

Wales Carers Alliance Carer Assessment Survey

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September 2004

Acknowledgement

First and foremost I wish to thank all the carers who responded to our survey; secondly to Wales Carers Alliance members who circulated the questionnaires so efficiently and finally to the staff at both Carers Wales and CROSSROADS Wales who supported the data collection and analysis.

*Shirley Bowen
Chair Wales Carers Alliance
September 2004*

Wales Carers Alliance

The Wales Carers Alliance is established to promote the recognition and support of carers in Wales. The Alliance comprises national or significant regional voluntary sector organisations in Wales which have declared policies on carer support and seek to work together to establish the legislative, policy, resource and service framework to provide support to carers in Wales.

Members include: Age Concern Cymru, Alzheimer's Society, Care & Repair Cymru, Carers Wales, Christian Lewis Trust, Contact a Family Wales, CROSSROADS Wales, Daybreak Wales, Hafal, MENCAP Cymru, Parkinson's Disease Society, Princes Royal Trust for Carers, SCOVO.

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EXECUTIVE SUMMARY

CARERS look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. (Carers UK).

Social Services have a leading part to play in supporting carers. As part of their role in Community Care, they have a responsibility for undertaking assessments of carers alongside those that they care for. The Third Report, published in 'Carers' Week' 2003, drew our attention to the fact that during July 2002 all local authorities in Wales were asked to participate in a pilot study implementing a new assessment form for assessing clients for service provision. The pilot aimed to assess carer needs, where applicable, as well as those of the person with care needs. The pilot study of 5,000 assessments showed that 3,000 people with care needs were supported by a carer. The majority of these carers were offered an assessment under the Carers and Disabled Children Act 2000. Of those carers that were identified as having a separate need, over 77% received additional services.

The experience and perception of carer assessments and services by carer organisations such as Carers Wales, Contact a Family Wales and CROSSROADS Wales, is however somewhat different. A great many of the carers with whom we come into contact have not heard of a carer's assessment let alone been offered or benefited from one. As a result, Wales Carers Alliance has undertaken a survey to ascertain what is happening from the carers' perspective. A postal questionnaire was sent to 10,000 carers in Wales, and 1,276 returns were received (12.8%).

Carer profile

Carers involved in this survey were much more likely to be at the 'heavy end' of caring. These are the carers most likely to benefit from a carer's assessment. The U.K General Household Survey reports that 72% of carers in the UK provide more than 20 hours of care per week. However in this survey, 90% of carers provide more than 20 hours of care per week, 77% of carers provide more than 50 hours of care per week, and 63% of carers provide more than 100 hours of care per week. In addition, 69% of carers in this survey have been caring for more than 5 years (compared with the figure of just 45% provided by General Household Survey) and 44% of carers have been caring for more than 10 years.

Accessing support

To qualify for a carer's assessment, a person must be providing or intending to provide a 'substantial amount of care on a regular basis'.

The carer profile in our survey suggests that at least 90% appear eligible for an assessment. However, just 490 carers (38%) had actually received a carer's assessment and only 50% of carers had been told of their right to an assessment. 27% of those carers who refused an assessment felt it would make no difference and would not lead to an increase in services.

Carers' comments suggest that staff training needs to be a priority. A number of carers commented that they had been told they were not eligible for an assessment. In all cases it appeared from the information provided that they were 'regular and substantial' carers and therefore entitled to an assessment.

The assessment

Carers were asked about the areas covered in their assessment:

- A key priority for carers is the need for a break, yet this was discussed in only 67% of assessments.
- Employment does not appear to be discussed routinely during assessment, thus precluding opportunities for services that would enable carers to balance work and caring. While 68% of carers who completed our questionnaires were aged between 17–65years, employment was discussed in only 17% of assessments. This suggests that the Government objective of enabling carers to have choices about employment is stumbling at the first hurdle.
- Only 22% of carers' assessments covered contingency planning to deal with emergencies. There were numerous comments from carers highlighting the stress and worry that this can cause.

Outcome of assessments

Under-investment in Social Care is much in evidence. 54% of carers who did not accept the help or support offered did so because the service was not what they wanted or needed. Where no help or support was offered, in 32% of cases, this was because the services that the carer wanted weren't available. 28% of carers stated that the cost of Community Care services had prevented them from taking up the services on offer.

Recommendations:

- Local Authorities must inform carers, including people with parental responsibility for disabled children, that they may be entitled to a carer's assessment.
- Staff attitudes towards carers' assessments should be canvassed and new working practices developed to tackle unhelpful attitudes.
- Training for staff on the Carers & Disabled Children Act (2000) and the Carers (Equal Opportunities) Act (2004) should be implemented
- The assessment must consider the carer's wish, or need to, work.
- There should be a substantial increase in the funding of Social Care.
- The Performance Management agenda should be developed to address not only the number of carer assessments but also the outcome of those assessments.
- The Carers' Grant has provided necessary protection from cash-strapped Social Services budgets to improve break provision and carer specific services. This funding should not be transferred to the Revenue Support Grant until effective performance indicators are established and carer services are firmly embedded in Health, Social Care and Well-being Strategies.

WALES CARERS ALLIANCE – CARER ASSESSMENT SURVEY

CARERS look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. (Carers UK).

Carers can be adults, caring for other adults, parents caring for ill or disabled children under the age of 18, or young carers under 18 who care for another family member. There is not a typical carer. Carers may be of any age, culture or religion, and from a diverse range of backgrounds. Some carers do not see themselves as carers, but see themselves primarily as a parent, child, wife or husband, partner, friend or neighbour. (Carers' Strategy in Wales - Implementation Plan).

Furthermore demographic factors suggest each one of us will need to care for four others during our lifetime, and in due course will need care and support ourselves.

As carers we would want to ensure the well-being of the person needing care, have the freedom to have a life of our own and the ability to maintain our own health.

BACKGROUND

For more than a decade, carers have increasingly been recognised in public policy. It is fifteen years since the publication of the Griffiths Report, which laid the foundations for the NHS and Community Care Act 1990, and acknowledged that public bodies should be doing more to recognise and support carers.

In the intervening years three pieces of legislation have been passed - the **Carers (Recognition and Services) Act 1995 (CRSA)** and the **Carers and Disabled Children Act (CDCA)** implemented in Wales in July 2001, and the **Carers (Equal Opportunities) Act 2004**. The CRSA gave carers a right to a separate assessment but linked the carer's eligibility for assessment to the person needing care undergoing a comprehensive assessment. The CDCA addressed this limitation by allowing local authorities to provide services directly to carers. Carers are now able to request an assessment when the person needing care has either refused an assessment or has refused the delivery of community care services. The Carers (Equal Opportunities) Act places a duty on local authorities to inform the carer that he or she may be entitled to a carer's assessment. The assessment must take into consideration the carer's wish, or need to work, have a break or enter training or life-long learning opportunities whilst caring.

The Government's approach to carers, set out in the **National Carers Strategy (1999)**, placed a new value on the vital and important work which carers do for people needing care.

The Strategy states *'Every-one feels the effect of caring. One in eight people in Britain is now a carer- looking after someone who is ill, frail, disabled or unable to cope. Without this extensive caring, many more elderly, frail, sick or disabled people would need the support of the statutory services, and might need to enter a residential or nursing home or go into hospital. This might be a detriment to quality of life for some people needing care, and would be at considerable cost to the taxpayer.'*

The **Carers' Strategy in Wales** has its roots in and develops the UK Strategy, 'Caring about Carers', which was launched in February 1999. Underpinning the **Carers' Strategy in Wales - Implementation Plan (2000)** are the three guiding themes that the National Assembly has adopted for its work:

Sustainability - meeting the needs of the present without compromising the ability of future generations to meet their own. Carers are the cornerstones of sustainable communities.

Tackling social disadvantage – the development of an inclusive society where everyone has a chance to fulfil their potential. Carers are among the most socially isolated and excluded people in Wales.

Equal Opportunities – the promotion of a culture in which diversity is valued and equality of opportunity is a reality. This means taking account of the needs of carers in different groups and communities in Wales, including black and ethnic minorities, men, women, children and disabled people.

ASSESSMENTS

Social services have a leading part to play in supporting carers. As part of their role in community care, they have a responsibility for undertaking assessments of carers alongside those that they care for. In partnership with other statutory, voluntary and private organisations they are required to secure a wide range of services including:

- the provision of relevant information
- assessment of needs
- domiciliary care
- day services
- residential care
- respite care and breaks

The **Third Report published in Carers' Week 2003**, drew our attention to the fact that during July 2002 all local authorities in Wales were asked to participate in a pilot study using a new assessment form when assessing clients for service provision. The pilot also assessed carer needs where applicable, as well as those of the person with care needs. The results of that study reviewed by the Local Government Data Unit showed a positive impact of the Carers and Disabled Children Act 2000 and the assessment of carer needs. The pilot study of 5,000 assessments showed that 3,000 people with care needs were supported by a carer. The majority of these carers were offered an assessment under the Carers and Disabled Children Act 2000. Of those carers that were identified as having a separate need over 77% received additional services.

However, the experience and perception of carer organisations such as **Carers Wales, Contact a Family Wales and CROSSROADS Wales** of what's actually happening is somewhat different. Very many of the carers with whom we come into contact have not heard of a carers assessment let alone been offered or benefited from one. As a result, Wales Carers Alliance, using the networks of our membership has since undertaken a survey to ascertain what's happening from the carers' perspective.

THE SURVEY

This report presents the key findings of a survey carried out between October and December 2003. Using the networks of organisations that are members of Wales Carers Alliance, a postal questionnaire was sent to approximately 10,000 carers. This report focuses on the detailed examination of 1,276 completed questionnaires received from 970 female and 306 male carers. Completed questionnaires have been received from each of the 22 local authority areas in Wales. Data has subsequently been analysed at both a female and male and local authority level. 32 female and 9 male respondents did not identify the local authority area in which they lived. We therefore had 46 data sets of information on which to draw.

Completed questionnaires

Local Authority	Female	Male	Total
Anglesey	9	2	11
Blaenau Gwent	40	16	56
Bridgend	93	29	122
Caerphilly	23	6	29
Cardiff	61	31	92
Carmarthenshire	83	36	119
Ceredigion	21	6	27
Conwy	35	19	54
Denbighshire	36	10	46
Flintshire	26	7	33
Gwynedd	13	3	16
Merthyr Tydfil	25	9	34
Monmouthshire	24	6	30
Neath Port Talbot	30	13	43
Newport	18	4	22
Pembrokeshire	80	14	94
Powys	109	25	134
Rhondda Cynon Taff	25	12	37
Swansea	92	29	121
Torfaen	18	2	20
Vale of Glamorgan	54	13	67
Wrexham	23	5	28
Local Authority unrecorded	32	9	41
Total	970	306	1,276

CARER PROFILE

874 carers (68%) who completed the questionnaires are aged between 17-65yrs. Carers involved in this survey are much more likely to be at the heavy end of caring. These are the carers who are likely to benefit from a carer's assessment. Whereas 72% of carers in the UK provide more than 20 hours of care per week, 90% of carers in this survey provide more than 20 hours of care per week, 77% of carers provide more than 50 hours of care per week, and 63% of carers provide more than 100 hours of care per week.

69% of respondents have been caring for more than 5 years, whereas the figure from the General Household Survey is just 45%. 44% of respondents in this survey have been caring for more than 10 years.

Carers' age	Female	Male	Total	%
No answer given	2	0	2	0.1%
Under 16years	4	2	6	0.5%
17-25years	4	4	8	0.6%
36-44years	217	30	247	19.4%
45-65years	492	127	619	48.5%
66-75years	170	62	232	18.2%
75-89years	81	77	158	12.4%
90+years	0	4	4	0.3%
Total	970	306	1,276	

Hours spent caring	Female	Male	Total	%
No answer given	46	12	58	5%
Less than 20 hours	40	20	60	5%
20-35 hours	56	11	67	5%
36-50 hours	76	30	106	8%
51-100 hours	130	51	181	14%
More than 100 hours	622	182	804	63%
Total	970	306	1,276	

Years spent caring	Female	Male	Total	%
No answer given	16	7	23	2%
Less than a year	8	5	13	1%
1-2 years	45	18	63	5%
2-5 years	219	72	291	23%
6-10 years	232	96	328	25%
More than 10 years	450	108	558	44%
Total	970	306	1,276	

Relationship to person with care needs	Female	Male	Total	%
No answer given	6	1	7	1%
A spouse	321	194	515	36%
A parent	204	55	259	18%
Another family member	188	28	216	15%
A disabled child	343	49	392	27%
A friend	28	10	38	3%
Total	1,090	337	1,427	

Female carer, aged 45-65years, caring for spouse, parent and a friend. Caring for more than 100 hours per week, for between 6-10 years. No assessment has been offered.

Female carer, aged 45-65years, caring for spouse, parent and a disabled child. Caring for more than 100 hours per week, for more than 10 years. Waited less than 1 month for the assessment and is satisfied with the outcome.

Female carer, aged 75-89years, caring for another family member, disabled child and a friend. Caring for more than 100 hours per week, for more than 10 years. No assessment has been offered.

Female carer, aged 45-65years, caring for spouse, parent, disabled child, another family member and a friend. Caring for more than 100 hours per week, for more than 10 years. Has been told of the right to assessment by a carer's organisation and another carer. Has subsequently been offered an assessment but refused because 'it would make no difference'.

Female carer, aged 45-65years, caring for 3 friends. Caring for between 20-35 hours per week, for between 2-5years. Has been offered an assessment but refused 'afraid of financial implications'.

Male carer, aged 45-65years, caring for spouse, parent and a disabled child. Caring for 51-100 hours per week, for between 6-10 years. No knowledge of assessment.

Male carer, aged 45-65years, caring for parent, another family member, disabled child and a friend. Caring for more than 100 hours per week, for more than 10 years. No knowledge of assessment.

Male carer, aged 45-65years, caring for spouse, parent and a friend. Caring for 36-50 hours per week, for between 6-10years. Waited less than 1 month for an assessment. Satisfied with the outcome.

Male carer, aged 45-65years, caring for spouse, parent and another family member. Caring for more than 100 hours per week, for between 2-5 years. Very satisfied with the outcome of the assessment.

PROFILE OF PERSON BEING CARED FOR

21% of respondents are children with disabilities. 35% of respondents are aged between 18yrs and 64yrs, and 43% of respondents fall within the older people category.

Person's age	Total	%
No answer given	10	1%
Under 18 years	304	21%
18-64 years	498	35%
65-80 years	305	21%
80+ years	310	22%
Total	1,427	

Disability/Illness of the person being cared for

The largest group were described as having a physical disability. (*Carers tended to list more than one disability/illness*)

Disability/Illness	%
Physical disability	51%
Mental Health Problems	19%
Learning Disabilities	30%
Hearing/Sight Impairment	19%
Drug/Alcohol Dependency	1%
Dementia	18%
Short Term Illness	2%
Long Term Illness	18%
Other	15%

ACCESSING SUPPORT

To qualify for a carer's assessment, a person must be providing or intending to provide a 'substantial amount of care on a regular basis'. The term 'regular and substantial' is not defined in law, but the guidance accompanying the Carers and Disabled Children Act emphasises that local authorities should be considering not just the amount of time spent caring, but also the impact of caring, for example on a person's health and ability to remain in work. The profile of respondents suggests that at least **90% appear eligible** for an assessment.

Has anyone ever told you of your right to have a carer's assessment?	Female	Male	Total	%
No answer given	4	5	9	1%
Yes	492	150	642	50%
No	403	118	521	41%
Don't know	71	33	104	8%
Total	970	306	1,276	

Carers will only take up their right to an assessment if they have been informed of that right. However many of the carers who contributed to our survey were unaware of carers' assessments. Only **642 carers (50%)** had been told of their right to have a carer's assessment.

Who told you about the assessment?	Female	Male	Total	%
A Social worker	243	84	327	51%
Someone from NHS	37	14	51	8%
A carers' organisation	179	63	242	38%
Another Carer	35	8	43	7%
A relative or friend	21	5	26	4%
Publicity	55	17	72	11%
Other	31	5	36	6%

(carers identified more than 1 source)

I do not know and have not heard about the carer's assessment. The only information I have is what came with this form. (Female carer)

My social worker may have spoken to me about an assessment but nothing has been followed up. (Female carer)

We were not aware of this assessment until this form arrived in Oct 2003 having been caring for some 18 years. (Male carer)

Someone came to see me but I do not think it was a carer's assessment, or maybe it was, I'm unsure. (Female carer)

Carers were asked about their reasons for refusing an assessment. Our findings suggest that there is a need for the benefits of having an assessment to be clearly explained, as **13% of carers who refused** were unsure of the purpose of the assessment.

Carers' comments suggest that staff training needs to be a priority. A number of carers commented that they had been told they were not eligible for an assessment. In all cases it appeared from the information that they provided that they were 'regular and substantial' carers and therefore entitled to an assessment.

In **27%** of cases, carers felt it **would make no difference** and would not lead to an increase in services. It is particularly disappointing that several social workers also appear to share this view. It is imperative that carers feel that an assessment could lead to tangible support. In the meantime it is vital that ring-fenced funding continues in the form of the Carers' Grant to ensure carers can be offered some support.

Reasons for refusing assessment	Female	Male	Total	%
Didn't understand what it was	16	9	25	13%
It would make no difference	40	11	51	27%
Social worker said there was no point	14	6	20	11%
Afraid of financial implications	15	9	24	13%
Needs met by other assessments	9	6	15	8%
Family & friends help when needed	24	7	31	16%
Other	15	8	23	12%
Total	133	56	189	

Carers have had a right to request a carer's assessment since 1996 when the Carers (Recognition and Services) Act was implemented. Almost eight years on, only **490 carers (38%)** reported that they have had a carer's assessment.

Have you subsequently had a carer's assessment?	Female	Male	Total	%
No answer given	135	39	174	14%
Yes	362	128	490	38%
No	406	113	519	41%
Don't know	67	26	93	7%
Total	970	306	1,276	

Of these 490 carers:

- **335 carers (68%)** stated that the assessment was explained to them before the assessment began
- **370 carers (76%)** stated that a prior appointment was made
- **304 carers (62%)** were aware that their needs could be assessed separately from the needs of the person they care for
- **279 carers (57%)** were given the choice of having the assessment in private, away from the person they care for
- **349 carers (71%)** were offered the assessment in a language of their choice
- **357 carers (73%)** felt they were given enough time to talk to the person carrying out the assessment

The social worker undertaking the assessment was very pleasant & tried to be helpful, but it was difficult to talk in detail with my husband present. It would have been better if I could have spoken to her in private. Perhaps as part of a follow up session? (Female carer)

WAITING TIMES

Currently there is no statutory description of any specific time limit for carrying out assessments. The law implies that one should be carried out within 'reasonable time'. This is frequently interpreted in relation to levels of risk. As the triggers for a carer's assessment are often associated with finding it hard to cope and deterioration in the health of either the carer or person being cared for, this suggests that the levels of risk could potentially be relatively high and merit early assessment. **Only 34% of carers** reported that their assessment took place **within one month** of their initial request and a **further 23%** took place **within three months**. **16% of carers waited longer than 6 months** for their assessment.

How long did you have to wait for a carer's assessment?	Female	Male	Total	%
No answer given	77	26	103	21%
Less than 1month	121	47	168	34%
1-3months	80	33	113	23%
3-6months	26	4	30	6%
6 months-1year	19	9	28	6%
More than 1year	39	9	48	10%
Total	362	128	490	

I have been trying to get a carer's assessment since last April. I have mentioned this to the social worker on several occasions and the subject is often changed. There has been enough publicity about carers' assessments, but I haven't been able to get one. (Male carer)

TOPICS COVERED BY CARERS' ASSESSMENTS

Need for a break/time off

The National Carers Strategy states '*Supporting the independence of carers means allowing them to have some time on their own, or for themselves. This means time to pursue their own interests, and take care of their own needs. A break from caring is invaluable in reducing the psychological and emotional stress faced by many carers*'.

In the Strategy for Wales Implementation Plan, the National Assembly stated its intention to: '*stimulate greater quantity, diversity and flexibility of provision to enable carers to take a break from caring. It aims to encourage and support local authority service review and development to help ensure that services in their areas are more responsive to the needs of carers*'.

Research repeatedly demonstrates that a key priority for many carers is the need for a break. It is therefore disappointing that **only 67% of assessments covered breaks**.

Carer's health is also covered by assessments. **46% of carers** reported that the way in which caring affects their **physical health** was discussed, while **46% of carers** reported that the way in which caring affects their **mental health** was discussed.

Employment

The National Carers Strategy revealed that ‘two thirds of working age carers are in paid employment- many carers will be working when the need to care arises’. Looking to the future ‘there will be higher levels of employment among women; many of whom will find themselves faced with the responsibility for providing care for elderly parents’.

The Government’s objectives for carers who are of working age are:

- to encourage and enable carers to remain in work;
- to help those carers who are unable to, or do not want to combine paid work with caring, to return to work when their caring responsibilities cease’.

Our survey reveals that employment does not appear to be discussed routinely during assessment, let alone lead to services that would enable carers to balance work and caring. While **68% of carers** who completed our questionnaires are **aged between 17–65years**, **employment** was discussed in **only 17% of assessments**. This suggests that the Government objective of enabling carers to have choices about employment is stumbling at the first hurdle. Policy makers, planners and employers need to better understand how to enable carers who wish to remain in, or return to employment, to do so.

Emergencies

Only **22% of carers’ assessments** in this survey covered contingency planning to deal with emergencies. There were numerous comments from carers highlighting the stress and worry that this can cause.

What should happen in emergencies? This would be a problem if I was in hospital for a long stay – I have nothing arranged. (Female carer)

Which of the following were explored with you during the assessment?	Female	Male	Total
No answer given	25%	15%	22%
Your need for a break/time off	67%	68%	67%
Your need for help at home	48%	58%	50%
The need for home aids & adaptations	43%	48%	44%
The way your physical health is affected	46%	46%	46%
The way your mental health is affected	46%	44%	46%
Your relationship with the cared for person	33%	34%	33%
Affects with members of family/friends	34%	29%	33%
The way caring affects your ability to work	15%	21%	17%
Information you are able to get	35%	32%	34%
Access to education & training	7%	8%	8%
What should happen in emergencies	20%	27%	22%

341 carers (70%) were either **satisfied (46%)** or **very satisfied (24%)** with the way in which the assessment was carried out.

How do you feel about the way the assessment was carried out?	Female	Male	Total	%
No answer given	61	13	74	15%
Very satisfied	85	32	117	24%
Satisfied	164	60	224	46%
Dissatisfied	52	23	75	15%
Total	362	128	490	

OUTCOME OF ASSESSMENTS

The purpose of a carer's assessment is to determine whether the carer is eligible for support. The vast majority of the support to carers arises from benefiting from services provided to the person with care needs, such as breaks and help with practical tasks. Under the **Carers (Recognition and Services) Act 1995**, the results of a carer's assessment must be taken into account when deciding the package of care for the person being cared for. Although the bulk of carers' support is likely to continue to be met by community care services, carers' outcomes can also be met by providing services to them under the **Carers' and Disabled Children Act**. However these services are not defined with the aim of increasing the flexibility and innovation in delivering the outcomes carers and users want. Carers were asked specifically whether services were offered to them as a carer in their own right, the person they care for, or both of them.

Were services offered to?	Female	Male	Total	%
No answer given	113	34	147	30%
You as a carer in your own right	47	27	74	15%
The person you care for	73	33	106	22%
Both of you	129	34	163	33%
Total	362	128	490	

Not all carers' assessments will call for an increase in services.

Of the **490** assessments undertaken:

- **258 (52%)** have led to the offer of extra help
- **70 (14%)** have resulted in information and
- **45 (9%)** have resulted in other forms of support.
- **239 carers (49%)** stated that the help/support offered was the right help for their needs
- **295 carers (60%)** accepted the help/support offered

Where carers did not accept the help/support offered they identified the following reasons:

- **28%** the costs
- **54%** the service was not what was wanted/needed
- **18%** other reasons

If no help was offered, the following reasons were given for the lack of help:

- **42%** lack of resources
- **32%** services carers wanted weren't available
- **11%** not eligible
- **15%** other

WRITTEN SUMMARIES

According to the Carers and Disabled Children Act Practice Guidance all carers should receive a summary of their assessment outlining their assessed needs and detailing what help is to be provided and when. This should be in written or other accessible format.

208 carers (42%) were given or promised a written copy of any action agreed during the assessment.

***But I have not received a written copy although I requested one.
(Female carer)***

***I have had no feedback or comments from social services as to my assessment.
(Male carer)***

REVIEW

The Practitioner's Guide is clear that discussing a review date should be part of a carer's assessment. However it is evident that there remains a considerable gap between the policy ideal of regularly reviewing need and carers' everyday experiences

162 carers (33%) were promised a review of the assessment.

Carers' comments suggest that there is often little follow up. Without a review, it can be difficult to establish whether the care package is meeting needs.

The assessment was about 3 years ago, surely there should now be an automatic re-assessment? (Male carer)

REASSESSMENT

Only **167 carers (34%)** who undertook an assessment were told of their right to a re-assessment if their circumstances changed.

CONCLUSION & RECOMMENDATIONS

The survey was distributed to carers who were already in touch with carer support and information networks. It did not reach the many thousands of carers in Wales who do not even recognise themselves as carers and therefore do not know about carers' assessments.

The carers who replied were those with a heavy burden of caring and so were caring for people more likely to be in regular contact with social services, and were therefore more likely to be recognised by the department. Even so **50% of carers** in this survey had not been told of their right to an assessment. Carers will only take up their right to an assessment if they have been informed of that right.

Recommendation:

- Local Authorities must inform carers, including people with parental responsibility for disabled children, that they may be entitled to a carer's assessment

Carers' comments suggest that staff training needs to be a priority. A number of carers commented that they had been told they were not eligible for an assessment. In all cases it appeared from the information that they provided that they were 'regular and substantial' carers and therefore entitled to an assessment. Our findings suggest that there is a need for the benefits of having an assessment to be clearly explained as **13% of carers** who refused were unsure of the purpose of the assessment.

In **27% of cases**, carers felt an assessment would make no difference and would not lead to an increase in services. It is particularly disappointing that a number of social workers also appear to share this view. It is imperative that carers feel that an assessment could lead to tangible support.

Recommendation:

- Staff attitudes towards carers' assessments should be canvassed and new working practices developed to tackle unhelpful attitudes.
- Training for staff on the Carers & Disabled Children Act (2000) and the Carers (Equal Opportunities) Act (2004) should be implemented.

Our survey reveals that employment does not appear to be discussed routinely during assessment, let alone lead to services that would enable carers to balance work and caring. While **68% of carers** who completed our questionnaires are aged between 17-65 years, employment was discussed in **only 17% of assessments**. This suggests that the Government objective of enabling carers to have choices about employment is stumbling at the first hurdle.

Recommendation:

- The assessment must consider the carer's wish, or need to work.

Under investment in social care is much in evidence. **54% of carers** who did not accept the help or support offered did so because the service was not what they wanted or needed. Where no help or support was offered in **32% of cases** this was because services the carer wanted weren't available. **28% of carers** stated that the cost of community care services had prevented them from taking up the services on offer.

Recommendation:

- There should be a substantial increase in the funding of Social Care.
- The Performance Management agenda should be developed to address not only the number of carer assessments but also the outcome of those assessments
- The Carers' Grant has provided necessary protection from cash-strapped Social Services budgets to improve break provision and carer specific services. This funding should not be transferred to the Revenue Support Grant until effective performance indicators are established and carer services are firmly embedded in Health, Social Care and Well-being Strategies.