

INFORMATION  
ANALYSIS  
DIRECTORATE



# Quarterly Carers' Statistics for Northern Ireland

(July - September 2015)



Department of  
**Health, Social Services  
and Public Safety**

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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/topics/dhssps-statistics-and-research](http://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research)

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**

- *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 decision-making and improvement in service provision; and*
- *be an expert voice on social care information.*

## **About Community Information Branch**

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.

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.

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

# Contents

1. Key Findings.....	5
Carers Assessments .....	5
Carers Reassessments .....	5
2. Introduction.....	6
3. Carers Assessments .....	7
Carers Assessments by HSC Trust .....	8
Client Group .....	9
Reasons for Declining a Carers Assessment.....	11
4. Carers Reassessments .....	12
Carers Reassessments by HSC Trust.....	13
Client Group .....	14
Reasons for Declining a Carers Reassessment.....	16
Appendix A: Technical Notes .....	17
Appendix B: Definitions .....	20
Appendix C: Tables.....	24
Table 1: Carers Assessments Offered, Accepted / Completed and Declined (quarters ending 31 December 2012 – 30 September 2015).....	24
Table 2: Carers Assessments Offered by Client Group and HSC Trust (quarter ending 30 September 2015).....	24
Table 3: Carers Assessments Accepted / Completed by Client Group and HSC Trust (quarter ending 30 September 2015).....	25
Table 4: Carers Assessments Declined by Client Group and HSC Trust (quarter ending 30 September 2015).....	25
Table 5: Reasons Given for Declining a Carers Assessment by HSC Trust (quarter ending 30 September 2015).....	26
Table 6: Carers Reassessments Offered, Accepted / Completed and Declined (quarters ending 31 December 2012 – 30 September 2015).....	26
Table 7: Carers Reassessments Offered by Client Group and HSC Trust (quarter ending 30 September 2015).....	27
Table 8: Carers Reassessments Accepted / Completed by Client Group and HSC Trust (quarter ending 30 September 2015).....	28
Table 9: Carers Reassessments Declined by Client Group and HSC Trust (quarter ending 30 September 2015).....	29
Table 10: Reasons Given for Declining a Carers Reassessment (quarter ending 30 September 2015) .....	29
Appendix D: Adult Carers Assessment Return.....	30

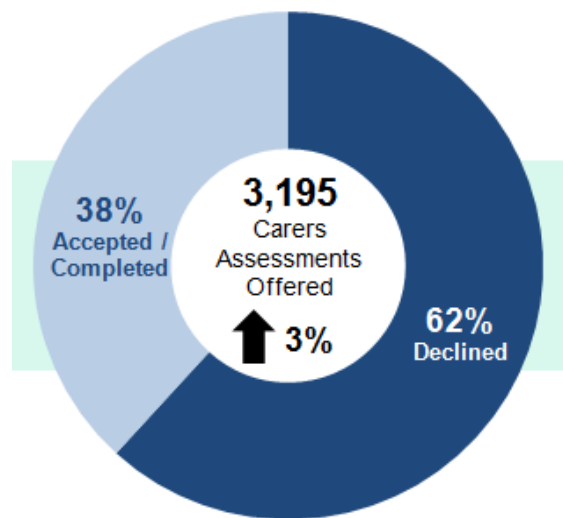
# 1. Key Findings

*“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 30 September 2015:

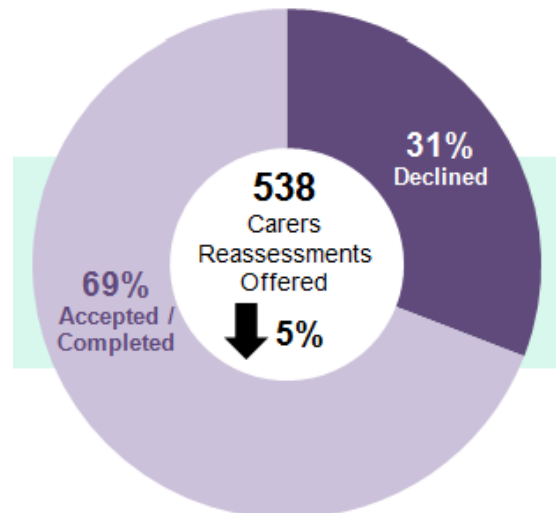
### Carers Assessments

- A carer’s assessment was offered to 3,195 carers in Northern Ireland during the quarter ending 30 September 2015. This represented an increase of 3% (95) from the quarter ending 30 June 2015 (3,100) and an increase of 21% (550) from the same quarter last year (2,645).
- Of the 3,195 carers’ assessments offered, 38% (1,221) were accepted / completed and 62% (1,974) were declined.



### Carers Reassessments

- A carer’s reassessment was offered to 538 carers in Northern Ireland during the quarter ending 30 September 2015. This represented a decrease of 5% (27) from the quarter ending 30 June 2015 (565) and an increase of 26% (112) from the same quarter last year (426).
- Of the 538 carers’ reassessments offered, 69% (372) were accepted / completed and 31% (166) 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 [Carers and Direct Payments Act \(Northern Ireland\) 2002](#) 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 [Northern Ireland Single Assessment Tool \(NISAT\)](#) 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 30 September 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.*

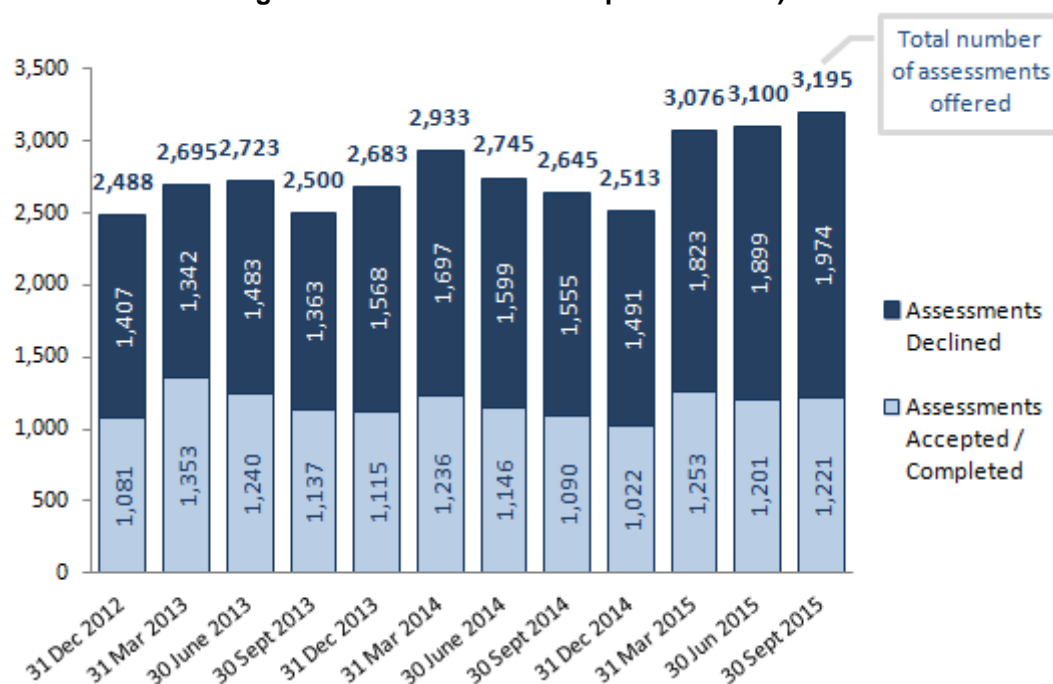
During quarter ending 30 September 2015, a carer's assessment was offered to 3,195 carers in Northern Ireland. This represented an increase of 3% (95) from the previous quarter (3,100) and an increase of 21% (550) from the same quarter last year (2,645).<sup>1</sup>

Of the 3,195 carers' assessments offered, 38% (1,221) were accepted / completed and 62% (1,974) were declined (Figure 1).

The 1,221 carers' assessments which were accepted / completed represented an increase of 2% (20) from the previous quarter and an increase of 12% (131) from the same quarter last year.

The 1,974 carers' assessments which were declined represented an increase of 4% (75) from the previous quarter and an increase of 27% (419) from the same quarter last year (Figure 1). 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](#)).

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



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

<sup>1</sup> All figures presented can be found in table format in [Appendix C](#) of this report and in excel format on the Department of Health and Social Care Northern Ireland website <https://www.dhsspsni.gov.uk/articles/carers'-assessments-and-reassessments>

## Carers Assessments by HSC Trust

Of all carers' assessments offered in Northern Ireland, the Belfast Health and Social Care (HSC) Trust offered the most at 897 (28%) while the Western HSC Trust offered the least at 281 (9%) (Figure 2) ([Table 2](#)).

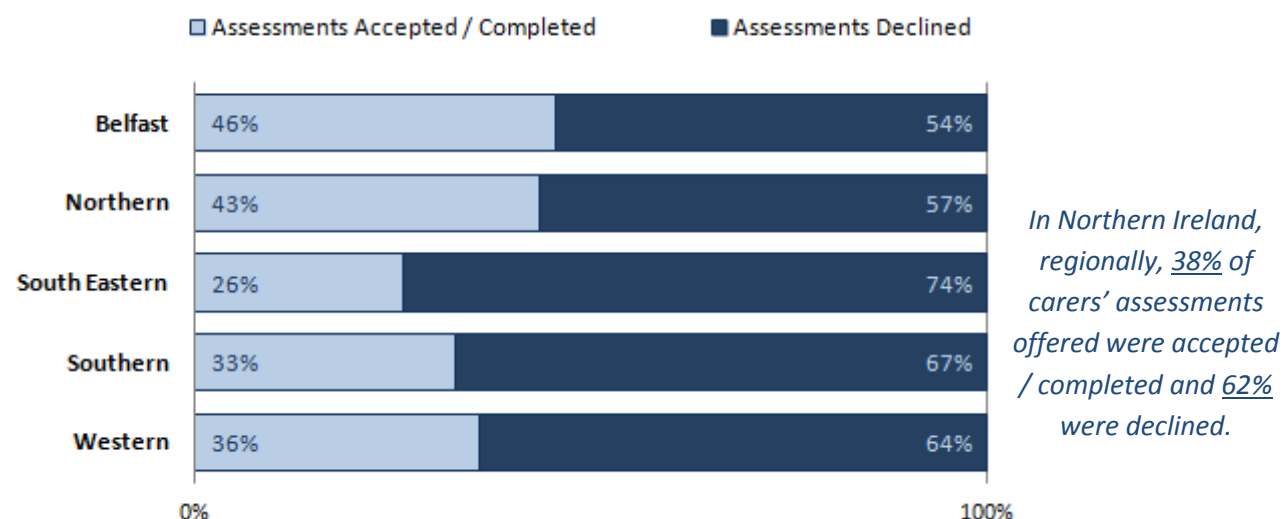
During quarter ending 30 September 2015, the Belfast and Northern HSC Trust increased the number of carers' assessments offered when compared to the previous quarter by 38% and 10% respectively. The South Eastern, Southern and Western all had decreases in the number of carers' assessments offered when compared to the previous quarter, with decreases of <1%, 19% and 23% respectively.

**Figure 2** Number of Carers Assessments Offered by HSC Trust (quarter ending 30 September 2015)

Number of Carers Assessments Offered by HSC Trust				
Belfast	Northern	South Eastern	Southern	Western
897	823	588	606	281

Each HSC Trust had more offers of carers' assessments declined than accepted / completed. The percentage of carers' assessments declined ranged from 74% in the South Eastern HSC Trust to 54% in the Belfast HSC Trust (Figure 3) ([Table 3](#)).

**Figure 3** Proportion of Carers Assessments Accepted / Completed and Declined by HSC Trust (quarter ending 30 September 2015)

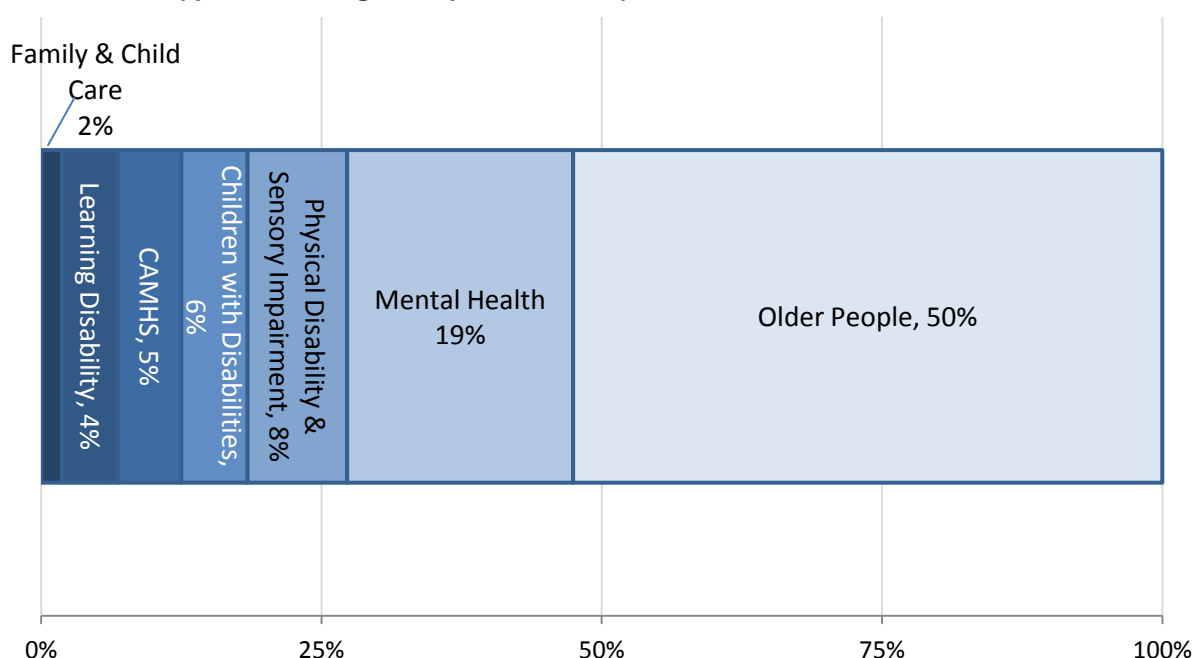




## Client Group

Regionally across Northern Ireland, half (50%) of carers who had been offered an assessment during the quarter ending 30 September 2015 were caring for someone in the Older People client group. Carers caring for someone in the Mental Health client group accounted for 19% of assessment offers; 8% of those offered an assessment were caring for someone in the Physical Disability and Sensory Impairment client group; 6% in the Children with Disabilities client group and 5% in 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](#)).

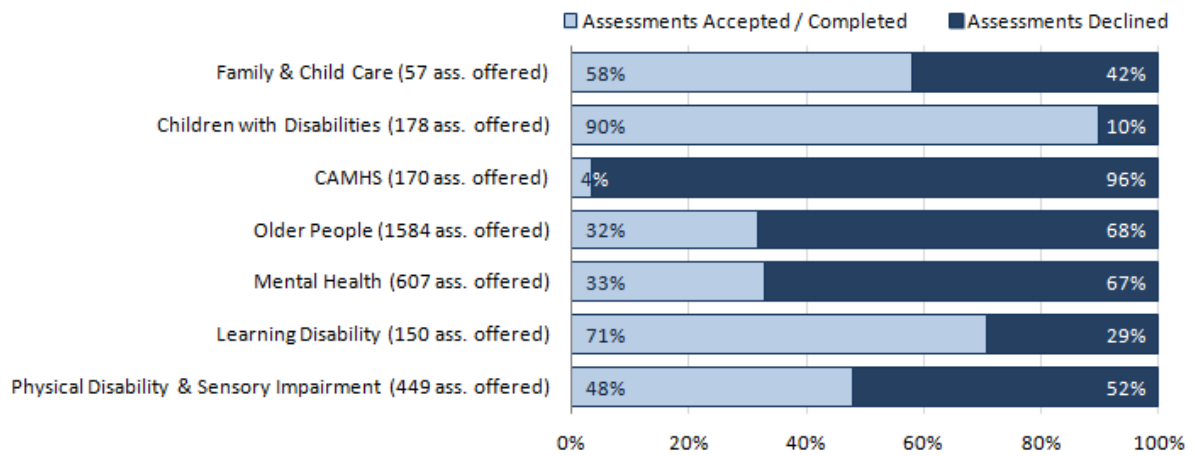
**Figure 4** Proportion of Carers Assessments Offered by Client Group (of Cared for Person) (quarter ending 30 September 2015)



Across Northern Ireland, 90% 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 (71% accepted / completed) and Family and Child Care (58% accepted / completed) groups.

Those carers caring for someone in the Physical Disability and Sensory Impairment, Mental Health, Older People and CAMHS 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 30 September 2015)



## 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 30 September 2015, the most frequent reason for declining an offer of a carers' assessment was that the carer feels that they do not need any support or additional support. This was the reason stated by 34% (668) of carers. Carers who did not see themselves as a carer and therefore does not see the assessment as relevant, accounted for 17% (334) of those declined.

Carers declining an offer of assessment for the reason that they see their caring duties as a private matter which they prefer not to discuss accounted for 4% (85) of all those that were declined. Less than 1% (8) 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](#)).

**34%**  
of carers who declined an offer of an assessment feel that they **do not need any support or additional support.**

**Figure 6** Reasons given for declining a Carers Assessment (quarter ending 30 September 2015)

<i>The carer feels that they do not need any support / additional support</i>	<b>34%</b>
<i>The carer would not give a reason / No reason recorded</i>	<b>18%</b>
<i>The carer does not see themselves as a carer and therefore does not see assessment as relevant</i>	<b>17%</b>
<i>The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date</i>	<b>15%</b>
<i>The carer feels that assessment would be too complicated or time consuming</i>	<b>6%</b>
<i>The carer feels that an assessment would not result in additional support / service</i>	<b>5%</b>
<i>The carer sees their caring duties as a private matter which they prefer not to discuss</i>	<b>4%</b>
<i>The carer was concerned about the impact on their benefits / income</i>	<b>&lt;1%</b>

## 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 30 September 2015, 538 carers' reassessments were offered to carers in Northern Ireland. This represented a decrease of 5% (27) from the previous quarter (565) and an increase of 26% (112) from the same quarter last year (426).<sup>2</sup>

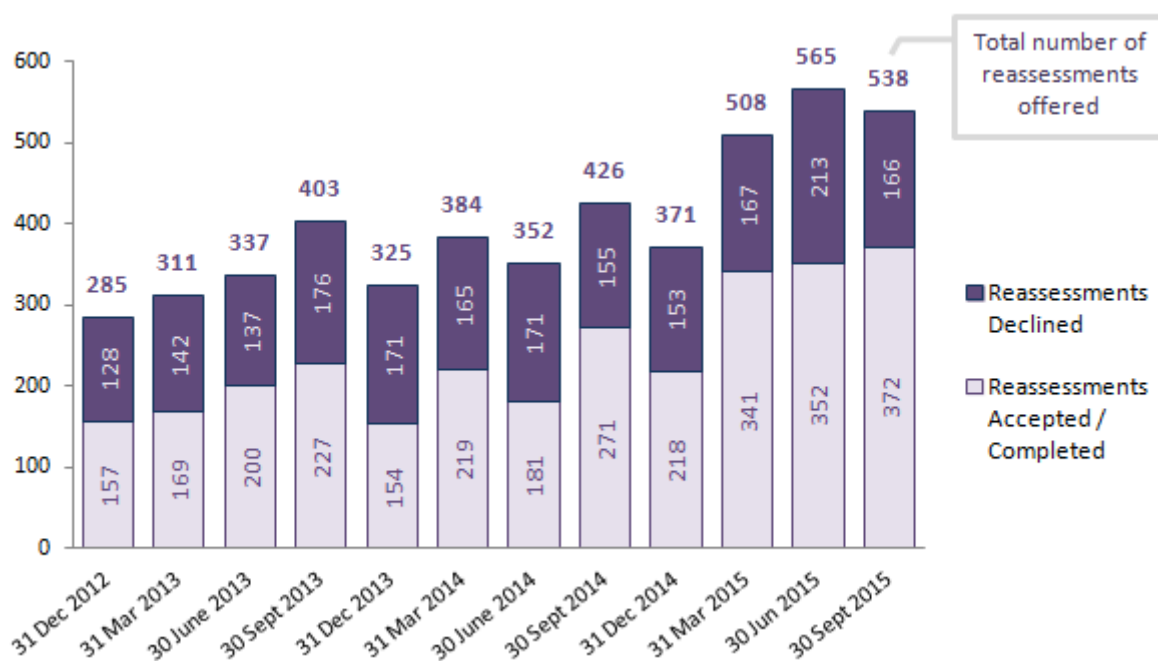
Figure 7 presents information on carers' reassessments since quarter ending 31 December 2012. Although the quarterly numbers of reassessments have been quite variable, Figure 7 clearly shows an increasing trend in the number of reassessments offered since 2012.

Of the 538 carers' reassessments offered in the latest quarter, 69% (372) were accepted / completed and 31% (166) were declined (Table 6).

The 372 carers' reassessments which were accepted / completed represented an increase of 6% (20) from the previous quarter (352) and an increase of 37% (101) from the same quarter last year (271).

The 166 carers' reassessments which were declined represented a decrease of 22% (47) on the previous quarter (213) and an increase of 7% (11) from the same quarter last year (155).

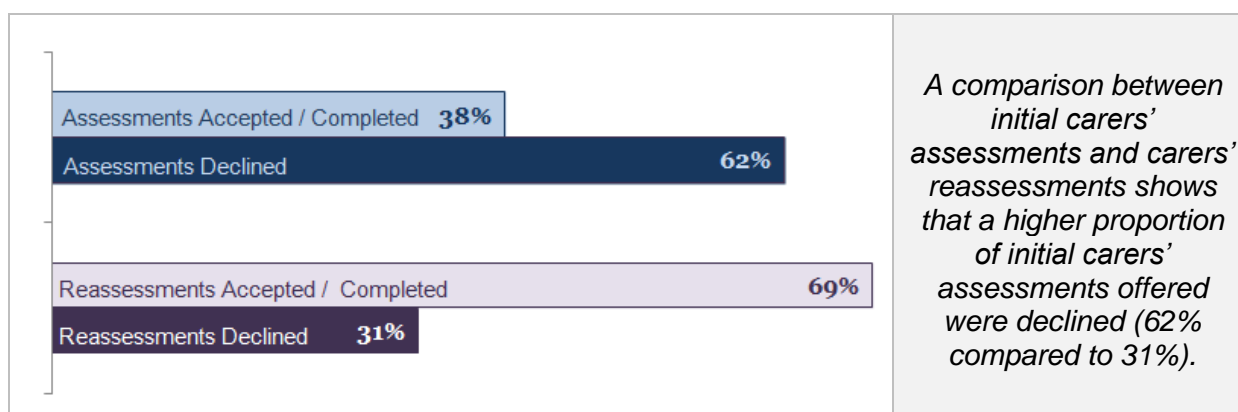
**Figure 7 Carers Reassessments Offered, Accepted / Completed and Declined (quarters ending 31 December - 30 September 2015)**



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

<sup>2</sup> All figures presented can be found in table format in [Appendix C](#) of this report and in excel format on the Department of Health and Social Care Northern Ireland website <https://www.dhsspsni.gov.uk/articles/carers'-assessments-and-reassessments>

**Figure 8 Proportion of Carers Assessments and Carers Reassessments Accepted / Completed and Declined (quarter ending 30 September 2015)**



### Carers Reassessments by HSC Trust

Of all carers' reassessments offered in Northern Ireland, the Northern HSC Trust offered the most at 195 (36%) while the Southern HSC Trust offered the least at 27 (5%) (Figure 9) ([Table 7](#)).

**Figure 9 Number of Carers Reassessments Offered by HSC Trust (quarter ending 30 September 2015)**

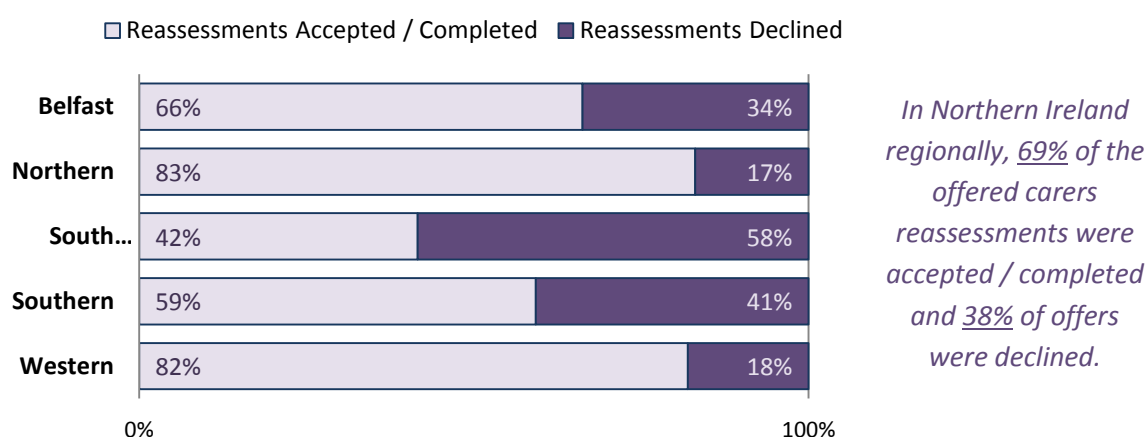
Number of Carers Reassessments Offered by HSC Trust				
Belfast	Northern	South Eastern	Southern	Western
154	195	101	27	61

During quarter ending 30 September 2015, the Belfast, Northern and South Eastern HSC Trusts increased the number of carers' reassessments offered when compared to the previous quarter by 41%, 10% and 7% respectively. The Southern and Western HSC Trusts both had decreases in the number of carers' reassessments offered when compared to the previous quarter, with decreases of 58% and 49% respectively. It is worth noting however that carer reassessment figures may be relatively small and quarter on quarter comparisons can be somewhat volatile

The Northern HSC Trust had the highest number of accepted / completed carers' reassessments (162) while the Southern HSC Trust had the fewest (16). The South Eastern HSC Trust had the highest number of declined carers' reassessments (59) while both the Southern and Western HSC Trusts had the fewest (11) ([Table 8](#) & [Table 9](#)).

During quarter ending 30 September 2015 all HSC Trusts, with the exception of the South Eastern HSC Trust, had more reassessments accepted / completed than declined. This ranged from 83% accepted / completed in the Northern HSC Trust to 59% accepted / completed in the Southern HSC Trust. In the South Eastern HSC Trust, 42% of reassessment offers were accepted / completed (Figure 10).

**Figure 10 Proportion of Carers Reassessments Completed and Declined by HSC Trust (quarter ending 30 September 2015)**



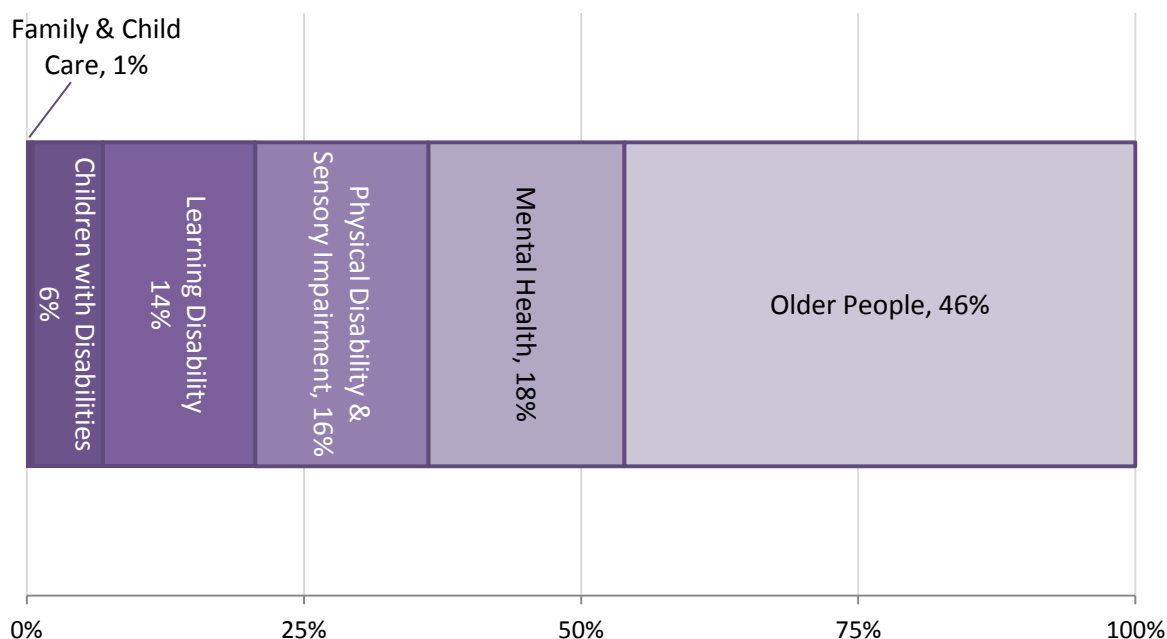
## Client Group

Across Northern Ireland, during the quarter ending 30 September 2015, the majority (46%) of carers who were offered a carer's reassessment were caring for someone in the Older People client group.

Reassessment offers to carers caring for someone in the Mental Health client group accounted for 18% of offers; 16% of those offered a reassessment were caring for someone in the Learning Disability client group and 14% of offers were made to carers caring for someone in the Learning Disability client group.

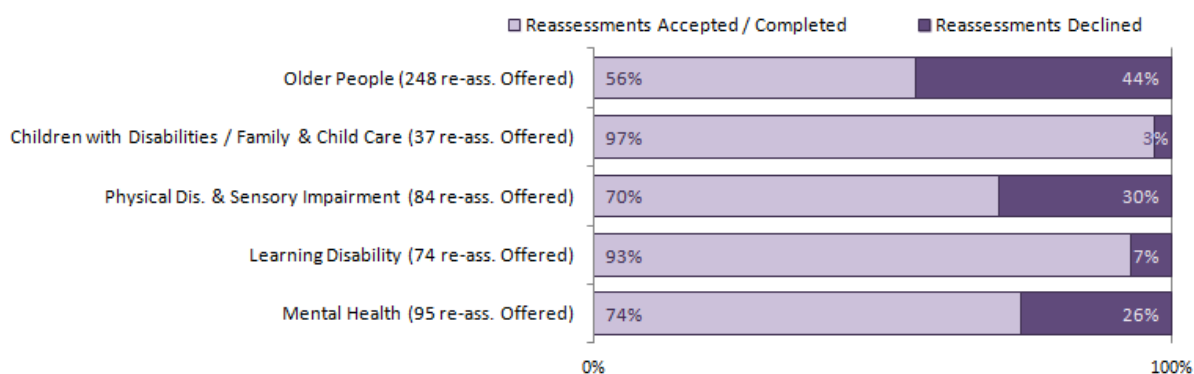
The least offers of a carer's reassessment were made to those carers who care for someone in the Family and Child Care (1%) client group. No offers of a carer's reassessment were made to carers caring for someone in the CAMHS client group during this quarter (Figure 11) ([Table 7](#)).

**Figure 11 Proportion of Carers Reassessments Offered by Client Group (of Cared for Person) (quarter ending 30 September 2015)**



Across Northern Ireland, and across client groups, carers were more likely to accept / complete an offer of a reassessment than decline. Carers caring for someone in the Older People client group were the most likely to decline an offer of a reassessment with 44% of offers being declined (Figure 12) ([Table 8](#)).

**Figure 12 Proportion of Carers Reassessments Accepted / Completed and Declined by Client Group (quarter ending 30 September 2015)<sup>3</sup>**



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

<sup>3</sup> The client groups Family & Child Care and Children with Disabilities have been merged to avoid possibility of personal disclosure.

## Reasons for Declining a Carers Reassessment

During the quarter ending 30 September 2015, the majority of carers who declined an offer of a carers' reassessment felt that they did not need any additional support (44%). Regionally, for 17% of carers declining an offer of a reassessment, no reason was given or recorded (Figure 13).

The least frequent reason for declining a carers' reassessment during the quarter ending 30 September 2015 was that the carer found previous assessments / reassessments too time consuming (1%) ([Table 10](#)).

**Figure 13** Reasons Given for Declining a Carers Reassessment (quarter ending 30 September 2015)

<i>The carer feels that they do not need any additional support</i>	44%
<i>The carer would not give a reason / No reason recorded</i>	17%
<i>The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider a reassessment at a later date</i>	14%
<i>The carer feels that the reassessment would not result in additional support</i>	9%
<i>The carer sees their caring duties as a private matter which they prefer not to discuss</i>	8%
<i>The carer did not feel previous assessments / reassessments had been beneficial</i>	6%
<i>The carer found previous assessments / reassessments too time consuming</i>	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 30 June 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 [website](#). The CA1 and CA1b information return templates are available on request from CIB.

The changes to the data collection following the change of source of data 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 30 June 2015 and subsequent quarters 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 [disclosure control](#) for tables produced from administrative sources and the [Anonymisation Standard for Publishing Health and Social Care Data](#).

Our policy statement on confidentiality and security is contained within the DHSSPS Statistics Charter and is available on our [website](#).

## 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:

<https://www.dhsspsni.gov.uk/articles/carers'-assessments-and-reassessments>

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

<https://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research-social-services/social-care-statistics>

## 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/carersurvey0910](http://www.ic.nhs.uk/pubs/carersurvey0910)

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

[www.ic.nhs.uk/pubs/psscscarersurvey0910](http://www.ic.nhs.uk/pubs/psscscarersurvey0910)

Community Care Statistics: Social Services Activity, England 2014-15

<https://www.gov.uk/government/statistics/community-care-statistics-social-services-activity-england-2014-15>

## **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 [Statistics and Registration Services Act 2007](#). 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.

## **Future Statistical Release**

The next statistical release from CIB in relation to carers' information is due for publication on 10<sup>th</sup> March 2016.

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

<https://www.dhsspsni.gov.uk/publications/statistical-releases-calendar>

In response to changing priorities, it is proposed that the publication on carers' statistics will be produced on an annual, end-of-year (financial), basis while quarterly data will be made available in a table-only format. CIB will, in due course, consult with key users of these statistics in line with the "Code of Practice for Official Statistics" in advance of any changes made.

# Appendix B: Definitions

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

The [Carers and Direct Payments Act \(Northern Ireland\) 2002](#) 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 [Carers and Direct Payments Act \(Northern Ireland\) 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 [Northern Ireland Single Assessment Tool \(NISAT\)](#) 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 website](#).*

## Appendix C: Tables

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

<https://www.dhsspsni.gov.uk/articles/carers'-assessments-and-reassessments>

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

	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	30 June 2015	30 Sept 2015
<b>Assessments Offered</b>	2,488	2,695	2,723	2,500	2,683	2,933	2,745	2,645	2,513	3,076	3,100	3,195
<b>Assessments Accepted / Completed</b>	1,081	1,353	1,240	1,137	1,115	1,236	1,146	1,090	1,022	1,253	1,201	1,221
<b>Assessments Declined</b>	1,407	1,342	1,483	1,363	1,568	1,697	1,599	1,555	1,491	1,823	1,899	1,974

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 30 September 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	60	0	498	135	23	181	0	<b>897</b>
Northern	67	0	420	219	47	70	0	<b>823</b>
South Eastern	33	0	368	123	17	47	0	<b>588</b>
Southern	24	170	161	108	41	102	0	<b>606</b>
Western	51	0	137	22	22	49	0	<b>281</b>
<b>Northern Ireland</b>	<b>235</b>	<b>170</b>	<b>1,584</b>	<b>607</b>	<b>150</b>	<b>449</b>	<b>0</b>	<b>3,195</b>

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 30 September 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	57	0	164	73	12	103	0	409
Northern	57	0	150	78	39	33	0	357
South Eastern	26	0	68	26	11	24	0	155
Southern	23	6	73	13	34	50	0	199
Western	30	0	47	9	10	5	0	101
<b>Northern Ireland</b>	<b>193</b>	<b>6</b>	<b>502</b>	<b>199</b>	<b>106</b>	<b>215</b>	<b>0</b>	<b>1,221</b>

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 30 September 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	334	62	-	78	0	488
Northern	10	0	270	141	8	37	0	466
South Eastern	7	0	300	97	6	23	0	433
Southern	-	164	88	95	-	52	0	407
Western	21	0	90	13	12	44	0	180
<b>Northern Ireland</b>	<b>42</b>	<b>164</b>	<b>1,082</b>	<b>408</b>	<b>26</b>	<b>234</b>	<b>0</b>	<b>1,974</b>

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 30 September 2015)**

HSC Trust	Main Reason a Carer Declined a Carers Assessment								Total
	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	
Belfast	13	81	57	185	12	-	-	99	488
Northern	32	100	49	147	62	4	16	56	466
South Eastern	16	50	140	176	6	-	-	41	433
Southern	19	73	17	106	7	0	37	148	407
Western	5	30	37	54	8	0	28	18	180
<b>Northern Ireland</b>	<b>85</b>	<b>334</b>	<b>300</b>	<b>668</b>	<b>95</b>	<b>8</b>	<b>122</b>	<b>362</b>	<b>1,974</b>

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

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

	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	30 Jun 2015	30 Sept 2015
<b>Reassessments Offered</b>	285	311	337	403	325	384	352	426	371	508	565	538
<b>Reassessments Accepted / Completed</b>	157	169	200	227	154	219	181	271	218	341	352	372
<b>Reassessments Declined</b>	128	142	137	176	171	165	171	155	153	167	213	166

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 30 September 2015)**

	Family & Child Care / Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Reassessments Offered
<b>Northern Ireland</b>	37	0	248	95	74	84	0	538

HSC Trust	Total Reassessments Offered
Belfast	154
Northern	195
South Eastern	101
Southern	27
Western	61
<b>Northern Ireland</b>	<b>538</b>

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

**Table 8: Carers Reassessments Accepted / Completed by Client Group and HSC Trust (quarter ending 30 September 2015)**

	Family & Child Care / Children with Disabilities	CAMHS	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Reassessments Accepted / Completed
<b>Northern Ireland</b>	36	0	138	70	69	59	0	372

HSC Trust	Total Reassessments Accepted / Completed
Belfast	102
Northern	162
South Eastern	42
Southern	16
Western	50
<b>Northern Ireland</b>	<b>372</b>

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

**Table 9: Carers Reassessments Declined by Client Group and HSC Trust (quarter ending 30 September 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	110	25	5	25	0	166

HSC Trust	Total Reassessments Declined
Belfast	52
Northern	33
South Eastern	59
Southern	11
Western	11
<b>Northern Ireland</b>	<b>166</b>

Note: The client groups Family & Child Care and Children with Disabilities have been merged to avoid possibility of personal disclosure. In some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low.

**Table 10: Reasons Given for Declining a Carers Reassessment (quarter ending 30 September 2015)**

HSC Trust	Main Reason a Carer Declined a Carers Reassessment							Total
	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	
Northern Ireland	14	-	24	73	15	-	29	166

# 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 CARERS ASSESSMENTS DURING THE QUARTER													
Contact Name:	<input style="width: 100%;" type="text"/>												
Contact Number:	<input style="width: 100%;" type="text"/>												
HSC Trust:	<input style="width: 100%;" type="text"/>												
Quarter Ending:	<input style="width: 100%;" type="text"/>												
<b>TABLE 1: REFERRALS</b>													
Client Group	Referrals Accepted												
Children	Family & Child Care												
	Children with Disabilities												
	CAMHS												
Older People													
Mental Health													
Learning Disability													
Physical Disability & Sensory Impairment													
Other (please specify by inserting a comments box)													
<b>Total</b>	<b>0</b>												
<b>TABLE 2: ASSESSMENTS</b>													
Client Group		Assessments Offered	Assessments Accepted/ Completed	Assessments Declined	Main reason carer declined a carer's assessment								
					A1	A2	A3	A4	A5	A6	A7	A8	
Children	Family & Child Care	0											
	Children with Disabilities	0											
	CAMHS	0											
Older People		0											
Mental Health		0											
Learning Disability		0											
Physical Disability & Sensory Impairment		0											
Other (please specify by inserting a comments box)		0											
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TABLE 3: RE-ASSESSMENTS</b>													
Client Group		Re-assessments Offered	Re-assessments Accepted/ Completed	Re-assessments Declined	Main reason carer declined a carer's Re-assessment								
					R1	R2	R3	R4	R5	R6	R7		
Children	Family & Child Care	0											
	Children with Disabilities	0											
	CAMHS	0											
Older People		0											
Mental Health		0											
Learning Disability		0											
Physical Disability & Sensory Impairment		0											
Other (please specify by inserting a comments box)		0											
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NOTES:</b>													
Please return by email to: <a href="mailto:HSCBInformation@hscni.net">HSCBInformation@hscni.net</a>													
Please return no later than 4 weeks after the end of each quarter.													
A Guidance sheet has also been included for reference.													

This and other statistical bulletins published by Community Information Branch are available to download on the DHSSPS website at:

<https://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research-social-services/social-care-statistics>

This publication can be requested in large print or other formats.