

**Carers Legislation Consultation**  
**Wednesday 2<sup>nd</sup> April 2014**  
**MECOPP South Asian Focus Group (16 participants)**

**Change of name from Carers Assessment to Carers Support Plan**

The proposed change of name was welcomed by all the carers present. Participants felt that the word 'Support' is more positive and does not detract from the vital role they play. They felt that the word 'support' recognises the support which is required whereas an 'assessment' was more judgemental and based on a carer's ability to care. They also raised strong views on the outcome of an assessment which does not guarantee that any support will be provided. Participants felt strongly that they have a right to a life outside of caring and that the support plan should reflect this.

**Removing the substantial and regular test**

Participants agreed unanimously that the 'regular and substantial' element should be removed from the criteria because carers should not be judged on the hours of care they provide but on the impact of caring on an individual. One participant mentioned that a carer is physically and mentally stressed when they are caring for someone regardless of how many hours he/she cares for. It is not just the physical aspect of caring that is important but also its effect on their emotional health. Consequently, all carers should be entitled to a Carer's Support Plan.

**Carer's Support Plan & Community Care Assessment**

There was universal agreement that the Carers Support Plan should be separate from the community care assessment to recognise that carers have needs of their own. All participants felt that separating the two processes would enable carers to access support in their own right irrespective of whether the person in receipt of care agreed to have an assessment of their own needs.

**Carer and cared-for person living in different local authority areas**

Participants agreed that the local authority in which the carer lives should be responsible for carrying out the Carers Support Plan. This recognises that family structures are changing and families are increasingly dispersed due to education, employment and personal preferences. All carers felt that carers living in different local authority areas to the person they care for are currently disadvantaged and that this could place additional stresses on the individual/family.

### **Information and advice provided to carers**

Participants felt that they should not have to ask for information and advice related to their caring situation but that this should be done at the first point of contact when they are identified as carers. They also felt strongly that carers should be involved in deciding who and how that information and advice is provided.

As Minority Ethnic carers, participants felt that they should be provided with language support throughout all and any interactions with services. Assumptions should not be made that family members will provide the language support.

### **Duty to support carers**

All participants felt very strongly that there should be a Duty to support carers as the current situation can prevent carers seeking an assessment if there is no duty to provide support.

The Duty to promote and provide short breaks was also welcomed. Short breaks are seen as vital to reducing stress on the carer. Concern was expressed, however, over the lack of culturally appropriate short breaks services for BME communities. Participants felt that any Short Breaks Statement should include a commitment by local authorities to ensure that short breaks services are accessible to all sections of the population. Participants gave examples of where a short break has increased their levels of stress as the service provided was not appropriate to their needs.

### **Carer Involvement (Planning and Delivery)**

All participants thought that they should be consulted on in the planning and delivery of services in their local area. They felt this was particularly important as services tend to be shaped by the views of the majority population to the detriment of smaller communities of interest. They also felt that support should be provided to enable them to participate in an active and meaningful manner.

### **Carers as Equal Partners**

All participants agreed that carers should be seen as equal partners in care in relation to the needs of the person being cared for. They felt very strongly that their experience, knowledge and expertise in their individual caring situation should be acknowledged and welcomed.

### **Carer Identification**

Participants felt that the GP should have a central role in identifying and signposting carers to support services. This is particularly important for BME carers as they

would access health services rather than approaching social work in the first instance. They also felt that having a discussion with the GP would be less stressful than engaging with social work services. Participants felt that early identification was crucial to prevent crisis situations arising.

### **Hospital Discharge Planning**

Participants agreed with the proposed new Duty suggested by the NCO's that there should be a requirement placed on health services to actively involve carers in the hospital discharge process. One participant spoke about her own experience where her husband was discharged without any community based support being put in place. She was not asked whether she could provide care and was in fact, unwell herself. It took one month for local authority services to be provided which added considerably to her levels of stress and physical health.

Carers stressed that sufficient support services at discharge would also help prevent repeat hospital admissions.