



# Quarterly Carers' Statistics for Northern Ireland

(January - March 2015)



## Reader Information

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Target Audience Social Services Directors, Chief Executives of HSC Board

and Trusts in Northern Ireland, health care professionals,

academics and social care stakeholders.

Commissioning Plan Direction target, to assess HSC Trust performance, to inform and monitor related policy and to respond to ad-hoc queries and parliamentary/ assembly questions. The bulletin is also used by academics/ researchers, the voluntary sector and those

with an interest in carers.

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## **About Us**



Statistics and research for the Department of Health, Social Services and Public Safety is provided by the Information and Analysis Directorate (IAD). IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.



The statisticians within IAD are outposted from the Northern Ireland Statistics & Research Agency (NISRA) and the statistics are produced in accordance with the principles and protocols set out in the Code of Practice for Official Statistics.

www.dhsspsni.gov.uk/statistics

IAD comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

This publication is produced by Community Information Branch.

#### **Our Vision and Values**

#### **About Community Information Branch**

- Provide up-to-date, quality information on children and adult social services and community health:
- to disseminate findings widely with a view to stimulating debate, promoting effective decisionmaking and improvement in service provision; and
- information.

be an expert voice on social care

We collect, analyse, and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions.

The purpose of Community Information Branch (CIB) is to

promote effective decision making in children and adult social

services by providing quality information and analysis.

www.dhsspsni.gov.uk/socialcare.htm

Information is widely disseminated through a number of regular key statistical publications and ad hoc reports, details of which are available online.

## Notification of changes to data sources:

As part of an ongoing process of streamlining and improving the quality of community service information, a new return for the capture of Adult Carers Assessment information has been established. This new return, which is a joint Department of Health, Social Services and Public Safety (DHSSPS) and Health and Social Care (HSC) Board return, has from January-March 2015 replaced the CA1 and CA1b returns, which historically have been used as the source for this publication. The new return improves the relevance of the data captured and lessens the burden placed on HSC Trust resources to collect the information.

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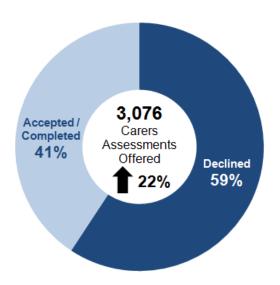
# 1. Key Findings

"Quarterly Carers' Statistics for Northern Ireland" presents figures regionally and by Health and Social Care Trust in respect of carers' assessments and reassessments that are offered, accepted / completed and declined; and are available by the client group of the person being cared for.

#### Quarter ending 31 March 2015:

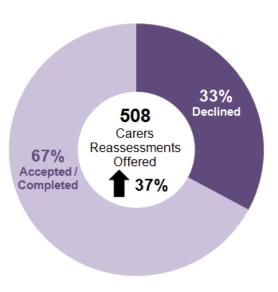
#### Carers Assessments

- A carer's assessment was offered to 3,076 carers in Northern Ireland during the quarter ending 31 March 2015. This represented an increase of 22% (563) from the quarter ending 31 December 2014 (2,513) and an increase of 5% (143) from the same quarter last year (2,933).
- Of the 3,076 carers' assessments offered, 41% (1,253) were accepted / completed and 59% (1,823) were declined.



## Carers Reassessments

- A carer's reassessment was offered to 508 carers in Northern Ireland during the quarter ending 31 March 2015. This represented an increase of 37% (137) from the quarter ending 31 December 2014 (371) and an increase of 32% (124) from the same quarter last year (384).
- Of the 508 carers' reassessments offered, 67% (341) were completed and 33% (167) were declined.



## 2. Introduction

Carers are people who, without payment, provide help and support to a family member or a friend who may not be able to manage without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member and are a vital part of the DHSSPS's vision of providing support for people to live more independent lives and helping people remain in their own homes and live independently for longer.

In recognition of the need to support carers in their caring role and their need to have access to a social life, educational, training and employment opportunities, a carers' strategy, "Caring for Carers", was developed. The strategy, published in January 2006, was inter-departmental and inter-agency, dealing with health and personal social services, employment, training, education, availability of information and support services.

Carers may need support to allow them to continue in their caring role and to ensure their own health and well-being does not suffer as a result. They have a right to a life outside caring. All carers are individuals and, as such, present varying needs. Proper **assessment** is the first step to accessing services and it is vitally important that carers are offered the opportunity to discuss their own needs and be considered for services in their own right.

The <u>Carers and Direct Payments Act (Northern Ireland) 2002</u> imposed a statutory duty on Health and Social Care Trusts to inform carers of their right to an assessment and to be considered for services to meet their own needs. The Carers' Assessment looks at each carer as an individual with their own personal circumstances, and will identify any particular needs they may have as a result. It is important that the needs of individual carers are properly understood and that service providers are prepared to respond with flexibility, offering carers real choice as to how their needs will be met. The "Carers Support and Needs Assessment" component of the <u>Northern Ireland Single Assessment Tool (NISAT)</u> is used for assessing the needs of carers in all programmes of care, thus ensuring a standardised approach to assessment regardless of the location of the carer in Northern Ireland.

This bulletin presents, for the *quarter ending 31 March 2015*, statistics relating to the numbers of carers' assessments offered, completed and declined, the main reasons why carers declined offers to be assessed as well as carers' reassessments offered, completed and declined. Analyses are presented both regionally and across Health and Social Care Trusts in Northern Ireland.

Detailed definitions are available in Appendix B of this report.

## 3. Carers Assessments

A **Carers Assessment** is carried out to determine the support needs of the person in commencing or sustaining their caring role; or in addressing the risks to the sustainability of that caring role; or the risks to the carer's own health and wellbeing.

During quarter ending 31 March 2015, a carer's assessment was offered to 3,076 carers in Northern Ireland. This represented an increase of 22% (563) from the previous quarter (2,513) and an increase of 5% (143) from the same quarter last year (2,933)<sup>1</sup>.

Of the 3,076 carers' assessments offered, 41% (1,253) were accepted / completed and 59% (1,823) were declined (Figure 1).

The 1,253 carers' assessments which were <u>accepted / completed</u> represented an increase of 23% (231) from the previous quarter and an increase of 1% (17) from the same quarter last year.

The 1,823 carers' assessments which were <u>declined</u> represented an increase of 22% (332) from the previous quarter and an increase of 7% (126) from the same quarter last year (Figure 1).

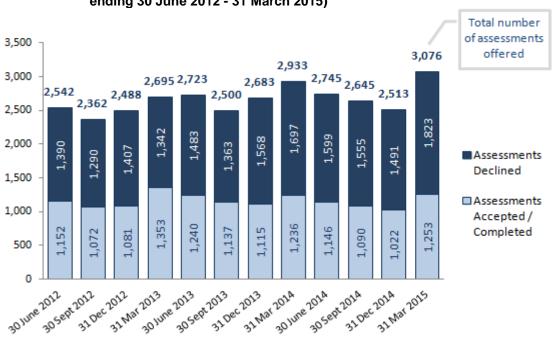


Figure 1 Carers Assessments Offered, Accepted / Completed and Declined (quarter ending 30 June 2012 - 31 March 2015)

Note: Information prior to 31 March 2015 was sourced from the CA1 and CA1b community information returns.

The number of declined carers' assessments has continually been higher than the number of completed carers' assessments with the exception of quarter ending 31 March 2013 (Table 1).

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<sup>&</sup>lt;sup>1</sup> All figures presented can be found in table format in <u>Appendix C</u> of this report and in excel format on the Department of Health and Social Care Northern Ireland website <a href="http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm">http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm</a>

## Carers Assessments by HSC Trust

Of all carers' assessments offered in Northern Ireland, the Southern Health and Social Care (HSC) Trust offered the most at 762 (24%) while the Western HSC Trust offered the least at 357 (12%) (Table 2).

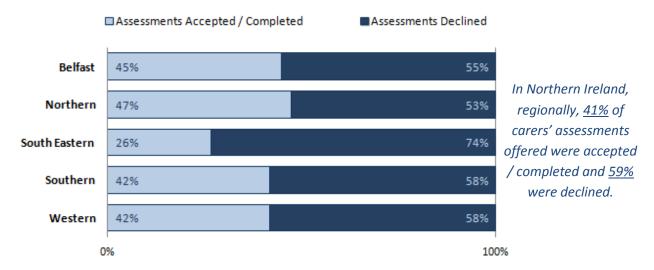
During quarter ending 31 March 2015, all HSC Trusts increased the number of carers' assessments offered when compared to the previous quarter. This ranged from a 70% increase in the South Eastern HSC Trust to 1% in the Belfast HSC Trust.

Figure 2 Number of Carers Assessments Offered by HSC Trust (quarter ending 31 March 2015)

Number of Carers Assessments Offered by HSC Trust										
Belfast	ast Northern South Eastern Southern W									
649	723	585	762	357						

During quarter ending 31 March 2015, each HSC Trust had more carers' assessments <u>declined</u> than <u>completed</u>. The percentage of carers' assessments declined ranged from 74% in the South Eastern HSC Trust to 53% in the Northern HSC Trust (Figure 3) (<u>Table 3</u>).

Figure 3 Proportion of Carers Assessments Accepted / Completed and Declined by HSC Trust (quarter ending 31 March 2015)



### Client Group

Regionally across Northern Ireland, the majority (50%) of carers who had been offered an assessment during quarter ending 31 March 2015 were caring for someone in the Older People client group. Carers caring for someone in the Physical Disability and Sensory Impairment client group accounted for 16% of assessment offers with 14% of those offered an assessment caring for someone in the Mental Health client group and 7% for the Child and Adolescent Mental Health Service (CAMHS) client group. The client group with the least offers of a carers' assessment was Family and Child Care (2%) (Figure 4) (Table 4).

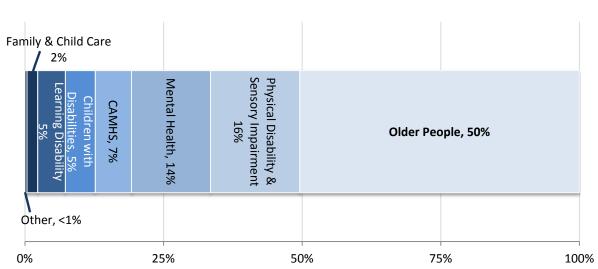
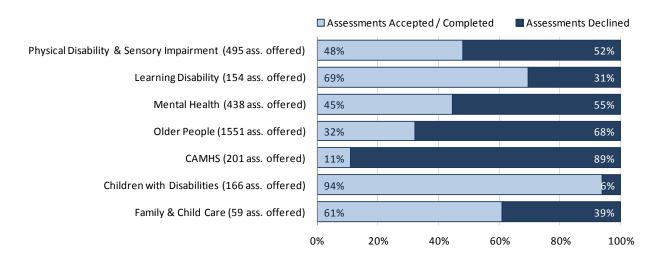


Figure 4 Proportion of Carers Assessments Offered by Client Group (of Cared for Person) (quarter ending 31 March 2015)

Across Northern Ireland, 94% of those carers caring for someone in the Children with Disabilities client group who were offered a carers' assessment accepted or completed an assessment. The other client groups who had a higher proportion of carers accepting or completing an offer of assessment than declining were those in the Learning Disability (69% accepted / completed) and Family and Child Care (61% accepted / completed) client groups.

Those carers caring for someone in the Physical Disability and Sensory Impairment (52% declined), Mental Health (55% declined), Older People (68% declined) and CAMHS (89% declined) client groups were more likely to decline an offer of assessment (Figure 5).

Figure 5 Proportion of Carers Assessments Accepted / Completed and Declined by Client group (quarter ending 31 March 2015)<sup>2</sup>



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<sup>&</sup>lt;sup>2</sup> During quarter ending 31 March 2015, carers' assessments were offered to 12 carers caring for someone in unspecified client groups. All of these offers were declined.

## Reasons for Declining a Carers Assessment

Many carers will be caring for someone who is already in receipt of community care services and are supported by existing care packages that are in place. An offer of a carers' assessment is to help identify those carers who require more support and to recognise carers as an individual with needs in their own right.

During the quarter ending 31 March 2015, the most frequent reason for declining an offer of a carers' assessment was that the carer felt that the time / place / environment offered was unsuitable but would

## 26%

of carers who declined an offer of an assessment felt that the time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date.

like the opportunity to consider an assessment at a later date. This was the reason stated by 26% (476) of carers; with a similar proportion, 25% (456), declining an assessment as they felt that they did not need any support / additional support.

Carers declining an offer of assessment for the reason that they felt it would be too complicated or time consuming accounted for 3% (61) of all those that were declined. This was the same proportion for those who viewed their caring duties as a private matter (59). Less than 1% (14) of those who declined an offer of assessment did so as they were concerned about the impact on their benefits / income (Figure 6) (Table 5).

Figure 6 Reasons given for declining a Carers Assessment (quarter ending 31 March 2015)

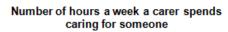
The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date	26%
The carer feels that they do not need any support / additional support	25%
The carer would not give a reason / No reason recorded	17%
The carer does not see themselves as a carer and therefore does not see assessment as relevant	17%
The carer feels that an assessment would not result in additional support / service	8%
The carer feels that assessment would be too complicated or time consuming	3%
The carer sees their caring duties as a private matter which they prefer not to discuss	3%
The carer was concerned about the impact on their benefits / income	1%

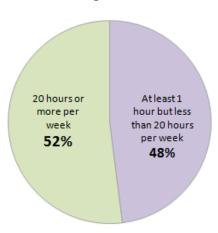
#### Northern Ireland Health Survey 2013/14

The 2013/14 Health Survey Northern Ireland includes information on general health, mental health and wellbeing, diet and nutrition, physical activity and lifestyle choices. The fieldwork for this survey was conducted from April 2013 to March 2014. Results are based on responses of 4,509 individuals, with a response rate of 66% achieved. In this survey, a carer was defined as someone, over the age of 16, who provided help to a sick, disabled or elderly person for at least one hour every week.

7%

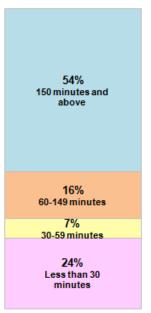
of Carers had experienced musculoskeletal injuries as a result of caring for someone.





Of the carers, the proportion who spent at least 1 hour but less than 20 hours per week caring for someone was roughly the same as the proportion who spent 20 hours or more per week caring for someone.

#### Physical activity levels per week



For carers over the age of 18, more than half responded that they spent more than 150 minutes per week undertaking physical activity. Nearly one quarter responded that they spent less than 30 minutes per week undertaking physical activity.

http://www.dhsspsni.gov.uk/hsni-first-results-13-14.pdf

## 4. Carers Reassessments

A Carers Reassessment is required when a carer's circumstances change resulting in a change in their level of need. For example, this could be additional family commitments, changes in their work pattern, or varying physical or mental health. The Reassessment can be either a complete rework of the original Carers Assessment or an amendment to aspects of it.

During the quarter ending 31 March 2015, 508 carers' reassessments were offered to carers in Northern Ireland. This represented an increase of 37% (137) from the previous quarter (371) and an increase of 32% (124) from the same quarter last year (384)<sup>3</sup>.

Figure 7 presents information on carers' reassessments since quarter ending 30 June 2012. Although the quarterly numbers of reassessments have been quite variable the last six quarters, Figure 7 clearly shows an increase in reassessments offered since 2012.

Of the 508 carers' reassessments offered in the latest quarter, 67% (341) were completed and 33% (167) were declined (Figure 7) (Table 6).

The 341 carers' reassessments which were <u>completed</u> represented an increase of 56% (123) from the previous quarter (218) and an increase of 56% (122) from the same quarter last year (219).

Figure 7 Carers Reassessments Offered, Accepted / Completed and Declined (quarters ending 30 June 2012 - 31 March 2015)

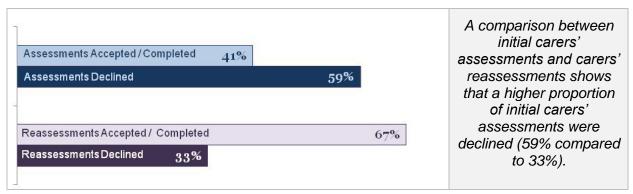


Note: Information prior to 31 March 2015 was sourced from the CA1 and CA1b community information returns.

The 167 carers' reassessments which were <u>declined</u> represented an increase of 9% (14) on the previous quarter (153) but were similar to the number from the same quarter last year (165).

<sup>&</sup>lt;sup>3</sup> All figures presented can be found in table format in <u>Appendix C</u> of this report and in excel format on the Department of Health and Social Care Northern Ireland website <a href="http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm">http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm</a>

Figure 8 Proportion of Carers Assessments and Carers Reassessments Accepted / Completed and Declined (quarter ending 31 December 2014)



## Carers Reassessments by HSC Trust

Of all carers' reassessments offered in Northern Ireland, the Northern HSC Trust offered the most (55%) while the Western HSC Trust offered the least (5%) (Figure 9).

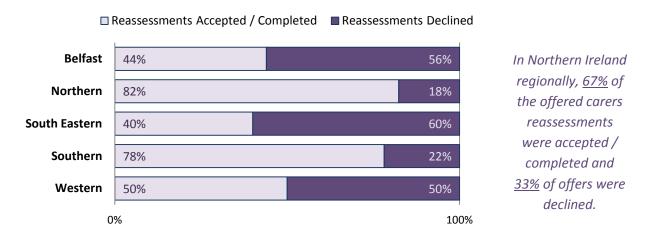
The Northern HSC Trust had the highest number of completed carers' reassessments (229) while the Western HSC Trust had the fewest (13). The Belfast HSC Trust had the highest number of declined carers' reassessments (74) while the Southern HSC Trust had the fewest (7) (Table 7).

Figure 9 Number of Carers Reassessments Offered by HSC Trust (quarter ending 31 March 2015)

Number of Carers Reassessments Offered by HSC Trust										
Belfast	Northern	South Eastern	Southern	Western						
132	278	40	32	26						

During quarter ending 31 March 2015, the Northern and Southern HSC Trusts had more carers' reassessments accepted / completed than declined (82% and 78% accepted / completed respectively). The Western HSC Trust had the same amount accepted / completed as the declined whereas the Belfast and South Eastern HSC Trusts had more declined than accepted / completed (56% and 60% declined respectively). It is worth noting however that reassessment figures may be relatively small and may therefore be somewhat volatile (Figure 10).

Figure 10 Proportion of Carers Reassessments Completed and Declined by HSC Trust (quarter ending 31 December 2014)

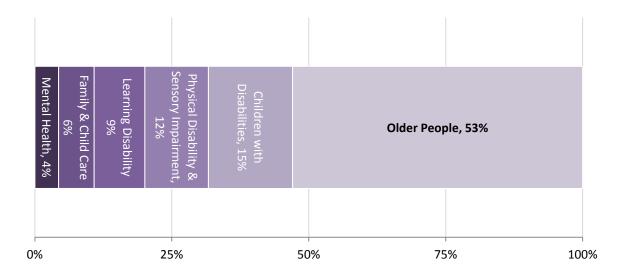


## Client Group

As was the case with offers of an initial carers' assessment, regionally across Northern Ireland during the quarter ending 31 March 2015, the majority (53%) of carers who are offered a carers' reassessment are caring for someone in the Older People client group. Carers caring for someone in the Children with Disabilities client group accounted for 15% of reassessment offers with 12% of those offered a reassessment caring for someone in the Physical Disability and Sensory Impairment client group (Figure 11) (Table 7).

The least offers of a carers' reassessment were made to those carers who care for someone in the Family and Child Care (5%) and Mental Health (4%) client groups. No offers of a carers' reassessment were made to carers caring for someone in the CAMHS client group (Figure 11).

Figure 11 Proportion of Carers Reassessments Offered by Client Group (of Cared for Person) (quarter ending 31 March 2015)



Across Northern Ireland, all carers caring for someone in the Family and Child Care client group who were offered a carers' reassessment accepted / completed a reassessment. For those carers caring for someone in the Children with Disabilities client group, 99% of offers of a carers' reassessment were accepted / completed; in fact, carers caring for someone in each client group were more likely to accept / complete a carers' reassessment (Figure 12) (Table 8).

Figure 12 Proportion of Carers Reassessments Accepted / Completed and Declined by Client Group (quarter ending 31 March 2015)



Note: The analysis of client groups related to reassessments may be based on low numbers which can add to the volatility of the figures.

## Reasons for Declining a Carers Reassessment

During the quarter ending 31 March 2015, the most frequent reason for declining an offer of a reassessment has been that the carer felt that they did not need any additional support (44%). This was followed by 19% of carers declining an offer of a reassessment as they felt that the time / place / environment offered was unsuitable but would like the opportunity to consider a reassessment at a later date (Figure 13).

44%
of carers who declined
an offer of a
reassessment felt that
they
did not need any
additional support.

The least frequent reason for declining a carers' reassessment during the quarter ending 31 March 2015 was that the carer felt that previous assessments or reassessments had not been beneficial (1%) (Table 10).

Figure 13 Reasons Given for Declining a Carers Reassessment (quarter ending 31 March 2015)

The carer feels that they do not need any additional support	44%
The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider a reassessment at a later date	19%
The carer feels that the reassessment would not result in additional support	17%
The carer would not give a reason / No reason recorded	11%
The carer sees their caring duties as a private matter which they prefer not to discuss	4%
The carer found previous assessments / reassessments too time consuming	3%
The carer did not feel previous assessments / reassessments had been beneficial	1%

# Appendix A: Technical Notes

#### **Carers assessment publication**

This statistical bulletin was first published 10 February 2012 under the name "Carers' Statistics for Northern Ireland (quarter ending 30 June 2011)". The name of the bulletin has since changed to "Quarterly Carers' Statistics for Northern Ireland".

#### **Data Collection**

From quarter ending 31 March 2015, the CA1 and CA1b community information returns covering data on carers assessments were discontinued and replaced with a new Adult Carers Assessment return. The new return has revised and combined information needs from both DHSSPS and HSCB. This streamlining of information collection has caused some information published not to be directly comparable to outputs in previous quarters.

The new Adult Carers Assessment return template is detailed in Appendix D and is also available with associated guidance notes on the DHSSPS <u>website</u>. The CA1 and CA1b information return templates can also be found on the website and are available on request from CIB.

The changes to the data collection are set out below:

- Figures on carer's reviews are no longer collected.
- Figures are now collected by client group compared to the previous programmes of care (client group separates out children with disability as well as child and adolescent mental health services).
- All figures collected are available by client group (previous figures on programme of care were available for completed carers' assessments only).
- There have been amendments to the definitions for those reasons provided for declining a carer's assessment or reassessment.
- The age group of the carer is no longer collected. This information is however collected annually by the HSCB through the Delegated Statutory Functions returns.

All information referring to quarter ending 31 march 2015 use the new carers return as source, whereas quarters prior to this derive from the quarterly CA1 and CA1b community information returns.

#### **Data Quality**

The Adult Carers Assessment returns are validated and quality assured by HSC Trusts senior management before being submitted to the HSC Board. Further validations and consistency checks are carried out by the HSCB before being shared with statisticians in CIB.

Statisticians will use historical and/or other independent data to monitor emerging trends and variations within and between Trusts in order to query any discrepancies.

#### **Statement of Administrative Sources**

A detailed 'Statement of Administrative Sources' is available on the DHSSPS website.

#### **Rounding Conventions**

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100.

#### **Disclosure Conventions**

The information presented in this publication has been assessed for the risk of disclosure. To prevent disclosure of the identity of individual carers, it may be necessary to suppress the values of cells with low counts and those which could otherwise be derived by means of simple arithmetic.

In some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low against the benefit of such figures being available. Further detail can be found in the Government Statistical Service's (GSS) guidance on <u>disclosure control</u> for tables produced from administrative sources and the <u>Anonymisation Standard for Publishing Heath and Social Care Data</u>.

Our policy statement on confidentiality and security is contained within the DHSSPS Statistics Charter and is available on our <u>website</u>.

#### **Revisions Policy**

These data are revised by exception. If revisions are required, background circumstances are reported and revision dates are noted in subsequent publications of these series of statistics.

Our policy statement on revisions and errors is contained within the DHSSPS Statistics Charter and is available on our website.

#### **Related Publications**

This publication can be downloaded from the DHSSPS website at:

http://www.dhsspsni.gov.uk/index/statistics/socialcare/carers-assessments-and-reassessments.htm

Other statistical information relating to social care can be found at:

http://www.dhsspsni.gov.uk/index/statistics/socialcare.htm

The Health Survey Northern Ireland is produced by the Public Health Information & Research Branch (PHIRB) and can be found at:

http://www.dhsspsni.gov.uk/index/statistics/lcb.htm

#### Data for the UK

The statistics detailed in this report relate to Northern Ireland only. Similar information for England, Scotland and Wales may be found as detailed below.

#### **England**

Survey of Carers' in Households – 2009/10 England

www.ic.nhs.uk/pubs/carers'urvey0910

Personal Social Services Survey of Adult Carers' in England – 2009/10

www.ic.nhs.uk/pubs/psscarers'urvey0910

Community Care Statistics 2013-14: Social Services Activity Report, England – Final Release <a href="http://www.hscic.gov.uk/catalogue/PUB16133">http://www.hscic.gov.uk/catalogue/PUB16133</a>

#### Wales

Welsh Health Survey 2011: Health of carers

http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en#/statistics-and-research/welsh-health-survey/?tab=previous&lang=en

#### Scotland

Information about Carers' Statistics in Scotland can be found at the following link:

http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/Carers

#### **Official Statistics**

These are 'Official Statistics' as defined in Section 6 of the <u>Statistics and Registration</u> <u>Services Act 2007</u>. They were produced by CIB within the DHSSPSNI.

#### **User Feedback**

Any comments you have regarding this or any other publication produced by CIB are welcome. Your views help us to improve the service we provide to users of this information and to the wider public.

Feedback can be provided on our website at:

http://www.dhsspsni.gov.uk/index/statistics/feedback-statistics.htm

#### **Future Publications**

'Quarterly Carers' Statistics for Northern Ireland (April - June 2015)' is due for publication on 10 September 2015.

Upcoming releases for all social care statistics produced by CIB can be found on the IAD Publications Calendar at:

http://www.dhsspsni.gov.uk/iad-publications-calendar.xls

# Appendix B: Definitions

#### Carers and Direct Payments (Northern Ireland) Act 2002

The <u>Carers and Direct Payments Act (Northern Ireland) 2002</u> came into effect on 2 May 2002. This Act gives carers the right to a separate assessment of their needs and places an obligation on HSC Trusts to identify and provide information to carers. All carers providing or intending to provide care on a regular and substantial basis therefore have a legal right to have their needs assessed. The results of a carer's assessment should be recorded separately from that of the person cared for.

#### **A Carer**

A carer is someone who provides or intends to provide a **substantial** amount of care on a regular basis. The term 'carer' includes a person who may or may not be a relative and who may or may not be living with the person for whom they are caring. A carer provides help and support to someone, such as a family member, friend or neighbour, who may not be able to manage at home without this help because of frailty, illness or disability. A carer can be an adult caring for another adult, parents caring for ill or disabled children or young people of 16 or 17 years of age who care for someone.

It does not include someone who is providing care by virtue of a contract of employment, a volunteer working on behalf of a voluntary organisation, a foster carer or anyone who is providing personal assistance for payment either in cash or kind.

#### **Substantial Care**

The term 'substantial' is not defined in the <u>Carers and Direct Payments Act (Northern Ireland)</u> 2002 but is left to professional judgement. It should not be based simply on the number of hours spent caring, but also take into consideration the impact of the caring role on the carers own health and well-being, key factors relating to the sustainability of the role and the extent of risk to the sustainability of the role.

#### **Carers Assessment**

Carers have a right to an assessment of their needs even when the person cared for has refused an assessment for community care services, or the provision of services, provided the person cared for would be eligible for community based services.

A carer's assessment is the process of gathering data for the purpose of determining a carer's needs and eligibility for services to sustain their caring role. All services offered to a carer should be the outcome of an assessment of need. The assessment must be formally documented, placed on file and a copy given to the carer. The "Carers Support and Needs Assessment" component of the <a href="Northern Ireland Single Assessment Tool (NISAT)">Northern Ireland Single Assessment Tool (NISAT)</a> for assessing the health and social care needs of older people is the "tool of choice" for use in assessing the needs of carers in all programmes of care, thus ensuring a standardised approach to assessment regardless of where they live in Northern Ireland. This component was issued to Trusts in June 2009 along with associated guidance.

The assessment focuses on the needs of the carer and the purpose of the assessment is to:

give the carer an opportunity to talk about their caring role;

determine the support needs of the carer;

determine whether the carer is eligible for support; and

determine if the needs identified can be met by the Trust or other services and to make an appropriate referral.

The focus of the assessment is on the carer's ability to care and the support they need to continue in their caring role. The assessment takes account of the carer's circumstances, age, views and preferences, available support, family and other commitments. The assessment is not a test for the carer but is about recognising, valuing and supporting the carer. The process can be important in itself even where service provision does not flow from the assessment. The decision about services to be provided should be informed by the assessments of both the carer and the person being cared for.

#### **Carers Reassessment**

A reassessment is required when/if the carer's circumstances change and hence the level of support required to enable the carer to continue caring. Changed circumstances could become known to the professional:

- through a planned event such as a review of existing support plan
- unplanned changes in carer's personal circumstances e.g. physical or mental health, additional other family commitments, changes in work pattern etc.
- a crisis which impacts on the health or wellbeing of the person cared for.

#### Carers Assessments / Reassessments Offered

The number of carers' assessments / reassessments offered is the total of those accepted / completed plus those declined (see definitions below).

#### **Carers Assessments Accepted / Completed**

This refers to all assessments completed during the quarter, which were focused on a carer's need for support to sustain their caring role, whether they took place on the same day as the assessment of the person cared for or were conducted on a separate date.

#### Carers Reassessments Accepted / Completed

This refers to all reassessments completed during the quarter in response to the changing need of the carer.

#### **Carers Declining a Carers Assessment / Reassessment**

This refers to all assessments / reassessments that were offered to carers by HSC trust staff, and the offer was declined during the quarter, for whatever reason. If a carer declined an assessment / reassessment more than once during the quarter, they should only be counted once.

#### **Client Group**

Client group refers to that of the cared for person.

#### Family and Child Care

This group is mainly concerned with activity and resources relating to the provision of social services support for families and/or children.

#### Children with Disabilities

This group is mainly concerned with children and young people who have a physical, sensory or learning disability or prolonged illness or condition which, in interaction with various barriers, and without the provision of adequate support services, may hinder their full and effective participation in society on an equal basis with others and hinder their optimal potential for personal development and social inclusion.

#### Child and Adolescent Mental Health Service (CAMHS)

This group is mainly concerned with children and young people where the primary reason for contact was due to mental health.

#### Older People

This programme includes all community contacts with those aged 65 or over except where the reason for contact was mental illness or learning disability. All community contacts where the reason for the contact was dementia are included regardless of age, as well as all work relating to homes for the elderly, including those for the Elderly Mentally Infirm

#### Mental Health

This programme includes all community contact where the primary reason for contact was due to mental health.

#### Learning Disability

This programme includes all community contacts where the primary reason for contact was due to learning disability. All community contacts with Down's Syndrome patients who develop dementia, for any dementia related care or treatment are included as are all contacts in learning disability homes and units.

#### Physical Disability and Sensory Impairment

This programme includes all community contacts by any health professional where the primary reason for the contact is physical and/or sensory disability. All patients and clients aged 65 and over are excluded and allocated to the Elderly Care Programme.

#### Other

Any carer caring for someone who does not fall under one of the outlined client groups should be included in this group.

#### **Adult Carers Assessment return**

This return records the number of carers for whom a carer's assessment or reassessment has been accepted / completed, the number of carers declining a carer's assessment or reassessment and the main reason given by the carer for declining a carer's assessment or reassessment during the quarter. These figures are available by the client group of the person for whom the carer is caring for.

#### Reasons for declining an offer of a Carers Assessment

- A1 The carer sees their caring duties as a private matter which they prefer not to discuss.
- **A2 -** The carer does not see themselves as a carer and therefore does not see assessment as relevant.
- **A3 -** The carer felt that time/ place/ environment offered was unsuitable but would like the opportunity to consider an assessment at a later date.
- A4 The carer feels that they do not need any support/ additional support.
- **A5** The carer feels that an assessment would not result in additional support/ service.
- **A6 -** The carer was concerned about the impact on their benefits/ income.
- A7 The carer feels that assessment would be too complicated or time consuming.
- **A8 -** The carer would not give a reason/ No reason recorded.

#### Reasons for declining an offer of a Carers Reassessment

- R1 The carer sees their caring duties as a private matter which they prefer not to discuss.
- R2 The carer did not feel previous assessments/ re-assessments had been beneficial.
- **R3** The carer felt that time/ place/ environment offered was unsuitable but would like the opportunity to consider a re-assessment at a later date.
- **R4** The carer feels that they do not need any additional support.
- R5 The carer feels that the re-assessment would not result in additional support.
- R6 The carer found previous assessments/ re-assessments too time consuming.
- **R7** The carer would not give a reason/ No reason recorded.

The Adult Carers Assessment return template is detailed in Appendix D and is also available with associated guidance notes on the DHSSPS <u>website</u>.

# Appendix C: Tables

Please note that all tables can be found in excel format at:

http://www.dhsspsni.gov.uk/index/statistics/socialcare/carers-assessments-and-reassessments.htm

Table 1: Carers Assessments Offered, Accepted / Completed and Declined (quarters ending 30 June 2012 – 31 March 2015)

	30 June 2012	30 Sept 2012	31 Dec 2012	31 Mar 2013	30 June 2013	30 Sept 2013	31 Dec 2013	31 Mar 2014	30 June 2014	30 Sept 2014	31 Dec 2014	31 Mar 2015
Assessments Offered	2,542	2,362	2,488	2,695	2,723	2,500	2,683	2,933	2,745	2,645	2,513	3,076
Assessments Accepted / Completed	1,152	1,072	1,081	1,353	1,240	1,137	1,115	1,236	1,146	1,090	1,022	1,253
Assessments Declined	1,390	1,290	1,407	1,342	1,483	1,363	1,568	1,697	1,599	1,555	1,491	1,823

Note: Information prior to 31 March 2015 was sourced from the CA1 and CA1b community information returns.

Table 2: Carers Assessments Offered by Client Group and HSC Trust (quarter ending 31 March 2015)

HSC Trust	Family & Child Care / Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Assessments Offered
Belfast	69	0	398	58	11	113	0	649
Northern	75	0	304	208	56	68	12	723
South Eastern	22	0	390	61	29	83	0	585
Southern	11	201	240	85	44	181	0	762
Western	48	0	219	26	14	50	0	357
Northern Ireland	225	201	1,551	438	154	495	12	3,076

Note: The client groups Family & Child Care and Children with Disabilities have been merged to avoid possibility of personal disclosure.

Table 3: Carers Assessments Accepted / Completed by Client Group and HSC Trust (quarter ending 31 March 2015)

HSC Trust	Family & Child Care / Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Assessments Accepted / Completed
Belfast	65	0	113	47	8	57	0	290
Northern	73	0	140	66	41	22	0	342
South Eastern	14	0	64	20	18	39	0	155
Southern	10	22	117	41	34	93	0	317
Western	30	0	66	21	6	26	0	149
Northern Ireland	192	22	500	195	107	237	0	1,253

Note: The client groups Family & Child Care and Children with Disabilities have been merged to avoid possibility of personal disclosure.

Table 4: Carers Assessments Declined by Client Group and HSC Trust (quarter ending 31 March 2015)

HSC Trust	Family & Child Care / Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Assessments Declined
Belfast	-	0	285	11	-	56	0	359
Northern	-	0	164	142	-	46	12	381
South Eastern	8	0	326	41	11	44	0	430
Southern	-	179	123	44	-	88	0	445
Western	18	0	153	5	8	24	0	208
Northern Ireland	33	179	1,051	243	47	258	12	1,823

Note: The client groups Family & Child Care and Children with Disabilities have been merged and some figures have been suppressed to avoid possibility of personal disclosure.

Table 5: Reasons Given for Declining a Carers Assessment by HSC Trust (quarter ending 31 March 2015)

			Main Reason a	Carer Declined a	Carers Assessme	nt			
HSC Trust	The carer sees their caring duties as a private matter which they prefer not to discuss	The carer does not see themselves as a carer and therefore does not see assessment as relevant	The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date	The carer feels that they do not need any support / additional support	The carer feels that an assessment would not result in additional support / service	The carer was concerned about the impact on their benefits / income	The carer feels that assessment would be too complicated or time consuming	The carer would not give a reason / No reason recorded	Total
Belfast	14	31	77	106	62	4	12	53	359
Northern	12	130	58	121	28	-	-	25	381
South Eastern	19	27	209	56	23	-	-	89	430
Southern	11	76	46	143	22	-	-	143	445
Western	3	37	86	30	3	5	36	8	208
Northern Ireland	59	301	476	456	138	14	61	318	1,823

Note: Some figures have been suppressed to avoid personal disclosure. However, in some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low.

Table 6: Carers Reassessments Offered, Accepted / Completed and Declined (quarters ending 30 June 2012 – 31 March 2015)

	30 June 2012	30 Sept 2012	31 Dec 2012	31 Mar 2013	30 June 2013	30 Sept 2013	31 Dec 2013	31 Mar 2014	30 June 2014	30 Sept 2014	31 Dec 2014	31 Mar 2015
Reassessments Offered	256	258	285	311	337	403	325	384	352	426	371	508
Reassessments Accepted / Completed	134	137	157	169	200	227	154	219	181	271	218	341
Reassessments Declined	122	121	128	142	137	176	171	165	171	155	153	167

Note: Information prior to 31 March 2015 was sourced from the CA1 and CA1b community information returns.

Table 7: Carers Reassessments Offered by Client Group and HSC Trust (quarter ending 31 March 2015)

	Family & Child Care	Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Reassessments Offered
Northern									
Ireland	33	78	0	269	22	47	59	0	508

HSC Trust	Total Reassessments Offered
Belfast	132
Northern	278
South Eastern	40
Southern	32
Western	26
Northern	
Ireland	508

Table 8: Carers Reassessments Accepted / Completed by Client Group and HSC Trust (quarter ending 31 March 2015)

	Family & Child Care	Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Reassessments Accepted / Completed
Northern									
Ireland	33	77	0	153	18	27	33	0	341

HSC Trust	Total Reassessments Accepted / Completed
Belfast	58
Northern	229
South Eastern	16
Southern	25
Western	13
Northern	244
Ireland	341

Table 9: Carers Reassessments Declined by Client Group and HSC Trust (quarter ending 31 March 2015)

HSC Trust	Family & Child Care	Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Reassessments Declined
Northern Ireland	0	-	0	116	-	20	26	0	167

Note: Some figures have been suppressed to avoid personal disclosure.

HSC Trust	Total Reassessments Declined
Belfast	74
Northern	49
South Eastern	24
Southern	7
Western	13
Northern	
Ireland	167

Table 10: Reasons Given for Declining a Carers Reassessment (quarter ending 31 March 2015)

			Main Reason a Carer I	Declined a Carers R	Reassessment			
HSC Trust	The carer sees their caring duties as a private matter which they prefer not to discuss	The carer did not feel previous assessments / reassessments had been beneficial	The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider a reassessment at a later date	The carer feels that they do not need any additional support	The carer feels that the reassessment would not result in additional support	The carer found previous assessments / reassessments too time consuming	The carer would not give a reason / No reason recorded	Total
Northern	_							
Ireland	7	-	32	74	28	•	19	167

# Appendix D: Adult Carers Assessment Return

A copy of these returns can be made available upon request from Community Information Branch. Contact Us

		NUMBER OF CAR	RERSASSESSMEN	TS DURING THE QU	ARTER	2					
Contact Name:			]								
			]								
Contact Number:			]								
HSC Trust:			]								
Quarter Ending:											
TABLE 1: REF	<u>ERRALS</u>		_								
Client Group		Referrals <u>Accepted</u>									
	Family & Child Care										
Children	Children with Disabilities										
	CAMHS										
Older People											
Mental Health											
Learning Disability											
	& Sensory Impairment										
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15441											
TABLE 2: ASSI	<u>ESSMENTS</u>										
Client Group		Assessments <u>Offered</u>	Assessments <u>Accepted/</u> <u>Completed</u>	Assessments <u>Declined</u>	A1	ain reas	on care	r declir A4	ned a ca	rer's as	sessm
	Family & Child Care	0									
Children	Children with Disabilities	0									
	CAMHS	0									
Older People		0									
Mental Health		0									
Learning Disability		0									
	& Sensory Impairment	0									
Other (please speci	fy by inserting a comments box)	0									
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TABLE 2: DE A	SSESSMENTS		I			l	l			ı	l
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Client Group		Re-assessments <u>Offered</u>	Re-assessments <u>Accepted/</u> <u>Completed</u>	Re-assessments <u>Declined</u>	R1	R2		sessme R4		R6	R7
	Family & Child Care	0									
Children	Children with Disabilities	0									
	CAMHS	0									
Older People		0									
Mental Health		0									
Learning Disability		0									
	& Sensory Impairment	0									
Other (please specify by inserting a comments box)		0									
Total		0	0	0	0	0	0	0	0	0	0
	iail to: er than 4 weeks after the end of ea as also been included for referen		scni.net	1	1	1	1	1	1	1	1

This and other statistical bulletins published by Community Information Branch are available to download on the DHSSPS website at: http://www.dhsspsni.gov.uk/index/statistics/socialcare.htm This publication can be requested in large print or other formats.