



The **Regulation** and
Quality Improvement
Authority

Review of the Implementation of the Northern Ireland Single Assessment Tool

Stage Two: Carer's Support and Needs Assessment Tool

Overview Report

August 2012

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, most of whom are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health Social Services and Public Safety and are available on the RQIA website www.rqia.org.uk.

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Executive Summary

Many carers in Northern Ireland are providing unpaid care and support to frail or disabled family members. It has been estimated that one in three people will become carers at some stage in their lives (Valuing Carers 2011)¹.

Taking on a caring role can significantly change people's lives and have an impact on their financial circumstances, as well as their health and wellbeing. Research in Northern Ireland has shown that carers are more prone to poor health, social isolation and poverty because of their caring role (Valuing Carers 2011).

A review of the implementation of the Northern Ireland Single Assessment Tool (NISAT) was commissioned by the Department of Health, Social Services and Public Safety (DHSSPS).

The Stage 1 Report dated October 2011 set out the historic position of trusts in terms of planning, access, referral, and care management assessment processes in place for older people prior to the implementation of NISAT. The finding of Stage 1 Report was presented to the DHSSPS in September 2011.

This report presents the findings from Stage 2 of this review which focused on the use by staff of the carer's support and needs assessment tool within the Older People's Programme of Care. The training provided to staff in the use of the tool, the impact for staff in the implementation of the tool, the views and experiences of carers subject to assessment using the tool.

The standards set out by the DHSSPS in 2008² for adult social care support services for carers were used by the review team to benchmark practice and service provision across the five trusts.

The NISAT carers support and needs assessment tool, which is a component of NISAT, is in use across all five trusts in the Older People's Programme of Care. Trusts are actively engaged in trying to recruit carers to ensure their contribution is embedded into the planning, design and delivery of services. Renewing the pool of carers is necessary to ensure carers' views remain a high priority for each trust. Dedicated coordinators have been employed in every trust but further regional collaboration between coordinators would assist in providing standardised and accurate information for carers.

Some carers indicated that they did not fully understand the purpose of the assessment. Many carers saw it as a gateway to services for the cared for person, instead of an assessment to help identify their own needs and the provision of support services to help maintain their wellbeing. Many carers refuse a carer's assessment when it is initially offered. It was unclear if those who did refuse were

¹ Valuing Carers 2011 Calculating the value of carer support. Carers UK

² Standards for Adult Social Care Support Services for Carers, (DHSSPS 2008), which can be accessed at:

http://www.dhsspsni.gov.uk/standards_for_adult_social_carer_support_services_for_carers.pdf

followed up by the trusts at a later date. As information about the carer is often contained in the cared for person's file, it is difficult to extract clearly information on the carer's needs, which is required by trusts and the Health and Social Care Board (HSC Board) for the purposes of planning and commissioning of services. At present this information is compiled manually by trusts.

The review team was concerned about the structure of files as information about the cared for person and carer is often contained in the same file which can be accessed by a range of professionals. This could lead to difficulties in adhering to data protection requirements regarding confidentiality.

Although all trusts have partnership arrangements in place with voluntary organisations to support carers, it was unclear if the effectiveness of these contracts is being robustly evaluated, either for best value or reviewed in terms of outcomes for carers.

RQIA audited 401 anonymised carers' support and needs assessment forms and whilst completed assessments generally were of a good standard, they could have been more focused in terms of their emphasis on the assessment of a carer's health and wellbeing.

The review team noted that carers' assessments were mainly carried out by social workers. This practice has developed over the years but should be reviewed by trusts and the HSC Board and training provided to other professionals to encourage them to undertake carers' assessments, where appropriate.

Most of the carers interviewed did not have access to the internet and did not use it to access information. This emphasises the need to provide information for carers from a range of sources. For those carers who did complete assessments, they indicated that they found the forms complicated and required professional support to help them complete these. This requires to be reviewed by trusts in terms of the simplicity of language used and the length of time taken to complete these forms. It is important that trusts should also continue to seek carers' views on documentation used, in order to ensure a better uptake of assessments and service user feedback to the HSC Board.

There is no working definition of unmet need and the manual collection of unmet need data continues to present a difficulty for trusts. The review team noted that this has been ongoing since 2007 and has been subject to previous recommendation by the DHSSPS.

NISAT, a single assessment tool, was developed as a standardised assessment tool for older people and is comprised of three key components: Contact Screening; Core; and Complex assessments, supported by several additional components. It was envisaged that the introduction of the single assessment process, using NISAT tools as the foundation for implementation, would result in a major change in practice and culture within Health and Social Care with regard to assessing the needs of carers. The review team found that NISAT is not fully implemented in the Older People's Programme of Care across four trusts. The review team is of the opinion that until NISAT is fully implemented it will be difficult

for trusts to provide accurate information about the number of carers in their respective catchment areas.

Given the increasing demand for care, people living longer and remaining in the community, the matter of providing appropriate support for carers will require to be addressed by the HSC Board and trusts.

A number of trust and HSC Board specific recommendations are made within the report (page 44).

RQIA wishes to acknowledge the valuable contributions of the staff from trusts and the HSC Board who gave willingly of their time to inform the review team of their experiences of practice and of areas which could be improved.

RQIA also wishes to thank the many carers who shared generously of their time, stories and personal experiences.

This Stage 2 Report is available on the RQIA website at www.rqia.org.uk.

1.0 Introduction

A carer is defined as “A person who, without payment, provides help and support to a family member or friend who may not be able to manage without this help because of frailty, illness or disability.” (Caring for Carers 2006).

Carers provide unpaid care by looking after, a person with disability, illness or frail family member, friend or partner. These carers enable many thousands of vulnerable people who need support to continue living in the community and at the same time complement the input that social services agencies need to make.

Carers are a very diverse group with an equally diverse range of needs which often change over time and during the carer’s experience of caring. The health and social care system is facing an increasing demand for care as people are living longer, resulting in a growth in the numbers of older and more frail people living in the community. These changes have obvious implications in terms of the demands placed on carers, many of whom are also getting older. According to recent research published by Carers UK, ‘Valuing Carers’, (Calculating the value of carers’ support, 2011) there are 207,000 carers in Northern Ireland. Approximately 30,000 people in Northern Ireland care for more than one person.

The DHSSPS commissioned RQIA to undertake a review of the implementation and impact of the Northern Ireland Single Assessment Tool (NISAT), across the five Health and Social Care trusts.

This report outlines the findings of the second stage of the NISAT review. The report focuses on carers within the Older Peoples Programme of Care and the use of the Carer’s Support and Needs Assessment Tool, a component of NISAT.

1.1 Legislative Context

The following key pieces of legislation are relevant to Carers:
There is a more detailed explanation of the legislation in Appendix 1

Health and Personal Social Services (NI) Order 1972³

Carers and Direct Payments Act (NI) 2002⁴

The Health and Social Care (Reform) Act (NI) 2009⁵

³ Health and Personal Social Services (NI) Order (HPSSO) 1972

⁴ Carers and Direct Payments Act (CDPA) (NI) 2002

⁵ The Health and Social Care (Reform) Act (NI) 2009 (HSCRA)

1.2 Strategic Context

The following is a summary of DHSSPS strategy and initiatives which have influenced the development of carers as key partners in the provision of care. There is a more detailed explanation of the legislation in Appendix 2

Valuing Carers (2002)⁶
Caring for Carers (2006)⁷

Standards for Adult Social Care Support Services for Carers⁸

Northern Ireland Single Assessment Tool (NISAT)⁹

Carer's Support and Needs Assessment Tool¹⁰

Implementation of the Carers' Strategy DHSSPS: Trust Self-Audit (2009)

1.3 RQIA Review of NISAT

This DHSSPS commissioned review is being carried out by RQIA in three stages.

Stage one

The first stage of the review involved undertaking a baseline survey of all previous processes and assessment tools in use for older people, prior to the implementation of NISAT. The review was completed in October 2011 and this report is available on the RQIA website.

Stage two

The focus of the review is on:

- governance arrangements in place for planning and delivery of services for carers
- the use of the Carer's Support and Needs Assessment tool which is a component of NISAT
- the view of practitioners and service users about their experiences of its use and effectiveness, with reference to the Standards for Adult Social Care Support Services for Carers, DHSSPS June 2008.

⁶ Valuing Carers 2002 (DHSSPS)

⁷ Caring for Carers 2006 (DHSSPS)

⁸ Standards for Adult Social Care Support Services for Carers, (DHSSPS 2008), which can be accessed at:

http://www.dhsspsni.gov.uk/standards_for_adult_social_carer_support_services_for_carers.pdf

⁹ Northern Ireland Single assessment tool which can be accessed at:

<http://www.dhsspsni.gov.uk/NISAT>

¹⁰ Carer Support and Needs Assessment which can be accessed at

<http://www.dhsspsni.gov.uk/NISAT>

It was originally envisaged that this review would also examine the quality of services and support currently being received by carers. However, in light of the audit report (requested by the Department, Nov 2011 and commissioned by the HSC Board), it was determined that the scope of this review should concentrate on the planning and governance arrangements and the use of the Carer's Assessment Tool within the older people's programme of care. This report presents the findings of Stage Two of this review.

Stage three

Stage three of the NISAT review will focus on staff training, implementation of NISAT core assessments and examine the effect that NISAT had on service provision. Care assessment is central to identifying need. It is essential for effective decision making and in providing services. The NISAT tools have a role in co-ordinating care, communication between professionals and gathering relevant information for monitoring and service improvement.

1.4 Terms of Reference

The Terms of Reference agreed for Stage Two of the Northern Ireland Single Assessment Tool review are to:

1. Describe the current position in the use of the Carer's Support and Needs Assessment (which is a component of the Northern Ireland Single Assessment Tool within the Older People's Programme of Care).
2. Undertake an audit of a number of completed Carer's Support and Needs Assessments across the Older People's Programme of Care and report on the findings.
3. Describe the provision of training for staff in the use of the Carer's Support and Needs Assessment Tool.
4. Consider the impact for staff in the implementation and use of the Tool.
5. Describe views of carers of their experiences of the Carer's Support and Needs Assessment Tool.

1.5 Methodology

The key areas of this review were agreed with DHSSPS and mapped against legislative requirements, standards and recommendations for good practice.

- i. A self-assessment questionnaire requesting details of the practice, service provision and use of assessments was developed by RQIA. In February 2012 this was forwarded to all trusts for completion. Responses were requested to be submitted to RQIA within a six week timeframe.
- ii. Within each of the five HSC trusts, an audit of Carer's Support and Needs Assessments Tools was carried out by members of an RQIA audit team.
- iii. Validation of the trusts' responses was obtained through discussions with key trust personnel responsible for the operational management and delivery of older people's services.
- iv. Focus groups with carers were set up to discuss their experiences of the use of the Carer's Support and Needs Assessment Tool.
- v. Individual Feedback on the audit findings and experiences of carers was provided to each trust.

An overview report of the stage two findings across the five trusts was completed in July 2012.

1.6 Membership of the Review Team

For this review the team contained the following members:

- | | |
|-------------------|--|
| Brigid Barron | - Programme Manager of Caring for Carers, Republic of Ireland |
| Theresa Nixon | - Director of Mental Health, Learning Disability and Social Work, RQIA |
| Joe Duffy | - Lecturer, Queens University, Belfast |
| Brian O'Hagan | - Carer |
| Angela Belshaw | - Project Manager, RQIA |
| Patricia Corrigan | - Project Administrator, RQIA |

RQIA Audit Team members

- | | |
|------------------|--|
| Adrian Friel | - Alzheimer Society |
| Caroline Kelly | - Carers Strategy Implementation Group |
| Linda Robinson | - Age NI |
| Eimear McKearney | - Age NI |
| Bernie McDaniels | - Age NI |
| Rosemary Patton | - Carer |

Rosalind Kyle - RQIA
Helen Hamilton - RQIA
Mary McClean - RQIA
James McIlroy - RQIA
Jill Munce - RQIA

The audit of the Carers' Support and Needs Assessment Tool was carried out in March 2012, over a five day period. Five auditors were involved in each trust audit.

2.0 Meetings with Trust Management (in relation to Standards for Adult Social Care Support Services)

Standards for Adult Social Care Support Services provide a foundation for informing best practice and assisting with the planning, delivery, audit, review and inspection of social care support services for carers across the region. The review team used four of these standards to benchmark current practice and service development. This was assessed and validated from an examination of each trust self-assessment questionnaires which formed the basis for interviews with trust management.

2.1 Standard 1: Planning, Commissioning, Delivery and Review of Social Care Services

Carers and/or carers' representative organisations are actively involved in the planning, commissioning and review of social services

All trusts reported that health and social care services for older people are delivered through Primary Care Directorates and Older People's Services. Each trust indicated that there are appropriate arrangements in place for social work and social care governance, through their operational management lines to their Executive Director of Social Work and onward to their trust board. These arrangements assist in ensuring appropriate monitoring, assurance and reporting of carer's issues to the trust Board in order to underpin the legal discharge of statutory functions by each trust.

The Departmental Circular HSS (ECCU) 3/2008 ¹¹required all trusts to identify a trust board member with lead responsibility for carers' issues across their organisations. This circular describes in some detail the role and remit of the board member. The review team was informed by each trust that they had an identified board member with a specific responsibility for carers. At the time of this review, the Belfast Trust was in the process of appointing a new carer champion to its board, as the previous responsible person had moved to another trust. The Northern, Southern and Western trusts each had appointed a director with lead responsibility for carers' issues. The Southern Trust Board had appointed two members with responsibility for carers' issues; a non-executive board member and a lead operational director.

All trusts had also identified a senior manager to represent the interests of carers, who either chaired or had membership of the trust's carers' strategy implementation group and held responsibility for keeping trust board members informed of carers' issues.

¹¹ Departmental Circular HSS (ECCU) 3/2008 which can be accessed at: <http://www.dhsspsni.gov.uk/carers>

The review team asked trust representatives how the trust board was kept informed of relevant carers' issues, and were advised that trust boards were updated on carers' issues at their board meetings and this was evidenced in minutes of Board meetings. The Southern Trust was the only trust who had a designated non-executive board member who presents an annual report to the board on the trust's progress in taking forward carers' issues. However, carers' issues are not listed routinely on the agenda of each trust Board, to enable the monitoring of progress against the Carers' Strategy in place in each trust.

Policy for Promoting Carer Involvement

The review team noted that all trusts had a written policy for promoting carer involvement. The Belfast, Northern and Western trusts had an implementation plan to take forward their carers' strategy. The South Eastern and Southern trusts used their Personal and Public Involvement (PPI) Strategy with a specific theme of carers' involvement to do so. From evidence submitted to the review team, it was clear that trusts were actively consulting with carers. Each trust had in place a forum for carers, a carers' steering group, and a carers' reference group. These groups have representation across programmes of care and act as a useful vehicle for engaging carers in planning and delivery of services.

Training and Practical Support for Carers

Trusts are required to provide training and practical support to enable carers to participate fully in the planning, procurement, delivery, evaluation and review processes of the trust.

The review team noted that all trusts have arrangements in place with Carers Northern Ireland to deliver bespoke carer involvement training, which helps improve carers' self-confidence and communication skills. This course, entitled 'Being Involved', is designed for carers. It helps equip carers with the skills to represent carers' issues in meetings and in consultations with trusts and to help carers advocate for Carers rights.

Other support mechanisms offered to carers by trusts include professional staff offering advice on an individual basis and assistance with administration and financial support to carers, including travel expenses. If required, alternative care provision for the cared for person is put in place to allow the carer to attend training or consultation/reference group meetings.

Recruitment of Carers to trust groups

The review team noted the challenges facing trusts in recruiting and ensuring that carers are involved in the planning, commissioning and review of trust services. Carers groups are not always sufficiently representative of the diverse range of backgrounds and caring experiences. For established focus groups to be effective, trusts need to recruit sufficient numbers to the pool of experienced carers. This can and does present a real challenge for trusts who often are relying on a small pool of carers who are able to give of their time to participate in such groups alongside the demands of their caring responsibilities. Use of Carer Satisfaction Surveys

Trusts are expected to undertake surveys of carer satisfaction while involving carers in the process of design and consultation regarding services. The review team noted that there was little evidence of trusts undertaking carer satisfaction surveys. All five trusts indicated their intention to progress further work in regard to surveys of carers' satisfaction.

Appointment of Carers' Coordinators

Valuing Carers (2002) recommended the identification of a carers' coordinator in each trust to help provide a focal point for addressing carers' issues. The key roles envisaged for a carers' coordinator within a trust were to drive the implementation of the Carers' Strategy, raise staff awareness of carer issues and engage directly with carers regarding their views. The review team found that all trusts had appointed a carers' co-ordinator as well as carer development officers.

The Belfast Trust, as a result of the amalgamation of the two legacy trusts, had appointed two carers' coordinators. The Southern Trust had backfilled their carers' coordinator post as the permanent post holder was on maternity leave.

2.1.1 Challenges

Ensuring that trust boards are regularly updated on carers' issues and progress made on implementation of the trust Carers' Strategy.

Recruiting and replenishing the pool of willing carers and ensuring they have a diverse range of carers in their carer's groups.

2.1.2 Recommendations

- 1. In accordance with DHSSPS Circular (ECCU) 3/2008 and in order to monitor the progress and implementation of the Regional Carers' Strategy across each trust, each trust boards should consider listing as a standing item, a regular progress report on carers' issues.**
- 2. Trusts should include in their PPI action plans, satisfaction surveys of carers' services and use this information to inform their boards about key issues to be considered in planning, commissioning, delivery and review of services for carers.**

Good Practice Example

The following was commended as an example of good practice by the review team

Developing a Community Carers' Support Model to Meet the Needs of Carers in the Southern HSC Trust Area

This new service aims to ensure that all carers in the Southern Trust area receive the same level of support and have the same access to services and support services.

The carers' coordinator completed a survey with carers (June/July 2010), to ascertain what advice, support and services they required. The feedback from this informed and shaped the development of a new trust - wide approach for the development of carer support services.

The new service for carers is provided in partnership with a voluntary organisation Carers Matter run by a board of trustees and consisting of carers and ex carers. Carers Matter provides valuable input to many already established trust support groups as well as the development of a range of outreach drop - in centres across all localities within the Southern Trust area. Numerous awareness sessions have already taken place with social work and professional teams and community & voluntary organisations. Further sessions are planned, with a large number of already established service networks as well as GP practices, to raise awareness of the services available for carers.

The Trust's Carers' Reference Group closely monitors the new service to ensure it is in line with the key requirements for service provision and provide feedback to the trust on the effectiveness of the service.

2.2 Standard 2: Assessment and Care Planning

Carers benefit from convenient, easy to use services through effective person - centred assessment, care planning and review arrangements

A Review of the Support Provision for Carers stated:

"The person-centred Carer's Support and Needs Assessment component of the Northern Ireland Single Assessment Tool (NISAT) will be embedded in the process to assess the needs of carers in the Older People's Programme of Care by June 2010. In parallel with this process, opportunities for its implementation in all other Programmes of Care should be exploited.

Purpose of a Carer's Assessment

- It allows carers time to think through what caring entails, identify their needs and assess the likely impact on them (and their own family) when the patient returns home.
- It determines a carer's eligibility for support services, including services provided directly to the carer.
- It provides the carer with advice and information e.g. benefits, housing.
- It identifies other supports which might be beneficial e.g. training or a carers' support group.

Promotion of Choice for Carers

Each trust described the processes they put in place to ensure independence and choice is promoted through person-centred assessments, care planning and review arrangements. All five trusts indicated they had a strategy to guide staff to ensure that person-centred assessment and care planning is part of their core practice.

The review team noted that, across all trusts, carers' issues and carers' assessments are routinely discussed during weekly social work team meetings, integrated multidisciplinary team meetings, and at community general managers' meetings. Trusts had put in place regular carer assessment and awareness training workshops. Carers are offered choices for the purchase of direct service provision through a Carers' Direct Payments Scheme, which is a flexible scheme based on assessed need. The resulting payment can be used to arrange support in a way that best suits the carer and the cared for person. Trusts are also participating in an ongoing regional pilot of a carer demand tool, designed to assist them in prioritising carers' needs.

Identification of Carers

The review team noted that through staff training programmes, carers identification protocols and other professional forums, staff are encouraged to be proactive in identifying carers of all ages. When staff use the NISAT tool to determine the health and social care needs of the older person at the contact screening point with the service user, a specific question is asked as to whom the person considers to be their main carer. Staff are encouraged to direct carers towards the most appropriate services to help limit the number of crisis

points that carers might experience. In addition, the review team noted, that the South Eastern Trust has International Organisation for Standardisation (ISO) procedures in place to document the responses they receive. In the Western Trust the older people's programme of care operates a facing sheet in the client file that practitioners use to record the main carer. The Belfast Trust Carer Strategy Sub- Group is currently drafting staff guidance for the identification of carers. Trusts indicated that their individual business case for the development of a new Community Information System (CIS) was well underway. The development and implementation of this electronic recording system will also assist trusts in the identification of main carers.

Monitoring Carer's Assessments

Departmental guidance (Carer's Assessment and Information Guidance 2005)¹² states that a "carer must always receive a copy of their assessment."

Trusts reported that carers are routinely given information and are offered a carer's assessment. Carers' assessments are monitored on a regular basis, both during staff supervision and through other trust data collection processes.

The offer of a carers' assessment is also monitored by DHSSPS and the HSC Board in their monthly statistical returns, to the DHSSPS Community Information Branch. At carer assessment training sessions, provided by all trusts, staff are clearly guided to offer and undertake carer assessments. However, it was reported that while staff can encourage carers to take up an assessment, not all carers wish to avail of a separate assessment of their needs. Some older people are reluctant to take up an assessment that focuses on their needs and indeed many do not recognise themselves as carers.

Carers' Assessments Offered and Declined

Table 1: Reasons Cited for Declining an Assessment

Reason for declining assessment	Responses	Percentage
Adequate informal support in place	403	37
Time for assessment not suitable	230	21
Assessment not seen as beneficial	123	11
Do not view themselves as a carer	112	10
Want their issues as a carer to remain private	60	6
Other	42	4
No reason given	110	10
Concerned about impact on benefits	8	1
Total number of carers declining Assessment	1088	100

¹² Carer's Assessment and Information Guidance can be accessed at: <http://www.dhsspsni.gov.uk/carers>

DHSSPS community care statistics indicated that across all HSC trusts 863 Carers' Assessments were completed, 3% less than the previous quarter (892) 1,088 carers declined an offer of assessment, an 18% decrease on the previous quarter (1,326)

Figures for those who have declined services ranged from 105 in the Western Trust to 350 in the South Eastern Trust.

Of those carers declining an assessment, 19 (2%) were young carers and 1,069 (98%) were adult carers.

The review team noted that older adult carers were more likely to decline an assessment than younger adult carers, with 648 (61%) aged 65 and older declining an assessment, compared with 384 (39%) aged 18-64. Of the 648 adults aged 65 and over, 204, (31%) were 75 and over.

Trusts may need to review the timing of an assessment with carers and be more flexible about this in order to promote a better uptake of carer's assessments.

Recording of Carer's Assessments

The Departmental position regarding the recording of carer's assessments as recommended in Promoting Partnerships in Caring (2007)¹³ states:

"trusts should ensure a consistent structure to files and to the style of recording. Information relating to carer's assessment and services provided should be kept separate from the cared for person's file and cross-referenced as appropriate". It is a trust's operational decision as to whether there is a separate carer's file or a section for carer information within the cared for person's file.

The review team was informed that across all trusts, carer's assessment and information on services provided for the carer are kept in a section of the cared for person's file. This practice results in the information about two people, both of whom may receive services being captured in one working file. This can make it difficult to a) protect confidentiality and b) accurately record unmet need, staff may not separate elements of the carer's assessment from that of the cared for person's assessment in order to be assured that all assessed needs are being addressed.

The review team is unclear how, in the context of trusts incorporating information about the carer and the cared for person in the same file, trusts are able to be assured that they adhere to the Code of Practice on Protecting the Confidentiality of Service User Information, (DHSSPS 2009). Trusts need to ensure that in keeping combined personal records due cognisance is taken of Principle 7 of the Data Protection Act and that all staff are clear about their legal requirements concerning the retention of

¹³ Promoting Partnerships In Care - Inspection of Social Care Support Services for Carers of Older People (DHSSPS 2007), which can be accessed at:
http://www.dhsspsni.gov.uk/promoting_partnerships_in_care.pdf

information in one file. In situations where retention of personal information is combined, a business need should be established to do so. Only agreed authorised staff should have access to all parts of the record and the trust should have Subject Access Request procedures in place to ensure the release of information relevant to the data owner requesting the personal information.

Recording of Unmet Need

Standards for Adult Social Care Support Services (2008) 1.3 states: "Information collected by HSC commissioners and trusts to identify and monitor unmet need is informed by collating information from individual assessments, care plans and reviews". The term unmet need relates to the possibility that persons may, for whatever reason, fail to be provided with a service or timely provision of a service.

The outcome of any assessment will generally identify a need. It is the responsibility of trusts to make provision to meet those needs. Some identified needs may or may not be met by trusts, in a timely way. This delay in providing service is classified as unmet need. For trusts, if not compiled accurately, this situation could lead to insufficient resources being allocated to particular services. Ensuring that unmet need is accurately accounted for remains an integral part of the trust resource allocation process.

Each trust reported having processes in place for the collection, by frontline staff, of information relating to unmet need. Staff reported discussing assessments at supervision with their line manager recording, monitoring and collating any potential unmet need for the attention of the Director of the Older People's Programme of Care. The information regarding unmet need is used in negotiations between the trust and commissioners for the purpose of planning services.

Information on unmet need in trusts is currently collected manually from various sources and locations. However, information on unmet need consists mainly of numbers of people awaiting services, rather than reflecting the complexity of identified needs. There is the added complication of the capturing of information about two people, both of whom may receive services in one working file.

RQIA's audit findings indicated that there was no unmet need being recorded in over 60 per cent (258) of completed carer assessments. When examining the action plans arising from these assessments, it was evident that carers were awaiting a referral to various other services to meet their identified needs. However, without an examination of carers' case notes, the review team could not determine if carers had received services in a timely way.

The review team commented on the potential weakness of the trusts' processes of identifying and collating unmet need from carer's assessments and raised concerns over the accuracy of reports being processed to higher levels of management within the trusts. The review team recommended that

the collating and reporting of unmet need should be reviewed by the HSC Board.

A similar finding was reported in the DHSSPS Promoting Partnerships in Caring (2007) review when it was cited that older people stated that unmet need was not being wholly explored or fully integrated into the planning processes of trusts.

RQIA recommends that staff in trusts must ensure that unmet need is adequately recorded in order that services can be planned, commissioned and developed appropriately and that trusts Boards are aware of the gaps in service provision.

Outcome of an Assessment

An assessment may be the first opportunity that a carer has to focus on their needs, including their emotional and practical needs. Therefore individual carer's assessments should enable staff to identify the gaps in service provision and the inputs required to meet the carer's assessed need. Where identified gaps in the provision of a service or long waiting times occur this situation should be recorded. The accumulated information should inform the planning process for services for carers.

While the assessment itself may or may not result in a service provision, views obtained from carers indicated that the process can provide valuable emotional support for carers and, indeed, helps in obtaining other sources of support. It is therefore important that trust staff who carry out assessments make clear to carers the purpose of the assessment, clearly distinguishing between outcomes and a need for services.

Carers have stated that they often find it difficult to understand the purpose of assessment. Many believe that the assessment is for the provision of services, for example respite services. Some carers considered the assessment to be a waste of their time particularly if it did not result in any tangible outcome.

Trusts have reported that individual emotional support is provided to carers through social work teams. The importance of appropriate provision of emotional support was also highlighted as important in the DHSSPS publication of Caring for Carers, in the Promoting Partnerships in Caring DHSSPS (2007), and in the HSC Board Audit of Support Services for Carers (2009).

Training Undertaken in Carers' Assessments

All trusts have regular carer awareness training programmes in place. Training is designed for all staff (Band 5 and above from all programmes of care/services) who are in contact with family carers and who wish to carry out an assessment of need. There are clear objectives for training in relation to increased understanding of the process of Carer's Assessment (using the NISAT framework) and in creating awareness of the range of services that are available to support carers. In four trusts the carers' coordinator is

responsible for organising training, while in the Southern trust training is organised through the social work training unit. In three trusts, the training programme is supported by a partnership working agreement with Carers NI. Where Carers NI are involved, a carer's account of their experiences of caring is built into the training and the carer is involved, either from Carers NI or from the local trust area.

Table 2: Staff trained in use of Carer's Support and Needs Assessment Tool

Professions	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust
Senior social workers/ team leaders		22	1	14
Social workers	39	133	22	105
Trainee / student social workers	11	11	10	1
Social work assistants		2		2
Managers			5	4
Domiciliary and Home care managers			3	
Care Managers	9		21	11
Assistant Care Managers	4		37	
Social Care Coordinators	13			
Support workers	14	9		
Nurses	16	73	34	8
Community Psychiatric nurses	5		12	8
Allied Health Professionals	2	18	12	4
Day Care workers	7			6
Care assistants	7			
Contracts team	2			
Rehabilitation workers				3
Total	129	268 **note 153 staff were from older people's services**	157	166

The Northern Trust stated that they found it difficult to source carers to take part in regular awareness training sessions. They are exploring the option of using video recordings of carers to complement their training programme. Professional staff attending training across trusts included social workers, care managers, assistant care managers, nurses and allied health professionals.

The Western Trust now has a stand-alone carers training programme. Previously the trust had supplemented the NISAT module 2 core training with carers' assessment training. This resulted in the following number of staff being trained:

Nursing staff	245
Social Work staff	115
Allied Health Professionals	57
Total	417

2.2.1 Challenges

The collation of accurate reliable data to inform planning, commissioning and delivery of services to carers continues to pose a challenge for trusts.

Getting the message across to carers in regard to the purpose of a carer's assessment is a challenge for trust staff.

The completion of a carer's assessment is relevant to all professional staff groups and this task should not be seen as solely a task for social work professionals as is presently the case across all five trusts. It is a challenge to trusts that trust professionals who are best known to carers should be the staff involved in the completion of a carers' assessment.

2.2.2 Recommendations.

- 3. Trusts should devise robust systems for capturing unmet need in order to plan, commission and provide an adequate range of services for carers.**
- 4. The HSC Board should satisfy itself that the processes used by trusts to identify unmet need, particularly information gathered by trusts, is inclusive and comprehensive and is acted upon appropriately, in order to ensure that it can be used effectively for the planning, commissioning and delivery of services to carers.**
- 5. Trusts should consider making carer assessment/awareness training mandatory for staff in order that the most appropriate member of staff who is known to the carer can carry out an assessment of their needs.**

Good Practice Examples

South Eastern Trust

International Organization for Standardisation (ISO) the main products of ISO are its International Standards

The South Eastern Trust has implemented ISO procedures with regard to:

- Responding to Referrals Received
- Reviewing Clients and Domiciliary Care Packages
- Carer Support Checklist where Full Carer Assessment is Declined

Southern Trust

A carer assessment information leaflet is attached to every new referral. This is provided directly to the identified carer or left in the service user's home for the carer to read and action.

2.3 Standard 3 Support Services

Carers have access to a range of quality services that meet their identified need

Range of Services to Meet Assessed Need

The review team noted that all trusts have a range of services to meet the assessed needs of carers as follows:

- Day care
- Respite care
- Domiciliary care including night care
- Out of hours contact points
- Carers' support groups

Statutory/Voluntary partnerships

All trusts have numerous partnership agreements in place with statutory and voluntary organisations. This has enabled them to draw on skills and innovative approaches in the development and delivery of sustainable carer support services.

Organisations involved with trusts and providing services include, for example, Extracare, Age NI, Carers NI and the Alzheimer's society. The Belfast Trust has a contract with Belfast Carer's Centre and staff are encouraged to refer carers to this resource to access, for example, counselling and benefits advice. The review team noted that the Western Trust had worked successfully with an organisation called Me UnLtd which provides personal development programmes for carers.

The Public Health Agency has supported trusts/carers through the provision of non-recurrent funding to enable the development and printing of carer information leaflets in a number of programmes.

Some Community Mental Health Teams have developed group support for carers who look after someone with dementia. Trusts reported that contracts with organisations that provide support to carers are subject to monitoring and quality assurance as part of their normal commissioning arrangements.

Carer Cash Grant Schemes

Currently four trusts have in place a Carer Cash Grant Scheme which may be available to a carer following a carer's assessment. The Southern Trust has recently piloted a version of this scheme in their Physical Disability service.

The grant can be used for any service that helps the carer maintain their caring role. Trusts gave innovative examples of how they use these monies,

ranging from replacing a washing machine to providing new tyres to enable a carer to take their cared for person to hospital appointments. In addition four trusts have a scheme to provide carers with vouchers to enable them to receive complementary therapies or gym membership. The review team noted that each trust had a different approach to the administration of this valuable flexible scheme for carers.

Training for Carers

Trusts have indicated that they have training programmes in place for carers. Courses cover topics such as manual handling, use of specialist equipment and dealing with challenging behaviour.

All five trusts employ carers' coordinators who are active in the provision of courses relevant to sustaining the health of carers e.g. Living life to the Full, Health for Life.

2.3.1 Challenges

The challenge for the trusts is to monitor and evaluate how effective the provision of services is for carers. A more detailed evaluation of the actual effectiveness of provision of services for carers was outside the terms of reference for this review.

2.3.2 Recommendations

There were no recommendations in regard to this standard.

2.4 Standard 4 Information for Carers

Carers receive up to date comprehensive published information about social care services and other relevant information from the trust.

Information for Carers

In all trusts carers were provided with relevant information and this practice is encouraged and monitored within trusts. Trusts use team proformas indicating involvement with carers and have supervision processes which include consideration of carers' issues. The carers' coordinator in each trust has a key role in the development and dissemination of carer information as well as monitoring the flow of information between carer, trust and board.

All trusts made available, either in a pack or individual leaflets, a wide range of information about trust services and sources of help for carers, relevant to their caring role. Carer information leaflets were developed in partnership with local carers, carer support groups and voluntary organisations, for example Carers NI, Carers Matter and the Carers Trust.

Information covered topics such as health, benefits and contacts for support networks in both the voluntary and statutory sector. Information for carers regarding specific conditions/illnesses is provided by trust specialist teams e.g. Chronic Obstructive Pulmonary Disease (COPD) and Stroke Teams. Trust staff signpost carers to other relevant organisations such as the Alzheimer's Society, Care2ShareNI, Parkinson's UK, Macmillan, NI Chest Heart and Stroke, as well as to other information resources available on the internet. All trusts indicated that carers were given a copy of the DHSSPS A-Z guide for carers.

Accuracy of Carer Information Leaflets

There was evidence that trusts were making progress in updating information leaflets. The South Eastern Trust provided an example of the revision in January 2012 of their leaflet 'Do you look after someone'¹⁴. The review team was informed that the development of specific carer material is now the responsibility of the carers' coordinator in each trust.

The review team examined a number of information leaflets provided by trusts. It was noted that in some leaflets the information is not stated correctly in accordance with the legislation regarding a carer's statutory right to a carer's assessment. This was highlighted to the relevant trusts by the review team during the review process.

Carer Information Available on Trust Websites

The review team enquired about the information available for carers on trust websites. All trusts reported that their websites required further development and that work was underway to address information for carer's needs. The

¹⁴ Do you look after someone can be accessed at Trust website

review team noted that the Western Trust publish a carers newsletter and also use Facebook to inform and update carers regarding carer events/health promotion activities within their area. While Facebook may not be the preferred source of information for older carers, other carers were availing of the service.

Database of Carers

Four trusts stated that they have a confidential carer database, established in line with Data Protection legislation and managed by the carers' coordinator. Carers receive, from the coordinator, information on the purpose of the database and in turn their written permission is sought to be registered. The database is used to contact carers from time to time about carer events and to provide information about new support services and other useful information for carers. The review team considered this to be a valuable resource, and appropriately used by trusts to keep regular contact with carers for both consultation purposes and for the dissemination of relevant carers' information. However the challenge for trusts and especially the carers' coordinator is keeping the database updated.

The Southern Trust does not have this resource and stated that they currently have no plans to put one in place. Individual carer organisations with which the trust engages hold and maintain a list of carers for the purpose of maintaining contact

Signposting of Carers to Service Provision by GPs

The Regional Carers' Strategy (2006) reported; "The majority of carers identified their family doctor or General Practitioner (GP) as the first place that they would look for information about how to get help but many GPs do not feel equipped to fulfil this signposting role."

There is a requirement that trusts work with GPs to ensure that they have a protocol for the identification of carers and a mechanism for referral of carers for health and social services. GPs have their own internal protocols and systems and many GPs have developed good links with trust social workers and other integrated teams many of whom are aligned to GP practices. The review team noted that carers' coordinators have been proactive in promoting carers needs within GP practices encouraging the early identification of carers and the development of referral pathways for carer assessment.

Carers' coordinators indicated they had spoken to GP forums to raise awareness of carers' issues. Carers' leaflets and information about trust services are available in GP surgeries. However, given some of the negative views expressed by carers to the review team, regarding the absence of good information, there is still more to be done to ensure that carers are able to access the information and support they need to assist them in their caring role.

Carers' Coordinators Network

Considering the excellent work undertaken by the carers' coordinators, the review team noted that there was no regional network whereby they could

share experiences; promote evidence based and effective practice or work jointly with regard to regional carers' issues. A regional network would help facilitate a standardised approach to the delivery of carers' support information and in the promotion of good practice in delivering uniform messages about caring to carers across the region.

2.4.1 Challenges

The main challenge for trusts is to make information for carers widely available, relevant, current and monitored for effectiveness and includes the use of Trust the website.

2.4.2 Recommendations

- 6. The HSC Board, in order to facilitate standardisation and the delivery of uniformed messages about caring to carers, should facilitate the development of a regional Carer Coordinators network.**
- 7 Trusts should ensure that information leaflets for carers are accurate, in line with legislation, and the leaflets are regularly monitored and updated as necessary.**

Good practice examples

Belfast Trust- Wraparound Project

The Wraparound Health Promotion Project offers health assessments and a package of support in carers' own homes. It provides information on nutrition, exercise, emotional wellbeing, coping strategies and other health related issues. The service also offers emotional support and signposting to other services such as free health checks at a local pharmacist. The programme involves a weekly visit from a health promotion officer over a six week period.

Northern Trust- The Extracare Family Training Programme

This carer support programme is tailored to each carer's individual needs and available to any family carer who would benefit from training to support them in their caring role. Carers are referred to this service by health and social care staff. The main training and support interventions are manual handling, stress management, personal care, challenging behaviour and first aid. Further training may be provided depending on the individual carer.

The training aims to improve the health and well-being of family carers by providing training and support to improve coping skills and to enable carers to exercise a greater degree of safe and skilled participation in the provision of care.

Western Trust MeUnltd

A unique personal development programme for women carers is funded by The Public Health Agency and the Western Health & Social Care Trust.

'It's All About Me' is an eight week personal development programme developed by MeUnltd specifically for women carers. MeUnltd is a social enterprise working in partnership with a number of local organisations and individuals in the western trust area and can help benefit women carers and their families.

An alternative programme has also been designed for male carers and the organisation will be publishing their research findings.

3.0 RQIA Audit of Carer's Support and Needs Assessment Tool

An audit of the Carer's Support and Needs Assessment Tool was undertaken within the older people's programme of care across the five HSC trusts. The audit tool was developed by RQIA (Appendix 1). The reviewers were trained in the use of the tool by the RQIA project manager responsible for coordinating the review.

The Carer's Support and Needs Assessment Tool captures personal details about the carer including the care they provide for the older person. There are questions on how their caring role affects their daily life, and their views on their desire to continue in their caring role. It also records contingency plans, identification of unmet need and action planning to support the carer. The audit tool reflects the domains of the assessment tool.

Trusts were asked to provide a minimum of 75 and up to a maximum of 100 completed anonymised Carer's Support and Needs Assessments. These completed assessments were randomly selected from across localities and teams within the Older People's Programme of Care.

Each trust team providing completed assessments was asked by the audit team to complete a short questionnaire with regard to the professional make up of their team and areas of responsibility. The audit took place on 5th – 9th March 2012.

The purpose of the audit was to:

- validate that the Carer's Support and Needs assessment Tool was in use across Older People's Programme of Care
- identify the source of referrals
- establish if consent was being recorded
- establish if unmet need is being recorded
- highlight the range of interventions offered to carers
- establish the range of professionals engaged in completing the assessments.

A total of 401 anonymised Carer's Support and Needs Assessment forms were submitted for audit. .

**Table 3: Presentation of Assessment Information
Year assessment was dated and total of assessments**

Year	Assessments	
2010	40	
2011	226	
2012	37	
PARIS Printouts	15	
Redacted dates	83	
Total	401	

Of the total of 401 assessments that were submitted for audit 15 were electronic printouts, 291 assessments were handwritten, seven of which were difficult to decipher, and 95 were word processed.

The data included anonymised and redacted information. In a number of cases, redacting of information resulted in dates of completion and roles of the person completing the assignments being removed.

- Pages were missing in the assessments which made it difficult for the audit team to judge whether the assessment had been completed satisfactorily.

Despite these difficulties, the audit team concluded that the size of the sample and type of data provided would support the purpose of the audit.

Of these 401 assessment forms there were 15 electronic printouts of completed carers support and needs assessments from the PARIS system (Belfast Trust). The PARIS printouts do not mirror the carers support and needs assessment format and could not be mapped to the audit tool. It was decided not to include these printouts in the overall analysis but to describe how information is collected and recorded in PARIS.

Patient Centered Information System (PARIS) Belfast Trust

PARIS is an electronic record keeping system that collects and reports clinical and administrative information. This system is in use in one area of the Belfast Trust. There are different modules within the system which capture specific patient information and various functions that help to coordinate and integrate patient care and to enhance operational workflow.

The carer has his/her own electronic file which is cross-referenced to the cared for person. The assessor, a health care professional usually a social worker, completes a paper copy of the carer support and needs assessment tool, usually face to face with the carer. The carer information is then transferred by the social work assessor onto the electronic system. The original paper copy is discarded once the information is transferred. With regard to carer consent, an important element of the carers assessment form, within the PARIS system this is recorded as a general consent to hold and share relevant information. Service users which include carers are given a leaflet explaining the consent process and their agreement to have their personal details recorded onto the system. There is no way to record a signature on the PARIS system and presently no place to record if a copy of the carer assessment has been left with the carer.

The following information highlights the findings from the RQIA audit of Carer's Support and Needs Assessment Tool. Analysis of the audit is based upon 386 carers' assessments.

Further audit analysis of the audit is presented in respect of the following assessment domains:

- Profession of referrer
- mode of assessment
- Carer's health
- How caring affects you (the carer)
- Future plans
- Contingency planning
- Consent
- Recording of unmet need
- Professionals completing assessments.

The results of the audit determined that in 296 assessments the reason for referral was identified. In 90 cases this was not documented.

In 106 assessments the referral was recorded as originating from a social worker, 72 as other, 34 were identified as self-referrals by carer and in 10 assessments the referrer was a nurse. 'Other' relates to the identification of the referrer, but not their professional background.

The remaining 164 were redacted or blank and therefore the source of the referrer could not be determined.

Table 4: Profession of Referrer

Social work	'other'	Self-referral	Nursing	Redacted / blank	Total
106 (27%)	72 (19%)	34	10	164 (43%)	386

Table 5: Mode of assessment

Face/face interview	Other	Not recorded	Missing information	Total
282 (73%)	22	13	69 (17%)	386

Of the 386 assessments audited in 73% (282) cases the assessment was conducted through a face to face interview. In the 22 cases identified as 'other', alternative modes of assessment included the combination of postal assessment, completion by carer and a follow up discussion with the assessor. In the remaining 21% (82) cases the mode of assessment had either not been recorded or was missing.

Key assessment domains; Carers Health, How caring affects you, Future plans, Contingency planning.

The tool contains 12 questions in relation to the cared for person and the carer’s needs, to assess the support, if any, that may be required by the carer to continue in the caring role.

In the majority of cases these key assessment areas were completed which positively assisted in identifying the needs of carers.

Table 6: Key assessment domains

	Carers Health	How caring affects you	Future plans	Contingency planning
Fully complete	370 (95%)	341 (88%)	360 (93%)	353 (91%)
Partially complete	8	19	N/A	N/A
Not recorded	8	26	26	28
Total	386	386	386	381

Consent

The tool identifies the carer’s understanding in relation to the purpose of sharing information and his/her right to withdraw consent. It asks carers to specify if information is to be restricted, to whom the restriction applies, and requires a signature.

Of the 386 carer assessments 90% (350) had agreed for all of their information to be shared. The remaining (10%) 36 indicated that they wished to restrict sharing of their information. In all cases the category of consent had been appropriately completed.

Of the 386 assessments 81% (313) recorded the carer’s signature, and (19%) 73 cases had no signature present.

Recording of unmet need

The outcome of the assessment should be recorded and summarised and a referral and action plan completed. This section has a specific question regarding the identification of unmet need. The term unmet need relates to the possibility that persons may, for whatever reason, fail to be provided with a service or timely provision of a service.

Of the 386 assessments:

- 226 (58%) had no unmet needs identified
- 102 (26%) not recorded.
- 58 (15%) had unmet needs identified

Range of interventions offered to carers

One of the most important elements of the carer's assessment is the focus on the carer's wishes and expectations. This may be in relation to his/her own health and wellbeing / emotional support in relation to the provision of a service to alleviate the pressure they experience while being a carer. The audit indicated that the service requested most was for the provision of respite care. This included provision of a sitting service, either during the evening or night, and respite placement in either a residential or nursing facility. There were also general requests for increases in the level of direct care being provided.

Professionals completing assessment

It is important to establish which professional group is taking responsibility for carers' assessments. The audit confirms the vast majority of carer assessments are being carried out by social workers.

Table 7: Professionals completing assessments

Social work	Care manager	Other	Nursing	Missing information	Total
197 (51%)	36 (10%)	28 (8%)	16 (1%)	109 (30%)	386

Of the 386 completed assessments:

- 197 (51%) were completed by social workers
- 109 (30%) were not completed or could not be determined due to redaction / missing information.
- 36 (10%) by care managers (it could not be determined if they were nursing or social care background)
- 28 (8%) by 'others'
- 16 (1%) by nursing staff

Discussion of audit findings

The findings from this audit confirm that the Carer's Support and Needs Assessment component of NISAT for assessing the health and social care needs of older people is largely embedded within practice across all HSC trusts in the older people's programme of care.

As with the introduction of any new process and system of recording, training and practice in the use of the tool should improve the assessment process and outcomes for both professional staff and carers. The picture emerging from the audit is that of assessments being, in the majority of cases, well completed. The information recorded captured the level of care provided by the carer, practical aspects of their life affected by their caring role e.g. finance and their views and future wishes. However, in the domains relating to carer health and wellbeing, a significant number of

assessments were not well documented and this area requires improvement.

New integrated team structures and processes across the region have resulted in many professional groups working more closely together. Within the older people's programme of care there are:

- Mental health teams including community mental health nurses, care support workers, social workers and approved social workers
- Integrated care teams including allied health professionals, district nurses and social workers.

Departmental guidance states that accountability and responsibility for assessment rests with professionally trained staff. (Circular HSC (ECCU) 1/2010: Care Management, Provision of Services and Charging Guidance, DHSSPS, March 2010)¹⁵. It is acknowledged, however, that assistant staff grades have a contributory role in person-centred assessment, planning and review. Their contribution requires critical evaluation, in-depth collaboration alongside professionally trained staff with authorisation and sign-off of assessments by a professional involved in the older person's care.

The pattern emerging from the audit is that Departmental guidance is being followed with the small number of social work assistants or other key workers completing assessments having their work appropriately authorised. In addition the audit would suggest that professional grades of staff are adhering to good professional practice by having their assessments discussed and signed off by their line manager.

DHSSPS guidance on completion of a carer's needs assessment envisaged that these assessments would be carried out by a range of professionally qualified staff. Ideally this would include a staff member who has already developed a good relationship with the carer. Examples would be;

- social workers
- community nurses (including learning disability)
- specialist practitioners
- community psychiatric nurses
- allied health professionals

Findings from this audit show that, in the main, carers assessments are carried out by social workers. Other health and social care professionals are involved but not to the same extent and this would suggest that other professions have not embraced the vision of completing carer's assessments. Achieving progress in multi-professional working at this level of complexity requires a joint practice development process beyond simply attending training courses.

¹⁵ (Circular HSC (ECCU) 1/2010: Care Management, Provision of Services and Charging Guidance, DHSSPS, March 2010)¹⁵. Can be accessed at : <http://www.dhsspsni.gov.uk/carers>

Departmental guidance states that the assessment must be formally documented placed on file and a copy given to the carer. Audit findings would suggest that assessments are formally documented, are placed in the cared for person's file, but a copy is not always given to the carer. The audit indicates that one in four carers do not receive their assessment documentation. This issue was discussed with staff by the review team.

Consent by the carer is integral to the assessment process and 90% of assessments had recorded consent. It should also be noted that in assessments which were word processed many had handwritten carer signatures recorded, suggesting that assessors had returned to the carer for this to be completed.

The majority of interventions recorded were for referral for provision of respite services, for example, a sitting service. Other referrals were for access to a trust cash grant scheme, provision of day care and increases in a care package. There was no evidence of referral to carers training or other carer programmes delivered through trust/ voluntary services.

The purpose of a carer assessment is to allow the carer to articulate his/her own personal needs in relation to their health and wellbeing. This would include their mental wellbeing and emotional support needs. It was therefore disappointing to discover that less than 1 % (15 out of 386) of assessments audited made any reference to the provision of specific emotional support for carers. The Western Trust was the only trust to document clearly the emotional support required by carers. The review team could not determine through the auditing of the assessments if health and wellbeing of carers is being adequately addressed through the use of the Carer's Support and Needs Assessment tool.

Unmet need

The outcome of any assessment will generally identify a need and it is the responsibility of trusts to make provision to meet needs identified through the assessment process. The audit indicated that an unmet need had been identified in only 58 (15%) out of 386 cases. However when examining assessment summaries and action plans the indicated actions ranged from referral for respite, referral for sitting service to referral for cash grant. While it is acknowledged that the trusts provide this support there was no way of determining from the assessments if carers had received these services /or received them in a timely way. The picture becomes more complicated when the carer action plan is kept in the cared for person's file hence there is no clear demarcation of needs. The subject of unmet need requires further review by the HSC Board (recommendation 4)

This review was not designed to assess the quality of care provided for carers. However the audit showed that interventions arising from an assessment were narrowly focused and perhaps a wider range of intervention or support mechanisms could be offered to carers. There must be a stronger recognition of the need for carers to receive services to support them in their caring role

rather than merely assuming that services provided to the cared for person is all the support that a carer requires.

3.1 Challenges

For trust professional staff to demonstrate a clear trail from the assessment outcomes to the interventions / services provided for carers.

3.2 Recommendations

- 8 Trusts should encourage wider participation of health and social care professionals in the process of needs assessment.**
- 9 Trusts should encourage staff to make all attempts to ensure that where possible the carer retains a copy of the assessment.**
- 10 Trusts should review if they are acting in accordance with Principle 7 of the Data Protection Act, in cases where they retain a combined record of the carer and cared for person in one file and document clearly why they need to do so.**

4.0 Focus Group Interviews with Trust Staff

This section outlines findings from interviews with five trust staff focus groups involving approximately 65 staff members who work in the older people's programme of care. These staff members had experience of completing carer's support and needs assessments with carers.

Staff groups interviewed included:

- professional social work staff
- social worker assistants
- care managers (both nurse and social work backgrounds)
- assistant care managers
- community mental health nurses.

The overall aims of the focus groups were to seek views on:

1. Training in the use of the Carer's Support and Needs Assessment tool
2. The use of the Carer's Support and Needs Assessment Tool
3. Engagement with carers.

4.1 Findings

The information provided and the themes emerging across the five focus groups are presented below.

4.1.1 Training

All professional staff across all trusts stated that regular training with regard to carrying out carer assessments was in place. Staff also indicated that the use of the Carer's Support and Needs Assessment Tool had been of benefit in their professional practice.

Within the Western Trust, when rolling out NISAT core training to professional staff in the Older People's programme of care, a decision was made to incorporate a half day training on the Carer's Support and Needs Assessment Tool which was in addition to a rolling programme of carer assessment training.

Staff stated that carer assessment training highlighted for them the necessity for carers to be provided with a copy of their assessment. However staff did state that carers often chose not to receive a copy of their assessment with many preferring that it is kept for them in an appropriate place (and in most cases this was included in the cared for person's file).

The content of carer assessment training was broadly similar across all five trusts. Four trusts have a carer perspective component built into awareness training and use carers either from Carers NI or their own trust carers. The Northern Trust stated that they found it difficult to source carers to take part in regular awareness training sessions and they are exploring ways of using

video recordings involving trust carers to complement their training programme.

Trusts request that staff complete a staff evaluation questionnaire at the end of their training sessions. Staff made the point that carer assessment training is not mandatory and many staff have not taken up training.

4.1.2 Carer's Support and Needs Assessment Tool

All professional staff interviewed stated that the Carer's Support and Needs Assessment Tool was the only carer assessment tool in use. Staff stated that a carer's assessment is always offered and at various stages in the caring journey but not always accepted. There was a consensus of opinion that carers only took up the offer of an assessment at crisis times and this may be attributed to the carer believing they may receive more services.

Carer's assessment and information guidance proposes that the assessment is carried out at a time convenient to the carer and that it may not always be a one-off process. A variation in practice was noted with regard to completing the assessment. Some social work staff reported that they would post to, or leave an assessment form with the carer and ask them to complete as far as possible. They would then contact the carer and arrange a time to discuss the assessment with them. Others said they leave the form and the onus was on the carer to contact them. The review team felt that staff should be encouraged to be proactive in completing carer's assessments and not put the onus on the carer.

Practitioners and managers raised the issue of the amount of time required to complete the assessment. This was due in the main to the time required to capture a more detailed consideration of the carer's perspective of caring and for the professional time involved in personal contact, administration and follow-up work. Time required with carers to complete an assessment was dependent upon individual circumstances. The consensus was that it would take a minimum of two hours to complete a carer's assessment.

All staff strongly indicated that they were under a considerable amount of pressure. Caseloads were high and often complex and they felt that they did not have enough time to address referrals for carer assessments in a timely manner.

Some staff reported that if they were dealing with the cared for person they saw it as a potential conflict of interest to also address the carer's needs and hence made referrals for assessment to other social work teams. This could potentially delay the assessment process.

Staff generally found the tool prompted discussion and gave the carer a good opportunity to talk about their issues. Staff were of the opinion that if the tool was used as intended i.e. as a means to include and empower the carer in their caring role, this was a tool to be embraced.

There were strong views about duplication of information and staff felt that the tool had too many questions making it impossible to complete in one session. Staff stated that the assessment should be completed with the professional who knew the carer best but that this was not always happening hence the increase in referral to social work teams for carer assessments.

4.1.3 Engagement with Carers

Staff stated that they were concerned that through engaging in assessment, carers' expectations of what may be provided by the trust may be raised. Staff are aware that due to current pressures they could not always deliver on services requested. However they agreed that this should not be used as a reason to avoid carrying out a comprehensive assessment of the needs of carers.

4.1.4 Challenges

For the professional member of trust staff who know the carer best to complete the carer's assessment.

4.1.5 Recommendations

- 11. Trusts should ensure that the process for completion of an assessment should not put the onus on the carer to contact staff.**
- 12. Trusts should ensure that carers who refuse an assessment have a review date to assess if circumstances have changed and to remind carers of their rights to request an assessment at any time.**

5.0 Focus Group Interviews with Carers

This section outlines the findings from interviews held with five carer focus groups, facilitated by Age NI, across the five trust areas. The participants were all carers receiving services from the older people's programme of care. Approximately 40 carers participated in the process. Any issues raised within these sessions were followed through with appropriate trust staff by Age NI.

All interviewees had been carers for a period ranging from six months to many years.

The overall aim of the carer focus groups was to seek views on;

- the types of carer information provided to them by the trust
- their experience of the completion of Carer's Support and Needs Assessment Tool
- carers' services offered to them in relation to supporting their health and wellbeing

Information was gathered through semi structured interviews. The themes that emerged across the five carer focus groups are presented below.

5.1 Carer Information

Carers were asked in general terms for their views on;

- trust website and any leaflets information provided to them by the trust.
- contact information re services
- the role of the carers' coordinator

Carers in general indicated their awareness of trust information leaflets being available in places such as GP surgeries. Many had been given leaflets about trust services but the information '...tended to end up in a drawer in the home...'

The majority of carers had no access to the internet and did not know anything about websites. Those who described themselves as silver surfers stated they were aware of the trust website but had not accessed any carer information as ...“they preferred to be given information...”

All carers stated that they had a single named contact as the person who organised services for their cared for person. They also knew how to contact, within working hours, the staff that provide direct care services, such as domiciliary services.

All carers stressed that the services they received for their cared for person were of a high standard and that they had good working relationships with the trust professionals who provided the care.

Carers from three trusts (Belfast, South Eastern and Western) were able to confirm that they knew that the trust had a carers' coordinator and that the coordinator organised events for carers and gave out specific information.

Carers from the Southern and Northern Trusts did not know who the carers' coordinator was or what their role was.

5.2 Experience of the Carer's Support and Needs Assessment Tool

Information about a carer's assessment

The majority of carers stated that they had probably been given information leaflets about a carer's assessment but said that, "...this information would all have been mixed up with everything else given to me from the trust staff."

There was a mixed response to this part of the discussion and carers could be categorised under four headings:

- carers who had completed a carer's support and needs assessment and found it beneficial
- carers who had been offered a carer's support and needs assessment but who did not really understand the purpose of the assessment.
- carers who had never heard of a carer's support and needs assessment even though they were in receipt of carer's services for their cared for person
- carers who had asked for a carer's support and needs assessment and been refused.

A number of carers indicated that they had completed an assessment and confirmed that they had found the process to have been a valuable emotional support but agreed that the assessment form was, "...not a form that you would want to complete on your own as it needs the professional support to help address/think through some of the issues..."

There was one negative response from a carer in regard to completing the carer's assessment. The carer accepted the offered assessment, but noted that it "...took about two days to complete. I wanted a sleep over arrangement and was told I had to complete a carer's assessment. The outcome was no sleep over. I had to appeal the panel decision and found the assessment was a waste of time..."

Of those who had been offered an assessment, some reported that it had been posted out to them with a note that once they had read and considered the questions, someone would assist with completing the form, but the onus was on them to contact the social work department. Some said there was no follow up regarding completion of the form.

One carer reported that she "...had asked for the assessment form which was sent to the home. Her mother who had Alzheimer's had misplaced the form and it was found many months later but in the meantime no one had made contact to chase it up..."

One carer reported that she had been offered an assessment by her social worker but the purpose was not explained, "...I had always understood it to be in connection with benefits..."

Many of the carers had not heard of a carer's assessment even though they had been caring for some time. Some felt there were "...so many forms that you got lost in what you are doing. Not always explained that this is for you as the carer..."

Another carer was caring for two siblings each residing in two different parts of the same trust and neither set of social workers had offered her an assessment.

One carer was refused an assessment by her social worker and had complained to the senior social worker and was awaiting a response. This case is now being followed up by Age NI.

The findings from the focus groups presented a varied picture about the experience of carers who had completed the Carer's Support and Needs Assessment Tool. The review team considered that there is still work to be done by all trusts in obtaining current and regular feedback from carers regarding levels of satisfaction with the services provided by trusts to carers, and the monitoring of comments/complaints from carers.

5.3 Services to address carers' health and wellbeing

All carers interviewed by the review team had received services for their cared for person, ranging from a sitting service to personal care services and indicated that they were very appreciative of these. Some carers had been to events organised by the Carers' Coordinator and some had been at carers' training. It was evident that carers were sometimes confused as to why services were being provided for them. When services were provided for their cared for person i.e. attendance at a day care centre, this was designed to give carers time for themselves. However it was clear that they were instead using this time to deal with other aspects of the caring role. While understanding that such services are not mutually exclusive, the review team considered that focus of service delivery needs to be more clearly defined.

There must be a stronger recognition of the need for carers to receive services to support them in their caring role rather than merely assuming that services for the cared for person are all the support that a carer requires.

5.3.1 Challenges

For trust staff to continue to engage with carers and to progress any planned work in regard to surveys of carers' satisfaction.

6.0 Conclusions

This section of the report sets out the conclusions of the review team in relation to each of the Terms of Reference.

To describe the current position in the use of the Carer's Support and Needs Assessment component of the Northern Ireland Single Assessment Tool (NISAT) within the Older People's Programme of Care.

The findings of the review team indicated that the Carer's Support and Needs Assessment component of NISAT is in use across all trusts within the older people's programme of care.

All trusts have identified board members with a specific responsibility for carers' issues. All trusts had a written policy in place for promoting carer involvement and had in place a Carers' Steering Group, Carers' Reference Group or a Carers' Forum. The review team emphasised the importance of trusts being able to demonstrate the carers' contribution to the planning design and delivery of services. Having an update on carers' issues as a standing board agenda item would send a strong message to carers about the importance attributed by the trust to the delivery of the carers' strategy.

All trusts had involved carers in the planning, commissioning and review of services but faced challenges ensuring that representation is from a diverse range of backgrounds and caring experiences. The review team considered that trusts were actively trying to engage with carers in the planning and design of services. However further work is required to be carried out in the area of satisfaction surveys, in order to ascertain the views of carers regarding the quality of services being provided for them.

All trusts had appointed carers' coordinators and the review team felt that this was a positive step. The establishment of a regional carers' coordinators network would help to standardise information and services provided for carers, and would be a further step forward.

Trusts all indicated they had processes in place to ensure that carers' independence and choices were respected, and to ensure the early identification and assessment of carers. However, a significant number of carers refused an assessment and it was unclear to the review team if further follow up of this cohort had been carried out. It was also evident that some carers did not fully understand the purpose of an assessment. Trusts must present information to carers more clearly to ensure that, where possible, all carers understand the need for and receive an assessment.

The review team found that information in relation to carer's assessments is often contained in the same file as the cared for person's details. It is difficult manually to accurately separate the specific needs of carers and provide information clearly for planning, and commissioning purposes.

The review team was concerned that in nearly all cases, assessments were completed by social work staff. Other staff groups did not see it as their role to complete carer's assessments as part of a wider network of support for carers, and it appears other professionals have not fully embraced the need to engage with carers to complete carer's assessments.

All trusts have partnership agreements in place with a number of statutory and voluntary organisations, which has enabled the provision of a range of services to meet the needs of carers.

A range of useful information is provided for carers in a number of formats and it was clear that trusts consistently were working to provide up-to-date and accurate information for carers. The review team considered that further work was necessary to ensure that information, in a variety of forms, was both available and accurate. It was unclear to the review team if the effectiveness of the services being provided was being monitored to ensure best value and positive outcomes for carers.

To undertake an audit of a number of completed Carer's Support and Needs Assessments across the Older People's Programmes of Care and report on the findings.

A total of 401 anonymised Carer's Support and Needs Assessment forms were audited by the review team.

The findings from this audit supported the conclusion that the Carer's Support and Needs Assessment component of NISAT for assessing the health and social care needs of older people is embedded within practice across all HSC trusts in the older people's programmes of care.

Completed assessments were generally of a good standard and captured the level of care given by the carer and aspects of their life affected by the caring role. However the review team found that in certain areas the assessments were not being fully completed and further training and development is required especially in respect of carers' health and wellbeing.

The audit also supported the statements made by trust staff that the majority of assessments are being carried out by social work staff. This is not what was envisaged by the DHSSPS when NISAT was introduced as it was to have been a multidisciplinary tool, completed by a number of professions. The review team again felt that this was an area that required further development.

Departmental guidance states that the assessment must be formally documented placed on file and a copy given to the carer. Audit findings suggested that while assessments are formally documented, and placed in the cared for person's file, a copy is not always given to the carer. The review team concluded that future training programmes should reinforce the need for a carer to receive and retain a copy of their assessment.

To describe the provision of training for staff in the use of the Carer's Support and Needs Assessment Tool

All trusts have in place regular carer assessment training programmes. These are designed for all staff (Band 5 and above from all programmes of care/services) who are in contact with family carers and who wish to carry out an assessment of need. There are clear objectives for this training in relation to increased understanding of the process of Carer's Assessment (using the NISAT framework) and an awareness of the range of services that are available to support carers.

This was supported by the findings of focus groups with trust staff who found the training to be of value and confirm that it had been of benefit to them in their professional practice.

However it was also reported in the focus groups that training was not mandatory and many staff had not taken part.

To consider the impact for staff regarding the implementation and use of the Carer's Support and Needs Assessment tool.

During focus groups, staff indicated that they found training in the use of the assessment tool to be of benefit and highlighted areas such as the necessity for carers to be provided with a copy of the assessment. This in itself was an area of challenge, as a proportion of carers did not seem to wish to retain a copy of the assessment.

In most cases carers' assessments were being completed by social work staff who indicated in focus group discussion that their workload had increased considerably and they did not have the capacity to address the number of referrals for assessments in a timely manner. As stated above the review team felt that this was an area that required further consideration by trusts, and the HSC Board.

To describe views of carers on their experiences of the Carer's Support and Needs Assessment Tool

Carers were aware of information leaflets in places such as GP surgeries but the majority had no access to the internet or had not used it to access information regarding information for carers. Carers from two trusts did not know who their carers' coordinator was or what their role was.

A number of carers who had completed an assessment found the process to be valuable but found that the forms were complicated and would be impossible to complete in the absence of professional guidance and support.

A number of carers had not heard of a carer's assessment even though they had been carers for a long time. This indicated that the processes for identification of carers needed to be more robust.

A general observation from carers was that once engaged in the assessment process, it can become quite complex in having to deal with so many professionals to secure a service. The review team was concerned that the focus of the carers' assessment appeared to be more on the provision of services e.g. the provision of respite, with little documented evidence of a focus on the emotional needs of the carer and little evidence of signposting of carers to other types of support. Some carers were able to access a range of services and others had been able to attend carers' training events which they found helpful.

The review team was concerned that existing data collection processes may not accurately reflect identified carers within trusts and it is unclear if trusts are able to fully meet their statutory function in the reporting of an offer of a carer's assessment to each identified carer.

The review team concluded that the completion of the contact component of the NISAT tool would identify a carer entering into the health and social care process and from this information carers should be offered a carer's assessment. Until all components of the NISAT tool are implemented it will be difficult for trusts to ensure that all carers are offered a carers assessment. It was, however, beyond the terms of reference of this review to examine whether all carers are being offered an assessment or to examine the quality of services being offered to carers and this could perhaps be the focus of a future RQIA review.

The failure to have a regional working definition of unmet need for trust frontline staff has led to confusion among staff groups and this has led to inconsistent data collection within trusts. Consideration should be given to drawing up a regional definition of unmet need in order that services for carers can be appropriately commissioned.

RQIA will carry out Stage 3 of the NISAT Review during 2013-14. This will involve a comparison of the impact of NISAT on the care management processes, against baseline information obtained from Stage 1 of this review and the projected outcomes for NISAT when it was originally developed.

6.1 Recommendations for Trusts and HSC Board

1. In accordance with DHSSPS Circular (ECCU) 3/2008 and in order to monitor the progress and implementation of the Regional Carers' Strategy across each trust, trust boards should consider listing as a standing item, a regular progress report on carers' issues.
2. Trusts should include in their PPI action plans, satisfaction surveys of carers' services and use this information to inform their boards about key issues to be considered in planning, commissioning, delivery and review of services for carers.
3. Trusts should devise robust systems for capturing unmet need in order to plan, commission and provide an adequate range of services for carers.
4. The HSC Board should satisfy itself that the processes used by trusts to identify unmet need, particularly information gathered by trusts is inclusive and comprehensive, is acted upon appropriately, in order to ensure that it can be used effectively for the planning, commissioning and delivery of services to carers.
5. Trusts should consider making carer assessment/awareness training mandatory for staff in order that the most appropriate member of staff who is known to the carer can carry out an assessment of their needs.
6. The HSC Board, in order to facilitate standardisation and the delivery of uniformed messages about caring to carers, should facilitate the development of a regional Carer Coordinators network
7. Trusts should ensure that information leaflets for carers are accurate, in line with legislation, and the leaflets are regularly monitored and updated as necessary.
8. Trusts should encourage wider participation of health and social care professionals in the process of needs assessment.
9. Trusts should encourage staff to make all attempts to ensure that where possible the carer retains a copy of the assessment.
10. Trusts should review if they are acting in accordance with Principle 7 of the Data Protection Act, in cases where they retain a combined record of the carer and cared for person in one file and document clearly why they need to do so.
11. Trusts should ensure that the process for completion of an assessment should not put the onus on the carer to contact staff.
12. Trusts should ensure that carers who refuse an assessment have a review date to assess if circumstances have changed and to remind carers of their rights to request an assessment at any time.

Glossary of Terms

Assessment	A person-centred process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated, undertaken with the individual, his/her carer and relevant professionals.
Care manager	A health care professional, typically a nurse or social worker, who arranges, monitors, or coordinates long-term care services (also referred to as a care coordinator or case manager). A care manager may also assess a patient's needs and develop a plan of care, subject to approval by the patient's physician
Care management	Is a whole concept which embraces the key functions of: case finding; case screening; undertaking proportionate; person-centred assessment of an individual's needs; determining eligibility for service(s); developing a care plan and implementing a care package; monitoring and reassessing need and adjusting the care package as required.
Care package	A combination of services designed to meet a person's assessed needs.
Care plan	The outcome of an assessment. A description of what an individual needs and how these needs will be met.
Care planning	A process based on an assessment of an individual's need that involves ascertaining the level and type of support required to meet those needs, and the objectives and potential outcomes that can be achieved.
Carers	People who, without payment, provide help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability
Care worker:	A care worker is someone whose job involves helping people who have particular problems or special needs, for example in a care home.
Case management	Describes the activity included within the concept of care management, of advocating and co-ordinating services for a service user who needs this high level of support.
Domiciliary/home care services	The range of services put in place to support a person in their own home.
Hospital discharge	The process of leaving hospital after admission as an in-patient.
Intermediate care	A short period (normally no longer than six weeks) of intensive

rehabilitation and treatment to enable people to return home following hospitalisation; or to prevent admission to a long term residential care or nursing home; or intensive care at home to prevent unnecessary hospital admission.

Long term condition

Illnesses which lasts longer than a year, usually degenerative, causing limitations to one's physical, mental and/or social well-being. Multiple long term conditions make care particularly complex.

Main carer:

The main provider of care for someone.

Monitoring

On-going oversight of people's needs and circumstances to ensure the quality and continued appropriateness of support and services to meet the agreed outcomes for the individual and, where appropriate, his/her carer(s). The person receiving the services, his/her authorised representative and carer(s), where appropriate, and service providers all have a part to play in formal and informal monitoring.

Respite care

Short term care, usually in a care home, but possibly at home with the assistance of professional carers, which usually gives the main carer a break.

Sitting service

A service which involves a worker or volunteer going into an older person's home to provide care whilst the carer takes a break for up six hours.

Appendix 1

Legislative Context

The following key pieces of legislation are relevant to Carers:

Health and Personal Social Services (NI) Order 1972³

Article 15 (2) of the Health and Personal Social Services (NI) Order requires trusts to assess the care needs of any person who appears to them to be in need of community care services and provide or arrange for the provision of services.

Carers and Direct Payments Act (NI) 2002⁴

The Carers and Direct Payments Act (NI) 2002. The Act places a requirement on trusts to inform carers of their right to a separate assessment of their needs, and places an obligation on trusts to identify and provide information to carers.

Section 1 of this Act provides carers with an independent statutory right to an assessment of their needs when requested.

Section 2 empowers trusts to provide services directly to a carer.

Section 7 (2) of the Act requires that the trust, when made aware of a carer, must notify that carer of their right to request an assessment.

A second stage of the Act (implemented in April 2004), resulted in carers being considered for receipt of direct payments as an alternative to a direct service provision.

The Health and Social Care (Reform) Act (NI) 2009⁵

Section 2(2) of the Health and Social Care (Reform) Act (NI) describes the Department's general duty:

"The Department shall provide, or secure the provision of, health and social care in accordance with this Act and any other statutory provision, whenever passed or made, which relates to health and social care."

Section 3 states that "The Department may provide or secure the provision of such health and social care as it considers appropriate to the discharge of its duty".

³ Health and Personal Social Services (NI) Order (HPSSO) 1972

⁴ Carers and Direct Payments Act (CDPA) (NI) 2002

⁵ The Health and Social Care (Reform) Act (NI) 2009 (HSCRA)

Appendix 2

Strategic Context

The following is a summary of DHSSPS strategy and initiatives which have influenced the development of carers as key partners in the provision of care.

Valuing Carers (2002)⁶

In 2002, DHSSPS published a regional strategic plan entitled Valuing Carers, aimed at improving the support provided to informal carers. The proposals for a strategy for carers in Northern Ireland concluded that carers should be recognised as key partners in the provision of care. A total of 19 recommendations were made. The principles contained in this document continue to form the backbone of the policy and strategy for carers in Northern Ireland.

Caring for Carers (2006)⁷

In 2006, DHSSPS published Caring for Carers: Recognising, Valuing and Supporting the Caring Role.

This strategy, which is being implemented by trusts in a phased way, provided a framework for supporting carers. The framework included promoting carers as partners in the assessment of need, the provision of care, the review of services, and the creation of a range of appropriate, person-centred support services.

Standards for Adult Social Care Support Services for Carers⁸

The Standards for Adult Social Care Support Services for Carers 2008 assisted the inspection of social care support services for carers of older people. The standards were developed through a reference group which included representation from a wide range of agencies from across Northern Ireland.

The standards are applicable to all health and social care (HSC) organisations, regulated services and practitioners who commission, plan or provide social care services to support carers in all adult programmes of care.

Northern Ireland Single Assessment Tool (NISAT)⁹

In 2005, the DHSSPS sponsored a project to develop a single assessment tool for Northern Ireland: the Northern Ireland Single Assessment Tool (NISAT).

The DHSSPS commissioned consultants from the University of Ulster to design the new NISAT assessment tool. NISAT is a single standardised assessment tool, developed for older people and comprised of three key components: Contact Screening; Core; and Complex assessments, supported by several additional components. NISAT seeks to standardise and improve assessment practice within health and social care, with a view to ensuring that individuals and their carers receive services which are responsive and appropriate to their needs. Health and social care practitioners are now required to work more effectively across professional and organisational boundaries, re-evaluate their roles and practice and alter the focus of their assessments from a uni-professional, service-specific approach to a holistic, person-centred approach.

It was envisaged that the introduction of the single assessment process, province-wide, using NISAT as the foundation for implementation, would result in a major change in practice and culture within Health and Social Care.

Carer's Support and Needs Assessment Tool¹⁰

The tool was created to standardise the assessment of the needs of carers in relation to supporting them in their caring role. The tool was designed to ensure that carers receive an effective person centred assessment, leading to the provision of appropriate services and support and it can be used as a stand-alone assessment for carers across any adult programme of care. It also aims to provide a mechanism for health and social care assessors to record any unmet need which would inform future service provision.

Following the results of a pilot in the Northern Trust, it was decided that the Carer's Support and Needs Assessment Tool should be adopted by all trusts and used regionally by all practitioners to ensure a standardised approach to carers' assessments within adult programmes of care.

On 15 September 2009, DHSSPS issued a Circular HSS (ECCU) 2/2009:¹¹ Regional Carer's Support and Needs Assessment Tool which required trusts to:

- make all staff aware of the contents of the above Circular
- ensure that the Carer's Support and Needs Assessment Tool was the only assessment tool used across all programmes of care for assessing the needs of carers
- ensure that trust training programmes for staff undertaking carers' assessments include the contents of the circular.

Implementation of the Carers' Strategy DHSSPS: Trust Self-Audit (2009)

In 2009, a self-audit was provided to trusts by DHSSPS. Each trust was asked to assess themselves against all of the recommendations made in addition to the actions arising from the Carers' Strategy and subsequent reports, guidance and standards issued by the Department.

The finding from the audit, compiled by DHSSPS was issued to trusts in June 2010. This highlighted a number of instances of non-compliance across all trusts in relation to particular aspects of service provision for carers. At the same time the responsibility for monitoring and follow up of the deficiencies identified by the audit was transferred from the DHSSPS to the Carers' Strategy Implementation Group (CSIG) at the HSC Board.

In November 2011, the DHSSPS requested a report from the HSC Board detailing the progress made by trusts on the areas of non-compliance identified in their previous self-audit. The Board sought assurances from trusts that carers were receiving appropriate services and support.

⁶ Valuing Carers 2002 (DHSSPS)

⁷ Caring for Carers 2006 (DHSSPS)

⁸ Standards for Adult Social Care Support Services for Carers, (DHSSPS 2008), which can be accessed at:

http://www.dhsspsni.gov.uk/standards_for_adult_social_carer_support_services_for_carers.pdf

⁹ Northern Ireland Single assessment tool which can be accessed at:

<http://www.dhsspsni.gov.uk/NISAT>

¹⁰ Carer Support and Needs Assessment which can be accessed at

<http://www.dhsspsni.gov.uk/NISAT>

11 Departmental Circular HSS (ECCU) 3/2008 which can be accessed at:

<http://www.dhsspsni.gov.uk/carers>

Appendix 3



The aim of this audit is to validate that once a Carer has been identified as requiring a Carer Assessment they are offered this resource.

Please record your responses to the questions in black ink

RQIA Audit Tool Carer Support and Needs Assessment				<u>File nos.</u> Please ensure you attach the sticker with the <i>file</i> reference to both the audit tool and the <i>file</i> .
This will have the TRUST Name Will require NAME of TEAM (handwritten)				
Observation	Yes	No	Comments	
1	Is the Carer Assessment in its own folder?			
2	Has the NISAT tool been used?			
3	Have the responses to the questions been; Handwritten			
	Was writing legible			
	Word processed			

Questions about the tool

Assessment and Referral Details (Page 1)		Yes	No	Comment
4	Has the reason for Carer Assessment been identified?			
5	Is this a review of a previous carer's assessment?			
	Is there a date/ or evidence of a previous assessment? <i>Please record date</i>			
6	Is the date of referral for assessment recorded? <i>Please record date</i>			
7	What is the; Role /service //team of the Referrer? <i>Please record profession</i>			
8	Has the assessment been undertaken as: A face to face interview			
	Other? (please describe)			

9	Have the following sections been completed: (pages 2 – 8)	Yes	No	Comments
9.1	Carer's details			
9.2	Communication			
9.3	About the person cared for			
9.4	Living arrangements A B C			
9.5	Care and support you give A B C D			
9.6	Your health A B			
9.7	How caring affects you A B C D E			
9.8	Support A B C			
9.9	Other Commitments A B			
9.10	Finances A B C D E F G			
9.11	Future			
9.12	Contingency planning			

	Consent (Page 9)	Yes	No	Comments
10	Has consent been recorded?			
11	Has carer signed and dated the consent box? <i>Record date</i>			
12	Has the assessment summary been completed?			
13	Has the referral and action plan been completed? <i>Note dates</i>			
14	Has unmet need been identified? <i>Record type of need identified</i>			
15	Have all details of person completing the Assessment, Referral and Action Plan been recorded? <i>Please record profession</i>			
16	Has a copy been given to the carer? <i>If no record the reason given</i>			
17	Is there an authorising signature required?			
17B	If required was there a signature			



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