

# **“Making the Case for Care”**

## **A scoping study on the impact of care provision on the Welsh economy**

### Final Report

Yvonne Griffith-Jones, Chwarae Teg

Dee Jones, Research Institute for Enhancement of  
Learning  
University of Wales Bangor

Researched by Nia Wyn Jones, Chwarae Teg

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## **General Introduction**

The Care Scoping Study was commissioned by three Ministers of the National Assembly for Wales: the Minister for Economic Development; the Minister for Health and Social Care, and the Minister for Education and Lifelong Learning.

Chwarae Teg was asked to undertake this work at the end of November 2002, and to present the final report to the National Assembly for Wales by end of March 2003. Preparation was undertaken during December, with the main body of work commencing in January 2003. The Draft Final Report was presented on the 28<sup>th</sup> of March, with this revised Final Report presented to the National Assembly for Wales on the 9<sup>th</sup> of May 2003.

## **The Brief**

In undertaking this Care Scoping Study Chwarae Teg were asked to address two objectives:

- To assess the available evidence on the impact of care provision on the economy in Wales
- To examine options for developing innovative solutions to overcome care barriers

The Scoping Study looks at social care provision in the context of working and caring, and also explores social care provision from an economic perspective.

## **Project Management**

The Acting Regional Manager for Chwarae Teg in North Wales managed this project, and she has been responsible for writing The Final Report, along with Dee Jones, from the University of North Wales, Bangor, via the initiative HELP Wales. The research for this project was undertaken by Nia Wyn Jones, Research Officer for Chwarae Teg. The research and consultation process used for this study reflects the methods available due to time constraints for preparing and presenting this Final Report.

**During the preparation of this scoping study, Chwarae Teg and the University of North Wales, Bangor were aware of other certain relevant pieces of research being undertaken at this time, and links into the findings of this study but had not been completed by the date of submitting this report. These were:**

*Carers and Employment Study* - Diane Seddon, University of North Wales, Bangor.

*A Study into Carer Services and their Accessibility for Black and Minority Ethnic Communities* – Wales Office of Research and Development.

*A Study of the Impact of the Carers Strategy in Wales on the Needs of Carers and the services they receive – University of North Wales, Bangor.*

*Understanding the Caring Role: A study to examine the differences in experiences and needs between different caring responsibilities – Dr W Y Cheung, University of Swansea.*

*The Carers Special Grant Scheme and consultation Processes used for the Carers Special Grant – Diane Seddon, University of North Wales, Bangor.*

## **Section 1: Executive Summary**

### **Introduction**

This exploratory study looks at the provision of care as a barrier to employment, and as a determinant of equality in the labour market. It also examines the role of care within the social economy and makes recommendations on how to strengthen and grow the sector.

The study is a combination of qualitative and quantitative data, consultation based evidence, information and research findings.

### **Accessibility, affordability and quality of Care**

The lack of accessible, affordable and good quality childcare is still one of the main barriers for women to return to work and maintain employment status. Issues for parents of children with disabilities are often more complex than other care issues, and support services need to be tailored for different circumstances. Care provision as a whole is under funded in Wales and joint approaches to securing an effective childcare framework is paramount to the success of the sector. There is a need to address provision in rural areas, and to investigate further the needs of people who may be doubly disadvantaged such as lone parents.

### **Working and Caring**

There is a need to look at new innovative ways of facilitating the transition of unemployed carers into the labour market. This would include investigating the benefits trap that still exists; recognition of transferable skills into the workforce and developing robust work life balance policies and practices.

For carers already in work - there is a need to identify a lead organisation in Wales for developing good practice and support packages for employers in Work Life Balance, as well as a lead body for taking the childcare and economic agenda forward.

The educational and recreational needs of young carers also needs to be explored further in relation to their employment aspirations and prospects.

### **Gender equality and the gender pay gap**

The study has examined the link between caring and equality in the labour market. Women's careers suffer as a result of poor childcare provision, which means that they often take lower paid jobs, in order to fit in with their caring responsibilities. The study identifies the link between the lack of childcare provision in Wales and the gender pay gap. Further research is needed on this subject to inform recommendations on the way forward.

## **Care and public policy**

The National Assembly's strategy for carers *Caring about Carers: Implementation Plan*, provides a strategic framework for developing support services for carers. Evidence suggests that this has been welcomed by carers and carer organisations alike. However, recommendations in this study include reference to ways that could further strengthen public policy for carers, and form part of the review process already underway.

## **Care and the economy – role and realisation**

Evidence in the study shows that there is need to strengthen the social economy, and that care plays an integral part in this expansion. According to consultation - care is currently not fully realised as part of the social economy in Wales, this is due to many community care businesses not seeing themselves as a business, but rather as a provider of community services. Many also don't feel recognised as part of the economy, and consequently feel undervalued. By increasing and improving care provision locally and nationally, the social economy will flourish, and the essential role of care will begin to be realised.

## **Determining the value of care**

The value placed on care in Wales is something that could be determined by identifying the various influences that make up the 'care community'. Carers are an integral part of the economy. Without their unpaid contribution, the fabric of social care in Wales would collapse. Even though carers themselves are not paid for the care they provide, and even though they may work full or part-time they are often unseen and unrecognised but still have an enormous part to play in the economy. Therefore, the role of carers in the economy needs to be recognised, and fully understood – only then can the economy as a whole, develop to its full potential.

## **Conclusion**

In conclusion this exploratory study has identified the need to take action on specific areas of care provision, and looked at the social and economic impact of care in Wales. In addition further research and investigation into the economic aspects of care need to be undertaken in order to gain a comprehensive view of the current situation and form an action plan to bring care and the economic agenda forward in Wales.

## **Strategic recommendations for the National Assembly for Wales**

### ***Economic Development***

- ✓ To invest in care provision to enable the economy to flourish
- ✓ To further investigate the economic impact of funding childcare in the public and private sectors
- ✓ To take into account the value of carers contribution to regeneration, economic development and social inclusion strategies
- ✓ To realise the role of care in the economy, and to strengthen the care profession within the economy
- ✓ To co-ordinate, monitor and evaluate the development of Work Life Balance policies and practices with employers across Wales

*(Operational recommendations are included within each section of the report)*

### ***Social Care***

- ✓ To invest in increasing, improving and enhancing accessible, affordable and high quality care provision
- ✓ To identify a lead organisation on care and the economy
- ✓ To commission further research into:
  - identifying hidden carers who wish to return to the labour market
  - developing support packages for lone parents and young carers
- ✓ To include recommendation of this study on the Caring about Carers strategy into the review process
- ✓ To recognise the role of carers in the development of services, and to invest in enabling budgets to allow their full contribution

*(Operational recommendations are included within each section of the report)*

### ***Education and Training***

- ✓ To ensure that training and personal development packages are available to part-time workers
- ✓ To identify a support framework for the educational and recreational needs of young carers

*(Operational recommendations are included within each section of the report)*

### **Recommendations at UK Level**

- ✓ To consider engaging the UK government in further debate on tax credits for working families
- ✓ To consider engaging the UK government in further debate on overcoming the benefits trap to enable carers to return to work

## **Top Ten Operational Recommendations:**

### **❑ To commission further research into:**

#### Childcare:

- childcare needs after 6pm
- the welsh language needs of childcare

#### Adult Care

- the needs of disabled carers

#### Economic

- stereotyping in the care sector of the social economy
- the economics of funding childcare
- working conditions of care businesses linking to the social economy
- care and gender equality and the gender pay gap
- retention of students to the care sector
- information/support for SME's

#### Young Carers

- long term impact of the young carer on career destination

### **❑ Explore and develop innovative initiatives and pilot projects as mentioned in section 6**

### **❑ Explore the feasibility of setting up a care sector skills council for Wales**

### **❑ Explore the possibility of free or subsidised childcare for all children under the age of 3 years old**

### **❑ Establishing a more robust support service for young carers in schools**

### **❑ Identify and support an all Wales organisation to take forward Work Life Balance :**

- developing models of good practice
- developing and delivering training packages for employers

**❑ Developing care in the social economy :**

- continuation of specialised support services
- raising the profile of the care sector in conjunction with other partners
- funding the development of existing care businesses
- promoting an entrepreneurship culture for care in the social economy

**❑ Feed the findings of this study into concurrent research on care**

**❑ Explore ways of increasing salaries of care workers in the social economy, and the economy as a whole**

**❑ Develop upon existing models of good practice as highlighted in this study**

## Facts and Figures 1.2

These facts and figures can also be seen in the body of the report.

- According to the census 2001 data 340,000 people are unpaid carers in Wales. Information on how many of these are in employment is not yet available.
- Even families on low income who get help towards their childcare bill through childcare tax credits still have to find 30% of the cost of childcare. The average award through childcare tax credit in Britain of £35.10 a week is less than a third of the typical cost of a nursery place.
- There are 80,000 families in Wales claiming Working Families Tax Credit compared with over 1 million families are in England.
- In the Objective 1 area of Wales according to Wales Labour Market Survey 2000 - 51% of the work force are female. This has huge implications for the economy taking into account that most of those who work part-time in Wales are women. This may be due to caring responsibilities.
- Women are still the main carers in Wales.
- Wales still has one of worst long hours cultures in Europe.
- Over 95% of all employers in Wales are SME's and 66.1% of all people employed in Wales work in SME's.
- 72% of carers in Wales are of working age.
- There is no coherent framework in Wales of who is responsible for young carers in terms of needs, circumstances and support.
- Women's careers suffer as a result of poor childcare provision; they often have to take lower paid, less demanding and less satisfying work in order to fit with school hours, holidays and teacher training days and children's sudden and ill timed illnesses.
- A lot of childcare is undertaken informally, by friends, neighbours and family and is often unpaid. The fact that this work then is largely invisible, and conducted in the most by women, adds to the lack of perceived economic value it provides.
- If female activity rates in Wales could be brought up to the UK average, this would imply a direct increase earned wealth of some £430m per year.
- The childcare sector in Wales contributes in excess of £1 million per week to the Welsh economy.

- The social value of childcare is determined by the concern we place on the safety, health, education and nurturing of our children.
- The majority of the social care workforce is employed within care homes for older people and younger adults.
- 80% of the social care workforce is female.
- Young people in Wales who are interested in care are much more likely to be looking at childcare rather than elder care.
- Self-employed entrepreneurs in Wales are almost 75% male.
- Demographic predictions in Wales alone suggests that by the year 2015, 8.8% of the population will be over seventy-five years of age.
- Wales has a higher proportion of carers than any English region – 11.7% or 341,000 carers.
- Nearly two million of carers are over the age of 60 who are looking after their husbands, wives, brothers and sisters at an age when their own health can be fragile.
- The value of carer's contribution to the economy of Wales has been calculated as £3.52 billion a year at least.
- The Employment Act 2002 means that:
  - Parents of children aged under 6 (under 18 if disabled) will have legally enforceable rights to ensure that requests for flexible work arrangements are not rejected without good cause.
  - Maternity leave for qualifying employees increases to one year (26 weeks' paid Ordinary Maternity Leave and 26 weeks' unpaid Additional Maternity Leave).
  - Statutory maternity pay (standard rate) increases to £100 a week. The right of small employers who pay less than £40,000 in NIC's to reclaim 104.5% of SMP will automatically be extended to more employers as the NIC threshold is increased.
  - New paid paternity leave rights (two weeks) come into effect (pay at the same standard rate as SMP).
  - New adoption leave rights come into effect.

## **Research Methodology 1.3**

This is an exploratory study, focusing on the experiences of individuals who are deemed to make up a representative group from the care sector. The representative group here meaning, 'the users and providers of adult and child care' (paid and unpaid). They have been hand-picked for research purposes as 'most productive' due to possessing inherent characteristics (Polit and Hungler 1989) of having experience of either providing or accessing care services. The overall aim of this study has been to gain some understanding of the complex issues surrounding the 'value of care' in the Welsh economy. The data produced will form recommendations for action that will help women to have a sustained positive impact on the economy of Wales. The data collectors have had first hand experiences of working with and supporting women to become workforce active, these experiences enhanced the research process in providing an informed logic to questionnaire design, appropriateness in interview technique and insight in data analysis (Reinharz 1983).

### ***Research Methods***

The time scale allotted to this study influenced the eventual research design and strategy. The researchers adopted a combination of purposive ('hand-picked' as an interesting source, Blaxter, Hughes and Tight 1997) and snowball sampling (one participant recommending another). As the data sample was not randomly selected the results of this study are not generalisable to a larger population. The importance of this study is to illuminate key aspects relating to the role of women in the Welsh economy and is therefore of great use in determining future policies and strategies.

### ***Practical and ethical considerations***

Identification numbers were put on every questionnaire to enable checking and reminders to be sent if questionnaires are not returned. The type/font and spacing were chosen in order to make the questionnaire easy to read. A letter (see appendix 1) requesting the assistance of the potential participants was sent in advance asking for their co-operation in the study. This was followed up by the questionnaires (see appendix 2). Each questionnaire asked participants to disclose information relating to experiences of workforce participation facilitated through access to care services. There were seven different target groups for questionnaires:

1. Care providers: employers and self employed – (adult and child care) (N= 19)
2. Employees in the care sector: (adult and child care) (N= 6)
3. Employees working outside of the care sector (who have caring responsibilities) (N=35)
4. SME employers (outside of the care sector) (N=15)
5. Women who have set up a care business in past 12 months (N=20)
6. Women who are in the process of setting up a care business (N=5)

The questionnaires were colour coded to aid data processing (blue, green, pink, cream, yellow and emerald respectively).

Out of a total 128 postal questionnaires, N= 53 were returned giving an overall usable response rate of 41%.

### ***Questionnaire Design***

The questionnaires were made of a combination of quantitative (closed) questions focusing mainly on demographics and used to 'funnel' participant responses towards qualitative questions. Qualitative questions (open ended) were used to identify the personal experiences of participants. The questionnaires had common (shared) questions and those relating to particular groups (i.e. those working in SME's providing care and those in employment using care providers).

In accordance with good questionnaire design (Foddy 1993) all questions were numbered, and questions were separated out into themes to act as guidance for both participant and researcher. Attention was paid to the order of the question to natural flow of questions (Foddy 1993). Where qualitative data was required participants were asked specific open ended questions relating to the subject area and asked to expand on this '*can you tell us a little about this?*'

### ***Focus group interviews and Key informants***

Prior to interview participants were asked if they were still willing to take part, assurances of confidentiality were reiterated and subsequent data was coded to facilitate anonymity. The data was collected using semi-structured interviews developed from the postal questionnaire. Some of the interviews were conducted face to face and some via telephone.

#### Focus group 1

Carers who are not in work (who are within working age) with disabled child dependants (participants N= 6)

#### Key informants interviews

The questionnaire format was flexible to facilitate intersubjectivity with the participants and enable them to relate their experiences to the interviewer, in a way that is comfortable and makes sense to the interviewee (Silverman 1993). To keep the interview on track and ensure that all the questions were answered there were key words or 'probes' (Bell 1993). Field notes were taken during all interviews. Interviews were later transcribed.

### ***Validity and reliability of data***

Trustworthiness of the results can be established by triangulation of methods. In this instance this was achieved by multiple sources of data (postal questionnaires, interviews with key informants and focus interviews) and cross validating with the research team (Polit and Hungler 1989). This was accomplished through research team meetings, arranged to discuss emergent themes and trends in the data and to ensure misconceptions in data analysis were eliminated. During the interviews researchers ensured validity of data by asking participants to confirm researcher understanding of information.

### ***Data analysis***

Due to the small number of survey participants, quantitative data was subjected to simple statistical analysis. Excel was used to load and code quantitative data and to generate tables and graphs.

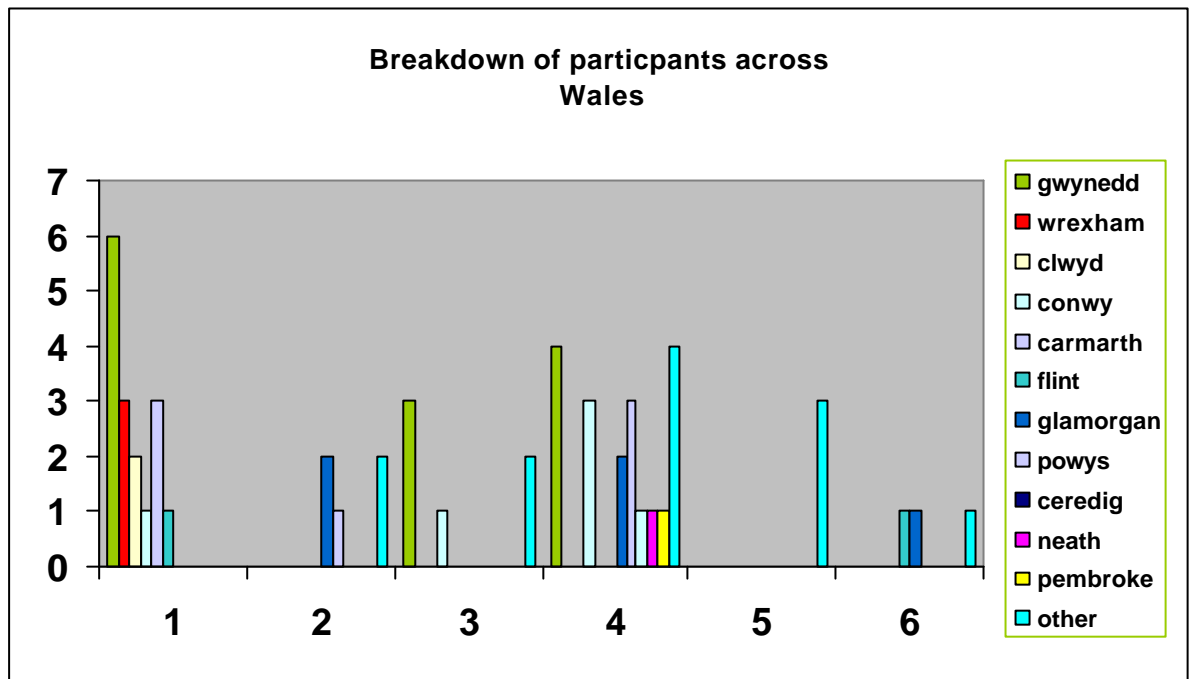
Content analysis was used to generate themes and trends from qualitative data collected (Polit and Hungler 1989), and through a process of reconfirming with colleagues and subsequent re-emerging in data through latent analysis (Jewell 1993) reliable key indicators were identified.

## Section 2: Survey Analysis

### Demographic indicators of study

While this is an exploratory study we wanted to have a snapshot of participants across Wales. The following graph and table demonstrate sample make up and location by county of residence.

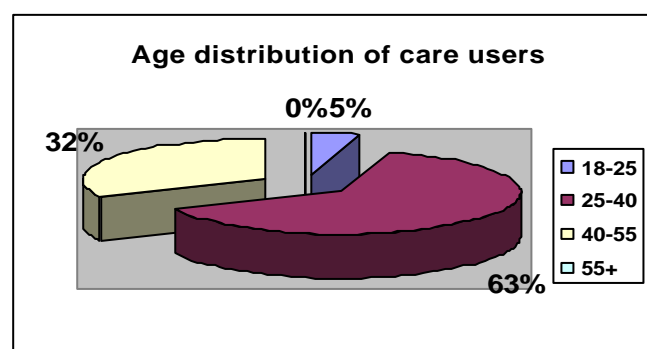
Chart. 1



1	Employees not in care sector
2	SME employers not in care sector
3	Employees in the care sector
4	Care providers (adult and child)
5	Women who are setting up businesses in care
6	Women who have set up care businesses in the last 12 months

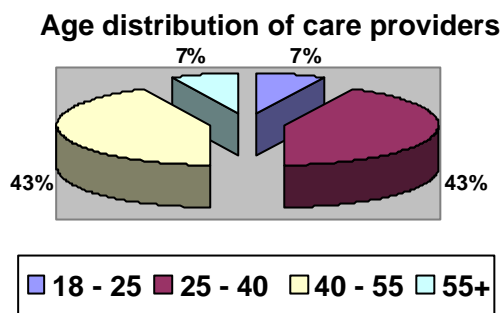
We wanted to ascertain whether there was a peak time in participants lives when they needed to access care and marry this up with whether there was a demographic time bomb of potential care providers retiring. The data was banded into age groups, the majority of users of care service fell into the 25-40 yr old category (peak child bearing age).

Chart. 2



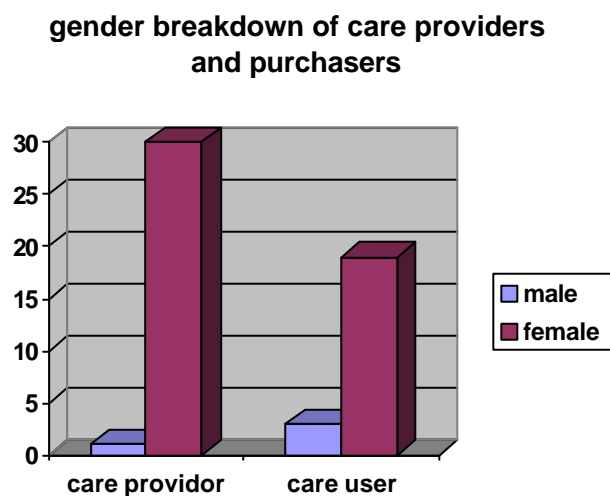
The ages of participants categorised as 'care providers' were banded and the majority fell within the 25-40 age group.

Chart.3



Previous studies have demonstrated that care work is a largely female occupation, we looked at the gender make up respondents who were purchasers and providers of care.

Chart. 4



While the gender picture of care provision fits with other national studies (Statham et al 1996, Beaufort Research / Chwarae Teg 2002, Poland et al, 1995 Beardshaw, Robinson, R. 1990, Jones and Lawson 2002) this study highlights areas where care work has economic consequences irrespective of gender. The following data illustrates this:

**Q. How many of these questions are gender related. (N= 17)**

Of the females who answered the question 8 replied that all of the issues were gender (female) related.

*'all'*

Participant 1 (pink group)

*'all of them'*

Participant 14 (pink group)

*'women are still main childcare providers'*

Participant 5 (pink group)

*'not many fathers organise childcare for the children, nor do they get the children to and from school'*

Participant 8 (pink group)

*'childcare or lack of it was (when my children were small) and still is a major barrier to women's economic wellbeing. Little or no value placed on family members who care for elderly relatives, hidden problem for women of my age'*

Participant 24 (pink group)

Two females however thought that none of the questions were gender related and one female stated

*'I believe that all matters are suitable for anyone who brings up a child, male or female, (especially a male) bringing up children as a single parent'*

Participant 28 (pink group)

The two males who answered the question stated the following

*'Mothers tend to be main carers, and they tend to suffer more of the practical problems. Some headway is being made. Fathers are not seen in this role, I feel when they wish to take the lead the system is stacked against them'*

Participant 6 (pink group)

The other male participant mentioned that he had chosen to be the person responsible/organiser for care and this had impacted on his promotional opportunities, one female care user spoke of her male partner being the main care giver/organiser and this impacted on his ability to maintain orientations to (self employed) work

*'my husband is mainly responsible for childcare, but his work as a self employed person is suffering. When it is impossible for him, we use a nursery or rely on family'*

Participant 14 (pink group)

The data suggests that the sacrifices (pay, promotion) to be made when individuals have to combine caring responsibilities with work largely affect women. There can be no economic argument for the logic in this, whether the individual affected is male or female if the balance tips towards reducing economic activity to such an extent that individuals stop work all together and/or their income generation is such that local spending power becomes negligible.

*'How to combine work in the modern economy with the space and time for a rich and satisfying family life is one of the most pressing problems of modern living. It's importance is independent of the issue of gender'*

Humphries and Rubery 1995

This study sought to identify important issues for providers of care (in order for them to remain in business) and purchasers of care (in order for them to access or maintain employment). The following data analysis adds weight to the argument that by supporting providers we are supporting purchasers, the two are inextricably linked. Data is presented to reflect the comparisons made between variables so that a fuller interpretation of influences on the 'care environment' is given.

#### **Q. What are the supports and barriers to business N=22**

The most frequently related support was accessing funding (9), help with funding applications (4) and general business advice (3). Two businesses said they benefited from being part of a 'network'. Participants also named organisations that they felt had been supportive of these Chwarae Teg was mentioned most frequently (18), local TEC's (7), Kids Club Network (5), local authorities (4), bank (3), business connect (3), CSIW (2) social services (2).

#### **Q. What is your experience of registering with the Care Standards Inspectorate for Wales (CSIW) (N=22)**

Participants were asked this question because of anecdotal evidence to suggest the process is becoming a barrier to business activity. Participant responses were almost split down the middle of those having a positive experience (12), to those having a negative experience (10). Further interrogation of the data to see if location of CSIW officers reflected the quality of service received yielded that the experience of each was very subjective.

The following data demonstrates this:

Business owner Powys

*'Difficult, relocation of the business during the new set up of the standards. I personally thought it was a good idea as it was set up right from the start! Due to untrained CSIW inspectors filling in incorrect paperwork, not giving me correct information or not getting back to you promptly. I have had to complain to Cardiff CSIW about my regional office misinterpretation and due to lack of their skills – personal loss of income during a financially crucial period of relocating the business!'* (sic)

Participant 30 (blue group)

Business owner Powys

*'Good. Paperwork is clear and by going through each standard you can ensure you are working to the best possible practice in each area. The office is always available to answer queries and the actual inspection was fine. Inspector is approachable and helps with any problems in meeting certain standards'.*

Participant 28 (blue group)

Business owner Conwy

*'Very helpful and positive'*

Participant 2 (blue group)

Business owner Conwy

*'Tons of paperwork!'*

Participant 16 (blue group)

The major criticism participants (6) had registering with the CSIW was the amount of paperwork involved, other complaints included delays involved in Criminal Records Bureau disclosures and staff not having the requisite training. Conversely the participants who reiterated positive registering experiences thought the paperwork was clear, inspectors were 'helpful, available and approachable'. The only conclusions that can be drawn from this are that some participants thought the experience positive and ultimately helped towards the delivery of high quality care, others thought it increased the amount of paperwork to the detriment of business operations. Perhaps a review of paperwork and some supporting training for businesses undergoing the registration process would be useful, this will be discussed in the next section 'course provision'.

### Q. Course Provision (N=25)

Participants were asked if they had access to sufficient course provision to help them set up and remain in business. Seven of the participants said Yes there were enough courses already available, the remainder (18) said No and went on to suggest possible content curriculum.

**course content suggested by participants**

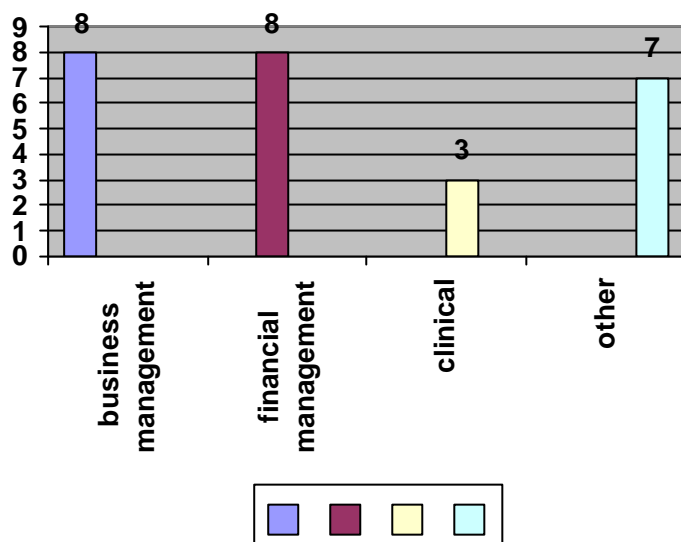


Chart. 5

### Course content detail requested

Further interrogation of the data provided outline for programme of learning for individuals who want to set up a care business or remain. This is displayed in the frequency of request of subject (highest first).

Table. 1

<b>Financial management</b>
• Tax/national insurance
• PAYE
• Book keeping
<b>Business management</b>
• Administration
• Contracts
• CSIW regulations
• Marketing and promotion
<b>Other</b>
• Women returners
• Locally run Welsh language courses
• Child protection
• Health and safety
• Special needs
• NNEB/NVQ in care
• Play work

Course content requested were in the main focused on business and financial aspects, there were a few requests for 'clinical' (i.e. NNEB, NVQ in care, play-work) courses, this may well be because participants had significant qualifications already.

### Q. What qualifications were needed to set up your business

When asked what sort of qualifications participants needed (N=22) to set up their business in order to try to identify a coherent education/training structure for individuals running care businesses. Participants interpreted this question as meaning 'what sort of qualifications did you have when setting up your business'. The range of qualifications recorded was diverse, the most popular being BTEC diploma in nursery nursing (9). 'Experience' of working in the sector was rated second highest (5), others mentioned included NVQ's in Care, First Aid and Playleader. Some participants recorded high level academic achievement such as teacher, nurse, midwife, health visitor and social worker, diploma in child-care law, teaching qualification and a degree. Participants found all these qualifications essential to running their businesses.

Because of the responses to this question the only conclusions that can be drawn from what participants have and what participants want are very different.

It is suggested that there is potential here to support care business entrepreneurs through a programme of focused accredited training and education that is contextually relevant to the sector.

### Q. Why set up a Care Business? (N = 25)

We wanted to understand what had motivated participants to *set up businesses* in this sector, the answers demonstrated the following key indicators:

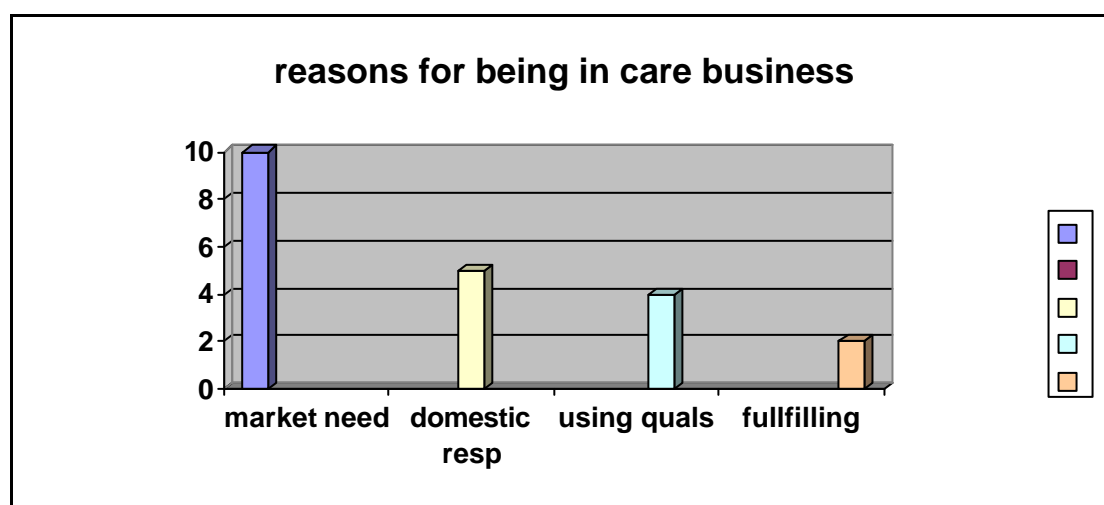


Chart. 6

There is a definite demonstration of business acumen here with women realising that there was an unmet need and saw the opportunity to set up a business to meet that need.

*'I saw the need for childcare in this area, I am established in a sewing factory where most of the employees are women'*

Participant 18 (blue group)

Some women were doing the best they could with their current circumstances, combining their domestic responsibilities with trying to earn a living.

*'I chose this area because I have a young child myself and knew I would find it hard to look for childcare myself'*

Participant 1 (yellow group)

**Q. What type of care do purchasers access N= 17**

We wanted to ascertain what sources of care support were the most popular. Participants used a combination of support to enable them to remain in employment. This fell into the following categories.

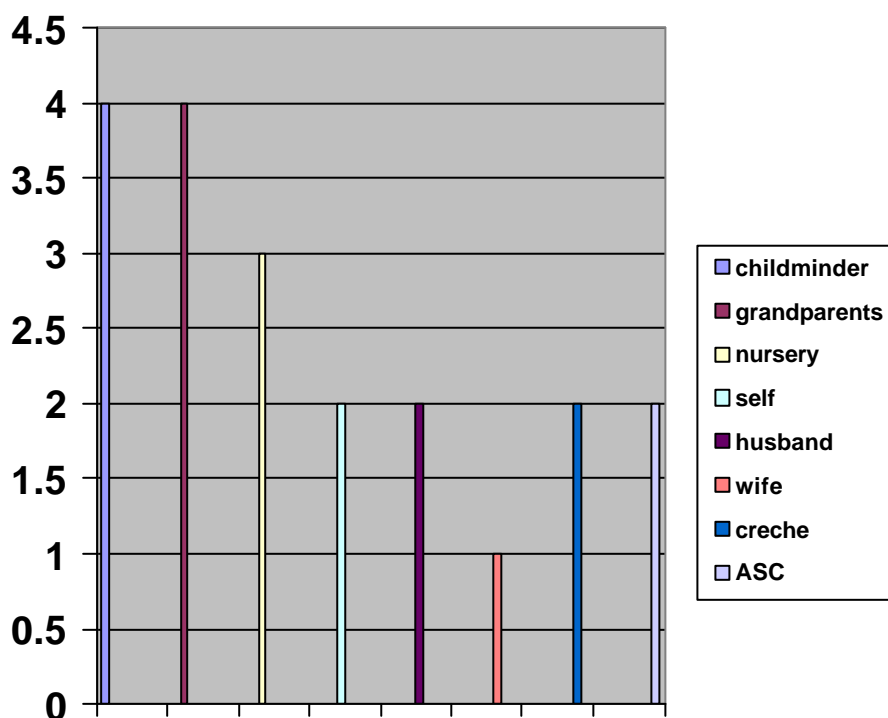


Chart. 7

Within this data the respondents who replied 'self ' were female.

### **Q. What is your impression of the quality of care accessed? N= 17**

When asked how they rated the **quality of care provision** the majority (7) replied it was excellent, with three replying it was very good, two respondents were not happy with care provision (nursery) and mentioned that their child (1) was agitated and the environment was impersonal (1).

### **Q. Why work in a Care Business (N=6)**

We wanted to understand what motivated people to *work in this sector*, all the responses were altruistic and varied from wanting to help people and feelings of having 'more purpose' by being involved in care work. These responses are similar to those who have decided to set up businesses in this sector, financial reward is not the main motivator, providing a service that also gives personal satisfaction is. This is similar to findings in the study by Jones and Lawson (2002) of the Independent Health Care Industry in Wales. In this study recommendations included a horizontal career path for employees who wanted to gain experience and qualifications but not necessarily promotion.

We also wanted to know what the pay and conditions were for participants working in the sector. The majority reported favourable working conditions and told of employer practices that assist take up of NVQ training and staff room facilities. When we asked questions relating to their personal safety while at work; one of participants experienced the possibility of violence from users of the service associated with the conditions for which they were being cared for.

### **Q. What are the key impacts on business (N=22)**

In order to be able to ascertain what supportive policies may be useful for sustaining this type of business, participants were asked what impacted most on their business performance. The most frequently mentioned impact related to government policies and the economy of the area. The following statements illuminate how these women understand clearly the facets of what make a viable business and a sustainable economy.

*'Local wages are poorly paid in Newtown, therefore I cannot charge high fees which has a knock on effect on my staff wages, there is no funding available to help me to re-locate'*

Participant 28 (blue group)

*Pembrokeshire being nearly reliant on tourism has an impact, we are busier during holiday periods as parents are able to access employment. The working families tax credit has increased our numbers. More employment with a diverse range in Pembrokeshire is needed' (sic)*

Participant 8 (blue group)

*'Availability of work/education for parents, availability of government funding to help parents pay for childcare'.*

*Participant 10 (blue group)*

*'Ongoing economic development of our community'*

*Participant 6 (yellow group)*

*'Economic development within our catchment area'*

*Participant 1 (yellow group)*

*'New Care Standards, working families tax credit and the new project funding for nursery care for all over 3 year olds will impact shortly'*

*Participant 31 (blue group)*

*'The three year old free morning place will/has had a dramatic change on the nursery – parents are already switching to the pilot scheme in the area as it is financially better for the parents!'*

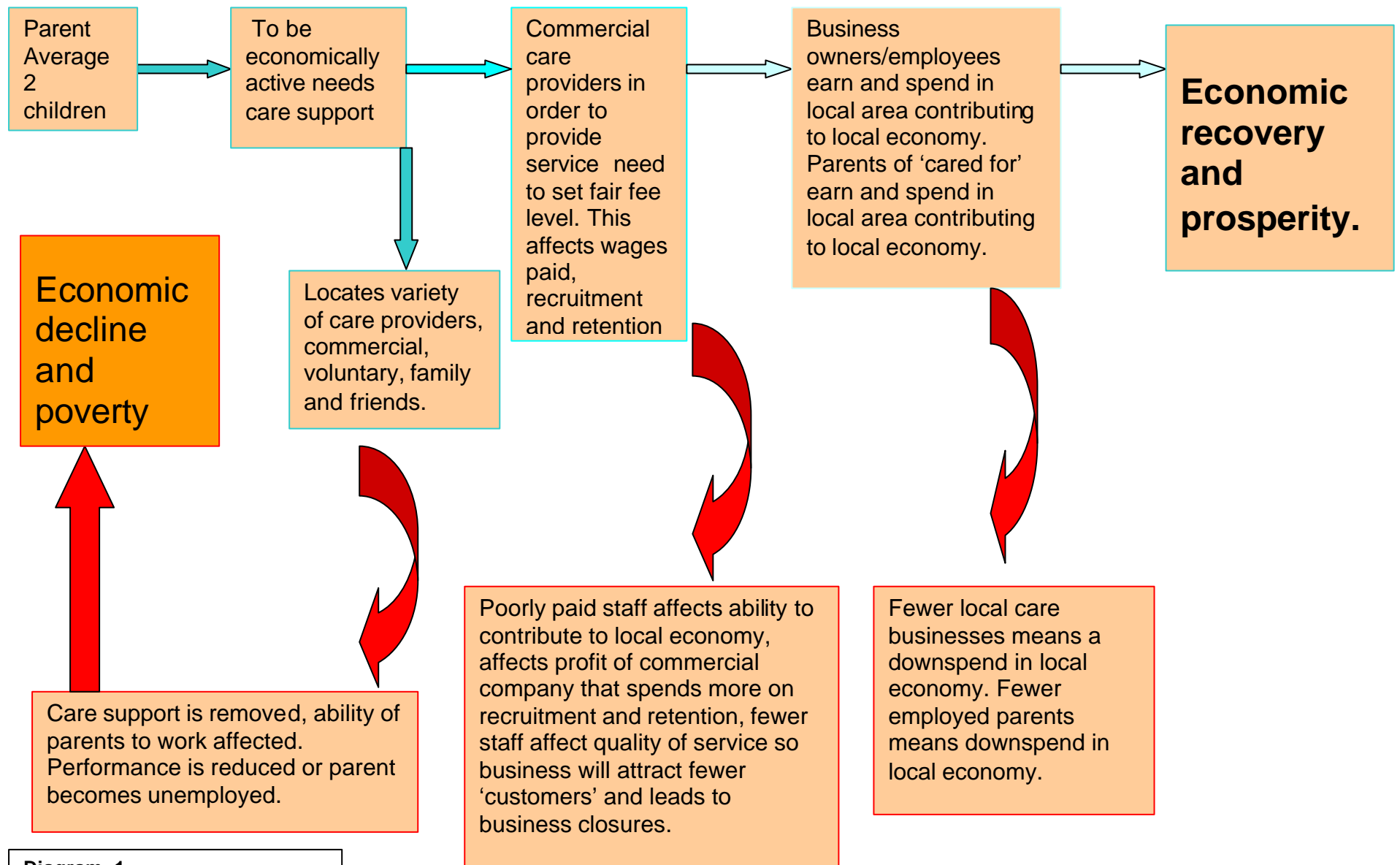
*Participant 30 (blue group)*

While participants identified key issues to economic growth they have little control over how they can have a long term positive impact. While there are various government initiatives to encourage workforce participation the effect of these on financially deprived rural areas is worthy of further study, perhaps as comparative pilot case studies.

**It is worthy of note that the Independent Care Industry is a major employer in Wales with 5,358 registered providers (businesses) operating across Wales (Care Standards Inspectorate 2003).**

**Q. What value do you feel you are to the Welsh economy N= 48**

Participants in the research were either purchasers (parents, relatives) or providers (business owners, employees in care sector) of care. As such they make up the 'economic care community' each relying on the other in order to be economically active. As a cyclical activity the effect one has on the other can be seen in the following diagram.



**Diagram. 1**

The cost of providing the economic safety net for non working lone parents in Wales is a staggering **£8,730,000 per week (£453,960,000 per year)** based on one parent having two children accessing Income Support, child tax benefit, housing benefit and free school meals (Figures supplied by the Department of Work and Pensions). It is suggested that any government policies that support parents to either set up their own business enterprise (and have the potential to employ others) or gain employment and be able to maintain employment status would have serious positive outcomes in terms of sustainability and regeneration for Wales.

Out of the 17 participants who identified as being valuable to the Welsh economy, 8 gave examples of how they are achieving this. This has been succinctly put by one of the participants, a woman how has set up her own care business in the last twelve months.

*'We are boosting the Welsh economy by providing affordable quality childcare for parents returning to work, at the same time creating jobs and employing people in our nursery.'*

Participant 6 (yellow group)

And this business owner who sees an even wider economic benefit of her activity

*'A service such as ours helps parents to return to work or work full days. We make use of an otherwise empty building, generating income for the parish church and for the utility services.'*

Participant 4 (blue groups)

### Value placed on contribution to the Welsh economy

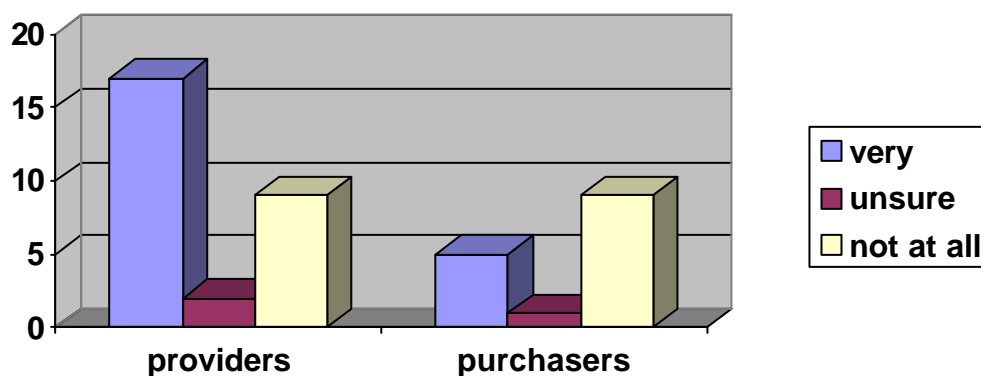


Chart. 9

Participants tended to answer the question in the following categories, either they felt valued in terms of the contribution they were making to the economy (18) or they felt they were a valuable service but the value of what they provided was not recognised (9). Those that fell into the latter category had this to say,

*'not very, people still view childcare as an unimportant role in society. We struggle to pay our staff what they deserve and limited by what we can charge'.*

Participant 27 (blue group)

*'invaluable service provided....but no funding to go with it'*

Participant 39 (blue group)

*'zero as far as the local authorities are concerned. Vital to our rural community as one of the largest employers in the area employing 30 plus staff'*

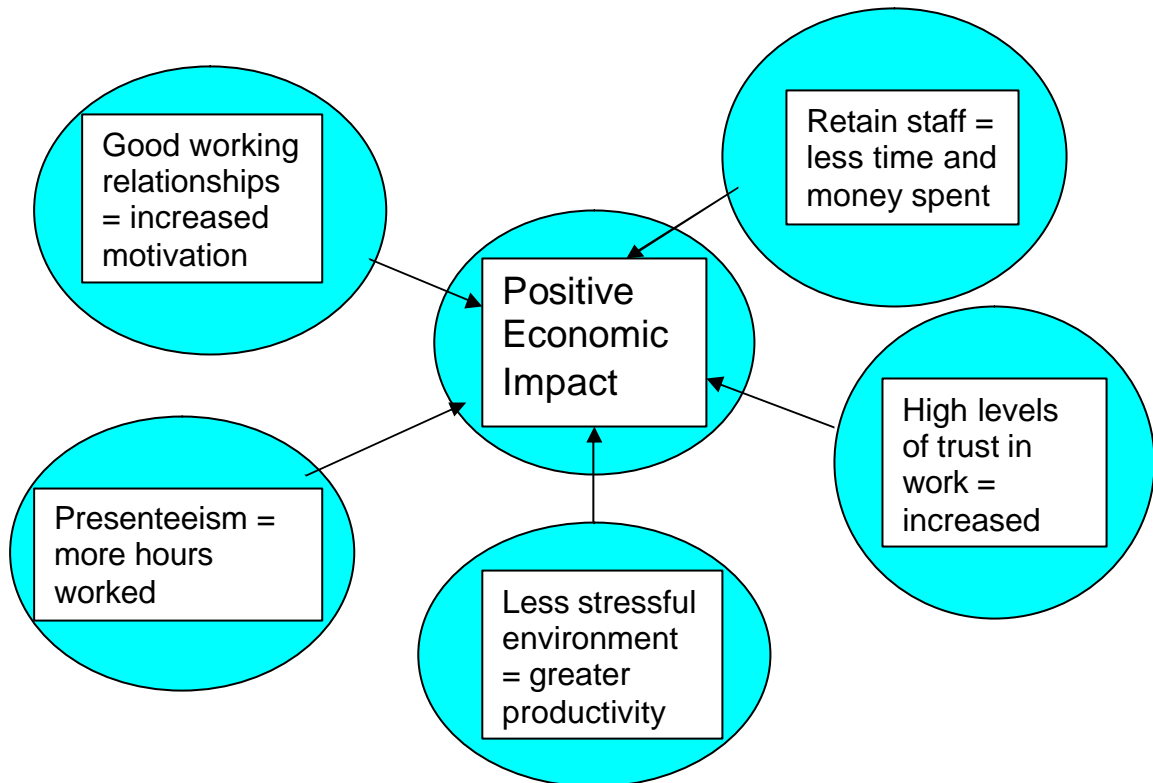
Participant 16 (blue group)

*'locally the business is one of the main employers in the area. Overall do not feel as if childcare is valued part of the Welsh economy, have a long way to win the case with employers to recognise the value and benefits of good quality childcare both from economic and well being aspects'*

Participant 19 (blue group)

#### **Q. What family friendly practices encourage economic prosperity (N=5)**

Part of the purposive sample accessed for this study included business owners (not in the care sector) who had adopted family friendly policies as part of their business practice. The immediate economic impact for these businesses translated into 'less absenteeism'. However a closer scrutiny of the data demonstrates that the economic benefit manifests in the following diagram:



**Diagram. 2**

How did these businesses achieve this? Existing studies already demonstrate that individuals will work harder for employers who are supportive and treat them with respect (Holterman 1995).

*'we offer a positive and helpful approach with careers and this means our staff work in a very stress free environment. If they need time off they are not in fear of losing their jobs... good relationship between management and staff and staff do not abuse the system so trust is high.'*

Participant 6 (cream group)

*'We offer flexible working arrangements which helps retain staff. Employees who have caring responsibilities appreciate this flexibility and are more willing to stay'*

Participant 4 (cream group)

*'Employees work with greater commitment and goodwill for organisations they respect and trust to treat them supportively. The day to day work atmosphere and labour relations may be improved when employees feel valued'*

Holterman 1995

The message participants had for other businesses was clear.

*'An unhappy team can have a huge impact on business'*

Participant 6 (cream group)

*'The more a company can accommodate employees personal circumstances the easier it is to retain and recruit quality people. All that is required is creative thinking and flexibility'*

Participant 4 (cream group)

*'Adopt them or suffer the consequences of your ignorance'*

Participant 8 (cream group)

### **Q. What is the level of Welsh language access/provided for?**

#### **Purchasers N=17**

Being able to access caring services by staff who speak the purchasers preferred language is important. The participants were asked how the delivery of care through the medium of Welsh was being met. The majority responded that their children were being brought up in a bi-lingual environment with a combination of parents and external care givers speaking either only Welsh or Welsh and English. One respondent stated that not all of the staff at the nursery she had chosen spoke Welsh and she found this a 'major problem'.

#### **Providers N=22**

We asked care providers if they were able to deliver care through the medium of Welsh. The majority (13) said yes they could deliver, 5 said they deliver 'partly' and 5 said they could not. Of the 5 that said they delivered partly, one said there was not enough demand and another stated that if she could employ more Welsh speakers then delivery would increase through the medium of Welsh.

#### **Participants N=3**

Participants who were in the process of setting up care businesses were asked if they would deliver through the medium of Welsh, all replied No.

## **Q. Does travel pose any problems?**

This was considered an issue for carers given the rural nature of residence and reported problems accessing transport. The participants (N=17) who were asked if they had difficulty in the majority answered in the negative (6), those that were experiencing problems associated those with distance having to travel to access childcare (2), the cost of fuel (1) and not having their own transport (1). This latter category perhaps throws the most light on these responses as this group of respondents all were employed, one was a lone parent and all had their own transport. If we are to get a truer picture of carers experiencing access to transport problems we need to focus the sample to a more varied sample.

## **Conclusion**

The exploratory study has demonstrated that many purchasers and providers of care find the financial cost a burden. One because it is too much and the other because it is not enough. As these are traditionally female situations (most purchasers of care are female) women are caught because they start off earning less so can afford little, while carers (most providers of care are female) provide an invaluable service it attracts low pay but a lot of personal satisfaction. This study has provided invaluable data relating to the 'care environment' for purchasers and providers of care in Wales. There are areas worthy of further in depth study and analysis, participants themselves have identified achievable ways of facilitating the growth of their economic activity through education and training provision specific to their sector.

**If one key message can be gleaned from this study it is this, purchasers and providers of care are reliant on each other to contribute positively to the economy of Wales. Women make up the larger proportion of the 'care environment' so policies need to take into account the needs of women who may be balancing work with care responsibilities, and be focused on needs in order that their contribution is measured on a fair basis. The eventual outcomes of positive action will have a beneficial affect on the ability for both genders to contribute to the Welsh economy. The impact of equal opportunities on the economy will then be truly realised.**

## **Section 3: Carers and economic activity – overcoming barriers**

According to the census 2001 data 340,000 people are unpaid carers in Wales. Information on how many of these are currently in employment is not yet available.

According to General Household Survey 2000, 72% of carers are of working age. Many carers combine caring with paid employment (46%). However, many carers either have had to give up paid employment in order to care or restrict their employment opportunities. There is a marked gender imbalance in the number of carers who are economically inactive (23% of women and 17% of men, GHS survey 2000). Many carers have opted for part-time work or have restricted the levels of responsibility at work so they can combine their two roles.

This section looks at the barriers to working and caring in Wales. It examines the current provision of care for children, children with disabilities and dependent adults. The impact of Work Life Balance initiatives, and public policy is also explored, along with support services for lone parents and young carers. It includes recommendations on how to improve care provision; potential funding frameworks for social care; possible pilot projects and new initiatives where appropriate. The section is divided into four sub-sections : Accessibility, affordability and quality of care; Working and Caring; Care, gender equality and the gender pay gap and Care and Public Policy.

### **3.1 Accessibility, affordability and quality of care**

#### **3.1.1 Childcare**

According to recent research published by Chwarae Teg *Beaufort Research: Women's Role in the Welsh Workforce 2002*, the lack of accessible, affordable and good quality childcare is still one of the main barriers for women to return to work and maintain employment status. This study identifies similar problems where looked after dependents are adult. This section will look at these issues in relation to the barriers surrounding current care provision.

In a report *The Price Parents Pay 2001* published by the Daycare Trust, British parents have the highest childcare bills in Europe.

*“Even families on low income who get help towards their childcare bill through childcare tax credits still have to find 30% of the cost of childcare. The average award through childcare tax credit in Britain of £35.10 a week is less than a third of the typical cost of a nursery place”*

The report goes on to add that in the majority cases where the adults are not working there is no help at all. Stephen Burke, the Director of the Daycare Trust said:

*“ .....childcare is key to tackling child poverty and helping parents to work, learn and boost family income.”*

According to the Objective 1 Single Programming Document, Wales is only above Portugal as one of the worst EU countries with regard to the provision of Childcare.

### **Key issues from the study:**

- **Consultation with Early Years Development Childcare Partnerships (EYDCP) and national childcare organisations illustrates a lack of childcare provision generally outside cities and towns still prevails. Access to day nurseries in rural areas is a particular problem. In one county in North Wales there was only one day-care nursery in one of the districts. Where some day nurseries depend on a steady flow of children every year, insufficient children will result in closures. An obvious alternative provision in these areas could be met through childminders, but there is a lack of registered childminders generally in Wales with a trend of decline since the 1999 survey. The situation is compounded by the fact that the CSIW's requirements for registration is standard for all care providers and not tailored for individual registrations. Consequently this results in mounds of paperwork for childminders to complete, and can be off putting for many. This needs immediate attention as mentioned in the Welsh Assembly Government's *Childcare Action Plan*.**
- Integrated Children's Centres – according to consultation with EYDCP's and county childcare co-ordinators, there is concern that even though the concept on integrated centres is welcomed as a whole, the practical aspects of developing this provision in rural areas is proving problematic. Providing a centre in a rural area is not sustainable, as there the number to benefit will not justify the expenditure. This model works much better in populated urban areas. (i.e. the free open access play for 0 -16 yrs olds would need to be an outreach provision in rural areas for it to be most effective.)
- Provision for children between 0-3 yrs of age – there appears to be a distinct lack of provision for children under 3 years old, particularly in rural areas. Anecdotal evidence suggests that the Integrated Children's Centres will have minimal effect on this. It is important to mention that all the nurseries set up under Chwarae Teg's Under 5's Demonstration Project were still up and running at the time of submitting this report.
- Access to bi-lingual childcare is not always easy - particularly in rural areas. According to POTENTIA there is a general lack of Welsh

language provision, although this does not reflect the level of interest shown. The majority of providers in this study deliver care through the medium of Welsh, many providers are bi-lingual and purchasers of care are happy with their children accessing care through their preferred language. Only one respondent reported that she was not happy with the level of Welsh language and this was because not all of the nursery staff spoke Welsh. It would be useful to develop a model of best practice from this study to inform the enhancement of language provision in the care environment.

- Provision for those who work shifts – there is concern from the national childcare organisation Clybiau Plant Cymru Kids Clubs, with regard to the lack of childcare provision for those whose parents work shifts, especially lone parents. There does not seem to be adequate provision for childcare after 6pm. According the National Childminding Association, at present childcare after 6pm is either provided by a sitting service; by childminders usually at a higher rate or by family and friends. If there is no on-site crèche available, all-night care can only be provided by childminders usually at a higher cost, or family and friends. This can present a particular problem for people working in the care sector and emergency services as well as the industrial and agriculture sector.
- Affordability - some families are still finding it difficult to afford childcare, especially for 2 or more children. Although the Working Families Tax Credit is available, according to some of the EYDCP's in Wales there is evidence emerging that this is not taken up in Wales to the same degree as it is in England. Information from the Inland Revenue's Analysis and Research February 2002 confirms this - with over 1 million families claiming in England compared to 80,000 in Wales. Some people still don't fully understand what is available, and how it can help. Others feel that the amount they receive is insufficient to make a difference and some are not eligible due to higher levels of income but still struggle to pay for childcare.

### **Case Study 1 - Working Families Tax Credit**

**Mrs Jones from Conwy, has two children under the age of 8 years, and she has just returned to work full-time. Her husband already works full-time. They pay for childcare, which costs them £150 per week in total, for both children. The total net weekly income for her household is £470 per week. She is claiming Working Families Tax Credit, which gives her £25.53 per week towards childcare. Mrs Jones's monthly bill for childcare is £497.88. As she only earns £660 per month, after paying for childcare she only has £162.12 per month left from a full-time job. As it will take her time to progress up the career ladder, she is considering giving up her job to stay at home and care for her children even though she is interested in pursuing a career.**

- Following consultation with parents in rural areas, the idea of mobile crèches was very appealing. This was seen as one way of relieving both the problem of lack of day nurseries and transport. For example women in Ceredigion who were interested in attending training courses for starting their own business but were finding it increasingly difficult due to lack of local, flexible care provision could be supported to achieve their potential. This needs further investigation.
- Information on childcare – the Early Years Development Childcare Partnerships that were approached all felt that provision of information for carers on childcare is vitally important especially at local level. They suggest the following:
  - clear user-friendly information for employers is required
  - guidance documents and toolkits were particularly useful and needed to be updated and published regularly
  - childcare information services in Wales needed to be better publicised locally, and nationally and that further investment was needed to ensure this. Some parents had not heard of the All Wales Childcare Information web site.
- Training for childcare workers – information from working parents tells us that there is a shortage of trained, qualified childcare workers in Wales. Mrs G from Cardiff said:

***“My daughter’s Out of School Club which is full to capacity every day of the week is going to have to close for 2 days a week because despite advertising widely since before Christmas they can’t find a Senior Playcare Worker in the whole of Cardiff. This is going to be a big problem for me as I work full-time.”***

According to the Fusion Partnership recent research into the childcare market, the care sector in Wales as elsewhere in the UK is one where skills shortages are felt keenly. Information is not available at this time in order to calculate how the needs in Wales compare distinctly with those in other parts of the UK. Part of the problem may be that there is no sector skills council responsible for taking this forward in Wales.[Awaiting information from ELWa]

- Comments from one of the EYDCP’s in Wales included reference to the fact that training childcare workers is a statutory requirement of Local Authorities though this has never been identified or specifically funded. This also needs to take into account that training is more expensive in rural areas.
- Unpaid care - many still rely on grandparents and other family members to provide childcare. This is often the only solution for many working families, especially those who can’t afford childcare costs or those working outside the normal 9-5 hours, some still feel that they are

burdening family members with care responsibilities and this puts added stress on those who work. According to the Fusion Partnership's recent research on the childcare market in Wales, paying grandparents and other family members a state supplemented allowance to take care of children was a favoured way forward.

- Transport – a current survey into the childcare market in Wales has identified that location of childcare provision is the most essential factor when deciding upon childcare. People who live in rural areas have particular difficulty accessing childcare because of transport difficulties. The introduction of low floor buses is welcomed and has made the service more accessible; improvements need to be made with regard to the infrequency of public transport in some areas (Many low - income households of women returners only have one car, which is used by the male to travel to work which leaves them isolated and unable to sustain orientations to work). Distance needed to travel to bus stops is problematic for older, infirm and disabled people and results in inequality of opportunity.

### **3.1.2 Care of children with disabilities**

During the research and consultation it became apparent that the issues here are often more complex than general childcare or adult care. It was often felt that the needs of people who were caring for disabled children were not met to the same degree as other carers, and that individual family circumstances were not being recognised.

The severity of some of the children's disabilities excludes them from mainstream childcare, and that some need one to one care at all times.

*'parents of disabled children, and particularly mothers, are less likely to be in work than in families without a disabled child'*

Lawton 1998

#### Key issues from the study:

- According to The Fusion Partnership's *A Research Study into the Childcare Market in Wales 2003*, findings indicate that there is a distinct lack of care available for children with disabilities. In some areas the only provision available was a two-week summer playscheme. They also referred to the fact that the needs of parents of disabled children are likely to be more acute.
- Interviews with individual carers of disabled children showed that in some areas the day care provision for disabled children was insufficient. The majority of care available was a day care centres or sitting service. In one area the only day care centre was under-staffed leaving the parent frustrated as her son did not receive sufficient stimulation as part of his care, this was having an adverse effect on him and the family as a whole.
- Holiday schemes for disabled children – some summer schemes are run by local authorities, others are run by voluntary co-ordinators and paid staff. All schemes have to adhere to the CSIW requirements. According to Fusion Partnership research *A Research into the Childcare Market in Wales 2003*, some of the voluntary schemes are in danger of closing as they are not able to meet CSIW requirements. While standards of quality need to be preserved support needs to be given to these groups so they can achieve the standards set as the loss of service would be detrimental to the children and parents alike.
- Sitting services – some families we spoke to were in receipt of carers special grant which allowed them to utilise the services of a carer within the household. While this additional service was welcomed, there was discontentment that the care was strictly prohibited to the house, which meant that the child could not go out whilst receiving this care. One family felt that this was detrimental to the child's development.

If we are to fully understand the economic implications for carers of disabled children we have see how belonging to what are termed 'multi-disadvantaged' groups means. The following bullet points illustrate this:

- Domestic responsibilities = requires support to be labour market active (Ford and Millar 1998)
- Females are the main carers in society so are most affected
- Low education/training achievement = requires support to be labour market active (Bryson, Ford and White 1997)
- Females who have children at an early age have great difficulty in regaining educational achievement of peers
- Females who have children and work part time are less likely to access education and training as their full time equivalents so less likely to progress their careers and increase earning potential
- Living in rural area dependent on seasonal temporary work = requires support to be labour market active (Berthoud 2003)
- Females with children are less likely to be able to access transport in order for them to gain full employment
- Lone parents are particularly vulnerable to unemployment and poverty as they assume sole care giving responsibilities (Berthoud 2003)
- Females make up the largest proportion of lone parents
- Females lone parents are more likely to be the main carers for disabled children

A focus group discussion with female lone parents who reside in rural/sea side areas (already designated Objective One areas) was held in order to ascertain the additional difficulties experienced by them as parents of disabled children.

The main findings were as follows:

- Ready access to information is needed with regard to support, guidance, training and education. Carers often feel isolated and vulnerable and an information network would reduce this.
- There is often a mismatch between care provision from different external (non parent) provider groups. Awareness needs to be raised about the complexity of care that the cared for should receive.

- Problems for parents during school holidays. Play schemes are inadequately equipped to meet the needs of cared for so parents are often unable to commit to work.
- Parents of severely disabled children, even with a lot of external support, are too exhausted from caring responsibilities to contemplate paid employment and view their situation (unemployed) as permanent.
- Due to fragmented service provision the demands to re-engage the parent in care activities are often intense. Employers would therefore need to be supported in accepting a parent who has a disabled child (children) in order for the parent to maintain orientations to work. Parents would also require additional support if they were to become self-employed.

*'I would like to see more help for single parents who want to work and who have children with special needs....my daughter is in a special needs school. I am considering self employment as it is my only option'*

*Participant 2 Focus Group*

- One person who was consulted raised the issue of language and care provision making particular reference to the need for sign language interpreters for people with a hearing impairment. According to the north Wales Deaf Association there is a lack of sign interpreters in Wales, and across the UK as a whole. Even though the RNID have received European funding to provide further training, many do not proceed to qualification level as it takes a long time, and it is expensive. Deaf awareness training also needs to be provided for the care sector as a whole, private care homes don't receive this at all, even though some council run homes do. Training shows them what is available – such as loop system, which is not compulsory for care homes but essential for some individuals. Many hard of hearing people do not use sign language so rely on people to understand their needs.
- There was also some concern with regard to the transitional period of care for children with disabilities to adult services. There seemed to be a gap between education and social services provision.

### **3.1.3 Elder/dependent care**

Caring for an elderly/dependent adult is one of the barriers preventing some people, predominantly women, fulfilling their working potential. One of the reasons for this is the lack of accessible care provision locally, as well as the quality of care available, and whether it is suitable for the people being cared for.

#### Key issues from the study:

- According to Carers Wales, there is a distinct lack of reliable, flexible, accessible and affordable alternative care for adults and children with special needs. This care deficit will continue for some time without investment of funds to address the issue. Without this there is a concern that it will adversely affect both carers and the whole of the economic framework.
- Some carers we spoke to said that there are mixed messages being received by the public about care in the community, as the government's push is towards people being able to stay at home in their own environments. This is causing unrest and some confusion. People who are carers are faced with difficulties of having to make decisions with regard care, adding strain for individuals who are already finding it difficult to retain orientations to work. It also leads to feelings of guilt.
- According to the CSIW local provision is not always able to meet demand, with issues regarding placement of high dependency clients. There are also preferred language considerations and distance for relatives to travel to the care provider. There are some counties in Wales with high levels of in-migration of older non-Welsh speaking people of retirement age who place a high dependency on local care services. This puts added strain on local resources and service provision.
- The CSIW were also concerned that the regimes and systems we have in place for placing people into care is not giving people the freedom of choice with regard to their care. Care provision has to reflect the diverse community that we live in – this is a challenge yet to be addressed.
- There are some innovative schemes being piloted in England. For example the LINK project that involves providing stimulation and movement for people with senile dementia. This may be worth developing in Wales.
- It is also worth exploring the opportunities of care provision via voucher schemes, or direct payments, which are being developed but are new and unproven at the moment. These schemes need to be monitored and evaluated effectively.

### **Strategic recommendations from this section:**

- ✓ **To invest in increasing, improving and enhancing accessible, affordable and high quality care provision**
- ✓ **To lobby UK government on engaging further debate on tax credits for working families**

### **Operational recommendations from this section:**

#### **Childcare**

- ✓ To encourage more Welsh speakers to become care workers and registered childminders
- ✓ Look at developing new pilot projects such as the Neighbourhood Initiatives for 0 – 3 year olds in England, mobile crèches and to fund a similar initiative to the Chwarae Teg Under 5's Demonstration Project . Also to develop upon the successful GENSIS project in Rhondda Cynon Taf.
- ✓ To raise further awareness of the Working Families Tax Credit in Wales
- ✓ To explore the possibility of allocating peripatetic advisers to assist families with the application process of the Working Families Tax Credit
- ✓ To undertake further investigation into the falling numbers of childminders in Wales and to invest adequately in ensuring a high quality training programme for childminders in Wales
- ✓ To simplify and scale down the amount of CSIW paperwork for the registration process of individual childminders
- ✓ Explore ways of improving transport in rural areas
- ✓ Improved co-ordination of information on childcare
- ✓ To consider free or subsidised childcare for all children under 3 years old
- ✓ To undertake further investigation to measure of the problem of childcare after 6pm.
- ✓ Cutting down on the level of red tape involved at county level with regard to establishing a childcare business
- ✓ EYDCP's to be kept informed of how the childcare training budgets are spent within local authorities

- ✓ To ensure that childcare publications and toolkits for employers are updated regularly
- ✓ Further investment into promoting childcare information services locally and nationally. Ideas included information road-shows; leaflet drop into every household via post office or neighbourhood schemes and raise awareness of the existing web-site for childcare

### **Adult dependent care**

- ✓ That equal opportunities is mainstreamed throughout all care provision in Wales. This includes equal opportunities training as part of social care training, and care standards
- ✓ Carers need to be reassured that Care in the Community does not mean that they should stay at home and not return to work if they wish to do so. This message needs to come from a joint approach of government and specialist organisations
- ✓ Develop pilot projects to explore feasibility of voucher schemes and Direct Payments for purchasing tailored care.
- ✓ To explore some of the UK initiatives and pilot projects on increasing the usage of the internet by carers

### **Children with disabilities**

- ✓ There is a need for more provision to be available which is tailored to the needs of disabled children. This needs to be adequately funded and effectively managed
- ✓ Day care centres need more qualified staff, so that the adequate level of care can be provided at all times. In addition the care provided needs to include constant stimulation and personal development
- ✓ Even though it is accepted that the care standards requirements are a prerequisite for good quality care on playschemes, it is suggested that some of the requirements be reviewed and adjusted for the purpose of voluntary schemes, but which would not compromise the quality of care

### **3.2 Working and caring – the work life balance perspective**

In this section apart from childcare, reference to carers means,

*“ Carers are people who look after family members or friends who need care, help or support. Carers can be adults caring for other adults, parents caring for ill or disabled children under the age of 18, or young carers aged 18 who care for another family member.”*

#### Carers Strategy Implementation Plan

In the Objective 1 area of Wales according to Wales Labour Market Survey (2000 – to be confirmed) 51% of the work force are female. This has huge implications for the economy taking into account that most of those who work part-time in Wales are women. This may be due to caring responsibilities. Women are still the main carers in Wales.

There is a cultural shift slowly in Wales towards flexible working practices, but we still have the one of worst long hours culture in Europe.

There is a distinct link between Work Life Balance and the health and well-being of carers. Initiatives such as the Health Corporate Standard which recognises Work Life Balance as key to a healthy workforce need to develop upon good practice models. Organisations who have been awarded the standard need ongoing advice and support to enable them to develop good practice and improve their Work Life Balance policies.

People are getting older and living longer because of advancement in medicine and care, therefore the burden of caring is set to increase considerably over the next 30 years.

#### **Key issues from the study (general):**

- As mentioned in the previous section the lack of appropriate substitute care is one of the biggest barriers to paid work for carers.
- Transport is still an issue for rural areas- people having to travel out of locality for care provision, women usually are the ones who have no access to a car if partner is working full-time.
- There is no formally identified body/organisation in Wales that can lead on care and the economy in Wales and provide direction. This is also recommendation of the Fusion Partnership's recent research into the childcare market in Wales.
- Evidence is emerging from current research into the childcare market that provision of childcare can affect the type of job that people do, and that some individuals particularly women and lone parents tend to

choose careers and positions that fit in with childcare. Also emerging from the same research is the fact that some people target Public and Voluntary sectors specifically when looking for jobs, as these were perceived to be more likely to have Work Life Balance practices and support for people with a caring responsibility. This study has demonstrated that the adoption of family friendly practices in SME's is both viable and productive (see questionnaire survey results in Section 2, page 28.). Given that over 95% of all employers in Wales are SME's (WDA) and that 66.1% of all people employed in Wales work in SME's the model of best practice that could be extrapolated and rolled out across the sector could have significant financial gains.

- According to our consultation some of the local authorities in Wales we spoke to had not developed their Carers at Work policy at this stage. A further review of local authorities across Wales is required to ascertain the situation fully. There also needs to be a review of how the NHS is developing their Carers in Work policies across Wales.

### **3.2.1 Carers not in work**

#### Childcare/adult dependent care

- There may be many grandparents especially women within working age who have given up employment to care for grandchildren while parents go out to work. More research needs to be done to identify whether better childcare provision would allow grandparent carers to return to work should they wish.
- Some carers also find that employers do not recognise their own caring experience as a transferable skill to the workforce, and this in turn can make it difficult for them to return to work. Other carers don't even realise that their experience of caring can be used as a transferable skill in the labour market. Models developed by the Royal College of Nursing for nurses who take a career break to care and then return to nursing could be adapted and used as models of best practice. These include recognising experiences of personal care as a transferable skill, and returning to positions equal to their job specification before they left.
- Some carers are still in a benefits trap. For instance, in order to claim Invalid Care Allowance the carer must be providing at least 35 hours care per week. If they return to work, they can earn up to £75 before they lose all their Invalid Care Allowance and other benefits. For many this is not a good incentive to return to work when they could be spending their time with the people they care for.
- It may be worth exploring whether some carers would benefit more from starting their own business – this would allow them to work to the hours and time-scales that best suit their needs.

- It also became evident that carers whose caring responsibilities are more informal, but are often economically inactive. These carers feel that even though their cared for are reasonably independent, they still feel that they should be at home 'just in case'. It is suggested that the breakthroughs in telemedicine, such as alarm devices that alert to a fall, or devices to detect risk of harm such as those being developed to help sufferers of Alzheimer's Disease, may free carers up sufficiently to either return to work or have quality time for themselves. This is worthy of further study perhaps under the auspices of a larger European project.

### 3.2.2 Carers in paid employment

#### 3.2.2 (i) Childcare

- Childcare is still one of the main barriers for women to gain employment according to Chwarae Teg's recent *Beaufort* research, *Women's role in the Welsh Workforce*. This includes the quality of childcare, the affordability of childcare, flexible provision and local provision. Research undertaken by Hooper (1996) demonstrated that lone parents in rural areas problems are heightened because they are isolated and have greater difficulty accessing childcare and transport.
- The lack of on-site crèches can cause problems for shift-workers who find it hard to find suitable provision during evening and night periods.
- It will be worth monitoring and evaluating the impact of new legislation [Employment Act] affecting parents at work from April 2003 with regard to how this is facilitating work/life balance and the economic impact on employers.
- We also need to look at building upon models of good practice, and sharing experience. The Fusion Partnership's research on the childcare market in Wales identified case studies in the NHS to suggest a variety of solutions that could be adapted to different situations.

#### 3.2.2 (ii) Lone parents

- An identified barriers to employment is low academic achievement. According to Chwarae Teg Beaufort Research *Women's Role in the Welsh Workforce in 2002*, lone parents in North Wales face issues surrounding participation in education, training and the labour market. Universities and colleges in north Wales were particularly criticised for poor publicity of available childcare. Lone parents across Britain have difficulty accessing training and education due to the lack and high cost of childcare, transport and lack of confidence (Ford and Millar 1998). Though the New Deal for Lone Parents is being taken up and is helping many lone parents, it is mainly geared towards those who require minimal or no preparation to find their way into work.

### 3.2.2 (iii) Care of children with disabilities

#### Case Study 2

Mrs R from Gwynedd is caring for her disabled son who is 17 yrs old. She works part-time, and her husband work full-time. They also have another younger son. During this period her eldest son is being assessed by the local authority in preparation for the transition from education to social care. This is particularly stressful time for all the family. Not only will her son's care provision be changing, but so will his financial benefits, and Mrs R is busy familiarising herself with all these changes whilst working 30 hours a week. She feels worried that the care provision for her son will not be adequate for his needs once he leaves education at 18 yrs of age. She feels under immense pressure as they are discussing her son's future, and they want to get it right. Also during this time the local authority are undergoing staff changes and the continuity of care is due to be affected. Mrs R does not feel that the day care nearby will address the needs of her son, as they are short staffed and there is little or no stimulation or personal development as part of the care provided. Even though she welcomes the introduction of the Carers Special Grant, she is concerned that this is only providing a sit in service at this time, and that her son cannot go out whilst in receipt of this provision.

Mrs R feels that due to her current situation there is no way that she can enter full-time employment, and that she will not be able to do so in the foreseeable future.

- Need to develop upon the findings of *Better Care Better Business 2001, Carers in Work Steering Group*.
- Employers have a duty to recognise carers as soon as they are employed. This is not always the case, and many employers don't know how to address this. According to our consultation process with carers, many employers tend to understand the implications of childcare but not adult or other dependent care. This needs addressing.
- Many carers do not realise that they are carers, and therefore are unaware of services and support that may be available. They also do not think of making themselves known to employers. This needs further investigation.

### 3.2.2(iv) Carers and education

#### Young Carers

- The study undertaken by Diane Seddon et al (2001) identified key problems for young carers in Wales. Firstly, there was no coherent framework of who is responsible for young carers in terms of their needs, circumstances and support requirement, secondly practitioners working with young carers did not have the required framework for assessment of needs and their individual training and working varied significantly across local authorities. Seddon also discovered significant gaps between policy and practice although commitment to provide support was self-evident.
- The economics that come into play where children care for adults are slightly different in orientation. There are the more obvious cost savings to the state where children provide a variety of services from domestic to personal hygiene. The long term effects on the child who may have to take 'education breaks' as opposed to 'career breaks' to look after adults may be translated into economic terms if we are to consider the employment prospects of children who then become adults with lower academic achievements.
- Many children care for close family members (parents, grandparents, aunts, uncles) who form part of the child's social network. The emotional attachments involved are usually quite deep (especially where parents are involved). Looking after an adult for many children becomes part of their 'normal' world in which opportunities to learn and participate in play and leisure is restricted. While children may gain from caring for adults this should be supported so the quality of the child's life (and future) is not adversely affected (Becker 1998).
- According the ACE project (Action for Carers in Employment) being piloted on Anglesey and in Carmarthen, there is a distinct gap between support and provision for young carers who are between the ages of 15 and 21. This is due to the fact that they are between services for children and adults, and often services are not tailored for carers within this age group. It is often difficult for them to concentrate on their own development and aspirations whilst caring, and some become disaffected because of this. There is a feeling that many young carers are not fulfilling their full potential, as they lack confidence, vision and don't have a clear identity for themselves.
- Two school age mothers who attended the Chwarae Teg Equal Opportunities Schools Event in September 2002 felt that their awareness had been raised on equal opportunity issues as a whole, had made them less judgemental and felt that the other young people on the course were now less judgemental of young mothers in general. The worst difficulties experienced were coping with school work and caring responsibilities; the worry of housing was a problem. Carers

were concerned that caring would become a problem as the child got older and how that would be funded. Both carers have career aspirations, and were pursuing further education options; had positive experiences from support at school and at home and felt that the event had made them consider their future and gain a better understanding of what help was available. They also felt counted as part of the Welsh economy. Following the schools event one of the young mothers has since become a role model for a young carers project in North East Wales.

- According to a student currently doing a Post Graduate Certificate in Education, she had received no training or reference to identifying and supporting young carers in school.
- According to research undertaken by the Children's Society in England many young carers have difficulty adjusting to life outside caring, and that this had an adverse effect on their career aspirations and ability to sustain employment. Several tend to go into the care profession because they felt they did not have the qualifications to do any other job.
- Schemes such as the Wrexham's Young Carer's Project provided support and advice to young carers – some as young as six years old. The scheme is looking into issues surrounding young carers who are looking after a parent or sibling and living in isolated rural communities with limited transport and leisure facilities.
- A representative from 'Crossroads' said :  
  
*"we don't want young carers to be victims, we need to move away from negative images that portray young carers as victims"*
- According to a study of young carers in Wales carried out by University of Swansea, there was no real evidence that the broad pattern of need is any different than that in the UK as a whole, but that the rural nature of much of Wales and extent of poverty exacerbates the situation of many young carers.

### **Strategic recommendations from this section:**

- ✓ **To identify a lead organisation on care and the economy**
- ✓ **To formally identify a lead organisation on Work Life Balance**
- ✓ **Commission further research into:**
  - **identifying hidden carers who wish to return to the labour market**
  - **developing support packages for people who may be doubly disadvantaged including lone parents and young carers**
- ✓ **To lobby UK government on overcoming the benefits trap to enable carers to return to work**

### **Operational recommendations from this section**

#### **General**

- ✓ To explore the possibilities of running pilot projects that identify the most effective way of balancing working with caring responsibilities, and to identify one organisation to take this forward
- ✓ Hold a national conference on working and caring in Wales to identify further issues for carers in work and formulate action plan, and guidance document on good practice
- ✓ Employers to recognise and acknowledge the transferable skills and experience gained by carers in their caring role, and this to be part of their recruitment procedures
- ✓ Commission research into identifying how many unpaid carers within working age (excluding parents), who wish to return to the labour market, and identify methods of facilitating their successful return.
- ✓ To ensure that all local authorities and the NHS in Wales have developed or are developing their Carers in Work policies, and to provide support accordingly
- ✓ The need for confidence building and personal development training for young carers in preparation for further education or employment
- ✓ To develop an initiative to get carers to consider self employment as a career option
- ✓ Work with SME's on developing WLB initiatives and models of good practice

- ✓ Monitor the impact of the new Employment Act 2002
- ✓ Developing awareness training programmes for employers on the implications of caring - particularly for adult dependants and disabled children.
- ✓ Work to identify hidden carers and how to help them become economically active

### **Lone parents:**

- ✓ The possibility of an all Wales pilot scheme to bring the assistance of the New Deal for Lone Parents to considerable number of currently ineligible lone parents.
- ✓ To examine and improve employment and benefit initiatives so that lone parents are not excluded from taking advantage of intermediate labour market initiatives.
- ✓ Support agencies should explore different ways of subsidising the cost of learning to drive
- ✓ Mentoring schemes and appropriate adult guidance should be made available to nurture the long-term education and training aspiration of lone parents

### **Young carers:**

- ✓ Young carers need recognition of their situation in school. There is a need to explore the idea of a homework club in some areas for those who find it hard to concentrate at home
- ✓ Need to ease their worry whilst at school. Possibly set up a communications system at the school so that the young carer can maintain contact with the person for whom they care.
- ✓ It would be useful for young carers to receive awareness and further information on the reasons why their parent/sibling/relative needs to be cared for. This could be provided in group form or one to one, and provide information on various health and disabling conditions
- ✓ Schools to set up networks of young carers groups so that they may share their experiences and discuss their issues with other young carers
- ✓ Awareness raising amongst professionals of the needs of young carers
- ✓ Further research is needed on the long-term impact of the young carer experience on career destination

### **3.3 Care, gender equality and the gender pay gap**

Economic studies into the gender pay gap in Wales has suggested this may be attributed to discrimination. The lack of good quality, affordable and accessible childcare is a major barrier to labour market participation (particularly for women) and childcare provision in Wales is amongst the lowest in the UK. Within this context women who want to contribute towards the economic regeneration of the region face multiple obstacles in achieving personal and professional goals. Women earn 84% of male wage rates in Wales, and they tend to be concentrated in low paid part-time work with reduced access to training.

*“Women’s careers suffer as a result of poor childcare provision; they often have to take lower paid, less demanding and less satisfying work in order to fit with school hours, holidays and teacher training days and children’s sudden and ill timed illnesses”.*

Williams (1993)

According to the recent TUC conference on the gender pay gap :

*“ Many families are poor because their mothers cannot afford to work and pay for expensive childcare. And even women lucky enough to be able to afford to work often find themselves earning so little that they cannot afford to save for old age”.*

‘Full time’ comes to mean more than just the hours that make up a working week; it also means full time commitment with no breaks and the ability to give extra personal time should the job require it, often at very short notice. The number of women who can comply with this are substantially fewer than the number of male counterparts and the ability to maintain a career is subject to ‘closure’ when:

*‘participation is excluded, limited or subject to conditions’*

Weber 1978

Employment trends for Wales demonstrate that women no longer ‘second earners’ and are often the sole breadwinner. Indeed, Gallos (1989) further states that the working mother is now the norm, so a woman’s career is important to the family and to the economy, with women occupying 42% of the national workforce.

According to research undertaken by the Welsh Development Agency in 1999, *Caring for the Economy*, if female activity rates could be brought up to the UK average, this would imply a direct increase earned wealth of some £430m per year. The research also states that:

*“ it is apparent that economically inactive women represent an untapped labour market resource in Wales. A significant barrier to their increased participation is the provision of appropriate and accessible childcare.”*

Miller and Ash 1999

### **Key issues from the study:**

- The issue of care and employment contributes to the gender pay gap in Wales – evidence suggests that this is based on women being the main carers and women making up the majority of the part-time low paid workforce in Wales.
- Some employers who do not practice work life balance or provide on-site crèches may be losing out on a valuable human resource.
- People who have a caring responsibility and work part-time are still finding it difficult to gain employment in managerial positions and higher paid positions as these are mostly full-time posts. Job-share opportunities are still not explored sufficiently by employers. Some instances have occurred where people have been offered a job share position, but have been forced to return to full time employment as the other part of the job was not being filled through lack of adequate planning and preparation. People who work part –time sometimes have difficulty making the transition from part-time employment into full-time employment due to lack of training opportunities, discrimination and lack of flexible working practices within the work place.
- Based on consultation with women returners in one local authority in North Wales evidence suggested that women returners who reduce their hours are not necessarily reducing their work loads – there is insufficient backfill even in large organisations. This in turn leads to gender inequality and contributes to the gender pay gap.

### **Strategic recommendations from this section:**

- ✓ **To co-ordinate, monitor and evaluate the development of Work Life Balance policies and practices with employers across Wales**
- ✓ **To invest in increasing accessible, affordable and good quality childcare provision**
- ✓ **To ensure that training and personal development packages are available to part-time workers**

### **3.4 Care and Public Policy**

This section looks at the *Caring about Carers* strategy, and the *Childcare Action Plan*, and examines some of the impact of the policies on carers in Wales.

#### **Key issues from the study:**

##### 3.4.1 Childcare Action Plan

- Funding - Most of the EYDCP's felt that childcare partnerships had been drastically underfunded in the past compared with the work they had been tasked with. Funding has increased largely through programmes like the New Opportunities Fund (NOF), this had focused in out of school provision only. Since this funding has now ceased, there is concern that though the majority of clubs will be sustainable in the most affluent areas, those services in areas of low income and high economic inactivity may struggle to continue. These clubs need to be identified and sufficient support packages put into place. NOF funding will be available for creating Integrated Children's Centres, but there is concern that this will not be suitable provision in some areas.
- Some of the EYDCP's expressed concern that there is lack of funding for childcare provision for children between 0-3 years of age. Projects like Sure Start are welcomed, but they do not provide the sort of childcare required.
- While the opportunities of European funding provide for developing childcare are good, some of the childcare organisations we spoke to mentioned that European funding isn't the long -term solution. There was a consensus of opinion that childcare is not a 'project', and even though some good initiatives such as childcare networks could be developed with European funding, at the end of the day if capital monies or money for training was not available then revenue projects would have a short shelf life. Concern was also raised with regard to the fact that match funding would need to be secured in the first place, and that the European funding application process was still lengthy and complex. One-way around this would be for a large organisation to make an application for a key fund as part of a start up grant programme or to fund special initiatives for increasing childcare provision. Nevertheless match-funding would still need to be secured.
- According to consultation with childcare organisations and some of the EYDCP's in Wales on funding for childcare, it was generally felt that in order for the Childcare Action Plan to be realised, the National Assembly for Wales will have to invest in development funding. There is a need for more initiatives in Wales, and to identify a lead organisation that will take things forward to develop ideas, pilot activities and ensure that childcare is firmly on the economic agenda.

According to the WDA:

***“The childcare sector is extremely diverse and as such it suffers in Wales from lack of cohesion, leadership and strategic direction with a strong economic focus and an awareness of the child and community perspectives.”***

- Some of the EYDCP's consulted were concerned that funding was being made available to some organisations in Wales to develop childcare, and there was some confusion with regard to what this funding was for. It was felt that the EYDCP's should be consulted on the expenditure of all childcare development funding with an impact in their area, and information on the use of this funding to be made available immediately.
- Children's and Young People Partnerships - There is widespread concern within many of the EYDCP's with regard to the new framework for Children's Partnerships in Wales. Whilst the increase in funding is extremely welcomed within CYMORTH, it needs protecting or ring-fencing for childcare. Some of the EYDCP's have remained as operational arms of the Children and Young People's Partnerships, as subsuming childcare into the new partnership framework would have been detrimental to the work already achieved.
- **Funding childcare needs to be targeted towards the private and public sectors alike. However, evidence of this study demonstrates that childcare provision in the private sector seems to be the most accessible and best suited to the needs of working families, and that childcare provision in the public sector needs to be expanded and be more responsive to the needs of working families, i.e. some local authority play-schemes that run during the summer only run for one week. Therefore, the funding framework for the whole of childcare needs to be carefully considered. According to an economist at the WDA:**

***“ as with all public interventions there is a potential risk that the private sector childcare businesses would be displaced by the publicly funded providers. If not properly considered this risk could be realised, leading to a less than optimal outcome. This is an area that would warrant further investigation.”***

- CSIW requirements - according to information some childcare providers are limiting their provision so as to avoid going through the registration process. At present they do not have to register if providing less than 2 hours of care per day. This was confirmed by the CSIW. Some of the EYDCP's are concerned that this will have a direct impact on the number of childcare places available.

### 3.4.2 Caring about Carers – Implementation Plan

- Carers Implementation Plan – This strategy is welcomed in Wales as a strategic way forward for carers, and according to research and consultation carers in employment are in need of particular support to enable them to carry on caring and working.
- Training and Education -even though there is reference in the Plan that the DiPSW course “makes explicit reference to working with carers” as part of the training modules, evidence suggests that this at the moment accounts for half a day lecture and a video. As we did not conduct an extensive consultation process with all training providers, we do not know what the broader picture is in Wales. This warrants further investigation, as this degree of training provision is inadequate especially in light of carers rights under legislation. It is worth exploring the role of carers themselves in providing training and education.
- With reference to young carers and the Qualified Teacher Status training course, following consultation with one current student who is completing her training, there has been no mention of young carers at all. She does not anticipate that the course will include this as it is not on the schedule.
- Carers Special Grants – one local authority expressed concern that the amount allocated was not sufficient to subsidise care for all the carers within the county. It was also noted that the grants were allocated for a specific period and that there was uncertainty about whether these would continue or become development support grants in future.
- New Deal for Partners – In order to ascertain further information about the availability and criteria of this programme, which is open to carers, we received 3 lots of conflicting information from 3 job centre plus centres in North Wales. We are still not clear what this programme is able to offer at local level. This needs further research.
- Direct payments – even though this is still quite new, pilots within some of the local authorities are just underway. Some carers however are very apprehensive about being involved due to lack of confidence and information about the scheme. This could facilitate the return of many carers to work as they will be more in control of care. It will be interesting to see the take up and the effect this may have on carers and employment.

- The Information Strategy for Carers - is a welcome development, as provision of information is invaluable to carers. The idea of distributing information packs to GP surgeries; libraries and sub-post offices was generally applauded, it is important that all these venues are accessible for carers, and available to carers who were working during the day. There were positive comments from those who had been able to access the web-site for carers.
- Transport - even though the bus subsidy grant scheme is a positive way forward for tackling transport problems in rural areas, this still does not help those carers who have to travel distances to bus stops. There still a problem with regard to the regularity of some services, which is not sufficient enough for travel to nearest towns or cities to access work. For example a bus journey from Aberdaron to Bangor in Gwynedd takes a total of 1 hour 53 minutes, with two changes during the journey. Bus passes for pensioners and disabled people is welcomed, but this scheme is a missed opportunity for those who cannot use public transport if the service is inaccessible.
- Carers Legislation- many carers we spoke to were glad that there was legislation finally in place for carers. However, the legislation does little to help carers into work, and the assessment process for the needs of carers does not take employment into account.
- Work Life Balance – it is recognised that this is an important initiative to be developed if carers are to be given opportunities to return to work or to retain employment. Carers identified a need for an initiative in Wales to take this forward, and that advice and support is to be made available to employers on request. Good practice models also need to be developed and shared with others. Whilst it is recognised that the Work Life Balance Challenge Fund for SME's is a good initiative to develop good practice models to build upon, there needs to be an initiative that reaches all employers big and small. It is also suggested that initiatives such as the Health Corporate Standard, and Investors in People should link into Work Life Balance. There should be a joint approach to assessment processes as employers get exasperated by different schemes.
- It may also be worth looking at developing models of carer involvement in policy making, such as the NHS model of the Expert Patient.

#### **Strategic recommendations from this section:**

- ✓ **To feed in the recommendations from this section into the research being undertaken by University of North Wales Bangor on the impact of the Caring About Carers strategy**
- ✓ **To further investigate the economic impact of funding childcare in the public and private sectors**

#### Operational recommendations:

- ✓ Work to be done to identify those out of school clubs that may be at risk, and to provide funding and support packages to secure their future sustainability
- ✓ To ring-fence funds within CYMORTH specifically for childcare, and that the role of the EYDCP's within the new framework is still recognised and continued
- ✓ A national organisation to make an application for European funding to establish a key-fund for childcare business start up. Match funding to be provided by the National Assembly for Wales
- ✓ When funding childcare there needs to be consultation with childcare partnerships and childcare organisations so that needs can be met.
- ✓ A organisation in Wales to be formally identified as the lead in taking the childcare and economic agenda forward, which would develop ideas, pilot activities and provide information and guidance. Need to ensure sufficient funding for this organisation.
- ✓ Carers Strategy Review Panel – it is noted that a carer is involved on this panel, but a carer in employment would be particularly useful along with a secure enabling budget.

## Section 4: Care in the Economy – role and realisation

This section looks at the role of care in the economy in Wales. It focuses on care as a community enterprise in the social economy, but also examines the role and contribution of care to the economy as a whole.

### 4.1 *Care in the social economy*

#### Definition of Social Economy

We understand at present that The National Assembly for Wales are working on a Welsh definition of social economy. The basis for this work derives from the DTI definition:

“Social enterprises include all forms of economic activity undertaken primarily for social purposes, whose surpluses are principally reinvested for the purpose in the business or in the community, rather than for private profit. This diverse sector includes a wide spectrum of organisations from charities to social firms and includes amongst others, credit unions, development trusts, social enterprises, community-based co-operatives, community enterprises and community businesses and housing associations.

Social enterprises tackle an extensive range of social and environmental issues and operate in all sectors of the economy.”

(March 2003)

Reference to social economy in this section pertains to the above definition. When referring to the role of care in the social economy the scoping study refers particularly to the role of childcare businesses and adult/dependent care businesses within the social economy.

It is important to note however that on a wider scale it also refers to the care profession, in order to include individuals who are employed by social enterprises to provide childcare or adult dependent care within the private and voluntary sectors. These individuals do not run their own business at present but may do so in the future. Their contribution to the social economy is also touched upon in this section in order to give a holistic view of care in the social economy should it be useful.

#### **4.1.1 Introduction**

Information from Chwarae Teg’s Women Enterprise Wales project identified that in North Wales since April 2000 out of a total of 245 women advised, 22 women had identified child/elder care as their intended business. It is important to add however, that some clients had not yet identified their chosen

field. Of these figures 18 were thinking of setting up a childcare business, with 4 interested in elder care/retirement homes.

In order to ascertain the current status of care in the social economy, we need to look at the issues of setting up, running and developing a social enterprise that provides care. We also need to examine the barriers and the opportunities for care to help grow and strengthen the social economy, only then can we see the role and realisation of care within the social economy. To do this effectively we also need to examine the reasons for people to chose care as a business, and what are the reasons that people don't chose care as a business. Reasons for this may vary, but within this section we hope to look at the negative and positive aspects based on our survey findings and other consultation methods. Consequently we will examine options and recommendations for development.

#### **4.1.2 Barriers to the growth of care within the social economy**

According to our survey and consultation there still seems to be some barriers to setting up childcare and elder care businesses in Wales. Some of the difficulties lie with complex systems, lack of funding and the low profile of the care sector as a whole. However, one of the major barriers to the growth of care within the social economy is the lack of realisation that care provision can also be a business or social enterprise in itself. Many of those who run care businesses don't think of themselves as entrepreneurs or as trading commodities as they are non-profit making. They tend to *'more interested in providing a high quality service for the community than making money.'* (Fusion Partnership: A Research into the Childcare Market in Wales, 2003). According to work undertaken by the Social Economy Network, (Wales Council for Voluntary Action), care businesses make up a significant percentage of the social economy in Wales, and until the role of care within the social economy is fully realised and built upon, it could remain a barrier for the social economy to flourish.

#### ***Key issues from the study***

##### **General**

- Evidence is slowly emerging that people running their own care businesses do not see themselves as part of the social economy, and thus do not feel valued enough as part of the Welsh economy as a whole.
- There appears to be a lack of suitable tailored training and development courses/support for care businesses. The University of North Wales, Bangor were exploring this with a local e-learning (EDISUS) company but requires funding.

- Regulations pertaining to Care standards requirements – even though our consultation process informed us that people’s experience of the standards and the processes were positive as a whole – nearly all respondents felt that the volume of paper work was disheartening. Some even felt like giving up during this process.
- There does not seem to be a strong enough entrepreneurship culture in Wales in relation to the care sector. This needs to be addressed in order to grow the social economy effectively.

### **Elder/dependent Care**

- Working conditions, shift patterns, and vulnerability at work are all deemed to be barriers to growing a care business.
- There is a lack of training materials/resources on elder and adult care as a business

### **Childcare**

- Talking to the EYDCP’s in rural areas some still perceive that the effects of Foot and Mouth are still being felt, and that this has had an adverse effect on people starting new businesses including childcare.
- Many childcare providers in Wales are dependent on a steady flow of children every year. Any decrease in numbers can cause problems for the survival of small providers.

### **Case Study 3**

**Miss L is 26 years old, a single parent, and works as a nanny in a rural area in North Wales. Out of 5 students on the childcare course from her area, she is the only one who has remained working in the sector. The others have pursued careers in teaching, social work and nursing, as the pay for childminding was too low. Miss L and her friend had plans to open a crèche, using a newly built house that they had access to, but due to the volume of paperwork, red tape and financial implications, they both lost heart. Miss L was bitterly disappointed as there was a particular need for the crèche in her area.**

**Miss L is happy to continue working in the sector even though she feels that childcare workers are underpaid, and sometimes undervalued. She is hoping that when her child starts school she will look for a better paid job, possibly as a care assistant in a primary school.**

- Though the majority of the survey respondents were happy that there was sufficient general advice and information available about setting up a childcare business, there seemed to be a lack of support and information about building and planning regulations, and how to go about purchasing/leasing premises. Those who had experience of this process said that it was fraught with red tape and complexities, and one respondent was even close to giving up because of this.
- According to the Fusion Partnership *A Research into the Childcare Market in Wales 2003* it appears that two of the major constraints to growth in this sector are financial assistance and lack of suitable premises. It is also said that a larger pool of skilled and trained staff would help to grow childcare as part of the social economy.
- According to research carried out by Contact a Family in Wales, some childcare businesses highlighted potential difficulty with interviewing and selecting suitable staff, and felt initially inexperienced in this field. Finding someone to take responsibility for PAYE and keeping up with employment legislation was also difficult.
- There seems to be little funding available to develop and grow a childcare business. Funding applications take a lot of time to complete. The uncertainty with regard to sustainability means that many workers can only be offered short-term contracts and leave quite soon.
- There is a lack of training /seminars and appropriate material on setting up Childcare as a Business.

#### Focus Group

A focus group with young people on the childcare course at Pembrokeshire College proved interesting. Of all the students that participated 96% were female, with all of them between the ages of 16-19. Some were taking the course in order to progress into teaching and nursing, but a majority saw themselves making a career in childcare. The two male students on the course had received a hard time from peers who couldn't understand their choice. On the whole very few males registered for the course at the college. Many of the students recognised that the wages wouldn't be very high if they stayed and worked in Pembrokeshire. Their understanding of the value placed on care in the economy ranged from feeling that it was not really valued to the fact that unqualified staff tend to give the sector a poor image. Several of the females said that they wouldn't mind opening a business, but were concerned that this would involve needing a lot of money. Finally, it was interesting to hear that the majority of students would rather their parents or family take care of their own children rather than place them in a crèche or nursery due to lack of stimulation and shortage of staff.

- It is important to add that many childcare businesses don't actually perceive themselves as being a business, rather they see themselves a service, perhaps to their local community/neighbours/relatives or indeed themselves. These people therefore would be unlikely to access 'business' support in its standard form – highlighting the need to develop a stronger entrepreneurship culture within the childcare industry as well as developing a tailored approach to business support for the sector.

#### **4.1.3 Barriers to choosing care as a profession in order to grow the social economy**

In order to examine more closely the reasons why people do not chose to set up care business it may be useful to look at the care sector and profession as a whole, and try to identify the crux of some of these problems.

##### ***Key issues from the study***

- Low pay contributes to people not choosing or leaving care as a profession. There is evidence according the Fusion Partnership's recent research into the childcare market that the childminding sector appears to be earning well below the minimum wage. There is also a lack of qualified nurses for care homes (who often chose to pursue careers in the NHS). The image of the public sector attracts professionals as it is seen as acute and cutting edge; it has a definitive career structure. However those that work in the independent sector are on the whole quite loyal.
- There are also issues to do with the profile of the care profession in the social economy as whole, and how the profession is 'sold' as a viable career option. While this is seen as the 'Cinderella' industry from the outside by potential careerists, from the inside workers have a very positive self-image of the work they do.
- Shift work is typical of the care sector and can be difficult to manage with young children, especially for lone parents.
- There is evidence that some social workers are setting up their own businesses to provide services to local authorities. Whilst this is welcomed by the social economy, this is sometimes at the expense of public sector services. It is also noted that the DiPSW course is now a two year course, and there is concern that people are being put off applying as no funding is available to train (unlike teaching and nursing).
- According to Care Council for Wales there is a lack of flexibility in education and training in the care sector as a whole. There is a need to

develop basic skills base, and education and training for women as a prerequisite for employment in the care sector.

- According to the Care Council for Wales, the majority of the social care workforce is employed within care homes for older people and younger adults. In addition researched commissioned by TOPSS Cymru in 1999 on Health and Care education and training provision within Further Education in Wales indicated that although significant numbers of students were undertaking courses very few were being directly recruited to the social care sector as a whole. This could warrant further research.
- Profile of the care profession as a whole – (bad press with regard to children’s care homes in North Wales, incidents of elder abuse, poor home conditions). Also, the perceptions of the nature of care work seems to be unattractive to young people.
- Creating opportunities in the care profession within the social economy is still overshadowed by low salaries, rigorous qualification requirements, complexities of the registration process (CSIW) and difficulties accessing training and education.
- During a focus group with people working in the care profession within the social economy, some of the comments revolved around problems of recruitment, retention, promotion and stress. Low pay was also a barrier, and one care worker had been on the same salary for 10 years. However, of those interviewed, all felt that their work was rewarding and enjoyable, but none had thought about starting their own business.
- In Pembrokeshire College there is good take up on the childcare courses – but many on the courses are mature students who tend to stay in the area to work in the sector, with the younger students moving away because of low pay or to retrain to become teachers or nurses.
- The situation surrounding childcare as a career choice is somewhat clouded, with those that work in the sector reporting high satisfaction and motivation for work yet anecdotal evidence suggesting that as a career choice this is becoming less and less attractive to the available pool of workers with the real possibility of a recruitment crisis looming. There is a potential for this to have an adverse effect on the social economy.
- **It was also evident in our survey that not many on childcare courses had aspirations of starting their own business – particularly young people**

#### **4.1.4 Career opportunities and future prospects for care in the social economy**

We have looked at the some of the barriers and problems associated with developing care businesses within the social economy, however it is also important to look at some of the opportunities available and the positive aspects of the potential to grow care businesses into viable social enterprises.

In a recent all Wales survey (Jones and Lawson 2000) of nursing and residential care provision in the IHCS it was clear that staff who work in the sector have strong orientations to work and have strong feelings of self worth, it was also noted that working in this sector is often chosen because it allows staff to combine work with domestic responsibilities. This is true for most women,

*'Amongst those women who did intend to return to work, a main priority was being able to look after their children themselves, and many of them would want jobs that could accommodate this'.*

Beaufort Research Ltd/ Chwarae Teg 2002

#### ***Key issues from the study***

- **Is childcare the key to closing the GDP gap in Wales? Research by the WDA *Caring for the Economy*, suggests that this could be one key to boosting the economy in Wales. Recommendations of this research to be followed up.**
- Even though that good business advice for childcare has been available, according to the Fusion Partnership's recent research into the childcare market, the two most useful sources of business advice and support currently for childcare was identified as coming from Chwarae Teg and Business Connect. The message is that these services need to continue.
- Some work experience placements for teenagers has been limited to menial administrative tasks which give little or no insight into career prospects or potential. Businesses in the social economy could be proactively involved in work experience to raise interest and aspirations of young people. This could be developed as a pilot project working with the social economy.
- The National Assembly's Social Economy Working Group has the potential to work with the public, private and voluntary sectors to raise the profile of the care sector in Wales. Development work on the sector also needs to link into the work of the Care Council for Wales' *Draft Skills Foresight Plan for the Social Care Sector in Wales*, as well as

*The Qualification Framework, and Caring for the Future*, in order to grow the economy effectively.

- It is also interesting to note that some employers in the social economy are now beginning to look at the validity of transferable care skills. This is being implemented by the Nursing and Midwifery Council, and is worth developing as a model of good practice throughout Wales.
- In their recent research into the childcare market Fusion Partnership made reference to the fact that the growing an entrepreneurship culture in Wales would prosper the Welsh economy. This could include creating a greater number of start up businesses by under-represented groups including women. Having more childcare and other dependent care social enterprises managed by women, would address the economic needs twofold – by making women more economically active and growing the social economy at the same time.
- The Welsh Language also features as an opportunity to grow care within the social economy. Fusion Partnership's research identified a high demand for bi-lingual childcare provision, not just in traditionally Welsh speaking areas or confined to Welsh speaking parents.
- It is also important to add that other social enterprises can also help grow the social economy by addressing the care needs of their employees. SME's are particularly in need of support and guidance.

#### **4.1.5 Gender stereotyping and gender equality within the care sector of the social economy**

This section looks at gender equality in the care sector within the social economy. It looks at stereotypical trends and training and education issues with regard to the care profession, and explores the links between the growth of care within the social economy and gender issues.

According to statistics more women than men tend to be currently running and establishing new care business. With care forming a high percentage of social enterprises within the social economy, it is useful to look at issues of gender stereotyping and equality in this context.

Women have reduced access to funds to start their own business because of a lack of capital/low incomes. Women who are doubly disadvantaged in the labour market (e.g. from ethnic minorities, disabled people, lone parents) face greater barriers in gaining access to business support as a result self-employed entrepreneurs are almost 75% male. Women generally receive less training than men, partly because of career breaks. Managerial skills are in short supply in Wales and women, disabled people and ethnic minorities are under represented in management roles (Skills Survey Wales).

*'Gender is still a major cause of inequality of opportunity and evidence suggests that the labour market is characterised by horizontal, vertical and contractual segregation'.*

(Objective 1 SPD 2001)

*'Time taken for male to achieve a management position 8.4 years, for a woman 17.9 years. For nurses to obtain a 'G' grade they need to be full time with no career break'.*

Opportunity 2000 Annual Report 1994/95 p 10

David Instance and Theresa Rees (1993) study of post compulsory education and training in Wales identified that the additional demands created by the increasing need to update professional skills and qualifications are at odds with the resources that women have to fulfil education/training needs.

### ***Key Issues from the study***

- Employment in childcare is by and large a female occupation. Qualifications and career paths for employees vary from nursery nurse, a range of National Vocational Qualifications in health, social and childcare, social work qualifications, play leader and play qualifications.
- Statistics from current research *The Social Care Sector in Wales – Definitions and Challenges* tells us that 80% of the social care workforce is female. This is compounded by Careers Wales' evidence that childcare courses are dominated by females. Some reasons for this are: flexible working hours; the need for appropriate skills, values and experience rather than formal qualifications. Also that it is a sector that enables people to return to work after taking career breaks, especially older women. It is also possible to complete training and gain qualifications after commencing work. It is also true to say that culture and traditional gender stereotypical views still exist in society.
- Statistics from Careers Wales show that in North West Wales during 2002, school-leavers undertaking Health, Social Welfare and Caring Personal Services amounted to 37 females and 4 males. It is also evident that young people interested in care are much more likely to be looking at childcare rather than elder care.
- Chwarae Teg's Schools Event on equal opportunities and career choices highlighted that stereotyping still exists when young people are choosing their careers. This is due to traditional culture within families and the home, in schools and colleges and the advice given on career choices.
- It has also been evident that women have suffered sexual discrimination in the past when applying for business loans. Thankfully

this is decreasing since the introduction of equality legislation, but good practice still needs to be built upon.

- Interestingly also is the reference in Fusion Partnership's recent research that there is scope to further investigate the development opportunities for men who want to run childcare businesses. Gender stereotypical views, and reporting of paedophilia and abuse means that there are restricted opportunities and equality issues in relation to men and childcare.

## **4.2 Care in the economy as a whole**

Specialist care organisations feel that the care sector supports the economic infrastructure and the workforce as a whole in Wales by providing stable care services, which are safe and of high quality. It is also felt that the care sector plays a vital role in meeting the challenges of the National Assembly's initiatives for healthy and prosperous communities.

How childcare affects the economy can be summed up by one of the respondents in this study.

*'Good for business, I earn, they earn, then we spend locally'.*

*Participant 3 (emerald group)*

According to recent research: *Research into the Childcare Market in Wales – Fusion Partnership*, the childcare sector in Wales contributes in excess of £1 million per week to the Welsh economy. With this in mind it is safe to say that the development of childcare forms an integral part of not only the social economy, but the economy as a whole in Wales.

There is potential in developing initiatives to support carers into self employment as a viable career option.

#### **Strategic recommendations from this section:**

- ✓ **To enable the social economy to grow, there needs to be an investment in care provision. By providing accessible, good quality and affordable care – the social economy will begin to grow and become an integral part of the economy in Wales.**
- ✓ **To enable the social economy to grow, it's role and realisation needs to be recognised. The public, private and voluntary sectors need to work together to ensure growth. The social economy needs to be assured that it has a prosperous future, and that by strengthening the care profession within the social economy, this will lead to a stronger and more sustainable economy in Wales.**
- ✓ **In order to entice more people to set up care businesses the profile of the care sector as a whole needs to be addressed. This needs to be done by various partners in the public, private and voluntary sectors.**
- ✓ **There is a need to promote more of an entrepreneurship culture for care in the social economy**
- ✓ **Further research into how the working conditions of social enterprises providing care is affecting the social economy**

#### **Operational recommendations from this section:**

- ✓ **Looking at gender equality within the care sector, and looking at ways of addressing inequality linking to the gender pay gap. This warrants further research**
- ✓ **Financial assistance for individuals seeking professional training in the care profession**
- ✓ **Peripatetic advisers to facilitate the registration process for care businesses within the CSIW requirements**
- ✓ **Joint approaches and co-ordination of training and training materials in elder care as a business. Providers to include: Chwarae Teg; National Care Homes Association; Care Forum Wales and ELWa.**
- ✓ **To develop training programmes and information packs on recruitment and retention of childcare workers in social enterprises.**
- ✓ **Training packages to help develop care businesses**
- ✓ **Better pay for care workers in the social economy**

- ✓ **Advice and support services to include information on building and planning regulation and acquiring premises**
- ✓ **Funding to help grow existing care enterprises**
- ✓ **Continuation of specialised support services for women in business**
- ✓ Develop pilot projects such as : working with Communities First to develop care businesses; working with schools to develop entrepreneurship culture for care; men into care.

## **Section 5 Determining the ‘Value of Care’ in the economy**

This section is complimentary to the report and examines the value of care focusing particularly on care provided by unpaid carers, and may be useful in the context of the role of care in the economy.

The value placed on care in Wales is something that could be determined by identifying the various influences that make up the ‘care community’. For the purpose of this study value is deemed to have two meanings, the economic value accorded care (financial cost of provision) and the social value (morally, ethically appropriate). The very nature of care as a ‘commodity’ implies that while market forces influence the financial aspect of care, the social value is intrinsic and indeed has major effect on recruitment and retention of staff within the caring professions (Jones 2000, Jones and Lawson 2002). High costs associated with the recruitment and retention of staff have catapulted some employers into developing family friendly practices in an effort to curb expenditure. For example the Midland Bank were spending £17,000 for every woman in recruitment, training and management costs who did not return to work after maternity leave.

In order to disentangle the complex issues regarding the ‘value of care’, this exploratory study has sought to identify the key issues for those who are users of care and those who are providers of care in order to present recommendations for action. This study includes individuals who have caring responsibilities and work in large organisations and those employed in Small to Medium sized Enterprises (SME); individuals who provide care and are part of the SME business category, employers who have adopted family friendly practices as part of business planning and unemployed individuals with caring responsibilities.

### **5.1 Current Picture**

Care category providers in Wales include:

Adult: Nursing, Residential Care, individual paid carers, individual unpaid carers

Children: Nurseries, After School Clubs, individual paid carers (for example childminders, support workers), individual unpaid carers, play-schemes.

### **5.2 Demographics – adults**

Demographic predictions in Wales alone suggest that by the year 2015, 8.8% of the population will be over seventy-five years of age (Welsh Office 1998). The notion of an increasingly elderly population dependent upon the state for the provision of care, incurring an ever-greater expenditure is very real. The role of unpaid carers in the care environment was brought sharply into focus by the implementation of the NHS and Community Care Act [1996] through which institutionalised care was avoided and being cared for at home became an option through the provision of community services. Remaining in one’s own home however is frequently dependent on the amount of care that is provided by family, friends and neighbours.

## **Adult care**

*Wales has a higher proportion of carers than any English region (11.7 per cent or 341,000 carers).*

*National Statistics Online 2001*

### **5.3 The economics of caring for adults**

Caring will affect economic activity in a number of ways. Firstly caring responsibilities may well be combined with employment, how well the carer is able to perform in the working environment will be determined by the level of dependency of the cared for and support the carer is able to access. When dependency increases and/or the level of support is such that attendance for the carer is intensified, carers often give up paid work altogether to fully assume the caring role. In the first scenario the financial activity of the carer will contribute to the wider economy, so too will the paid wages of the individuals delivering care as part of NHS/ local authority provision. In the second scenario, the carer usually is put in the financial position of having to draw on state benefits, with the result that overall economic activity slows down. One possible alternative is for the cared for to enter full time care in a residential or nursing home setting. This will create income for the care provider and the carer may be able to resume employment. The financial reality of this rests on a number of things, firstly the resources the cared for has to pay for care, the resources the NHS/Local Authority (LA) has to pay/provide for care, the availability of suitable care home places for those needing care.

The financial aspects that surround adult residential and/or nursing home care are complex issues in themselves. The current crisis in the Independent Health Care Sector (IHCS) is caused by a number of factors, unrealistic capped charges that translate into low wages for individuals working in the sector, legal requirements (Care Standards Act (2002)) that will impose higher standards of care provision (relating to size of rooms and shared facilities), and educational achievement for support staff (minimum NVQ II) that some care providers cannot afford. The result is that many homes are closing.

Another issue highlighted by Age Concern is the burden on elderly carers.

*“Nearly two million of carers are over the age of 60 who are looking after their husbands, wives, brothers and sisters at an age when their own health can be fragile.*

*Research by Help the Aged shows that the portrait of older carers in the UK is a bleak one: many of them are putting in long hours of intensive caring, on very low incomes while suffering from a serious health condition themselves”.*

Hilary Carter, Help the Aged (2003)

The possible domino effect of those caring become the cared for looms for many with the resultant financial burden escalating.

#### **5.4 Social aspects of adult care**

If we start from the premise that through a combination of provision and facilitation, state support for care is simply a good thing to do. It is ethically and morally right. If that is accepted as a given then the processes involved in caring must revolve around choice. The majority of people want to work, they want the rewards and social activity work brings. Support for individuals during times of caring activity have proven (i.e. Wales Carers Alliance 1999, Carers National Association 2000) to reap benefits in terms of commitment to work, motivation, loyalty, productivity, reduces direct costs associated with recruitment and retention and has a positive effect on the health status of carers.

#### **5.5 The economics of caring for children**

The social value of childcare is determined by the concern we place on the safety, health, education and nurturing of our children. In an ideal situation parents would provide early years care themselves and certainly recent legislative changes that will be brought about by the Employment Act 2002 will mean:

- Parents of children aged under 6 (under 18 if disabled) will have legally enforceable rights to ensure that requests for flexible work arrangements are not rejected without good cause.
- Maternity leave for qualifying employees increases to one year (26 weeks' paid Ordinary Maternity Leave and 26 weeks' unpaid Additional Maternity Leave).
- Statutory maternity pay (standard rate) increases to £100 a week. The right of small employers who pay less than £40,000 in NIC's to reclaim 104.5% of SMP will automatically be extended to more employers as the NIC threshold is increased.
- New paid paternity leave rights (two weeks) come into effect (pay at the same standard rate as SMP).
- New adoption leave rights come into effect.

Employment.co.uk 2003

The economic value accorded care work relies on market forces that currently keep prices low for those providing care and high for those paying for childcare out of their earnings. It is a circular argument beset by the fact that the commodity being paid for is one of our most valuable resources, our children. A lot of childcare is done informally, by friends, neighbours and family and is often unpaid. The fact that this work then is largely invisible, and conducted in the most by women, adds to the lack of perceived economic value it provides.

## **5.6 Carers as part of the economy in Wales**

Carers are an integral part of the economy in Wales. Without their unpaid contribution, the fabric of social care in Wales would collapse. There are approximately 350,000 carers in Wales; 90,000 of whom are providing over 50 hours unpaid care and support a week. (Census 2001). Many carers receive little or no support from either statutory or independent support services.

*“The value of carer’s contribution to the social economy of Wales has been calculated as at least £3.52 billion a year”*

Carers UK May 2002

This is equivalent to the cost of a second NHS. It would put an enormous strain on the economy if this contribution had to be paid for from the public purse. However, in spite of the Carers Strategy, the importance of the contribution of carers to the supply side of social care provision is still largely unrecognised by the commissioners and providers of health and social care services.” (Carers Wales).

## **5.7 Carers’ contribution to the economy of Wales**

Even though carers themselves are not paid for the care that they provide, and even though they may work full or part time, they often have an unseen and unrecognised but enormous part to play in the economy. This is due to their contribution to local regeneration work, combating social exclusion, increasing employment opportunities for carers and to well being of carers and their cared for and to society as a whole.

Despite significant caring responsibilities with some even in employment as well, carers are amassing hours per month to the statutory and voluntary sector with their advice, information and experiences. A study by Carers UK found that nearly 18 unpaid hours a month were being provided to these sectors by carers in the UK. The figures for Wales are unsubstantiated at this time and needs further investigation.

The main reason for their contribution was to prevent other families having the same poor experiences as they had done. Carers from rural areas and from black and ethnic minority backgrounds also become involved due to lack of services available.

Within a statutory setting carers engage with their local councils, hospitals, GP surgeries, health service and job centres as well sitting on committees for government departments and providing training to health and social care professionals.

However according to the survey 63% of these carers did not feel that their contribution is properly valued and recognised. It is not known at this time what the cost in monetary value of this contribution is. Figures for the UK amount to approximately 1 billion per year. This warrants further investigation to calculate those figures in Wales.

**Key recommendations for government and local authorities and health services:**

- ✓ **Government to recognise the role of carers in the development of services**
- ✓ **Make it explicit to other statutory agencies that involving carers is vital to good practice**
- ✓ **Take into account the value of carers' contribution to regeneration, economic development and social inclusion strategies**
- ✓ **Ensure that there sufficient enabling budgets for carers to be involved, and to develop involvement strategies for carers to facilitate their contribution**
- ✓ **Particular attention should be paid to the impact of carers role in helping to develop flexible services, which help carers to return to work.**

## SECTION 6

### Pilot Project Ideas

**This is a summary of all the innovative ideas that could be piloted in Wales:**

- Look at how the Neighbourhood Initiatives for childcare of 0-3 years old have developed in England
- Fund a similar initiative to the Chwarae Teg under 5's Demonstration Project
- Explore the possibility of allocating peripatetic advisors to assist families with the application process of the Working Families Tax Credit
- To look at the UK initiatives and pilot projects on increasing the usage of the internet by carers in Wales
- Explore the possibilities of expanding the New Deal for Lone Parents to those currently ineligible
- Developing work life balance models of good practice with regard to working and caring
- School homework clubs for young carers
- Networks of young carers in schools
- Peripatetic advisors for CSIW registration process
- Working with Communities First and community development officers to establish care businesses within the social economy
- Men into the care sector
- Work placements for school pupils with care businesses
- Carers into self-employment