longer a carer!”

(Participant at Consultation Event)

“I live with my two sisters and I get Carer’s Allowance to care for one of my sisters. It takes two people to look after our sister as she needs 24/7 care and can’t be left on her own but only one of us can get Carer’s Allowance.”

(Participant in Consultation Exercise)

“My aunt is paralysed from the neck down. Due to the nature of her disability she requires two full-time carers 24/7 so that they can lift her, provide personal care, administer medication, etc. Despite the fact that she needs two carers only one person can claim Carer’s Allowance for looking after her which is very unfair.”

(Participant in Consultation Exercise)

2.5 Caring and Work

Figures show that in total 26% of all workers are juggling work and unpaid care - one in four workers.²⁸ This illustrates the importance of providing a supportive working environment to these carers. If there is insufficient investment in carers and support for those providing unpaid care then there is a risk they will be lost to the workforce and the economy as a whole.

Juggling caring with working responsibilities can be a struggle for many carers and in some cases can lead to carers having to reduce their working hours or even give up work as they are unable to balance the two. Statistics from Carers UK²⁹ show that

²⁸ Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak, Carers UK, June 2020

https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf

²⁹ State of Caring, A snapshot of unpaid care in the UK, Carers UK, July 2019

http://www.carersuk.org/images/News_campaigns/CUK_State_of_Caring_2019_Report.pdf

38% of all carers reported that they had given up work to care and 18% had reduced their working hours. 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example, because of tiredness, lateness, and stress. 12% of carers said that they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. Just over 1 in 10 carers (11%) said that they had retired early to care. It is important to note that this research shows that only 4% of respondents of all ages said that caring has had no impact on their capacity to work.

Given the disproportionate levels of unpaid caring responsibilities taken on by women and the negative impacts this can have on women's participation in paid work and earnings over their lifetimes this is a gendered issue which must be addressed in order to prevent further embedding of gender inequality.

We fully support calls by the Women's Policy Group in Northern Ireland³⁰ that more needs to be done by employers and by Government to ensure that there are carer-friendly policies in place that enable working carers to balance their caring responsibilities with work. The Women's Regional Consortium fully supports Government plans to introduce an entitlement to carer's leave for working carers but is also calling for this leave to be paid.

"I show up to my job every week, on time and do my job. Yet I feel like I'm begging for leave in relation to my caring role, it's like I owe them a favour if I am off. That emotional side of it plays a part too."

(Participant in Consultation Exercise)

"Paid Carer's Leave would really come in handy for many carers."

(Participant in Consultation Exercise)

"I would like to have my caring responsibility recognised at work and have a feeling that my job is secure."

(Participant at Consultation Event)

³⁰ COVID-19 Feminist Recovery Plan, Women's Policy Group Northern Ireland, July 2020
<https://wrda.net/wp-content/uploads/2020/07/WPG-NI-Feminist-Recovery-Plan-2020.pdf>

“I cared for my mum for a number of years. It’s hard trying to work full time and provide care. My sister and I took on the caring role but my brother only helped occasionally. Carers came to help. Each time she went into hospital there was a different social worker involved and you had to keep waiting on information to be transferred. Then when she came out of hospital there were new carers coming in. The system is a complete mess. I was burnt out.”
(Participant at Consultation Event)

3.0 Consultation questions

1. Consultation Preamble

2. Main Proposals – statutory duties. Do carers suffer financially, physically and emotionally as a result of their caring responsibilities?

Yes. The Women’s Regional Consortium is firmly of the belief that carers suffer financially, physically and emotionally as a result of their caring responsibilities. Many of these carers, a significant number of whom are women, struggle on a daily basis to access the help they need to provide care for their loved ones and this struggle causes them significant emotional distress, impacts on their finances and can take a toll on their physical health and mental wellbeing.

Carers in Northern Ireland provide unpaid care to the value of £4.6 billion per year.³¹ Carer’s Allowance, the main benefit for people caring unpaid for family or friends, remains the lowest benefit of its kind at just £67.25 per week (2020/21 rates). Over half of carers (55%) who are receiving Carer’s Allowance are struggling to make ends meet.³² See further information on Carer’s Allowance in Section 2.4.

³¹ State of Caring, A snapshot of unpaid care in Northern Ireland, Carers NI, October 2019
<https://www.carersuk.org/northernireland/news-ni/state-of-caring-in-northern-ireland-2019>

³² Ibid

Carers Week research on the challenges facing unpaid carers in Northern Ireland shows that emotional, mental and physical health impacts of caring were highlighted as the top challenges.³³ The responses were:

- Managing the stress and responsibility (73%);
- the negative impacts on their physical and mental health (70%);
- not being able to take time away from caring (70%);
- the impact it has on other personal relationships (e.g. with family, friends, partners etc.) (59%);
- the negative impact it has on their ability to do paid work (59%);
- the financial impact of the additional care costs (54%);
- not having anyone to talk to about the challenges of caring (49%).

The Northern Ireland Life and Times survey showed that a quarter of carers (25%) said that they themselves had a long-term physical or mental health condition or illness which is higher than the figure for non-carers (20%).³⁴ The survey also showed that nearly two thirds of carers said that they felt under pressure (21% most of the time and 43% sometimes). The most frequent stressor was tiredness (73%), followed by emotional pressure (64%). Other pressures (financial pressure, feeling of having no life of your own, and pressure in other ways) were identified by a significant minority – at least one in four.³⁵

Research by Carers NI³⁶ showed that 32% of respondents had been caring for 15 years or more with 42% caring for 90 or more hours every week. This research also found:

- 39% of carers say they are struggling to make ends meet;

³³ Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak, Carers UK, June 2020
https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf

³⁴ The Impact of Caring, ARK Research Update, November 2016
https://www.ark.ac.uk/ARK/sites/default/files/2018-07/update109_0.pdf

³⁵ Ibid

³⁶ Carers NI (2019) State of Caring: A snapshot of unpaid care in Northern Ireland -
<https://www.carersuk.org/northernireland/policy/policy-library/state-of-caring-in-northern-ireland-2019>

- 66% of carers say they regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for;
- 87% of carers don't know what might happen to the practical support they receive in the future or worry that it might be reduced;
- 62% of carers say that they have focused on the care needs of the person they care for and not on their own needs;
- 82% of carers said they are not able to do as much physical exercise as they'd like to do;
- 74% of all carers reporting having ever felt lonely or isolated as a result of their caring role.

“We are classed as the silent sufferers. Government know we will do the job they have never cared about us, we’re just left to do it. Because you love the person you care for you are going to do it anyway and they know that.”

(Participant at Consultation Event)

“There’s not enough financial support or working rights for carers which really disadvantages them.”

(Participant at Consultation Event)

“I am a carer for my son and they were expecting me to buy all the equipment he needed but it was expensive as I am on benefits. It would be good if parents weren’t forced to buy expensive equipment that their children need to help them. If you worked in an office environment they would have to provide you with equipment through health and safety.”

(Participant at Consultation Event)

“My 23-year old son has autism and I had a very hard fight to keep him in special schools. I ended up having to take a career break from work and eventually left work to care for him. There are no services available to him – there is no autistic centre.”

(Participant at Consultation Event)

“I am 83 and care for my son who has serious mental health issues for over 20 years. There has never been any support for me other than going to the occasional thing to help with my mood. I could really do with some help in terms of cooking and cleaning but there is nothing out there.”

(Participant at Consultation Event)

“Lots of people say my son doesn’t look like he has a disability. He is autistic. I’m fighting all the time for his education in school. It’s always a fight, I’m always having to explain myself because his disability isn’t obvious. I am constantly having to advocate on behalf of my child.”
(Participant at Consultation Event)

“Every day I fight for my son. I love him and wouldn’t change him but there is a need for more education in schools around this and other disabilities.”
(Participant at Consultation Event)

“It takes energy and a massive fight to get a diagnosis and services. If it’s not picked up when your children are young they are not given the support they need at school.”
(Participant at Consultation Event)

“I’m over 80 and live along with my son who has mental health issues and I care for him. I have friends who live alone and they get a discount on their rates. I care for my son (unpaid) and I don’t qualify for the discount because my son lives with me. That’s not fair.”
(Participant at Consultation Event)

“You are always having to fight for the things you need to care for someone. You get a different reaction when you ask for things as a woman compared to a man.”
(Participant at Consultation Event)

“As a carer you are trying to keep people at home and help the system but you are left with no backup. I asked for equipment to help me care for my dad and I had to wait 6 weeks to get it.”
(Participant at Consultation Event)

“You worry all your life when your children have extra care needs. If you are able to get things done quickly and get them assessed quickly then issues get resolved quicker and it is less stressful.”
(Participant at Consultation Event)

3. Do you believe that the position of Northern Ireland’s carers could and should be improved by legislation?

Yes. We believe that the position of Northern Ireland’s carers must be improved by legislation. The introduction of legislation provides a legal commitment and certainty to carers that their needs would be met. It makes it clear what must be provided and where responsibilities lie as well as providing detail around remedies when things go wrong.

Legislating for carers needs is an important step in making progress on the problems that carers face. It ensures that these issues are taken more seriously and provides greater confidence to carers in trying to access their rights. It will also improve statistical recording and the availability of data which is crucially important allowing better analysis of the characteristics of carers, the size and nature of the issues they face and the actions that need to be taken.

Legislative reform on this issue however is only the beginning of the process. Any new law is only as good as how it is understood, implemented and used. In order for it to be effective it must be supported by adequate resources so that Health and Social Care Trusts have the necessary information and training to properly implement the law. In addition, there is a need for an awareness campaign so that carers know about their rights in law, how to access their rights under the law and how to seek redress if they are not given their rights under the law.

There is also a symbolic value of this legislation showing the importance of carers in our society and the value that is placed on the care that they give. Having specific legislation to improve support for carers sends a powerful message that they are valued and that government is committed to ensuring they can access the help they need to carry out their caring role.

4. Given the difference in legislation across the jurisdictions as outlined above, do you believe carers in Northern Ireland should receive the same entitlements as those in other UK jurisdictions / Do you believe it is acceptable that carers in Northern Ireland do not have the same entitlements as those in other UK jurisdictions?

We believe it is highly unacceptable that carers in Northern Ireland do not have the same entitlements as those in other UK jurisdictions. Carers in Northern Ireland **must** receive at least the same entitlements as those in other UK jurisdictions.

Northern Ireland is clearly lagging behind in terms of entitlements for carers. The Carers Strategy published in 2006³⁷ has not been updated and while it does provide an outline of what carers can expect from public services there is not the evidence that carers are actually receiving the support they need. The Carers and Direct Payments Act 2002 which makes provision about the assessment of carers' needs and provides for services to help carers in Northern Ireland is nearly 20 years old and in need of updating.

Legislative developments in other parts of the UK have made positive changes for carers which have not been replicated in Northern Ireland due to the lack of an Assembly, Brexit and the ongoing crisis in health and social care here. To use Scotland as an example legislative developments there include the introduction of the Carers Act 2016 in Scotland and more recently the Carer's Allowance Supplement was introduced in 2018 to meet the Scottish Government's commitment to increase Carer's Allowance to the level of Jobseeker's Allowance. It is simply unacceptable that carers in Northern Ireland should suffer such a detriment in entitlements compared to other jurisdictions of the UK.

An expert panel report examining the future configuration of Health and Social Care services in Northern Ireland³⁸ stated: *"It must always be remembered that the most important, and the largest group by far, of staff delivering care services in Northern Ireland is unpaid."* The report also went on to say: *"Engaging and supporting carers is a fundamental aspect of maintaining service users within their own home and it is essential that the HSC improves its performance in this area."*

"NI lags behind the UK in support for carers. Carers here need more rights."
(Participant at Consultation Event)

³⁷ Caring for Carers, Department of Health, Social Services and Public Safety, January 2006
[Caring for carers \(health-ni.gov.uk\)](http://health-ni.gov.uk)

³⁸ Systems not Structures: Changing Health & Social Care, Expert Panel Report, October 2016
<https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf>

5. Are you a carer?

No, responding on behalf of an organisation – the Women's Regional Consortium.

6. Has your Health and Social Care Trust identified you as a carer?

No, responding on behalf of an organisation – the Women's Regional Consortium.

7. Has your Health and Social Care Trust offered you a carer's assessment?

No, responding on behalf of an organisation – the Women's Regional Consortium.

8. If so, has an action plan to support you been delivered according to the assessment?

No, responding on behalf of an organisation – the Women's Regional Consortium.

9. How helpful has this been in supporting you integrate caring with your other responsibilities, interests and your general wellbeing?

1-10 – 1= unhelpful; 10 – marvellous

No, responding on behalf of an organisation – the Women's Regional Consortium.

10. Should carers in Northern Ireland have a statutory right to be identified as a carer?

Yes, we believe that carers in Northern Ireland should have a statutory right to be identified as a carer. This issue has been highlighted recently by the rollout of the Covid19 vaccine. With no defined registry of carers in Northern Ireland concerns were raised in the media that the system could be abused by people trying to skip the queue and get the vaccination before they are entitled. A registry of carers either centralised or through local GPs would have really helped in this situation.

Carers often feel undervalued and invisible within the current system. Many of these carers receive no help from government either financially or through any other means of support. They provide care for their loved ones as a family, at home and with no outside help. These carers, many of whom are women, feel invisible within the current system despite the enormous personal sacrifices they often have to make in their own lives, for example, missing out on work, socialising and sometimes even personal relationships. The current system simply does not recognise the invaluable work they do and that can be personally very demoralising for them.

We believe that giving carers this statutory right gives them the recognition and respect they deserve in their important role as carers. Without this their roles and wellbeing are more likely to be under-valued and under-supported. The statutory right makes it easier for carers to be more visible in statistics, it makes it easier to identify their characteristics and to allow for the targeting of help and support relevant to their needs and wants.

“So many people don’t see themselves as carers it’s just something they do every day.”

(Participant at Consultation Event)

“I am a carer for my brother who has Down Syndrome. I work full time so I don’t get any help from the Government nor am I recognised in any way for being his carer. Many people like me, who are mostly women, are undervalued and under supported in this system. We are providing essential care for our loved ones without any recognition that many have given their lives to this care, forfeiting relationships, sometimes work, social lives, etc to be carers within a system that does not recognise the job they are doing.”

(Participant at Consultation Event)

11. Should carers in Northern Ireland have a statutory right to a carer's assessment?

Yes, we believe that carers in Northern Ireland should have a statutory right to a carer's assessment. The Carers and Direct Payments Act 2002³⁹ makes provision for the assessment of carer's needs. Local Trusts must make sure all carers know they are entitled to an assessment of their needs and Trusts have discretion to make Direct Payments to carers for the purchase of services that meet their assessed needs.

Despite this legislation the number of carers receiving support as a result of having a Carer's Assessment is low given the number of carers in Northern Ireland. Department of Health statistics⁴⁰ show that in the quarter July 2020 to September 2020 a carers assessment was offered to 3,386 carers, a 21% increase on the previous quarter. However, it must be noted that the previous quarter showed a sharp decline in the number of assessments offered due to Covid19. Despite the increase in assessments offered in the most recent statistics the September 2020 figure is 18% lower than the same quarter in 2019.

While 3,386 carers assessments were offered in the quarter 52% were accepted and 48% were declined.⁴¹ In looking at the reasons for declining a carers assessment the most common reason given by carers (33%) was that they felt they did not need any/additional support. However, a further 18% of carers would not give a reason for declining and another 19% felt that the time/place/environment offered was unsuitable and would like the opportunity to consider an assessment at a later date.⁴² There is also considerable variation in the numbers of assessments offered across the Trusts with the Western Trust only offering 320 carers assessments compared to 1,423 offered by the Northern Trust.

³⁹ Carers and Direct Payments Act (Northern Ireland) 2002

http://www.legislation.gov.uk/nia/2002/6/pdfs/nia_20020006_en.pdf

⁴⁰ Quarterly Carers' Statistics for Northern Ireland (July - September 2020), NISRA & DoH, December 2020

<https://www.health-ni.gov.uk/articles/carers-assessments-and-reassessments>

⁴¹ Ibid

⁴² Ibid

A number of pieces of research have highlighted problems with carers assessments. A report by the Northern Ireland Human Rights Commission (NIHRC) on the human rights of carers in Northern Ireland⁴³ found that carers reported during the course of the research: *“that they often encounter difficulties in obtaining an assessment and that the outcomes often fail to address the conditions necessary in order to fulfil the right to health.”*

Research by Carers NI⁴⁴ showed that only 26% of carers in Northern Ireland reported that they had an assessment, or a review of their assessment, in the last 12 months. Shockingly, only a third of those caring for 50+ hours per week said they had received an assessment or review in the last 12 months. In addition, of those who had an assessment or review few felt that other aspects of their needs had been thoroughly considered:

- Carers’ ability and willingness to provide care was only thoroughly considered and reflected in support in 43% of assessments;
- only 32% of carers felt that their need for support to look after their own physical and mental health alongside caring had been thoroughly considered;
- almost a third (32%) said their need to have regular breaks from caring was thoroughly considered;
- 34% said the support they need to juggle care with work or return to work was thoroughly considered;
- 27% said emergency planning was thoroughly considered in the assessment or in the support they receive.

It is evident that without resources and training attached to carers assessments they will be unable to deliver proper support for carers. Any new statutory right to carers assessments must have resources attached so that there is funding and staff to support this new right. Training for staff on carers assessments should be mandatory so that all health professionals working with families should be able to carry out a carers assessment.

⁴³ The Human Rights of Carers in Northern Ireland, NIHRC, November 2014
https://www.nihrc.org/uploads/publications/The_Human_Rights_of_Carers.pdf

⁴⁴ State of Caring 2019, A snapshot of unpaid care in Northern Ireland, Carers NI, October 2019
<https://www.carersuk.org/northernireland/policy/policy-library/state-of-caring-in-northern-ireland-2019>

It is therefore clear that much more needs to be done to recognise, value and support carers. The issues outlined above with the current carers assessments need thoroughly investigated and reviewed so that problems can be resolved in the development of any new legislation to support carers effectively. Any new legislation must be adequately resourced and training must be provided to all health care professionals involved.

“We do not have the same assessments in NI as they do in GB to assess things like autism. The services don’t exist here and there is a lack of understanding of people’s needs and this makes carers lives difficult – no one understands.”

(Participant at Consultation Event)

12. Should carers in Northern Ireland have a statutory right to delivery of their post-assessment action plan?

The Women’s Regional Consortium believes that this is a vital part of the process. Having the statutory right to a carers assessment without the statutory right to the delivery of an action plan flowing from that assessment is simply ineffectual. This leaves many carers wondering what the point is in having a carers assessment if there is no statutory mechanism to ensure delivery of what results from the assessment.

The lack of delivery of post-assessment action plans is likely to be seriously demoralising for carers. If this situation is allowed to continue it will result in a lack of faith in the process as well as acting as a disincentive for future carers to take part in assessments.

A statutory right to a carers assessment must be accompanied by a statutory right to deliver of the post-assessment action plan in order that carers can trust this process and feel that they are recognised, valued and supported.

Once again we wish to stress the point that this must have resources attached and the necessary staff trained to carry it out. There must be adequate funding and the staff available to support the delivery of action plans. Without this they will be largely ineffectual. It is vital that any new right to a carers assessment and the delivery of action plans is properly funded so that for example, funding is available for carers to access short breaks, more short breaks options are available, etc.

“The only right carers have in NI is the right to have a Carers Assessment. There is no statutory duty on the Trust to deliver on what is in the Carer’s Assessment so it is of absolutely no use to me.”

(Participant at Consultation Event)

13. Should Health and Social Care Trusts have a duty to monitor and report to the Department of Health/Assembly on the number and extent of delivery on carer assessments annually?

Yes, we believe that placing a duty on Trusts to monitor and report on the number and extent of delivery of carer assessments annually would be beneficial. This would help in a number of ways including providing statistics in relation to carers and their experiences as well as imposing some level of accountability on Trusts for their responsibilities towards carers.

It would allow for the monitoring of performance levels in the numbers and delivery of carers assessments across the Trusts helping to highlight poor performance and good practice.

14. Should Health and Social Care Trusts have a duty to monitor and report to the Department of Health/Assembly on the unmet need that has arisen as a result of not being able to deliver on the action plan from a Carers Assessment?

Yes, we also believe that this is vitally important. It allows for the identification of gaps in service provision and for these areas to be given particular focus so that there is the potential for remedial action to ensure that these gaps are filled in the future. However, in order to be effective this must go beyond a duty to monitor and report on unmet need. It must be backed up by policies and procedures as well as the necessary funding and staff to effectively address the unmet need identified.

15. Young carers. Young carers are children and young people who are caring for a family member. Their ages range from 8-18 years and 18-25 years. Children adversely affected by caring responsibilities are recognised as children in need under the Children (Northern Ireland) Order 1995.

Should the Department of Education and other educational bodies proactively seek to identify young carers?

We believe that it is very important to be able to identify young carers and that the Department of Education and all other relevant bodies should seek to do this as a priority. These children and young people can be negatively impacted by having to undertake a caring role particularly in respect of their education. This can have enormous consequences for these children and young people in their later lives and action must be taken as early as possible to ensure that these negative impacts can be alleviated to enable them to access their rights to education and to achieve their full potential.

Work with staff in schools to identify and support young carers should be rolled out and these staff must be given the necessary training and information to be able to do this. We also suggest that cross-department working is a vitally

important element in the identification and support of young carers particularly between the Department of Education and the Department of Health.

16. Should there be a statutory duty on educational bodies to support young and student carers?

Yes. Government has an obligation under international human rights law to enable people to exercise their right to education. Having caring responsibilities may constrain the ability of young and student carers to take full advantage of educational opportunities.

Research by the Children's Society found that there is *"a clear association between being a young carer and having lower job prospects and educational opportunities between 16 and 19, and between being a young carer and the likelihood of being in lower skilled occupations at age 20/21."*⁴⁵ This research found that young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers and that young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.⁴⁶

There is therefore a strong rationale for providing the appropriate support to children and young people with caring roles with regards to their education, training and employability skills.

It must also be noted that further research by Barnardos published in 2017⁴⁷ found that a decade on from their original research on the plight of young carers: *"there has been much progress – including legislation, increasing awareness of the issue and rising identification of families in need. But despite these advances, we find the support and practical help to young carers is still woefully low a*

⁴⁵ Hidden from view: The experiences of young carers in England, The Children's Society, May 2013 [hidden_from_view_final.pdf \(childrenssociety.org.uk\)](#)

⁴⁶ Ibid

⁴⁷ Still Hidden, Still Ignored Who cares for young carers?, Barnardos, December 2017 [Still Hidden Still Ignored Barnardo's young carers report.pdf](#)

decade on. If we are to avoid another generation of young carers sacrificing their future for the ones they love, we need concerted action by politicians and professionals to ensure we relieve the immense burden from such young shoulders.” This is an important consideration for Northern Ireland in developing support for young carers. It must go beyond identification and assessment to provide focus and funding on sustainable and worthwhile support to these young carers.

NIHRC research⁴⁸ notes the existing procedure for carrying out a carers assessment refers to educational commitments and that assessments of need under the Children (NI) Order 1995 will also consider educational commitments. However, their research also notes concerns regarding educational under-achievement of child carers suggest that neither of the two procedures fully address the obstacles facing child carers. The research recommended: *“The Department of Education should create a statutory duty on educational bodies to support young and student carers. Noting concerns regarding educational achievement amongst carers, the NIHRC recommends that further research be carried out into this matter. Such research should consider the application of the Carer’s Assessment and Children (NI) Order 1995 to determine if both mechanisms are sufficiently robust.”*⁴⁹

17. Should Health and Social Care Trusts in Northern Ireland have a statutory duty to assess the needs of young and young adult carers? Young carers are regarded as being a Child in Need under the NI Children order 1995 and therefore there should be a statutory obligation to assess.

In England and Wales, The Children and Families Act 2014 makes provision for a ‘young carers needs assessment’ and introduced a duty on local authorities to take reasonable steps to identify the extent to which there are young carers within their area who have needs for support. A young carers needs assessment places

⁴⁸ The Human Rights of Carers in Northern Ireland, NIHRC, November 2014
https://www.nihrc.org/uploads/publications/The_Human_Rights_of_Carers.pdf

⁴⁹ Ibid

a duty on the local authority to consider the young carer's participation in education, training, recreation and employment. However, there are no similar provisions in Northern Ireland.

We agree with the NIHRC's recommendation⁵⁰ in 2014 that the then Department of Health, Social Services and Public Safety (DHSSPS) should introduce a child carer assessment similar to that operating in England and Wales. We continue to believe that the Department of Health should introduce a child carer assessment in Northern Ireland as a matter of priority.

18. Should young carers be able to receive carer's allowance at age 16 instead of age 18?

The Women's Regional Consortium believes that young carers deserve recognition of their caring role and that finance should be part of this. We are mindful of the consideration that making payments to young carers could put some young people at risk of financial abuse and that they may be pressurised into a caring role to get payments through the social security system. However, at 16 young people have a National Insurance number which entitles them to work with some limitations on their working hours. If these young carers were allowed to calculate their hours of work for providing care many would be entitled to significant wages for their work. We therefore believe that they should receive some kind of financial recompense to recognise their caring role but that this may be best achieved through an allowance or one-off payments – see answer to next question.

We recommend that Action for Children NI, Barnardos and NI Regional Young Carers are consulted on the best way to financially support young carers, as they are organisations with expertise in this area.

⁵⁰ The Human Rights of Carers in Northern Ireland, NIHRC, November 2014
https://www.nihrc.org/uploads/publications/The_Human_Rights_of_Carers.pdf

19. Would a Young Carer's Grant be a useful alternative to carer's allowance for young people? What would be different about this?

The Scottish Government have introduced a Young Carer Grant. This is a yearly payment of £305.10 for young carers in Scotland aged 16 – 18 years who do at least 16 hours of caring a week but don't receive Carer's Allowance. The grant is a small amount of financial support to help young carers take part in opportunities that are normal for many other young people such as driving lessons, socialising, school books or going on holiday. This is the first grant of its kind in the UK and goes some way to recognising the contribution of young carers in Scotland.

As previously stated the Women's Regional Consortium believe that young carers deserve recognition of their caring role and that finance should be a consideration within this. We would welcome the introduction of an allowance or one-off payments to support and recognise the vital role young carers play. We would encourage the Northern Ireland Executive to research the effectiveness of the Young Carer Grant in Scotland and establish any learning from the Scottish experience.

A grant or allowance is different in that it is a small amount of money to help young carers make the most of their leisure time and to help with school costs. In Scotland concerns were expressed that making payments to young carers would put young people at risk of financial abuse and that they may be pressurised into a caring role to get the payment. However, this grant is a modest amount of money that does not encourage young caring. We suggest that the amount of this grant should be increased further to £600. This is still a modest amount but would provide a more significant amount of money that would have the potential to be more impactful for young carers.

Carers Trust research found that young adult carers were four times more likely to drop out of college or university than students who were not young adult carers⁵¹

⁵¹ Time to be Heard, A Call for Recognition and Support for Young Adult Carers, Carers Trust, 2014 <https://carers.org/downloads/resources-pdfs/time-to-be-heard/time-to-be-heard-a-call-for-recognition-and-support-for-young-adult-carers.pdf>

and many list financial pressures as a key reason for dropping out. We believe that the Young Carer's Grant should be extended to all young adult carers aged 16 – 25 given that many young adult carers are in full-time further or higher education and are therefore ineligible for Carer's Allowance.

In general, we would welcome the introduction of an allowance or grant to recognise the valuable contribution of young carers in Northern Ireland. We recommend that Action for Children NI, Barnardos and NI Regional Young Carers are consulted on the best way to financially support young carers, as they are organisations with expertise in this area.

20. Should young carers be supported by their education provider so their studies are not impeded by their caring role?

Yes. This is very important. As previously stated Government and departments have a duty under human rights law to enable people to access their rights to education. Education providers should have the necessary funding, knowledge and information to support young carers in their studies. It is also important for cross-department working between education providers and other relevant bodies such as the Health and Social Care Trusts to work in partnership to ensure that young carers are supported in their caring role so that they can access their full rights to education.

21. What provision would you recommend to improve support for young carers?

Caring places demands on a young person's time and energy and can limit their ability to take part in education and social activities. It can mean that young people miss out on many of the experiences of their peers who do not have this weight of responsibility. It is vital therefore that young carers have supportive environments with regards to their health, education, in the economy and social care sectors to ensure they are not further marginalised.

Many young carers can feel like they are hidden and invisible in the caring role that they provide. This often means that they receive little or no support as a result. It is vital therefore that young carers are identified so they know that they do not have to cope with their situation alone and they get the support they need.

Government must work in partnership with voluntary sector organisations working with children and young carers, schools, social care and health services including GPs to ensure the identification and support of young carers. This must include providing funding to support this work and policies in place across departments to improve the identification of young carers.

We recommend that Action for Children NI, NI Regional Young Carers and Barnardos are consulted on the best way to improve support for young carers, as they are organisations with expertise in this area.

22. Other measures. What new measures could be introduced to ensure more carers can access financial support?

Access to social security benefits and to financial support in general can be complex and many people struggle to find out the information they need and often have difficulty understanding the complexity of these systems due to the language used or other accessibility issues such as an inability to access information online. It is vitally important that carers have access to free, independent advice that is suited to their particular needs in order that they do not miss out on their rightful entitlements.

Many government services and information is now primarily available online. While this is helpful to some people it must not be the sole means for accessing information and help. Access to information and advice must take into account the difficulties that some people experience with online information. They may not have the skills to use online technology, they may not have the physical

technology itself or access to broadband, particularly in rural areas, to access information and help online.

Simply referring people to online information or help is not the answer particularly for those who are the most marginalised. Women's Regional Consortium research with local women often found that women did not find out about the help available to them from government websites but from the woman sat next to them in their local women's centre or from their friend or relative or through an advice worker in an advice centre or women's centre. More work needs to be undertaken by government to reach out to carers to ensure that they can access financial support not just in terms of online information.

Women's Regional Consortium research on the impact of austerity/welfare reform on women⁵², women and debt⁵³ and the impact of Universal Credit on women⁵⁴ all highlighted the importance of access to free, independent advice. Given the impact of austerity/welfare reform, the complexity of the benefits system, the impact of Covid19 and issues around poor financial literacy and capability there has never been a greater need for access to independent advice. The Women's Regional Consortium has consistently recommended the need for increased funding for community level information, advice and advocacy work that reaches out to those who are the most vulnerable and marginalised to ensure they can access the advice they need and their rightful entitlements.

We are disappointed that in the current climate no resource allocation has been made in the draft budget to support the independent advice sector. The DfC EQIA states: *"The Department's proposed Budget 2021-22 allocation also includes no*

⁵² Impact of Ongoing Austerity: Women's Perspectives, Women's Regional Consortium, March 2019 <http://www.womensregionalconsortiumni.org.uk/sites/default/files/Impact%20of%20Ongoing%20Austerity%20Women%27s%20Perspectives.pdf>

⁵³ Making Ends Meet: Women's Perspectives on Access to Lending, Women's Regional Consortium, February 2020 <http://www.womensregionalconsortiumni.org.uk/sites/default/files/Making%20Ends%20Meet%20-%20Women%27s%20Perspectives%20on%20Access%20to%20Lending.pdf>

⁵⁴ The Impact of Universal Credit on Women, Women's Regional Consortium, September 2020 <http://www.womensregionalconsortiumni.org.uk/sites/default/files/The%20Impact%20of%20Universal%20Credit%20on%20WomenRevised.pdf>

allocation for the independent advice sector to support welfare change. This equates to a £1.5m reduction in funding to the advice sector which provides help and support to some of the most vulnerable in our society, including young people, older people and people with disabilities. Lack of funding for the advice sector, is also likely to impact on a number of Section 75 categories.”⁵⁵

We simply cannot understand how resources can be effectively cut for the advice sector at a time when demand for their services is likely to be at its highest. This reduction in advice provision is likely to create significant impacts on Section 75 groups particularly on people already disproportionately impacted by the pandemic including women, people with dependents, people with disabilities and BAME communities.

“You need someone with knowledge to help people with the system. It is so complex, the language used confuses people.”

“A lot of the letters are confusing, it’s the way they word things and I don’t understand them. I panic and worry about what they mean so I need help.”

“It doesn’t make sense to me – it’s so confusing. People don’t understand the system they just want to get their money.”

“People need advice and they are cutting funding for advice when people need it. People need to get independent advice from someone that understands the system.”

(Quotes taken from Women’s Regional Consortium Research on the Impact of Austerity/Welfare Reform on Women, March 2019)

23. Should other mechanisms be used to support carers – such as raising the level of Carer’s Allowance or making it easier to claim?

As previously stated in Section 2.4 we believe that Carer’s Allowance is inadequate. It remains one of the lowest paid benefits in the social security system worth about two thirds of Statutory Sick Pay. In addition to the low level of

⁵⁵ Equality Impact Assessment Draft DfC Budget 2021-22, Department for Communities, Para 6.19

the benefit some carers will not qualify because of the relatively low earnings threshold and because of the overlapping benefits rule because they receive another benefit which equals or exceeds their weekly rate of Carer's Allowance.

A House of Commons Work and Pensions Committee report⁵⁶ acknowledged that the current level of support for carers is too low. The report recommended the development of a two-tier support system for carers. This would involve the introduction of a 'Carer Support Allowance' to be paid at the same rate as Jobseeker's Allowance and should not be means-tested. Secondly, a 'Caring Costs Payment' should be available to carers in intensive caring roles of 35+ hours per week and payable to those over State Pension age, to compensate them for the additional costs of caring and/or to enable them to buy in some help, goods or services to ease their caring situation. In 2018, the Scottish Government introduced a Carer's Allowance Supplement to align Carer's Allowance with Jobseeker's Allowance and is the only part of the UK to do so.

The Women's Regional Consortium believes that the level of Carer's Allowance must increase in order to provide more effective financial support to carers. Research by Carers NI⁵⁷ shows the precarious financial position that many carers find themselves in. Almost 2 in 5 (39%) of carers say that they are struggling to make ends meet. Carers who have been caring for 15 years or more and those who care for more than 35 hours a week are more likely to say they are struggling to make ends meet. Over half of carers who are receiving Carer's Allowance (55%) are struggling to make ends meet. Many carers find that cutting back on household spending is an essential part of balancing their budget. Whilst 80% have cut back on luxuries, 42% of carers have also had to cut back on essentials like food and heating.

⁵⁶ Valuing and Supporting Carers, Fourth Report of Session 2007–08, HC 485-I, August 2008
[Microsoft Word - Final CRC CARE .doc \(parliament.uk\)](#)

⁵⁷ State of Caring 2019, A snapshot of unpaid care in Northern Ireland, Carers NI, October 2019
<https://www.carersuk.org/northernireland/policy/policy-library/state-of-caring-in-northern-ireland-2019>

The financial situation for carers will only have worsened due to the impact of the Covid19 pandemic – see Section 2.3. To make matters worse an uplift to Universal Credit of £20 per week to help with the impact of Covid19 was not extended to legacy benefits or to Carer's Allowance. This essentially means that carers on the lowest amount of help available through the social security system have not seen an increase despite increasing pressure on carers and the economic impact of Covid19. We believe that Carer's Allowance should also have seen an uplift of £20 per week as a result of Covid19 in line with the uplift to Universal Credit.

“I get Carer's Allowance to care for a family member. An extra £80 a month would be really, really great. It would help with our living expenses. I spend everything I get on benefits on rent, electric, heating and bills. I am never left with anything at the end of the month.”

(Participant at Consultation Event)

“I am on Carer's Allowance and an extra £80 a month would really help with electricity and oil. I have to put a small amount of money away every week out of my benefits to be able to afford to get oil and any extra money would make a big difference to me.”

(Participant at Consultation Event)

“I live with my two sisters and I get Carer's Allowance to care for one of my sisters. We are spending more on heat, electricity and food as we are at home all the time now because of the pandemic. Getting some extra money would really help with our bills and the worry about making ends meet.”

(Participant at Consultation Event)

“I get Carer's Allowance for my son and I think it is very unfair that it is paid so low and that it wasn't increased to help with the pandemic. An increase of £20/week to Carer's Allowance would make a big difference to me.”

(Participant at Consultation Event)

24. Your experience as a carer. What effect has caring had on you?

N/a. Responding on behalf of an organisation – the Women's Regional Consortium.

25. In your experience, have the lives of carers improved in the last 10 years?
(Worse, Same, Better)

☒ **Worse**

☐ **Same**

☐ **Better**

Even though we are not answering this question in a personal capacity we believe that the lives of carers have not improved in the last 10 years and in fact the Covid19 pandemic has made their lives much worse – see Section 2.3.

26. Please describe the difficulties you have had to overcome as a carer.

N/a. Responding on behalf of an organisation – the Women's Regional Consortium.

27. Please describe the impact of covid-19 lockdown on your ability to integrate caring with your other responsibilities, interests and your general wellbeing.

N/a. Responding on behalf of an organisation – the Women's Regional Consortium.

28. Your Alternative View. If you do NOT agree with the bill proposal please outline why.

N/a.

29. What additional measure(s) would convince you to agree with the proposal?

N/a.

30. What alternative proposal would you support in respect of assistance to carers?

N/a.