Title: How have the Care Act 2014 ambitions to support carers translated into local practice? Findings from a process evaluation study of local stakeholders' perceptions of Care Act implementation.

Authors:

Dr Joanna Marczak
Care Policy and Evaluation Centre
London School of Economics and Political Science
Houghton Street, London WC2A 2AE
020 7106 1421
j.marczak@lse.ac.uk

Dr Jose-Luis Fernandez
Care Policy and Evaluation Centre
London School of Economics and Political Science
Houghton Street, London WC2A 2AE

Professor Jill Manthorpe
King's College London
Strand London WC2R 2LS

Nicola Brimblecombe
Care Policy and Evaluation Centre
London School of Economics and Political Science
Houghton Street, London WC2A 2AE

Jo Moriarty
King's College London
Strand London WC2R 2LS

Professor Martin Knapp
Care Policy and Evaluation Centre
London School of Economics and Political Science
Houghton Street, London WC2A 2AE

Tom Snell
Care Policy and Evaluation Centre
London School of Economics and Political Science
Houghton Street, London WC2A 2AE

Author contribution statement

The authors have made substantial contribution to conception and design, or acquisition of data, or analysis and interpretation of data. The authors have been involved in drafting the manuscript and revising it critically for important intellectual content and given final approval of the version to be published. Each author takes public responsibility for appropriate portions of the content; and agrees to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of interest statement

The authors declare that there is no conflict of interest.

Funding acknowledgements

This study is funded by the National Institute for Health Research (NIHR) Policy Research programme project reference PR-R14-1215-21008/Supporting carers following the implementation of the Care Act 2014: eligibility, support and prevention. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Data availability statement

Research data are not shared.

Abstract

The Care Act 2014 imposed new statutory duties on English local authorities in relation to family or informal carers and it broadened carers' statutory entitlements to assessment, care and support, irrespective of eligibility for local authority funding of the person they care for. Despite this legislative framework, local authorities appear to be translating the new legal obligation into practice in different ways. This paper draws on evidence from in-depth interviews held during 2017-18 with key stakeholders in three English local authorities to investigate whether and how local efforts meet the Act's intention of supporting carers. We explored local goals associated with supporting carers, local authorities' approaches to needs assessment and service provision as well as barriers and facilitators to adoption of the new legal obligations towards carers. The paper draws on Twigg and Atkin's (1995) typology to explore perceptions of local stakeholders of the interaction between formal care system and carers post-Care Act. The findings indicate that despite a clear Care Act emphasis on meeting carers' needs, when faced with financial constraints the formal care system approaches carers mainly as a resource and often supports carers to keep cared-for people away from health and social care systems. Although replacement care is a vital element in the Care Act's ambitions to support carers, in sampled authorities it was often newly being subject to needs thresholds and financial assessment of people they care for, leading to reported conflicts of interests between carers' needs and those of cared-for-people The Care Act is nonetheless seen as having made progress in legitimising carers' needs as clients. Social care professionals increasingly emphasise the importance of meeting carers' needs and wellbeing as valued and desirable outcomes.

Key words: carers, Care Act 2014, social care, financial austerity, models of cares, carers

What is known about this topic:

- Care systems increasingly recognise the importance of supporting unpaid carers, who provide a the majority of care for adults in need of care and support
- The Care Act 2014 broadened carers' statutory entitlements to assessment and support, notwithstanding the eligibility of the cared-for person
- Little is known about how English local authorities support carers following the Care Act implementation

What this paper adds:

- Despite the Care Act's ambition to support carers in their own right, local authorities tend to approach carers as a resource
- Following the Care Act, replacement care is being considered as a service for cared-for people, rather than for carers
- The Act has provided further legitimacy of carers' needs and wellbeing as local authorities' statutory responsibility

Introduction

The support of family and friends who provide care and support to disabled adults is a central feature of social care practice in England (Citarella, 2016). The 2011 Census estimated that around 12% of adult population in the United Kingdom (UK) are carers and survey data from 2015/2017 suggest that their numbers are raising (Petrie & Kirkup, 2018; Carers UK, 2019). Providing care can have profound consequences for carers, both positive and negative: caring may constrain social participation and contribute to withdrawal from the paid workforce (Brimblecombe, Pickard, King, & Knapp, 2018). Caring may have adverse effects on the psychological and physical health of carers (Gilhooly et al., 2016). However, under some circumstances, caring can have positive impacts on carers' lives (Broese van Groenou, de Boer, & Iedema, 2013).

In England, carers' needs, independent of the needs of those they are caring for, were recognised and then strengthened in law by The Carers (Recognition and Services) Act 1995 (not fully implemented), the Carers and Disabled

Children Act 2000, and the Carers (Equal Opportunities) Act 2004 (Manthorpe et al., 2019). The Care Act 2014 broadened carers’ statutory entitlements to assessment, care and support. The Act was considered a landmark moment for carers as, for the first time, they were put on the same legal footing as the people they care for (Department of Health, 2014). Under the Act, carers are eligible for assessment and support in their own right, even where the cared-for person is ineligible (on grounds of not meeting need threshold or failing the financial means-test). The Act also removed the requirement that the carer had to provide a substantial amount of care on a regular basis to be eligible for assessment. Moreover, section 20 of the Act specified that local authorities (LAs) have a legal duty to provide support to meet carers’ eligible needs (HM Government, 2014). Prior to the Act carers did not have a legal right to receive support, although LAs were required to provide services to meet the needs of some carers e.g. when a carer’s employment was at risk LAs could also provide support to carers at their discretion, however this meant that access to support varied geographically (Law Commission, 2011; Pickard, King, Knapp, & Perkins, 2012).

The legal obligations imposed on LAs by the Care Act 2014 include preventing, reducing or delaying carers’ needs for support and promoting carers’ wellbeing. This duty relates not only to people who are already carers but also to those who may be about to take on a caring role or who do not currently have any needs for support (Department of Health and Social Care, 2018). However, a national carers’ advocacy group found that many LAs were focusing their preventative work on people with care needs, rather than carers (Carers Trust, 2015b, 2015a). The Care Act's statutory guidance notes that carers' support can also include providing services to the person with needs, regardless of whether the individual has eligible needs for publicly funded social care (Department of Health and Social Care, 2018). Nonetheless, in the context of declining LA funding from central government, the numbers of adults receiving publicly funded care services has reduced, despite increasing care needs (Burchardt, Obolenskaya, & Vizard, 2016).

Despite hopes that the law would increase carer support, evidence indicates that nationally the numbers of carers' assessments as well as carers' uptake of Direct Payments have been declining while carers still report that they are struggling (Fernandez et al., 2020). Quality of assessments is reported to vary, with improvements in some areas, but other carers report assessments as being unhelpful (Carers Trust 2016), and express dissatisfaction with assessments that 'led nowhere' (Lloyd, Jessiman, Cameron, Smith, & Bezzina, 2019). Overall, as far as the Act's implementation was concerned, funding, or rather the lack of it, may explain some of the challenges of expanding provision (Slasberg & Beresford, 2014; Richards & Williamson, 2015).

Research objectives

Despite the Act's ambitions, it remains unclear whether and how LAs are translating this legislation into practice, particularly in the national context of declining public social care resources. Based on case studies of selected English

LAs we investigated whether and how local efforts meet the Care Act 2014's vision of supporting carers in their own right. We explored local goals associated with supporting carers, LAs' approaches to needs assessment and service provision, as well as barriers and facilitators to adoption of their new legal obligations towards carers.

Conceptual framework

Little is known about how the formal English care system interacts with carers following the Care Act implementation in respect of carers' assessments (this study was undertaken pre-Covid-19 which will add another dimension) other than reports from carers' advocacy groups (Carers Trust 2016a/b). This paper draws on Twigg (1989) and Twigg and Atkin's (1994) organising framework to explore whether and how the statutory care system was newly engaging with carers post Care Act 2014. Briefly summarised, Twigg and Atkin (1994) conceptualised that the formal system can view and treat carers as (a combination of):

- Resources: available and free source of care, interventions to support carers aim at ensuring that they retain the ability to provide unpaid care and potential conflicts of interest between the carer and cared-for person tend to be ignored.
- Co-workers: complementing the activities of formal services. Formal services aim to work alongside carers, and to coordinate and complement each other's activity.

- Co-clients: with needs of their own to be supported, even if they conflict with the needs of persons cared for.
- Superseded carers: distinct from the person with care needs. This model focuses on increasing independence of the carer and the cared for person so that both are freed from the relationship of dependence.

Methods

The paper draws on findings from a broader study, which aimed to understand whether and how the processes and resources for assessing and meeting carers' needs have changed following the Care Act 2014 (Fernandez et al., 2020). We present here data from three case studies which sought to gain in-depth understandings of the care policies, processes and structures, to understand "how" and "why" decisions are taken locally about carer support. We focused on how these decisions and their consequences changed after Care Act 2014 implementation from 2015 onward.

Data collection

In-depth, semi-structured face-to-face interviews were conducted in three LAs in 2017 and 2018, by the authors who have experience of social care research including studies of carers. Twelve One-to-one interviews, , lasted between 37 and 68 minutes. Where multiple individuals could provide more in-depth and complementary knowledge and where conducting separate interviews was unfeasible, five multiple respondent interviews were conducted lasting between 58 and 101 minutes. Case study sites were chosen to reflect a crosssection of English LAs (metropolitan; non-metropolitan and London borough); as well as varying in size, location, population mix and differing in patterns of carer support and commissioning (see Table 1).

We sought to capture a range of professional perspectives across all sites including carers' lead officers, social workers, care managers, first contact team members, senior commissioners, data analysts/performance managers, local carer voluntary sector organisation (VSO) managers. Upon securing LAs' participation, we liaised with a designated person in each LA to recruit relevant participants.

The interviews enabled us to ask broad questions based on the research objectives. We had no preconceived ideas about the potential types of local interactions between the care system and carers. A topic guide was used to collect information about: local goals associated with supporting carers; intended outcomes; local strategies to assess the needs of, and support of carers; services provided to carers; coordination of efforts between LAs and other agencies in the design, delivery and assessment of services and whether and if/how these changed following the Care Act. Participants were asked at the end if they wanted to add any information to ensure that nothing was left uncovered. The full interview guide is available from the authors.

Table 1 here

Data analyses

All interviews were recorded, transcribed verbatim and material was coded by the first author using qualitative data management software: NVivo 11 Plus (QSR International Pty Ltd., 2015). We employed thematic analysis to systematically organise data by focusing on identification and reporting of patterns and themes. We had no preconceived ideas about types of interaction between the formal care system and the carers prior to conducting interviews and the initial codes were derived from the data. Twigg and Atkin's typology was applied to interpret the findings during later stages of data interpretation. Initial codes were generated by systematically coding the data across the whole dataset. All codes were then collated, and preliminary themes and sub-themes were identified. The next step involved reviewing preliminary themes and refining the codes under each theme by re-reading the coded passages. Each theme was then defined and finalised by refining its specifics (Boyatzis, 1998; Braun & Clarke, 2006). The final stage involved matching the codes and themes to specific domains of the Twigg and Atkin typology (see Table 2).

Table 2 here

The wider study team, consisting of gerontologists, a former carer, social care and policy researchers, regularly discussed the interview data and emerging sub-themes and themes. Care has been taken to draw on evidence from a wide range of interviews to avoid over-reliance on the views of a few participants and to ensure that the analysis drew on dis-confirmatory, as well as confirmatory themes (Morse, 2010, 2015).

Ethical considerations

The project was supported by the Association of Directors of Adult Social Services (ADASS). The London School of Economics and Political Science (LSE) Research Ethics Review Checklist and Data Management Plan were completed in accordance with the LSE Research Ethics Committee's requirements. Written and verbal information about the study was given to participants and written informed consent was obtained from all. All participants gave permission to record interviews. The names of LAs and interview participants are anonymised.

Findings

The sections below apply Twigg and Atkin's typologies to interpret local approaches and practices to carers, with a focus on any changes that occurred following the Care Act 2014 implementation.

The impact of Care Act on approaching carers as co-clients

All three LAs had specific strategies focusing on carers, in one, the Care Act had triggered an implementation of a local Carers' Strategy, indicating that the new law facilitated approaching carers as a distinct group of clients with specific needs. Following the Care Act, all LAs reported being more likely to work with carers even when the cared-for person was not supported by the LA. As one social worker noted, prior to the Care Act support for carers had been:

> *…a second thought to the service user…the predominant need of the carer has come to the front door now… there's a bigger emphasis on looking at the need of carers in their own right… So, things have changed dramatically… [LA2, R8].*

Following the Care Act, carers' needs were more likely to be recognised regardless of the needs of the person they cared for. It was reported that, following the Act, carers are assessed and (if needed) services are being provided more promptly.

New eligibility criteria

The new scope for carers' assessments was commended as having clarified and made more explicit carers' entitlements to support:

> *…the new national eligibility criteria for carers, pointed out that the carer had the eligibility in their own right, because previous to that we would link up the eligibility of the cared-for with – a decision about whether the carer –we would assess and provide services to. And now that's totally*

> *separate… we assess carers completely in their own right …*
>
> *[LA3, R16]*

The new eligibility criteria were believed to be more transparent than the previous Fair Access to Care Services (FACS) framework which permitted different local thresholds for support (Fernandez, 2012). Despite fears of increased demand for carers' assessments following the Act, such worries (for LAs) had not materialised according to participants; statistical data also indicate that the numbers of carers' assessments declined following the Care Act (Fernandez et al., 2020). It appears that, although the Act legitimised the definition of carers as clients, in practice this did not necessarily translate into more tangible assistance. As the processes through which carers are treated as clients are complex, other factors, including LAs' financial resources, play a role in local practices (as further discussed below).

Carers' identification and recognition

According to participants across all LAs, an important policy objective post-Care Act revolved around identification and recognition of carers and their needs. LA social care practitioners and others in VSOs reported encountering carers who were unwilling to be recognised as such, and consequently may not be supported by formal services as carers. Participants noted that many individuals may feel that they are carrying out regular tasks as part of a family (see also Lowenstein & Daatland, 2006) while for others approaching social care services may be stigmatising in itself. Participants acknowledged that the use of the word 'carer' may be problematic, particularly for individuals unacquainted with the term (Heron, 1998). It is thus not sufficient to rely on carers to identify themselves (Guberman et al., 2003) while factors such as attitudes of carers (and of the person they care for) towards their caring role clearly can mediate LAs' ability to respond to carers' needs (Twigg & Atkin, 1995).

Employment alongside caring

Supporting life outside caring was considered an important goal in line with the Care Act and ability to stay in employment seen as one of its key elements (Dixley, 2019). In one LA promoting carers' employment had assumed greater prominence post-Care Act, however others reported that when enquiring about available support carers rarely mentioned returning to, or remaining in, employment as a reason for seeking help. Participants explained that carers were mostly retired thus employment support was not required, although they acknowledged that LAs or VSOs may not be reaching carers in employment. One LA reported holding events with employers to identify working carers.

Carers as co-clients: Health, wellbeing and prevention

Supporting carers in their own right through focusing on their health and wellbeing was identified by participants from LAs, NHS Clinical Commissioning Groups (CCGs) and VSOs as an important priority. Services aimed at resilience-building, though in the main being simple provision of information and advice, were described as part of a preventative approach. There was an important distinction between LA participants and those from VSOs.Whereas the former maintained that post-Care Act the LAs were acting more preventatively to support carers and to ease carers’ burden, the latter often expressed anxieties that some preventative activities were merely being used by LAs to keep carers away from statutory support.

Carers as resource post-Care Act: Demand management

According to LA and VSO participants alike, an important part of the local approach to support carers was to reduce demand for formal services amid concerns around sustainability of the care system, thus they deemed carers as a vital resource. The essential purpose of LAs in such a resource frame is maintaining current levels of informal care (Twigg, 1989). Prevention activities, such as building resilience, were reported to be closely allied to the goal of helping carers to continue caring:

> *... if you don’t [support carers], then you’ll end up doing a lot more home care… we’re investing in carers to save ourselves money… [LA2, R6]*

> *… it’s all about, how do you support carers to continue caring?... that’s what we all want them to do, because if they weren’t doing it, the whole system would break down. [LA1, R1]*

It was observed by participants from all sectors that support for carers reduces the impact on services, for example, carers’ breakdown contributes to a considerable number of moves to residential care and is an important factor in hospital readmissions. Participants from LAs mentioned that carers' deteriorating health or wellbeing gives rise to more health problems for the carer – in turn increasing their use of the NHS – but also more health and social care resources being spent on the person they support. Consequently, as well as changes in the direction of supporting carers as clients, LAs often approached carers as resources, and support to carers was often conceptualised as a way to ensure that they continued caring. Most carers were believed to prefer to continue to care, hence demand management, according to most participants, did not necessarily conflict with supporting carers in their own right:

> *[demand management] I'd say that's crucial… Not just from the financial point of view, but also... if people care in the main it's because they want to carry on with that role…So, it's really trying to…support people to keep doing what they want to do. [LA3, R13]*

VSO participants in one area argued that demand management goals would only be appropriate if they aligned with carers' wishes and needs. They also highlighted that demand management or rationing may clash with the goal of supporting carers' wellbeing:

> *… keeping people away from services is a big part [of commissioning goals] ... But when it gets to the point of they [carers] need services, the services need to respond and not just go "... you carry on, keep struggling"… [L2, R9]*

It is therefore possible that models of the carer as co-client and as resource can co-exist in some circumstances, however in other situations the two are in conflict.

Financial resources

Reduced financial resources were frequently mentioned by all participants as the major reason for approaching carers as a resource. Central government's decision to reduce financial resources for local government (austerity) was viewed by participants particularly in two LAs, as an obstacle to developing support for carers as clients in their own right. They noted that, regardless of the Care Act's intentions which commanded broad political support (Manthorpe et al., 2019), developing carers' support needed funding:

> *The Care Act did come along with a nice set of criteria but…, the resources, we don't feel came alongside that… resource allocation towards carers… has been tightened quite stringently over the last few years… [LA2, R8]*

As financial resources in the LAs and consequently for many of the VSOs continued to deteriorate, balancing income and expenditure posed a major challenge. These were reported to be affecting local capabilities to support carers as clients.

Carers' services: Direct Payments, support groups, and information and advice

LAs supported some carers as clients mainly through provision of cash in the form of Direct Payments, moreover, non-statutory services delivered by VSOs constituted the second biggest offer to meet carers’ needs. Information and advice were mentioned as the most frequently provided services, together with carer support groups. Many participants from VSOs and LAs alike made claims for the value of information and advice in supporting carers through providing solutions, improving their wellbeing, and preventing situations from deteriorating. Studies suggest that carers need information and that its provision may improve carers’ physical and psychological wellbeing although carers need personalised information according to circumstances (Morris & Thomas, 2002; Docherty et al., 2008).

VSOs participants highlighted that information and advice are not always enough, as some carers need more intensive services:

> *…that tiny bit of advice and guidance and signposting can be massive for them, because they don’t have the head space and the energy to find things... But sometimes that doesn’t really cut the mustard, what they need is a break, … what they need is care workers to come in every morning and sort the personal care out … [LA1, R5]*

Some participants acknowledged that signposting carers and providing information and advice were important vehicles to reduce their need for statutory help, thus entrenching the ‘carers as resource’ framework, rather than aiming to support carers’ needs. VSO participants expressed some frustration at the lack of personalisation of carers' services in terms of format or timing of services provided:

> *… there's this traditional view that … we're gonna tell you what kind of support you're gonna need…when they [council] commissioned this contract they say, you have to provide this type of support in the formal support groups. What we find with carers is that …they're not quite keen on the sort of traditional support group format…what [is] more successful, when we organise activities or outings– that they can actually do something fun… [LA3, I14]*

In one LA commissioners themselves observed that the lack of data about carers' needs and characteristics was an obstacle to developing personalised services for carers. This reflects others' findings that despite the shift to personalisation and its emphasis on choice and control within public services, there has been little consideration of personalisation within carers' policy (Larkin & Mitchell, 2016). Failure to facilitate carers' choice and control echoes public services' failure to approach carers as clients with specific needs and echoes their instrumental role within the care system.

Replacement care: Support for the person with care and support needs

In Twigg and Atkin's (1994) model replacement care is an effective means to support carers as co-clients emphasising carers' needs and wellbeing, even if, in some cases, this is pursued at the expense of the needs of the cared-for person. Replacement care in sampled LAs was often newly being considered a service for the 'cared for' person, rather than the carer. Such services were thus not available if the person with needs was not eligible for publicly funded support. Even though carers' services were free of charge in some areas, services for the cared-for person, such as replacement care, were subject to means testing which meant that some carers may not receive replacement care, even if they needed it:

> *…There's a real tension in terms of the caring charging question…our services to carers are free, but if a service is replacement care, it's not…If a carer…needs to have a hip replacement, we then charge the cared-for person to go into a care home and that seems terribly unfair to them… [LA2, R6]*

In another LA, replacement care had been free of charge up to a certain number of hours per year, following the Care Act this was re-interpreted as a service for the person with care needs, which, according to participants, led to a decrease in uptake. While few LA participants were overtly critical of this move, they linked it to budgetary pressures and were sensitive to the implications for carers. Participants acknowledged that the decrease in uptake was partly because the person with care needs now had to agree to the arrangement, had to undergo an assessment and may also be charged for replacement care. This new situation, it was reported by LA and VSO participants alike, sometimes led to conflicts between carers and those they supported, because the latter may not always recognise the necessity for their carer to have a break. The change in the classification of replacement care as a service for the cared-for person was reported to have taken control away from carers and to have led to carers' disempowerment:

> *…carer's breaks were the carers' [in the past] … carers are now having to rely on the person they care for saying, "yes, I will allow you to have two hours a week and I will pay for it on my package"… [LA1, R3]*

Although participants were aware of potential conflicts of interest between the carer and the cared-for person arising from such arrangements, such conflicts were effectively ignored by the care system as in the resource framework in the context of making hard financial decisions.

Discussion

The Care Act 2014 and new eligibility criteria aimed to support carers in their own right, irrespective of eligibility of the person they care for and attached new importance to carers' wellbeing (Carers UK, 2016). Our study aimed to explore whether and how the Care Act emphasis on carers' rights was being translated into local practices. We found no disagreement with this policy ambition as reflected in Parliamentary debates (Manthorpe et al., 2019) and there were few differences of opinions or perspectives between participants regardless of sector or role. The Twigg and Atkin (1994) co-client frame of reference was visible in this study's findings in the increased local emphasis on supporting carers' health and wellbeing as well as increasing emphasis on supporting carers' wellbeing alongside caring, although the sustainability of their paid work was less often mentioned. The Care Act appears to have legitimised a widespread belief among professionals that carers need and deserve help in their own right; a view previously mainly articulated by advocacy groups or supporters.

Respite care was an important exemplifier of services supporting carers in the co-client model according to Twigg and Atkin (1994) who considered respite to be clearly directed to carers as a recognition of their burden of care. Respite could also reflect the Care Act's ambitions to help carers have a life of their own alongside caring and to have breaks from their caring responsibilities. Although respite was provided or funded by LAs in our study, it was newly being considered as a service to people for whom carers provide support, thus subject to this person's needs and financial assessments. The arising potential conflict of interests between the needs of carers and the people they care for has long been recognised in the literature (Lloyd, 2000; Moriarty, 2005; Williams & Robinson, 2008), and the new local approaches to respite care appear to disempower carers, contrary to the Care Act goals. Redefinition of respite care from a service that used to be considered for carers to that for a care recipient, has made carers' receipt of the service dependent on the eligibility and approval of the person with needs. Rather than initiating a process of separation between the needs of carers and people with disabilities, potential conflicts of interest between carers and people they care for in a dynamic relationship appeared to have been overlooked in this re-conceptualisation entrenching the resource model. Moreover, the survival of residential respite services and other forms of replacement care, especially following the Covid-19 pandemic, will be important to research as it will impact jointly and severally on carers and people with care needs.

The carer as resource model was most clearly articulated in the local discussions around what professionals termed demand management as most participants identified the importance of carers in keeping people with needs away from the health and social care systems on financial grounds rather than seeing these systems as helpful in needs' prevention or providing supplementary assistance. The period following Care Act implementation was characterised by declining nett LA social care resources (Fernandez et al., 2020) with the consequent need to cut or curtail services, particularly in less well-off areas (Hastings, Bailey, Bramley, Gannon, & Watkins, 2015). Cutbacks are not the only means to respond to declining resources as LAs can, and sometimes do, find innovative ways to improve aspects of organisational performance in austerity times (Lowndes & McCaughie, 2013; Overmans & Noordegraaf, 2014). However, for many LAs cuts to social care services appeared to be the only, if regrettable, method of managing financial pressures, as was the case in our study and elsewhere (Social Care Institute for Excellence 2016). Carers in our study were often seen as a resource with practitioners' concerns about carers' welfare being overridden by their anxieties over the sustainability of care systems. This supports the finding by Steils et al. (2021) that, even with the use of technology to reduce direct care services or curtail demand, carers were the necessary 'resource' to respond to calls for assistance and manage the system. Despite the Care Act's focus on supporting carers, some LAs protect resources by channelling prospective carers-clients to other services or organisations. Although ensuring that carers continue to provide care was rarely the only reason for providing carers' support, the carers as resource framework appeared to be highly influential in rationalising support for carers which blurred the focus of policies and schemes. The emerging conflict between Care Act's emphasis on supporting carers in their own right, and a resourcestretched formal sector approach which treats them as a resource, seemed to be resolved by accentuating carers' preferences to continue to care which, as some participants in our study believed, were not incompatible with the resource approach. Although evidence suggests that some people want to care, not all do, and those who care against their preference have lower quality of life hence the limited recognition of carers' choice may lead to their worse outcomes (Romero-Moreno, Marquez-Gonzalez, Losada, & Lopez, 2011; Rand, Malley, & Forder, 2019).

Study strengths and limitations

This research is limited in the small number of local LAs participating in the study and in our focus on the views of professionals, albeit it is set in the context of others' research on early impacts on carers (Carers UK 2016) and on other case study implementation studies (Social Care Institute for Excellence (SCIE), 2016; Peckham, Hudson, Hunter, Redgate, & White, 2020). As Hunter et al. (2020) have noted, such is the complexity of English local government with over 150 LAs that none is likely to be the same as any other. Its strengths however lie in the opportunity to hear from networks of local participants to address the subject of responses to carers in some depth and our selection of case study sites of different types, demographics and commissioning practices. Due to small scope of the study, we were unable to explore perceptions towards different types of carers, such as carers of people living with dementia or of people with learning disabilities, whether and how such perceptions differ could fruitfully be explored in future research.

Conclusions

Attention to carers' needs in England has been accentuated in recent years by the Care Act 2014, while carers' health and wellbeing became key elements in policy discussions. This policy framework links well with Twigg and Atkin's (1994) carers as co-clients model as it puts carers' needs in the centre of assessment and demands that services focus on carers outcomes (Rand & Malley, 2014). Essential to this model is a broadening of attention from the priorities of people with care and support needs to carers' needs and wishes. The model provided a framework for our understanding how formal services in the context of new legislative imperatives were interacting with carers and this paper has used the framework as a means for exploring local perspectives on such interactions post-Care Act taking further the evaluation reported elsewhere (Fernandez et al., 2020). Twigg and Atkin (1994, p. 12) noted that formal care systems do not draw solely on any one model, rather 'agencies and service providers shift between the different frames of reference in response to the particularities of the situation'. Our findings suggest that despite a clear Care Act emphasis on supporting carers as clients in their own right, when faced with the reality of central government cuts to LA funding and concerns about the sustainability of the system, formal care systems are likely to still approach carers as a resource. This was borne out in the statistical data analysed for the wider study (Fernandez et al., 2020). From the case study sites, participants indicated that the Care Act was helping to legitimise carers as co-clients and thus practitioners hoped to be increasingly emphasising meeting carers' needs and wellbeing as valued and desirable outcomes. This may be more widely generalisable, however, when they address the impact of the financial context on services, in practice limited resources rendered this co-client approach more an aspiration than achievement.

Acknowledgements and disclaimer

To be inserted after review.

References

Boyatzis, R. E. (1998). *Transforming qualitative information: thematic analysis and code development*. London: Sage Publications.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. Retrieved from http://www.resilienceproject.org/files/braun_clarke_using_thematic_analysis_in_psychology.pdf

Brimblecombe, N., Pickard, L., King, D., & Knapp, M. (2018). Barriers to Receipt of Social Care Services for Working Carers and the People They Care For in Times of Austerity. *Journal of Social Policy, 47*(2), 215–233. doi:10.1017/S0047279417000277

Broese van Groenou, M., de Boer, A., & Iedema, J. (2013). Positive and negative evaluation of caregiving among three different types of informal care relationships. *Eur J Ageing, 10*(4), 301–311. doi:10.1007/s10433-013-0276-6

Burchardt, T., Obolenskaya, P., & Vizard, P. (2016). Adult social care In R. Lupton, T. Burchardt, J. Hills, K. Stewart, & P. Vizard (Eds.), *Social policy in a cold climate : Policies and their consequences since the crisis*. Bristol Policy Press.

Carers Trust. (2015a). *How are councils implementing the new Care Act?* Retrieved from London: https://carers.org/carers-trust-report-how-are-councils-implementing-new-care-act

Carers Trust. (2015b). *Prevent, Reduce, Delay: Are Councils Meeting their New Duties to Support Unpaid Carers?* Retrieved from London https://carers.org/sites/files/carerstrust/prevent_reduce_delay_-_are_councils_meeting_their_new_duties_to_support_unpaid_carers.pdf

Carers UK. (2016). *State of Caring 2016*. Retrieved from London: https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2016

Carers UK. (2019). *Jugling work and unpaid care: A growing issue* Retrieved from London: http://www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_WEB.pdf

Citarella, V. (2016). *Social Work Practice With Carers: An Evidence Scope*. Retrieved from Dartington: https://carers.ripfa.org.uk/wp-content/uploads/Evidence-scope-final.pdf

Department of Health. (2014). *The Care Act 2014: Consultation on draft regulations and guidance for implementation of Part 1 of the Act in 2015/16*. Retrieved from London: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/317820/CareAct_cons_040614.pdf

Department of Health and Social Care. (2018). Care and support statutory guidance: Updated 26 October 2018. Retrieved from https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Dixley, A., Boughey, R. and Herrington, A. . (2019). *Findings from an investigation into the available evidence of strategies for employment retention of people who care, the triggers to labour market exit for carers and the barriers to re-engagement carers may face*. Retrieved from Sheffield: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/967754/Informal_Carers_and_Employment.pdf

Docherty, A., Owens, A., Asadi-Lari, M., Petchey, R., Williams, J., & Carter, I. H. (2008). Knowledge and information needs of informal caregivers in palliative care: a qualitative systematic review. *Palliative medicine, 22*(2), 153-171. doi:doi.org/10.1177/0269216307085343

Eurocarers. (2017). *Overview of carers' needs and existing support measure across Europe*. Retrieved from http://www.eurocarers.org/userfiles/files/factsheets/Eurocarers%20Situation%20of%20carers%20in%20EU.pdf

Fernandez, J.L., Marczak, J., Snell, T., Brimblecombe, N., Moriarty, J., Damant, J., Knapp, M., Manthorpe, J. (2020). Supporting carers following the implementation of the Care Act 2014: eligibility, support and prevention. The Carers in Adult Social Care (CASC) study report. London: CPEC. Retrieved from: https://www.lse.ac.uk/cpec/assets/documents/cascfinalreport.pdf

Fernandez, J. L., Snell, T. (2012). *Survey of Fair Access to Care Services (FACS)*. Retrieved from: https://www.pssru.ac.uk/pub/dp2825.pdf

Gilhooly, K., Gilhooly, M., Sullivan, M., McIntyre, A., Wilson, L., Harding, E., . . . Crutch, S. (2016). A meta-review of stress, coping and interventions in dementia and dementia caregiving. *BMC geriatrics, 16*(1), 106. doi:10.1186/s12877-016-0280-8

Guberman, N., Nicholas, E., Nolan, M., Rembicki, D., Lundh, U., & Keefe, J. (2003). Impacts on practitioners of using research-based carer assessment tools: experiences from the UK, Canada and Sweden, with insights from Australia. *Health and Social Care in the Community, 11*(4), 345-355. doi:10.1046/j.1365-2524.2003.00434.x

Hastings, A., Bailey, N., Bramley, G., Gannon, M., & Watkins, D. (2015). *The cost of the cuts: The impact on local governmentn and poorer communities*. Retrieved from York: https://www.jrf.org.uk/report/cost-cuts-impact-local-government-and-poorer-communities

Heron, C. (1998). *Working with carers*. London: Jessica Kingsley.

HM Government. (2014). *Care Act 2014*. Retrieved from: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Hunter, D. J., Redgate, S., Hudson, B., & Peckham, S. (2020). Do poliyc support programmes work; the case of the Care Act 2014. *Journal of Long-term Care*. Retrieved from https://journal.ilpnetwork.org/articles/10.31389/jltc.42/

Kelle, U. (2000). Computer-assisted analysis: coding and indexing. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image and sound: a practical handbook* (pp. 282-298). London: Sage.

Larkin, M., & Mitchell, W. (2016). Carers, Choice and Personalisation: What Do We Know. *Journal of Social Policy, 15*(12), 189-205. doi:10.1017/S1474746415000299

Law Commission. (2011). *Adult social care*. Retrieved from London: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/247900/0941.pdf

Lloyd, L. (2000). Caring about carers: only half the picture. *Critical Social Policy 20*(1), 136-150 doi:10.1177/026101830002000106

Lloyd, L., Jessiman, T., Cameron, A., Smith, R., & Bezzina, A. (2019). *Support for older carers of older people: The impact of the 2014 Care Act*. Retrieved from Bristol: http://www.bris.ac.uk/media-library

Lowenstein, A., & Daatland, S. O. (2006). Filial norms and family support ina comparative cross-national context:evidence from the OASIS study. *Ageing & Society, 26*, 203–223. doi:10.1017/S0144686X05004502

Lowndes, V., & McCaughie, K. (2013). Weathering the perfect storm? Austerity and institutional resilience in English local governance. *Policy & Politics 41*(4), 533–549. doi:10.1332/policypress/9781447319467.001.0001

Manthorpe, J., Fernandez, J.L., Brimblecombe, N., Knapp, M., Snell, T., Moriarty, J., (2019) Great expectations: ambitions for family carers in UK parliamentary debates on the Care Bill. *International Journal of Care and Caring*, 3(3), 359-374. doi.org/10.1332/239788218X15411706089442

Moriarty, J. (2005). *Update for SCIE best practice guide on assessing the mental health needs of older people*. Retrieved from London https://www.scie.org.uk/publications/guides/guide03/files/research.pdf

Morris, S. M., & Thomas, C. (2002). The need to know: informal carers and information. *European Journal of Cancer Care, 11*(3), 183-187.

Morse, J. M. (2010). Cherry Picking: Writing From Thin Data. *Qualitative Health Research, 20*(1), 3-3. doi:10.1177/1049732309354285

Morse, J. M. (2015). Critical Analysis of Strategies for Determining Rigor in Qualitative Inquiry. *Qualitative Health Research, 25*(9), 1212–1222. doi:10.1177/1049732315588501

Oliver, D. (2018). England's social care models harm the poorest areas. *BMJ 361:k2745* Retrieved from https://www.bmj.com/content/bmj/361/bmj.k2745.full.pdf

Overmans, J. F. A., & Noordegraaf, M. (2014). Managing austerity: rhetorical and real responses to fiscal stress in local government. *Public Money & Management, 34*(2), 99-106. doi:10.1080/09540962.2014.887517

Peckham, S., Hudson, B., Hunter, D. J., Redgate, S., & White, G. (2020). *Improving choices for care: a strategic research initiative on the implementation of the Care Act 2014*. Retrieved from https://doi.org/10.13140/RG.2.2.13037.13288

Petrie, K., & Kirkup, J. (2018). *Caring for carers. The lives of family carers in the UK*. Retrieved from London: http://www.smf.co.uk/wp-content/uploads/2018/07/Caring-for-Carers.pdf

Pickard, L., King, D., Knapp, M., & Perkins, M. (2012). *Overcoming Barriers: Unpaid Care and Employment. Findings from the Scoping Study*.

Retrieved from London: http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/Findings_10_carers-employment_web.pdf

QSR International Pty Ltd. (2015). *Nvivo Version 11*.

Rand, S., & Malley, J. (2014). Carers' quality of life and experiences of adult social care support in England. *Health and Social Care in the Community, 22*(4), 375–385. doi.org/10.1111/hsc.12089

Rand, S., Malley, J., & Forder, J. (2019). Are reasons for care-giving related to carers' care-related quality of life and strain? Evidence from a survey of carers in England. *Health & Social Care in the Community, 27*(1), 151-160. doi:10.1111/hsc.12634

Richards, B., & Williamson, L. (2015). Supporting innovation in the UK: Care Act 2014 developments in social care legislation in England and the Medical Innovation Bill. *Journal of Bioethical Inquiry, 12*(2), 183-187. doi:10.1007/s11673-015-9637-5

Romero-Moreno, R., Marquez-Gonzalez, M., Losada, A., & Lopez, J. (2011). Motives for caring: Relationship to stress and coping dimensions. *International Psychogeriatrics, 23*(4), 573–582. doi:10.1017/S1041610210001821

Slasberg, C., & Beresford, P. (2014). Government guidance for the Care Act: Undermining ambitions for change? *Disability & Society, 29*(10), 1677-1682. doi:10.1080/09687599.2014.954785

Social Care Institute for Excellence (SCIE). (2016). *External Care Act Implementation Review in Norfolk County Council*. Retrieved from

London: https://www.scie-socialcareonline.org.uk/external-care-act-implementation-review-in-norfolk-county-council/r/a11G000000CePdjIAF

Steils, N., Woolham, J., Fisk, M., Porteus, J., & Forsyth, K. (2021). Carers' involvement in telecare provision by local councils for older people in England: Perspectives of council telecare managers and stakeholders. *Ageing and Society, 41*, 456-475. doi:10.1017/S0144686X1900120X

Twigg, J. (1989). Models of carers: how do social care agencies conceptualise their relationship with informal carers? *Journal of Social Policy, 18*(1), 53-66. doi:10.1017/S0047279400017207

Twigg, J., & Atkin, K. (1994). *Carers perceived : policy and practice in informal care*. Buckingham: Open University Press.

Twigg, J., & Atkin, K. (1995). Carers and Services: Factors Mediating Service Provision. *Journal of Social Policy, 24*(1), 5-30 doi:10.1017/S0047279400024508

Williams, V., & Robinson, C. (2008). More than one Wavelength: Identifying, Understanding and Resolving Conflicts of Interest between People with Intellectual Disabilities and their Family Carers. *JARID, 14*(1), 30-46. doi: https://doi.org/10.1046/j.1468-3148.2001.00037.x

Table 1 LA case study sites' and informants' characteristics anonymised to protect confidentiality

LA type	Informants' characteristics
Local Authority 1 Metropolitan borough	Interview 1 (I1) Carers Lead (social worker)
	I2 Performance manager
	I3 Carers' assessment team leader
	I4 Two local Voluntary Organisation representatives (Chief Executive Officer (CEO) and deputy CEO)
	I5 Local Voluntary Organisation first contact team: four assessment practitioners
Local Authority 2 Non-metropolitan county	I6 Commissioning manager
	I7 Carer practitioner (social worker)
	I8 Front access manager (social worker)
	I9 Two Local Voluntary Organisation representatives (Chief Executive, Manager) I10 Data expert I11 NHS Clinical Commissioning Group (CCG) representative
Local Authority 3 London borough	I12 Three business analysts
	I13 Three commissioners: Commissioning lead (social worker) Service development officer (social worker)

	Strategic commissioner
	I14 Local Voluntary Organisation Head of Service
	I15 Head of Service, including carers assessments (social worker)
	I16 Head of Service, including carers assessments (social worker)
	I17 Front line practitioner (social worker)

Table 2 An example of study’s codes, themes and theoretical domains

Theoretical Domain	**Themes**	**Sub-themes**	**Specific Codes**
Carers as co-clients	Care Act and local policies and approaches to carers	Carers’ recognition and identification	Stigma around approaching social services
			Word “carer” problematic

			Unwillingness to identify as a carer
			Caring as a “family” obligation
		Employment alongside caring	Retired- employment support not needed
			Strategies to identify carers in employment
			Not enough done to reach carers in paid work
		Development of local carers’ strategies	Local strategy prompted by Care Act
			Care Act “legitimising” existing strategies
Carers as resource	Demand management	Reducing demand on health and social care services	Impact on residential care for people with needs
			Hospital readmissions for people with needs
			Health/social care use by the carer
		Financial resources	Care Act not accompanied by more money
			Austerity and carers services

			VSO and financial resources
		Demand management and carers' wishes	Carers want to care
			Carers may need services if they struggle