

INFORMATION  
ANALYSIS  
DIRECTORATE



# Quarterly Carers' Statistics for Northern Ireland

(July - September 2018)



Department of  
**Health**

An Roinn Sláinte  
Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)



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# About Us



Statistics and research for the **Department of Health** 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](#).

<https://www.health-ni.gov.uk/topics/doh-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.

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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 30 September 2018:**

## Carers Assessments

- A carer’s assessment was offered to 4,392 carers in Northern Ireland during the quarter ending 30 September 2018. This represented a 8% (313) increase on the number of assessments offered in the previous quarter (4,079), and an increase of 25% (865) when compared to the same quarter in 2017 (3,527)
- Of the 4,392 carers’ assessments offered, 46% (2,037) were accepted / completed and 54% (2,355) were declined
- Those carers caring for someone in the Family and Childcare / Children with Disabilities client group were the most likely to accept an offer of an assessment, whereas those caring for someone in the Mental Health client group were most likely to decline an offer of an assessment.



## Carers Reassessments

- A carer’s reassessment was offered to 1,003 carers in Northern Ireland. This represented a 37% (241) increase on the previous quarter (644) and an increase of 38% (244) from the same quarter in 2017 (641).
- Of the 1,003 carers’ reassessments offered, 76% (765) were accepted / completed and 24% (238) 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 DoH'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 adult carers, thus ensuring a standardised approach to assessment regardless of the location of the carer in Northern Ireland. However, children with caring responsibilities, or in some circumstances adults caring for children with disabilities, will be assessed under the Understanding the Needs of Children in Northern Ireland (UNOCINI) assessment framework.

This bulletin presents, for the **quarter ending 30 September 2018**, 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.*

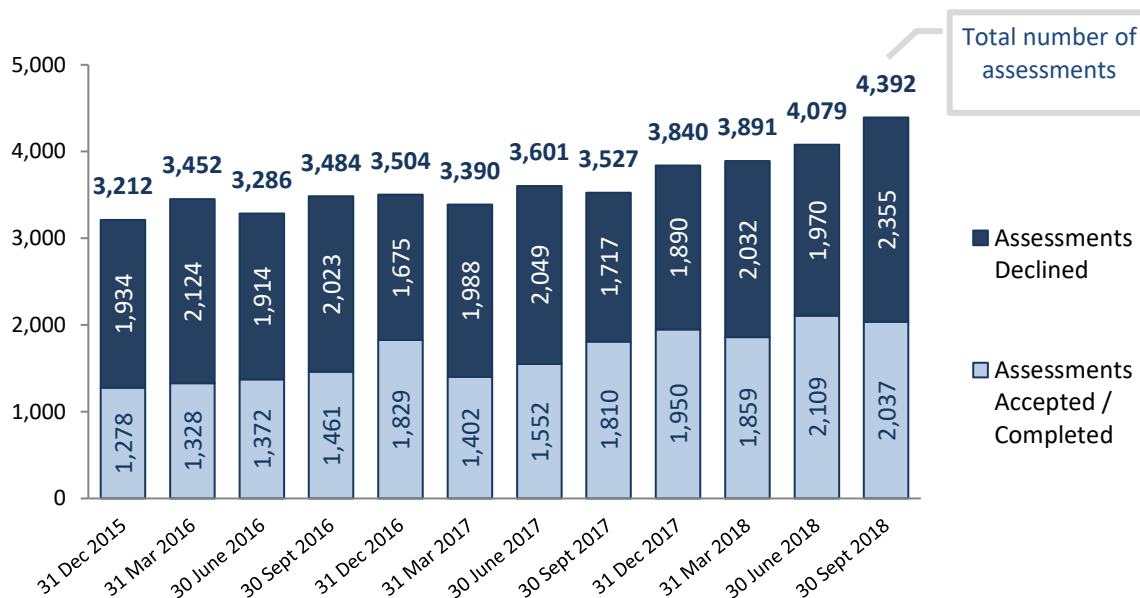
During quarter ending 30 September 2018, a carer's assessment was offered to 4,392 carers in Northern Ireland. This represented a 8% (313) increase on the number of assessments offered in the previous quarter (4,079), and a 25% (865) increase when compared to the same quarter in 2017 (3,527)<sup>1</sup>.

Of the 4,392 carers' assessments offered, 46% (2,037) were accepted / completed and 54% (2,355) were declined (Figure 1).

The 2,037 carers' assessments which were accepted / completed represented a 3% (72) decrease from the previous quarter (2,109) however an increase of 13% (227) from the same quarter in 2017 (1,810).

The 2,355 carers' assessments which were declined represented a 20% (385) increase from the previous quarter (1,970) and an increase of 37% (638) from the same quarter last year (1,717) (Figure 1). Generally, the number of declined assessments have been higher than accepted / completed assessments, however the differences have narrowed in recent quarters and in some instances there have been more offers accepted / completed ([Table 1](#)).

**Figure 1 Carers Assessments Offered, Accepted / Completed and Declined (quarter ending 30 December 2015 – 30 September 2018)**



<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 website <https://www.health-ni.gov.uk/articles/carers-assessments-and-reassessments>

## Carers Assessments by HSC Trust

The number of carers' assessments offered varies across Trusts. The Western HSC Trust had the lowest proportion of all assessments offered (468, 11%) whereas the Northern HSC Trust had the highest proportion (1,251, 28%) ([Table 2](#)). Taking into account the population structure of the HSC Trusts, the Western HSC Trust had the lowest rate of assessments offered (155 offers per 100,000 population), compared to 300 assessments per 100,000 of the population in the Southern HSC Trust.<sup>2</sup>

**Figure 2** Number of Carers Assessments Offered by HSC Trust (quarter ending 30 September 2018)

Number of Carers Assessments Offered by HSC Trust				
Belfast	Northern	South Eastern	Southern	Western
857	1,251	675	1,141	468

HSC Trust figures can vary considerably between quarters. During quarter ending 30 September 2018, the South Eastern and Southern HSC Trusts increased the number of carers' assessments offered when compared to the previous quarter by 37% and 17% respectively, whereas there were only minor changes in the other Trusts.

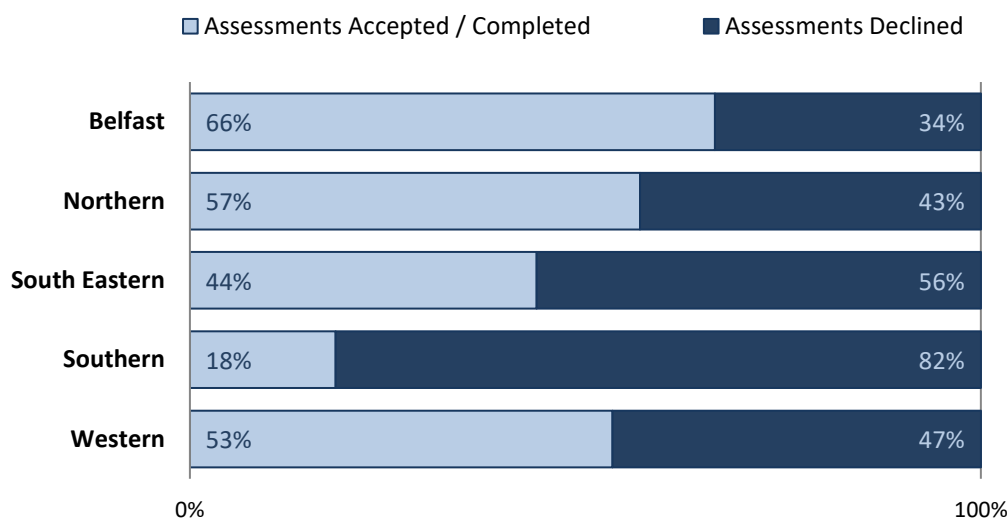
The Belfast, Northern, and Western HSC Trusts had more offers of carers' assessments accepted / completed than declined. The Southern and South Eastern HSC Trusts had more offers declined than accepted ([Figure 3](#)) ([Table 3](#)). The Southern HSC Trust has consistently had a large proportion of declined offers.

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<sup>2</sup> 2017 Mid-Year Population Estimates, NISRA 2018



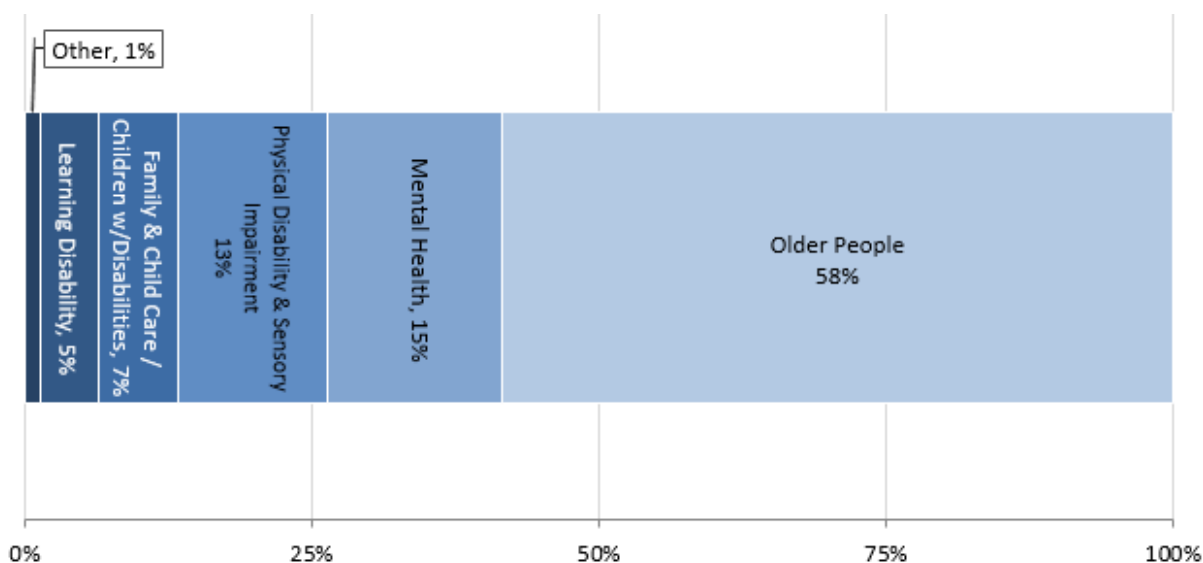
**Figure 3 Proportion of Carers Assessments Accepted / Completed and Declined by HSC Trust (quarter ending 30 September 2018)**



## Client Group

Regionally across Northern Ireland, figures show that almost three fifths (58%) of carers who had been offered an assessment during the quarter ending 30 September 2018 were caring for someone in the Older People client group<sup>3</sup>. Carers caring for someone in the Mental Health and Physical Disability and Sensory Impairment client groups accounted for 15% and 13% respectively. The proportions of the remaining client groups can be found in Figure 4 below ([Table 4](#)).

**Figure 4 Proportion of Carers Assessments Offered by Client Group (of Cared for Person) (quarter ending 30 September 2018)**

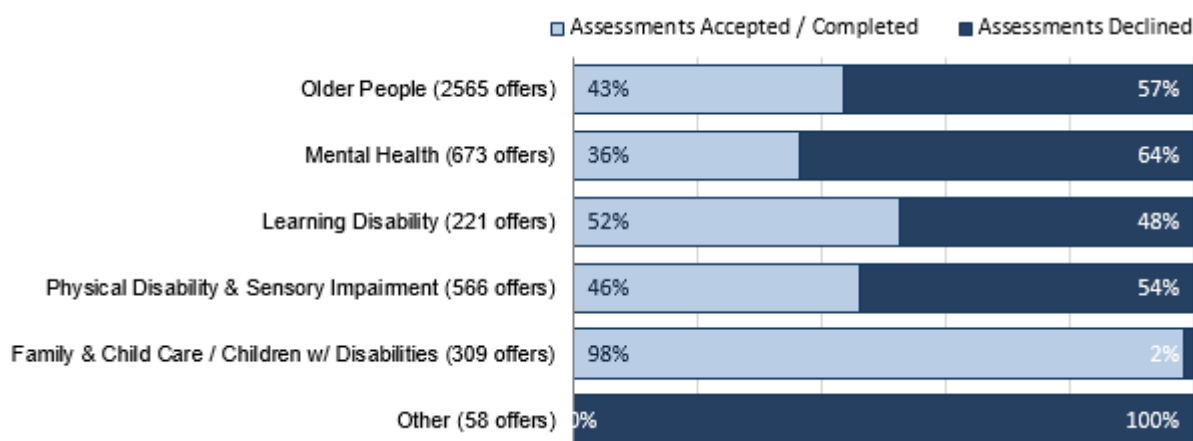


Note: Mental Health includes CAMHS

<sup>3</sup> A list of client groups and associated definitions can be found in [Appendix B](#) of this report.

Across Northern Ireland, 98% of those carers caring for someone in the Family & Child Care and Children with Disabilities client groups accepted or completed an offer of a carer’s assessment. The Learning Disability client group was the only other client groups with a higher proportion of carers accepting or completing an offer of assessment than declining (52% accepted / completed).

**Figure 5 Proportion of Carers Assessments Accepted / Completed and Declined by Client group (quarter ending 30 September 2018)**



Note: Mental Health includes CAMHS

## 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 carer's 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 2018, figures show that the most frequent reason for declining an offer of a carer's assessment was that the carer felt that they did not need any support or additional support. This was the reason stated by 28% (659) of carers. People who felt that the time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date accounted for 20% (478) of those declining.

Carers declining an offer of assessment for the reason that they felt that an assessment would be too complicated or time consuming accounted for 2% of all those that were declined (56). One percent of those who declined an offer of assessment did so as they were concerned about the impact on their benefits / income (Figure 6) [\(Table 5\)](#).

**28%**  
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 2018)

<i>The carer feels that they do not need any support / additional support</i>	<b>28%</b>
<i>The carer felt that the time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date.</i>	<b>20%</b>
<i>The carer does not see themselves as a carer and therefore does not see assessment as relevant</i>	<b>19%</b>
<i>The carer would not give a reason / No reason recorded</i>	<b>17%</b>
<i>The carer sees their caring duties as a private matter which they prefer not to discuss</i>	<b>7%</b>
<i>The carer feels that an assessment would not result in additional support / service</i>	<b>5%</b>
<i>The carer feels that assessment would be too complicated or time consuming</i>	<b>2%</b>
<i>The carer was concerned about the impact on their benefits / income</i>	<b>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 2018, 1,003 carers' reassessments were offered to carers in Northern Ireland. This was the highest number in recent years and represented a 13% (118) increase on the previous quarter and an increase of 77% (437) from the same quarter in 2017.<sup>4</sup>

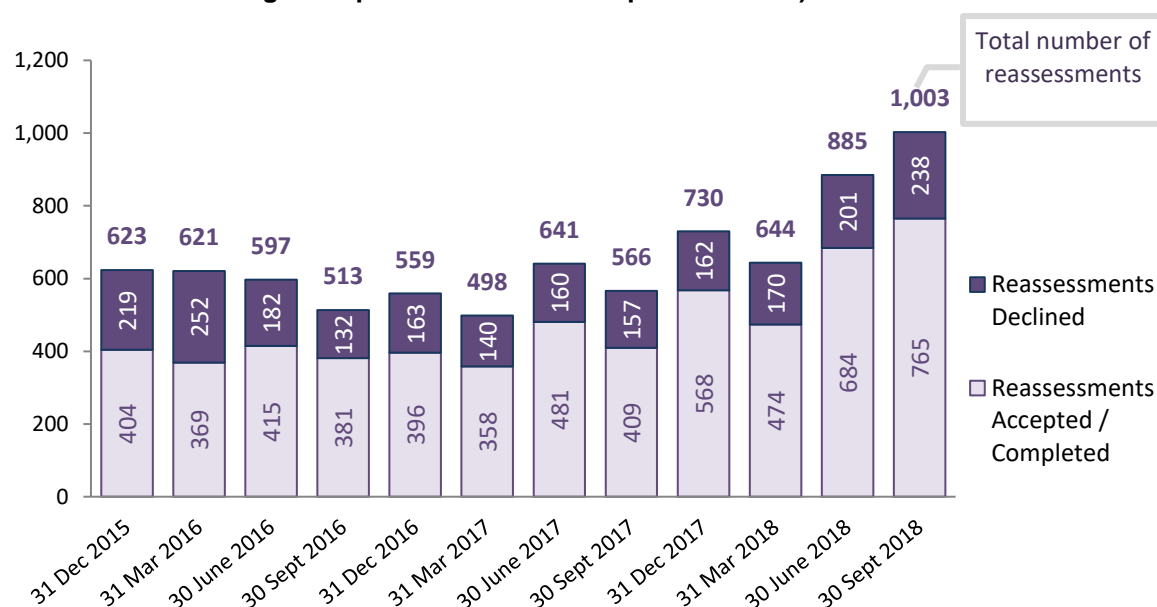
Figure 7 presents information on carers' reassessments since quarter ending 31 December 2015. Although the quarterly numbers of reassessments have been quite variable, the last year and a half show a trend of increasing numbers of re-assessments offered.

Of the 1,003 carers' reassessments offered in the latest quarter, 76% (765) were accepted / completed and 24% (238) were declined ([Table 6](#)).

The 765 carers' reassessments which were accepted / completed represented an increase of 12% (81) from the previous quarter and an increase of 87% (356) from the same quarter in 2017.

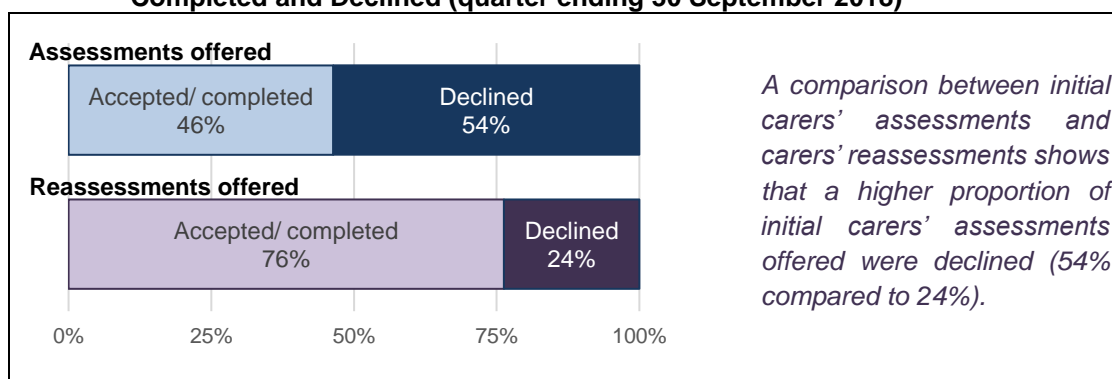
The 238 carers' reassessments which were declined represented an increase of 18% (37) from the previous quarter and an increase of 52% (81) from the same quarter in 2017.

**Figure 7 Carers Reassessments Offered, Accepted / Completed and Declined (quarters ending 30 September 2015 – 30 September 2018)**



<sup>4</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 Northern Ireland website <https://www.health-ni.gov.uk/articles/carers-assessments-and-reassessments>

**Figure 8 Proportion of Carers Assessments and Carers Reassessments Accepted / Completed and Declined (quarter ending 30 September 2018)**



## Carers Reassessments by HSC Trust

Of all carers' reassessments offered in Northern Ireland, the Northern HSC Trust offered the most at 452 (45% of the total number); while the South Eastern HSC Trust offered the least at 69 (7%) (Figure 9) ([Table 7](#)).

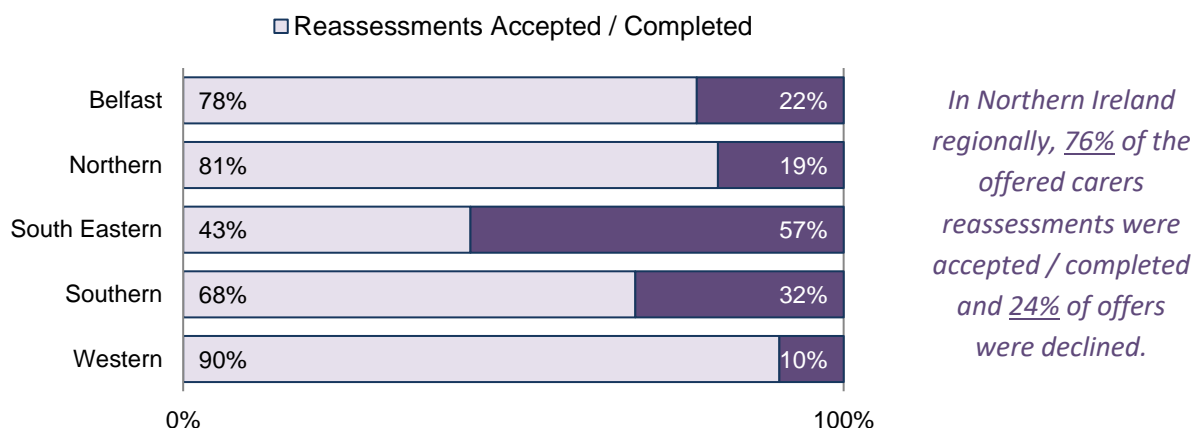
**Figure 9 Number of Carers Reassessments Offered by HSC Trust (quarter ending 30 September 2018)**

Number of Carers Reassessments Offered by HSC Trust				
Belfast	Northern	South Eastern	Southern	Western
81	452	69	257	144

During quarter ending 30 September 2018, the Northern, Western and Southern HSC Trusts increased the number of carers' reassessments offered, with increases of 27%, 24% and 8%. The South Eastern and Belfast HSC Trusts saw a reduction in reassessments offered, by 16% and 14% respectively. It is worth noting however that carers' reassessment figures may be relatively small and quarter on quarter comparisons can be somewhat volatile.

During quarter ending 30 September 2018, all HSC Trusts with the exception of the South Eastern HSC Trust, had more reassessments accepted / completed than declined. This ranged from 90% accepted / completed in the Western HSC Trust to 68% accepted / completed in the Southern HSC Trust. Some 43% of reassessments were accepted / completed in the South Eastern HSC Trust.

**Figure 10 Proportion of Carers Reassessments Completed and Declined by HSC Trust (quarter ending 30 September 2018)**

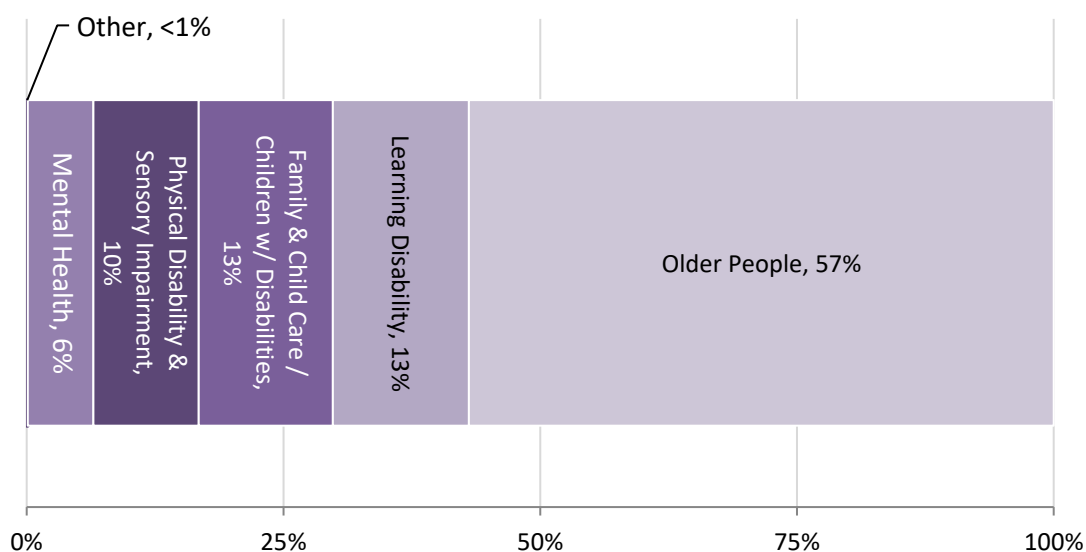


## Client Group

Across Northern Ireland, figures show that during the quarter ending 30 September 2018, the majority (57%) 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 Learning Disability client group and the Family and Child Care / Children with Disabilities client groups accounted for 13% each. Some 10% of offers were made to carers caring for someone in the Physical Disability and Sensory Impairment client group. A further 6% were made to those caring for someone in the Mental Health client group (including CAMHS) (Figure 11) ([Table 8](#)).

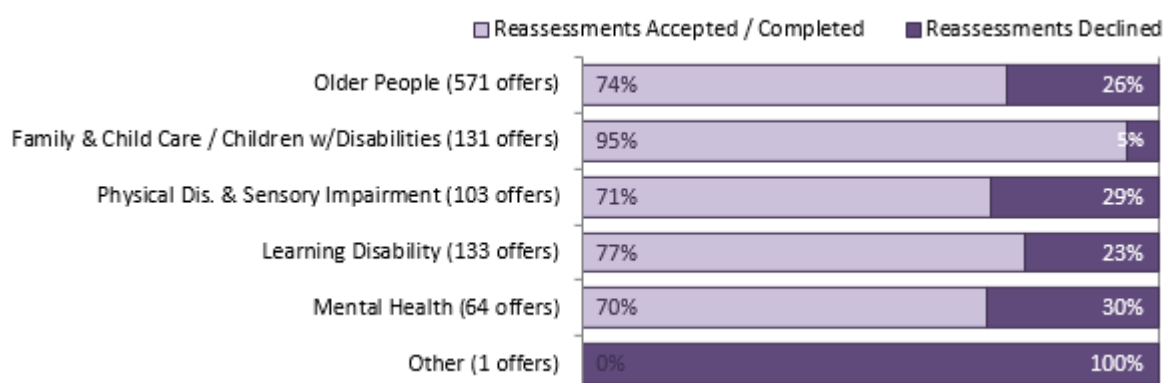
**Figure 11 Proportion of Carers Reassessments Offered by Client Group (of Cared for Person) (quarter ending 30 September 2018)**



Note: Mental Health includes CAMHS

Across Northern Ireland, carers in all client groups, were more likely to accept / complete an offer of a reassessment than decline (Figure 12) (Table 8). Of these groups, Family and Child Care / Children with Disabilities client groups were the most likely to accept an offer of reassessment (95%).

**Figure 12 Proportion of Carers Reassessments Accepted / Completed and Declined by Client Group (quarter ending 30 September 2018)**



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

Note: Mental Health includes CAMHS

## Reasons for Declining a Carers Reassessment

During the quarter ending 30 September 2018, the largest proportion of carers who declined an offer of a carers' reassessment either felt that they did not need any additional support or the carer did not give a reason or no reason was recorded (Figure 13).

The least frequent reasons for declining a carers' reassessment during the quarter ending 30 September 2018 was that the carer did not feel previous assessments / reassessments to be beneficial or the carer found previous assessments / reassessments had been too time consuming ([Table 10](#)).

**Figure 13** Reasons Given for Declining a Carers Reassessment (quarter ending 30 September 2018)

The carer feels that they do not need any additional support	34%
The carer would not give a reason / No reason recorded	24%
The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider a reassessment at a later date	18%
The carer sees their caring duties as a private matter which they prefer not to discuss	10%
The carer feels that the reassessment would not result in additional support	5%
The carer did not feel previous assessments / reassessments had been beneficial	5%
The carer found previous assessments / reassessments too time consuming	5%



# 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<sup>st</sup> 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 DoH 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 DoH [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 31<sup>st</sup> March 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 DoH [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 DoH 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 DoH Statistics Charter and is available on our website.

## Revisions

In the Quarterly Carers' Statistics for Northern Ireland (January - March 2018) publication, figures for the number of carers' assessments offered and accepted / completed were amended for the quarters ending June, September and December 2017 following the receipt of revised figures from the Northern HSC Trust.

## Related Publications

This publication can be downloaded from the DoH website at:

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

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

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

Health Survey Northern Ireland: <https://www.health-ni.gov.uk/articles/health-survey-northern-ireland>

## **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 – 2016/17

<https://digital.nhs.uk/catalogue/PUB30045>

Community Care Statistics: Social Services Activity, England 2015-16

<https://www.gov.uk/government/statistics/community-care-statistics-social-services-activity-england-2015-to-2016-report>

### **Wales**

Welsh Health Survey: 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 DoH.

## **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**

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

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

# 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 DoH [website](#).*

## Appendix C: Tables

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

<https://www.health-ni.gov.uk/articles/carers-assessments-and-reassessments>

**Table 1: Carers Assessments Offered, Accepted / Completed and Declined (quarters ending 30 September 2015 – 30 September 2018)**

	31 Dec 2015	31 Mar 2016	30 June 2016	30 Sept 2016	31 Dec 2016	31 Mar 2017	30 June 2017	30 Sept 2017	31 Dec 2017	31 Mar 2018	30 June 2018	30 Sept 2018
<b>Assessments Offered</b>	3,212	3,452	3,286	3,484	3,504	3,390	3,601	3,527	3,840	3,891	4,079	4,392
<b>Assessments Accepted / Completed</b>	1,278	1,328	1,372	1,461	1,829	1,402	1,552	1,810	1,950	1,859	2,109	2,037
<b>Assessments Declined</b>	1,934	2,124	1,914	2,023	1,675	1,988	2,049	1,717	1,890	2,032	1,970	2,355

**Table 2: Carers Assessments Offered by Client Group and HSC Trust (quarter ending 30 September 2018)**

HSC Trust	Family & Child Care / Children with Disabilities	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Assessments Offered
Belfast	153	380	158	30	136	0	<b>857</b>
Northern	27	902	114	32	176	0	<b>1,251</b>
South Eastern	67	443	84	45	36	0	<b>675</b>
Southern	14	602	288	30	149	58	<b>1,141</b>
Western	48	238	29	84	69	0	<b>468</b>
<b>Northern Ireland</b>	<b>309</b>	<b>2,565</b>	<b>673</b>	<b>221</b>	<b>566</b>	<b>58</b>	<b>4,392</b>

Note: In some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low.

Note: Mental Health includes CAMHS.



**Table 3: Carers Assessments Accepted / Completed by Client Group and HSC Trust (quarter ending 30 September 2018)**

HSC Trust	Family & Child Care / Children with Disabilities	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Assessments Accepted / Completed
Belfast	153	208	102	20	86	0	569
Northern	26	544	30	22	90	0	712
South Eastern	66	101	78	28	23	0	296
Southern	14	112	19	22	43	0	210
Western	45	147	15	24	19	0	250
<b>Northern Ireland</b>	<b>304</b>	<b>1,112</b>	<b>244</b>	<b>116</b>	<b>261</b>	<b>0</b>	<b>2,037</b>

Note: In some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low.

Note: Mental Health includes CAMHS.

**Table 4: Carers Assessments Declined by Client Group and HSC Trust (quarter ending 30 September 2018)**

HSC Trust	Family & Child Care / Children with Disabilities	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total Assessments Declined
Belfast	0	172	56	10	50	0	288
Northern	1	358	84	10	86	0	539
South Eastern	1	342	6	17	13	0	379
Southern	0	490	269	8	106	58	931
Western	3	91	14	60	50	0	218
<b>Northern Ireland</b>	<b>5</b>	<b>1,453</b>	<b>429</b>	<b>105</b>	<b>305</b>	<b>58</b>	<b>2,355</b>

Note: In some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low.

Note: Mental Health includes CAMHS.

**Table 5: Reasons Given for Declining a Carers Assessment by HSC Trust (quarter ending 30 September 2018)**

<b>Main Reason a Carer Declined a Carers Assessment</b>	<b>Northern Ireland</b>
The carer sees their caring duties as a private matter which they prefer not to discuss	161
The carer does not see themselves as a carer and therefore does not see assessment as relevant	458
The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date	478
The carer feels that they do not need any support / additional support	659
The carer feels that an assessment would not result in additional support / service	120
The carer was concerned about the impact on their benefits / income	19
The carer feels that assessment would be too complicated or time consuming	56
The carer would not give a reason / No reason recorded	404
	<b>2,355</b>

**Table 6: Carers Reassessments Offered, Accepted / Completed and Declined (quarters ending 30 September 2015 – 30 September 2018)**

	31 Dec 2015	31 Mar 2016	30 June 2016	30 Sept 2016	31 Dec 2016	31 Mar 2017	30 June 2017	30 Sept 2017	31 Dec 2017	31 Mar 2018	30 June 2018	30 Sept 2018
<b>Reassessments Offered</b>	623	621	597	513	559	498	641	566	730	644	885	1,003
<b>Reassessments Accepted / Completed</b>	404	369	415	381	396	358	481	409	568	474	684	765
<b>Reassessments Declined</b>	219	252	182	132	163	140	160	157	162	170	201	238

**Table 7: Carers Reassessments by HSC Trust (quarter ending 30 September 2018)**

HSC Trust	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
<b>Total Reassessments Offered</b>	81	452	69	257	144	1,003
<b>Total Reassessments Accepted / Completed</b>	63	366	30	176	130	765
<b>Total Reassessments Declined</b>	18	86	39	81	14	238

Note: In some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low.

**Table 8: Carers Reassessments by Client Group (quarter ending 30 September 2018)**

Client group	Family & Child Care	Children with Disabilities	Older People	Mental Health	Learning Disability	Physical Disability & Sensory Impairment	Other	Total
<b>Total reassessments offered</b>	10	121	571	64	133	103	1	<b>1,003</b>
<b>Total reassessments accepted / completed</b>	10	114	421	45	102	73	0	<b>765</b>
<b>Total reassessments declined</b>	0	7	150	19	31	30	1	<b>238</b>

Note: Mental Health includes CAMHS.

Note: In some instances low counts will not be suppressed as the risk of sensitive personal data being disclosed is considered low

**Table 9: Reasons Given for Declining a Carers Reassessment (quarter ending 30 September 2018)**

Main Reason a Carer Declined a Carers Reassessment	Northern Ireland
The carer sees their caring duties as a private matter which they prefer not to discuss	23
The carer did not feel previous assessments / reassessments had been beneficial	12
The carer felt that time / place / environment offered was unsuitable but would like the opportunity to consider a reassessment at a later date	42
The carer feels that they do not need any additional support	81
The carer feels that the reassessment would not result in additional support	13
The carer found previous assessments / reassessments too time consuming	11
The carer would not give a reason / No reason recorded	56
<b>Total</b>	<b>238</b>

# 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 DoH website at:

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

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