

The Case for Carer Assessments

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Why Have Them ?

- Family Carers should be seen as partners in health and social care and be given access to an assessment process which would allow them to identify their needs, be given information and advice, explore difficulties they may experience, and make contingency plans if they are ill or are unable to continue to provide care.
- Carers Assessments can build carer morale and capacity and are central to care planning. They can provide timely feedback to health and social care professionals and can inform policy and service provision.

Assessment builds carer morale and capacity:

- Carers who have their needs assessed feel acknowledged, valued, and better understood by practitioners.
- Carers gain a better grasp of their role and the abilities required to carry out tasks.
- If the physical, emotional and financial strains on family carers become too great, care in the home may be seriously jeopardised.

It's the key to care planning:

- Identifying service needs and unresolved problems is fundamental to a plan that supports and strengthens the family as a whole, where most care is given and received.
- Carer strain and health risks can impede the carer's ability to provide care, lead to higher health care costs, and affect the quality of life for carers and those for whom they care.
- The well-being of the family carer is often key to the care recipient's getting the help needed at home or in the community—rather than placement in a nursing home.

It opens doors for the carer and the care recipient:

- Assessment can establish eligibility/suitability for useful services, supporting the carer and the care recipient.
- Knowing carer needs and preferences triggers timely referrals.

It's a way to monitor programme effectiveness and to inform policy:

- Information from carers reveals what works and what does not.
- Carer feedback helps assure quality of care.
- Patterns seen across carers and over time reveal gaps and priorities for new services and better policies.

Commonly held misperceptions about including family members in the assessment process stand in the way of recognising, understanding and meeting carers’ needs. Some of these are:

MYTH	REALITY
1. The carer isn’t my client. Besides, this would be an intrusion into the carer’s time and privacy.	Illness is a "family affair." Most carers appreciate the assessment process and view it as an opportunity to express their own needs and have their situation taken seriously.
2. If I talk to family members, I won’t have time to complete my other responsibilities.	Assessments need not be lengthy or duplicate information already collected. Done correctly, the assessment process results in a more efficient use of time. Carers may provide significant insight into the patient’s situation, identify important issues that might have been overlooked and improve the focus of information collected.
3. I won’t have the answers or resources to deal with a carer’s additional issues.	Avoiding or excluding carer issues leads to a bigger problem. It is possible to work creatively with carers to tailor use of limited resources, the most important thing is that the carer feels listened to and acknowledged.
4. The assessment process will interfere with the natural flow of the clinical process and get in the way of my ability to develop a trusting rapport.	An assessment tool is a framework to guide the conversation and assure that vital information is collected consistently. However, the clinician does not have to rigidly follow the order and wording, or ask a question that does not apply.
5. Assessments are only used for research purposes and don’t help a person who needs services.	When linked to a care plan with service interventions, assessment can point to particular services; reassessment can track progress and identify needed changes to the interventions.

Use Internationally

- A DHSSPS(Northern Ireland) December 2007 review¹ of Carers Assessments in Northern Ireland, where such assessments have been on a statutory basis since 2002², reported that Carers Assessments were valuable for several reasons. In summary the review found that the assessment process was itself a support for carers, it supported with carer involvement in the delivery of support services and evaluation of same and it can support the prevention of the breakdown of the caring situation.
- A June 2008 PriceWaterhouseCoopers audit of support service for carers³ also found that Carers Assessments were valuable in supporting carers, in identifying unmet need, in developing a relationship with support staff, and in reviewing changing needs of both the carer and the dependent person. Detailed findings from both reports are available on request.
- There are a wide range of Carer Assessment tools used internationally, many of which have high levels of demonstrated reliability and validity. A more detailed document has been prepared detailing a more in depth review of tools in use. This is available on request.

Carers Assessment and Demand on Services

- We contend that the introduction of Carer Assessments does not lead to a significant increase in demand for services. Rather the experience internationally and the experience of the recent introduction by HSE Carer Co-ordinators, of such assessments in two HSE areas, Sligo and the Midlands, is that the assessment process enhances the carers relationship with the community nursing team and other health and social care professionals and leads to more integration of support services for both the dependent person and the carer. The experience is that whilst the process can indeed be challenging for the community nurses, it can also be cathartic for the Family Carer, for whom the process of being asked questions about themselves rather than the dependent person is likely to be a new and welcome experience. Whilst we acknowledge the limits on available resources, we also contend that the carers experience of being supported can be improved without the provision of significantly additional resources.

Situation in Ireland

- We are aware of 2 carer assessment models that are currently being used in 2 regions in Ireland by the HSE, namely; The CARENAP-D, COPE/Salford. There has been some very limited and sporadic used of the Carer Strain Index (CSI) in hospital settings. We are also aware of 2 internal assessment/referral models used by National Carers Organisations.

¹ Inspection of Social Care Supports services for carers of Older people, http://www.dhsspsni.gov.uk/promoting_partnerships_in_care.pdf DHSSPSNI. Dec 2007

² Carers and Direct Payments Act (Northern Ireland) 2002

³ PriceWaterhouseCoopers. Audit of Support Services for Carers. Final Report. Executive Summary. Department of Health, Social Services & Public Safety. June 2008