



Survey of the Impact  
of Carers Assessments in Scotland

August 2006

Produced by The Coalition of Carers in Scotland  
10 Kinnoull Avenue  
Dunblane  
FK15 9JG

Tel: 01786 825529  
E:mail: [coalition@carersnet.org](mailto:coalition@carersnet.org)  
Website: [www.carersnet.org](http://www.carersnet.org)



SCOTTISH EXECUTIVE

We are pleased that the Scottish Executive has been able to support the Coalition in this research

# CONTENTS

<b>Section One</b>	<b>Page</b>
<b>1 Introduction</b>	<b>4</b>
<b>2 Methodology</b>	<b>4</b>
<b>3 Summary of Findings</b>	<b>5</b>
<b>4 Conclusions and Recommendations</b>	<b>6</b>
<b>Section Two – Findings</b>	
<b>5 Awareness of entitlement to a carer’s assessment</b>	<b>9</b>
<b>6 Sources of information</b>	<b>9</b>
<b>7 Requests for assessments by carers</b>	<b>10</b>
<b>8 Reasons for requesting an assessment</b>	<b>10</b>
<b>9 Outcomes of assessment requests</b>	<b>11</b>
<b>10 Waiting times for assessments</b>	<b>11</b>
<b>11 Getting help</b>	<b>12</b>
<b>12 Services received</b>	<b>12</b>
<b>13 Rating of assessment experience</b>	<b>13</b>
<b>14 Positive experiences</b>	<b>13</b>
<b>15 Possible contributors to positive ratings</b>	<b>14</b>
<b>16 Negative experiences</b>	<b>15</b>
<b>17 Carers’ interest in future assessments</b>	<b>17</b>
<b>18 Improvements suggested</b>	<b>18</b>
<b>19 How carers assessments are working in different areas</b>	<b>20</b>
<b>Section Three – Reflections on the Findings</b>	
<b>20 Awareness of carers assessments</b>	<b>21</b>
<b>21 Take-up of carers assessments</b>	<b>21</b>
<b>22 The carers assessment process</b>	<b>22</b>
<b>23 Carers’ support for carers assessments in future</b>	<b>22</b>
<b>Section Four – Summary of Recommendations</b>	<b>23</b>
<b>Appendices:</b>	
<b>1 Questionnaire</b>	

## **Section One**

### **1 Introduction**

The Coalition of Carers in Scotland formed in 1996 as an information and support network of local carer groups and organisations in Scotland with a focus on collective advocacy of carer needs and a role to monitor and evaluate local impact of national carer policy and service developments.

The Coalition grew in strength with the development of the carers' movement in Scotland and new opportunities to influence devolved government. The Coalition was formally recognised in 1999 by the Scottish Executive and today comprises 66 local member organisations.

In October 2005 the Coalition consulted with its members to select its priority areas for monitoring. The impact of carers' assessments, along with training for carers, and carer awareness training for professionals were the key priority areas identified. Funding for the monitoring exercise was provided by the Scottish Executive

A study of the impact of carers' assessments was carried out among Coalition members using questionnaires during January-March 2006.

The Coalition of Carers wished to obtain a picture of how carers' assessments were being developed across Scotland. They also wanted to record the individual experiences of carers who have received an assessment.

Carer assessments were introduced in 1995 by the Carers Recognition and Services Act and carers' rights to an assessment were further strengthened by the Community Care and Health (Scotland) Act 2002.

### **2 Methodology**

The Coalition distributed questionnaires to their member organisations, covering every local authority in Scotland, between January and March 2006. These organisations could choose how they distributed questionnaires to their individual carer members. (The questionnaire is reproduced in Appendix 1.)

A total of 266 questionnaires were returned, plus a summary of a local survey carried out previously in East Lothian. Questionnaire returns gave a broad picture of the implementation of carers' assessments across two thirds of Scottish local authorities, including:

Aberdeen & Aberdeenshire	Fife
Angus	Glasgow
Ayrshire (North and South)	Highland
Borders	Lanarkshire (North & South)
Dumfries & Galloway	Moray
Dundee	Renfrewshire
East Ayrshire	Shetland

East Dunbartonshire  
East Lothian  
Edinburgh

West Dunbartonshire  
Western Isles  
West Lothian

There were large variations in the numbers of questionnaires returned in different areas, with three areas returning over 20 questionnaires and two less than 5. Questionnaires were distributed in different ways, some by post and others to groups of carers, meeting within carers centres.

### **3 Summary of Findings**

Almost 2/3 of carers were aware of their entitlement to a carer's assessment and just over 1/3 were not. Most carers had found out about their entitlement through a carers' organisation (62%), with the next most likely source of information being a social worker (18%).

46% of carers who knew about assessments went on to request one; 53% did not. The proportion who did not request an assessment was much lower in some areas.

Reasons for requesting an assessment ranged from general relief from stress, the need for practical assistance such as equipment and adaptations, the need for professional help with a demanding caring situation and changes to the carers personal circumstances such as ill health.

80% of carers who requested an assessment received one, but almost one in five did not.

Over a third of carers who had requested an assessment were assessed within four weeks, but over a quarter had to wait 1-6 months and almost one in seven had to wait for over 6 months.

The biggest gains for carers who successfully requested an assessment were in respite/short breaks and in access to carer support groups. Other significant increases were receipt of aids and adaptations and additional services for the person they cared for.

Over 1/5 did not receive services which had been identified as a need, following the assessment. These were mainly respite/short breaks.

34% rated the assessment process positively and 31% negatively, with 23% giving it a middle band rating.

The most common reason for a positive rating was the understanding and helpfulness shown to carers during the assessment process.

People who gave positive ratings were also more likely to have had good experience of waiting times and services received following assessment.

The most common reasons given for negative ratings were delay, lack of results and low priority conveyed by the social worker.

The majority of carers (58% of all respondents) said they would be likely to seek a carers' assessment in future.

Carers' suggestions for improvements to the assessment process were

- ensure carers know about carers' assessments
- more professional promotion and involvement
- assessments produce the results wanted by carers
- regular automatic follow-up
- a speedier process.

The survey indicated different experiences of assessment between different areas, a few suggesting relatively successful use, some with high levels of awareness but low take-up, some with high awareness and take-up but few positive ratings of the assessment process.

The low level of awareness of carers' assessments was surprising given their 10-year history. Lack of professional promotion was felt to have restricted awareness and take-up.

There was a high proportion of poor experience of the assessment process for carers:

- 1 in 5 who had requested an assessment did not receive one
- 2 in 3 had to wait for over a month
- 1 in 7 had to wait for over 6 months
- 1 in 6 did not get all the services they needed, most of the shortfall being in respite
- over half gave a less than positive rating.

#### **4 Conclusions and recommendations**

We have established that important aspects of successful carers assessments are information and promotion, particularly from health and social care professionals; short waiting times for the assessment ; and tangible outcomes, including support and services for carers themselves.

Examples of successful carers assessments, where all these elements have been achieved, at present exist only sporadically.

If carers assessments are to be promoted as a valuable service for carers, equally available in all areas, current deficits in these essential elements, require to be addressed nationally and locally.

With the recent move towards service re-design more emphasis is now being placed on chronic conditions being self managed at home with the support of health and social care services based within the local community. This has resulted in an increasingly recognition of the role that unpaid carers play in supporting the self-care agenda.

With this added responsibility it is vitally important that carers have the opportunity to communicate with care professionals as partners in care and are able to contribute to care planning processes for the person they care for, as well as accessing the appropriate support and training they require in their role as unpaid carer. With this in mind it is important to recognise the current role carers assessments play in the provision of services for carers and to recognise and address any shortfalls they currently have.

We therefore recommend the following:

### **1. More person centred assessment tools should be considered**

Many of the carers in this survey were critical of the assessment process, viewing it as too long, in need of simplification and a failure at producing the outcomes they desired. If carers assessments are to be viewed in a more positive light it may be necessary to investigate other models or assessment tools which are more person centred.

At present many practitioners perceive the assessment process as being the means by which they 'allocate' services to carers according to eligibility criteria and available resources. There is a need to ensure that the assessment process focuses more directly on the practitioner and carer working together to identify goals and outcomes for the carer and to put in place the support and services they require to achieve them. Other assessment methods such as the Carers Outcome Assessment Tool (COAT) which has been developed by Sheffield University in partnership with the Swedish National Board of Health and Welfare may offer an alternative tool which would result in more satisfactory outcomes for carers.

### **2. There should be a recommended maximum waiting time for carers assessments**

It is clear from this survey that the carer assessment process can be lengthy with carers having to endure long waiting times. 43% of carers in this survey who had requested an assessment had to wait more than one month and 19% failed to receive one. Long waiting times result in dissatisfaction and frustration for carers and they are more likely to give the process a negative rating. This is undermining the value of carers assessments and resulting in a reluctance from carers to request an assessment in the first instance.

### **3. As well as informing carers of their right to an assessment, health and social care professionals need to promote carers assessments**

Carers in this survey felt strongly that health and social care professionals need to have a greater awareness of carers assessments and need to

promote them as a valuable resource for carers. It is not enough to simply inform carers of their right to an assessment, carers should be actively encouraged and supported in accessing an assessment and the assessment process should be viewed as a partnership between the carer and assessor. It is interesting to note that the most common reason carers gave for rating their assessment experience positively was the attitude of the assessor. Those carers who felt the assessor had been understanding and helpful were most likely to rate the assessment experience as being very positive, even if it did not result in them achieving all their desired outcomes.

#### **4. Carers Assessments should focus on outcomes for carers and unmet need should be recorded**

It is clear from this survey that carers are most likely to request an assessment due to their needs as a carer, particularly needs such as help with their caring role, respite and additional services for the person they care for. Unsurprisingly, the success carers attach to the assessment process is closely linked to them achieving their desired outcomes.

At present it is safe to conclude that the assessment process has not resulted in an accurate picture of services needed by carers. 19% of carers who requested an assessment failed to receive one and 21% noted that their assessment did not result in them accessing all the services they had identified a need for. It is important that assessments have the ability to record unmet need where resources are unable to meet demand, so that we are better able to plan service development in the future

## Section Two – Findings

### 5 Awareness of entitlement to a carer’s assessment

Almost 2/3 (64%) of carers were aware of their entitlement to a carer’s assessment and just over 1/3 (35%) were not (3 respondents did not reply). There were wide variations in awareness between areas, although this may reflect how questionnaires were distributed (see above). Areas where there appeared to be a higher level of awareness were Glasgow (18 out of 24 respondents); Moray (13/14); East Dunbartonshire (16/19); West Lothian (12/15). Areas which appeared to have a low level of awareness were Fife (8/26); North & South Ayrshire (6/15); Dumfries and Galloway (12/29). East Lothian’s separate survey had found that 9 out of 24 carers were unaware, i.e. slightly more than the overall unawareness of the present survey.

It should be noted that the sample of carers surveyed may not be entirely representative of the carer population as a whole. All the carers who participated in the survey were in contact with a carer organisation in their local area and were therefore more likely to have an awareness of their entitlement to a carers' assessment. Overall the percentage of carers who are aware of their entitlement to a carers assessment is probably much lower than the 64% recorded in this survey, particularly when we factor in people who care for family members but who may not think of themselves as “carers”.

### 6 Sources of information

Most carers who knew about their entitlement had found out through a carers' organisation (62%), with the next most likely source being a social worker. 13% were informed by a combination of sources, half of these sources being a carers’ organisation. Most carers who said they found out through a GP or other health worker listed another source(s) as well.

TABLE 1

<b>Main sources of information for carers who knew of assessment entitlement:</b>	
Carers organisation	62%
Social worker	18%
Word of mouth	7%
Other community/voluntary/support group	7%
Health worker	6%
GP	4%

Three carers had read about carers' assessments in the media, 2 more vaguely "somewhere", and one (an island resident) had found out through the internet. One found out through the Pensions Service (which had had a partnership project with a carers' organisation).

## **7 Requests for assessments by carers**

46% of carers who knew about assessments went on to request one; 53% did not. There appeared to be no correlation between the source of carers' awareness and making the request for an assessment.

In some authorities a very small proportion of respondents requested an assessment, 1 in each of Dundee (3 respondents), Edinburgh (8 respondents), West Lothian (15 respondents), whilst in Highland none of 3 respondents requested an assessment. (See section 21 for comments on apparently low take-up of assessments)

## **8 Reasons for requesting an assessment**

All but 6 of the 77 people who had requested an assessment gave their reasons for doing so. These were almost all different ways of expressing their needs as carers, from general relief from stress and need for professional help with a demanding caring situation to specific ways of obtaining this relief or assistance.

A small minority gave their reasons as "being advised to apply" and "because entitled to it". These categories of reasons (and the small number who did not answer the question) were spread across carers who had given positive, negative and middle ratings.

Examples of the need for relief and professional help was expressed as

- "Looking after mentally ill mother and trying to keep things together at home"
- "Due to son's disability and family needs"
- "For help urgently"
- "Am disabled and unable to do all that is required as a housewife and carer and wanted to enquire about getting help"
- "Husband getting too difficult to manage on own"
- "Awake with husband every night at least 4-8 times"
- "My wife became disabled and my desire to be her carer"
- "To help with my understanding of my son's condition and his rights."

Examples of needs for specific help were:

- "Clarify existing services, request further services, ensure Social Work are aware of my circumstances"

- “Felt I required professional help in caring role and respite on regular basis”
- “Get respite”
- “Needed home help and help with the siblings”.

## 9 Outcomes of assessment requests

Of the 77 carers who requested an assessment, 80% (62) received a carers' assessment, but 19%, almost one in five, did not. 69% (53) received some additional service they requested. 17% (13 carers) said they had not got all they had asked for and 3 were still waiting to hear. Some respondents were reporting on requests for assessment made a few years ago.

## 10 Waiting times for assessments

Over a third of carers who had requested assessments were assessed within 4 weeks, but over a quarter had to wait 1-6 months and almost 1 in 7 had to wait for over 6 months.

TABLE 2

<b>Waiting times experienced by carers who requested an assessment</b>	
1-2 weeks	17%
2-4 weeks	17%
1-2 months	16%
2-4 months	7%
4-6 months	6%
over 6 months	14%
No assessment carried out	19%

Respondents who reported that an assessment had not been carried out were asked to explain why. Four (all in Dumfries and Galloway) explained they had had a carer's assessment carried out as part of the assessment of the person they cared for, for example:

- “There is no structure in our area for doing formal carers' assessments. My husband's social worker took my needs into account when assessing my husband”.

Three respondents, one in the group above, were unclear whether a carer's assessment had been carried out.

- “I was unaware that a carer's assessment had been carried out until the Carers Centre requested one from the Social Work Department on my behalf, found out that one was done and forwarded a copy.”

- “I asked for a carers assessment, but have not been told whether it’s taken place or been documented, only of my parents’ assessment”.

Four commented on apparent reluctance to meet their request, for example:

- “I don’t know why. I can’t get any sense from health professionals or social services”
- “Your guess is as good as mine. I just got a look as if to say you’ll be lucky”

## 11 Getting help

Almost half of those who had requested an assessment said they got help with making the request or filling in forms. Of carers receiving help, 57% had been assisted by a carers' organisation, 49% by a social worker or (for a few) other professional, e.g. occupational therapist. Other sources mentioned were the Independent Living Fund and a Head Injury Group. Some carers listed more than one source of help.

Getting help did not ensure satisfaction with the assessment process, with similar numbers giving the process a low rating as gave it high ratings, and the same again compromising in the middle rating band (see 13 below).

## 12 Services received

The biggest gains for carers who successfully requested an assessment were in respite/short breaks and in access to carer support groups. Over a third of carers who requested an assessment received (or increased) short breaks and a third were introduced to carer support groups. Other significant increases in help with their caring role were receipt of aids and adaptations (23%) and additional services for the person they cared for (22%).

Three people who had been through the assessment process got nothing, and of the 3 still waiting to hear, one said they were still waiting “four months later”. Amongst the 13 who did not get all services requested, respite was the most frequently mentioned service which was not supplied or not adequately supplied (by 8 carers).

TABLE 3

<b>Services received</b>	
Respite/short breaks	34%
Access to carer support groups	32%
Equipment & adaptations	23%
Services for cared for person	22%

Access to welfare benefits or grants	16%
Emotional support or counselling	16%
Access to training	9%

Other assistance mentioned was “respite for kids, but not for myself”, transport for the person cared for and “community supports”.

### 13 Rating of assessment experience

Respondents were asked to rate their experience of the assessment process on a scale of 1 to 5, with 1 being very positive and 5 very negative. Slightly more gave positive ratings (1 or 2) than negative (4 or 5) with over a fifth being neither positive nor negative (3).

TABLE 4

#### Rating of assessment process by carers who requested an assessment

1	18%
2	16%
3	23%
4	14%
5	17%

9 of the 77 carers who requested an assessment did not answer this question. In 7 cases no assessment had been carried out and in 1 the respondent was uncertain whether an assessment had been carried out (see section 10 above).

### 14 Positive experiences

Over half of respondents who gave positive ratings (58%) answered the question about their reasons for the rating. Of these the majority who gave highest ratings (1) praised the understanding and helpfulness shown to them in the assessment process, for example:

- “It was made pleasant by the good attitude of the social worker”
- “Impressed with efficiency, openness, and kindness shown to my wife and me”
- “The social worker on both occasions was very helpful and explained assessment fully”.

One respondent included the results of the assessment in her reply:

“I am very pleased with the Social Workers and the care for the elderly who have taken care of us since my husband’s illness”

Only one respondent referred specifically to the results only as the reason for a positive rating:

“The second assessment resulted in a big increase in respite/short breaks”

Most who explained their reasons for rating 2 expressed satisfaction with a part of the process, moderated by greater or lesser disappointment, for example:

- “The assessment has never been acknowledged by Social Work and no follow up or review was done”
- “Everything was gone into quite thoroughly but circumstances have changed”
- “Positive: progressed needs of cared for but not much else could be done for me than I was doing for myself”
- “(Council) always need prompting, though helpful at the end of the day. Felt I had to push for entitlements”.

## **15 Possible contributors to positive ratings**

### **Waiting times**

Carers who gave positive ratings to the assessment process had had shorter waits than respondents as a whole. Only 2 had to wait over 2 months and most were assessed within one month.

TABLE 5

#### **Waiting times by carers who gave positive ratings**

1-2 weeks	39%
2-4 weeks	23%
1-2 months	27%
2-4 months	4%
over 6 months	4%

The respondent who had waited 2-4 months for the assessment and was still waiting for the results gave a very positive description of the assessment worker and overall a 2 rating:

“The worker who carried out the assessment was very helpful and understanding of needs”.

### **Help with requesting or filling in forms for assessment**

49% of carers giving a positive rating had had help, but almost as many, 46% (i.e. one fewer) had not. One respondent (who had been helped by a Head Injury group) referred specifically to the help received:

“Assistance with completing forms was very valuable. I would not have been able to fill them out on my own”.

The survey evidence suggests that help with form filling could contribute to an overall positive experience, but that it was not always essential and that other factors could lead to an overall negative or indifferent experience of carer assessment for people who had sought help.

### **Services gained**

Carers who gave positive ratings received more services as a result of their assessments than respondents as a whole, and significantly more than carers who gave assessment negative ratings (see Table 6 below). The table shows that carers who received services for themselves (e.g. access to carers support groups, respite, emotional support/ counselling) were more likely to give positive ratings than those who just received services for the person cared for, many of whom gave negative ratings. They also reported fewer short-falls on what they had requested, with only 4 saying they had not got all they wanted compared with 13 amongst all respondents (53) who had received some services from their assessment.

TABLE 6

### **Comparison of services gained by carers who gave assessment positive ratings and carers who gave negative ratings.**

Services	Receipt by % of carers who gave positive rating	Receipt by % of carers who gave negative rating
access to carers support groups	54%	13%
respite/short breaks	50%	21%
equipment/adaptations	35%	8%
services for person cared for	27%	25%
emotional support/counselling	27%	4%
welfare benefits/grants	23%	4%
access to training	12%	8%
no services received	4% ( 1 carer still waiting)	33.3% (of whom 2 carers still waiting)

## **16 Negative experiences**

Explanations for negative ratings were given by a similar proportion of negative raters as by those who gave positive ratings, i.e. 58%. Three types of reason were given: delay, lack of results, low priority conveyed by the social worker.

Delay was the most frequently cited reason, mentioned by 6 carers, for example:

- "I thought the whole process was far too long"
- "Assessment progressed well then got lost. It was not discovered until I enquired 18 months later. I got respite 2.5 years from start of assessment process"
- "Still waiting for something to be done"
- "It took a year to get anything, needing threat of official complaint to head of Social Work".

Carers giving negative ratings were more likely to have long waits for assessment, with 42% having had to wait for over 2 months.

TABLE 7

<b>Waiting times by carers who gave negative ratings</b>	
1-2 weeks	4% (1 person)
2-4 weeks	17%
2-4 months	13%
4-6 months	8%
over 6 months	21%

One third of carers whose requests for assessments were not met gave negative ratings. (Others who did not have assessments carried out as requested did not give ratings – see Table 4).

Lack of results was the reason for a low rating given by 4 carers, for example:

- "I felt it was breaking new ground for everyone involved, but the outcome was dismal"
- "Did not do anything for us filling it in"
- "Very difficult to get assistance and support from various departments".

The low priority conveyed by social work staff was described by 4 carers, for example:

- "The social worker did not think it important and was too snowed under with work"
- "When the social worker came to the house she didn't know what to do, and asked the same questions as on the form"
- "I was told that even if assessed as needing help I wouldn't get it as there was no money".

## **17 Carers' interest in future assessments**

Respondents were asked whether they thought it likely that they would ask for a carers' assessment in future. Those who said 'no' were asked to give their reasons.

Overall, the answers given in this section indicate that where carers know of their right to a carers' assessment they are more likely to seek assessment than not. Many respondents' reasons for not asking were positive or neutral, e.g. because they were coping without having their needs assessed. However, a small but significant number would not ask or were undecided, for negative reasons: because of poor experience, the bad reputation of assessment in their minds, or because they did not know enough about it.

### **Carers who probably would seek future assessments**

The majority of carers (58%) said they thought they were likely to ask for a carer's assessment in future. This included 60% of the respondents who said they had been unaware of their entitlement to a carer's assessment.

57% of those who were aware of their entitlement said they would request one in future, and 45% of those who had already requested an assessment said they would do so in future. 13 out of the 35 carers in this latter category had given the assessment process a good rating (1 or 2), 8 had given it a poor rating (4 or 5) and 10 had given a middle rating (3).

### **Carers who appeared to be uncertain**

16% of respondents did not answer the question, a few commenting that they were uncertain because of their own circumstances or because they did not know enough about carers' assessments. Half of those who did not answer 'yes' or 'no' to this question said they were aware of their entitlement to a carers' assessment, the other half had not been aware. 21% of those who had requested assessments did not answer this question. 3 out of the 16 in this latter category had been told that their needs had been assessed along with the person they cared for.

### **Carers who would not seek future assessments**

Just over a quarter of carers (26%) said they would not ask for a carers' assessment in future. 51 out of these 70 respondents explained why. 4 main reasons were given by this group:

- no longer being a carer (25%)
- poor experience of carers' assessment (22%), for example:
  - "I won't ask for one because nobody seems to get back to you"
  - "Not worth the paper it's written on"

- "Paper exercise unless Social Work are obliged to respond and resources are available to meet needs identified"
- "No point, just adds stress for me, and everyone else I have spoken to who has requested carers assessment"
- they were coping satisfactorily without (20%)
- belief that assessment would not help (13%), all but 1 of whom was aware of their entitlement but had not requested an assessment), for example:
  - "Carers assessments don't do anything. It's just another paper exercise"
  - "I was told I would not be eligible when I first became a carer"
  - "Having spoken to Social Services I was put off. Financially any respite (which was the main part of the discussion) was out of the question and felt intrusiveness and upset of assessment for my daughter was too much. Will have to struggle along unaided".

Over one third of respondents (39%) who said they would not request a future assessment had known about assessments but had not requested one previously. Reasons given most frequently for not requesting future assessments by carers who had known but not applied were that

- they did not feel the need (8 out of the 28 in this category)
- the poor reputation of carers assessments (5 out of the 28).

11 respondents gave no reason and 4 were no longer carers; 3 of the latter had not been aware at the time of caring and suggested better awareness raising.

## **18 Improvements suggested**

Respondents were asked whether they thought there were any ways in which the assessment process could be improved. 29% suggested improvements.

The most frequently suggested improvement was for ensuring that carers knew about carers' assessments, for example:

- "Carers MUST be made aware of this facility. It's like you're supposed to know about it without being informed of your right to an assessment. It MUST be more widely publicised"
- "Carers should be advised about carers assessment and what it actually means. Some carers think that the assessment is a means of assessing their capability of caring and not to help them"
- "Fact very few people know this is available is not a good idea. Carers need more information as to their rights"

- “Awareness campaign would help all carers”

12 of the 28 people who wanted increased awareness of carers' assessments had themselves been unaware before their involvement in the survey. 10 people who advocated better information said they *had* been aware of their entitlement but had not requested a carers' assessment. 8 other respondents who said they had been aware but did not request an assessment said here that they did not know enough about carers' assessments

Other frequently suggested improvements were:

- More professional promotion and involvement (suggested by 12 respondents, including carers who knew about but did not request an assessment) for example:
  - “Should be promoted by all social work/health care personnel. I had previously completed a self assessment form with no outcome, so I prefer the personal approach”
  - “For social services to realise the importance of carers assessments for the carer”
  - “Plenty. You need social workers that know what a carers assessment is. And not to ignore the carers as if s/he can't cope you will have more problems at the end”
- Assessments should produce results (11 respondents, including 5 who had not had assessments because they believed they would not benefit, see above), for example:
  - “Yes, give us what we are entitled to when we get the assessment done”
  - “It could be improved if it helps”
  - “Have services available when assessment is carried out”.
- Regular, automatic follow up (10 respondents), for example:
  - Parent of special needs child should be entitled to the procedure automatically. Parents should be informed by professional first hand”
  - “Should be done every six months or a year because things change”
- A quicker process (9 respondents), for example:
  - “Be more responsive and faster with any appointment”
  - “Quicker”
  - “Shorter”.

Other suggestions made by 2-4 respondents were

- automatic and regular assessment
- a simpler process

- assessment by other agencies than social work
- better knowledge and more helpful attitude of assessment officer.

In the separate East Lothian survey, all but 2 of the 24 respondents reiterated the need for better information. 9 of these respondents were unaware of carers' assessments and were keen to find out more. Of those who were aware, almost all said they had not had enough information from health or social work staff.

## 19 How carers' assessments are working in different areas

This survey produced some indications of how carers' assessments are working in different local authority areas. Using indicators of carer awareness, take-up and positive ratings given, carers' assessments appear to have been introduced relatively successfully in the areas shown in Table 8.

TABLE 8 **Areas with higher success indicators**

<b>Area</b>	<b>Number aware/total respondents</b>	<b>Requests for assessment</b>	<b>Positive rating</b>
Borders	7/9	5/7	3/5
East Ayrshire	13/18	7/13	3/7
Renfrew	14/20	7/14	3/7

Some areas which had higher levels of awareness had a low level of take-up, e.g. West Lothian, North & South Lanarkshire, Glasgow. Others, e.g. East Dunbartonshire and Angus, had higher levels of awareness and of take-up but proportionately fewer positive ratings.

Most areas had a mixture of ratings. Areas with no positive ratings are listed below.

TABLE 9 **Areas with no positive ratings**

<b>Area</b>	<b>Number aware/total respondents</b>	<b>Requests for assessment</b>
Highland	2/3	-
Shetland	2/6	1/2
Dumfries & Galloway	12/29	5/12
N/S Ayrshire	6/15	3/6
Dundee	2/3	1/2
Aberdeen/Aberdeenshire	4/8	3/4
Edinburgh	4/8	1/4

## **Section Three – Reflections on the Findings**

### **20 Awareness of carers' assessments**

The level of ignorance of carers assessments was remarkable, given

- they have been available for 10 years
- their importance in health policy was reaffirmed in recent legislation
- respondents were all in contact with carers' organisations.

Sources of information about assessments supplied by those who did know about them indicate that most carers' organisations have promoted assessments, as, to a much lesser extent, have some social workers. However, professionals who are most likely to have a long term relationship with carers, that is GPs and health workers, are least likely to give information about carers' assessments.

Comments on improvements needed suggested that many carers feel that professional awareness and endorsement of carers' assessments would raise awareness of and confidence in assessments amongst carers.

### **21 Take-up of carers assessments**

The reasons for applying given by those who did request an assessment confirmed that carers assessments were meeting a strongly felt need for support and assistance.

The relatively low take-up of carers' assessments by those who did know of their entitlement is perhaps less surprising than the low level of awareness. Respondents were not asked to give their reasons for *not* having applied, but some of the reasons people gave later in the questionnaire for not applying in the future (see section 17) may offer some explanation for why less than half of carers who knew about assessments decided to apply for one.

As suggested by some of these respondents' replies, it is likely that other carers also did not apply because they had not yet felt the need to do so. Other reasons suggested by answers to other questions by people who did not request an assessment are

- limited awareness of how assessments could help them (see sections 17 and 18)
- mistrust that they could help them at all (see section 17).

The low number of requests in proportion to the level of awareness in certain authorities may suggest a lack of take-up because carers assessments have not been effectively promoted by statutory agencies, or are perceived by carers to be difficult to access.

Overall only 28% of carers who had been informed of their right to a carer's assessment. had been informed by health or social work staff. In

some areas this figure was considerably lower with the majority of carers having been made aware of carers assessments through their local carer organisation

## **22 The carers' assessment process**

The survey showed scattered instances of carers assessments working well for carers, with at least 1 carer giving a positive rating in 13 of the 20 areas returning questionnaires (3 had only 1 positive rating). For the majority of these carers, their assessment was a big step forward in giving them the support they needed: it was carried out promptly, the assessment itself helped them to feel understood and supported, and it produced a range of helpful services.

However, even those who gave positive ratings had to put up with shortcomings which were even more common for others who were more critical: long waits for assessment and for services needed; not getting services they felt they needed.

Overall, set against the policy aims for carers' assessments, they have resulted in a high proportion of poor experiences for carers:

- 1 in 5 did not get an assessment
- 2 in 3 had to wait for over a month
- 1 in 7 had to wait for over 6 months
- 1 in 6 did not get all the services they needed, most of the shortfall being in respite
- over half gave a less than positive rating.

## **23 Carers support for carers' assessments in future**

A clear majority of carers value carers' assessments, especially those who were not aware previously and those who had had good experiences.

The availability of carers' assessments was seen as important by people who felt at present they did not need them. A few who had been assessed along with the person they cared for were content with this.

Lack of knowledge and lack of confidence in the benefits of carers assessments appear to be significant deterrents.

Many carers saw health and social work staff as the cause of this lack of confidence and knowledge.

In some areas shortage of resources to meet requests has clearly limited professionals' promotion of carers assessments as well as inhibiting carers' own willingness to seek future assessments.

## **Section Four – Summary of Recommendations**

1. More person centred assessment tools should be considered
2. There should be a recommended maximum waiting time for carers assessments
3. As well as informing carers of their right to an assessment, health and social care professionals need to promote carers assessments
4. Carers assessments should focus on outcomes for carers and unmet need should be recorded