

Unpaid Care Policies in the UK: Rights, Resources and Relationships.

OVERVIEW

Three decades of policies on unpaid care in the UK:

- Unpaid carers in the United Kingdom have been fighting for recognition and resources for over 30 years.
- Over the same period, the availability of state funded support for disabled people and those with long-term health conditions has diminished, while the work of unpaid carers has become correspondingly more complex and demanding.
- Carers' contribution to health and social care systems has been acknowledged in successive policies since the 1990s. It is evident that the outcomes of these policies have not yet met the demands of carers' campaigns for better recognition and support
- With a focus on the policy process, this book examines key policies since the 1990s in all four constituent parts of the UK and identifies continuing and repetitive themes as well tensions and inconsistencies throughout the three decades.

CONTEXT

Unpaid carers are widely regarded as 'unsung heroes' – a reputation that, arguably has disadvantaged them and exposed them to exploitation to the present day. Both during and since the COVID-19 pandemic, evidence points to the reality that unpaid carers continue to be taken for granted in the social care system and that, in some circumstances, both carers and those they support experience extreme stress. The role and purpose of policies on unpaid care and their place within the wider context of health and social care policies over the past three decades therefore demand attention.



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THE ANALYSIS

- The policy process related to unpaid care is complex and has been influenced by a range of interests and political priorities
- Policies and government strategies have generally focused specifically on unpaid carers, seeking to advance recognition of their distinctive identity and to extend their rights in line with the rights of others, including service users. There has been increased awareness of their circumstances. Successive policies have extended carers' rights, including their right to an assessment of need, advice and information, regular breaks, financial support, and a voice in policy forums.
- Hopes that policies will generate a culture change, in which carers' circumstances will be fundamentally altered, have not been realised, however, as carers' rights have been – at best – only partially achieved in practice in health and social care services. Inadequacy of resources is often cited as the reason for this, but the question then arises: why have resources been so consistently inadequate?
 - ◊ Constant cuts to services for older and disabled people have generated additional pressures on unpaid care.
 - ◊ The marketisation of care services since the 1990s, has shaped a view of paid care services as a commodity.
 - ◊ Efficiency in service provision has become a priority and continuity in relationships between care staff and service users has been displaced.
 - ◊ Unpaid care, on the other hand, is assumed to be all about relationships, which are also assumed to be consistently good, despite evidence to the contrary. The potential for conflicts of interest between carers and those they support is a neglected area of policy and practice, leaving carers and those they care for without adequate support.
- There has been a conceptual and organisational separation of professional practice with carers and service users. The interdependence of their circumstances tends to be overlooked.
- Not all unpaid care is provided by individuals who perceive themselves as carers. Increasingly, the carer identity has become a qualification for support services and encouraging carers to take on this identity has become a focus for campaigns.

IMPLICATIONS FOR POLICY AND PRACTICE

The need for change to the current system of social care in all parts of the UK is undeniable and is greater than is often recognised in policy debates preoccupied with cost and responsibilities for payment. Increased reliance on unpaid care is central to the wider political and economic strategy of cutting the cost of welfare.

- The dismantling of public services and the promotion of a commoditised view of care services has been detrimental both to carers and those they support and has wide social and cultural implications.
- Sufficient care and support services are essential to enabling individuals in care relationships to enjoy a meaningful life but attention to how care and support are given and by whom is a crucially important element of the debates about social care.
- Attention should be paid to the ways in which decisions are made about the distribution of responsibilities for care for individuals between families and services.
- The voices of those who require care and support should be central to decision-making processes with support given where needed to facilitate this.
- Regulation and independent oversight of care services as well as ongoing support for unpaid care relationships is needed to promote competence and quality in practices and to mediate where conflicts of interest arise.
- Recognition of the fundamental and universal nature of care points to the need for a recalibration of the relationship between the state and the individual, which acknowledges care as a social risk requiring state involvement at the point of need.