

**Carers Legislation Consultation  
Chinese Focus Group (split into two groups due to number of  
carers participating)**

**Monday 7<sup>th</sup> April 2014**

**Carers: Group 1 – 10 (6 male and 4 female)  
Group 2 – 11 (1 male and 10 female)**

All 21 carers present welcomed the proposed legislation and saw it as a significant step forward in ensuring that carers receive the support needed to undertake or sustain a caring role.

**Carers Support Plan**

Carers welcomed the proposed 'name change' stating that it more accurately reflects the fact that carers need support to continue to care. They felt that the term 'assessment' was quite judgemental and implied any 'assessment' was about their ability to care and did not reflect the 'support' element of the process. Carers felt that it acknowledged the need for support in their own right. There was also agreement that the support plan should include emergency and anticipatory care planning to avoid unnecessary stress on the carer during times of crisis or in emergencies. Participants felt that offering a carers support plan to young carers was vital to enable them to have a life outside of caring and to enjoy being young people first and foremost.

**Removal of the 'substantial and regular' test**

All participants welcomed this development stating that it should be the impact of caring on a carer's life rather than the number of hours spent caring that is considered. The removal of the current wording would also acknowledge that carers who do not currently meet the standard are disadvantaged. Particular concerns were raised about carers who are juggling employment and caring which could artificially distract from the impact of caring on their lives as they would not necessarily meet the number of hours deemed to be 'regular and substantial'. Participants also felt that the 'regular and substantial test' meant that carers who did not meet this criteria were 'invisible'. There was also support for an eligibility framework to inform the level of 'assessment' required. Participants agreed, that irrespective of the amount of care provided, no carer should be left feeling unsupported.

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

There was universal agreement on the proposal to separate the carers support plan from the community care assessment for the cared for person. This would enable

carers to receive support in their own right without it being conditional upon the person in receipt of care agreeing to an assessment of their needs.

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

Carers agreed that it was more practical for the local authority in which they reside to conduct the carers support plan. This would also make it easier to access services to support them in their caring role.

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

All carers agreed with the proposal to ensure local authorities provide advice and information to carers and stressed the importance of receiving accessible, accurate and timely information. Participants spoke specifically about the difficulties they experienced as non-English speakers and how these difficulties could be increased if they were not literate in their own language. They stressed the need for information to be available in a variety of formats including the need for organisations such as MECOPP. There were concerns that if local authorities decided to provide or take existing services 'in-house' as a means of saving money, that this would have a detrimental impact on the existing carer support infrastructure. There were concerns that such an approach would be made on a purely monetary basis without recognition of the expertise in such organisations and the 'added value' they contribute. As BME carers, they expressed strong support for BME specific organisations such as MECOPP who can meet their language and cultural needs. They did not have confidence that the local authority would be able to replicate this.

*"I am a BME carer and don't speak or read English, it is why I don't know how and where to get access to support and help"*

*"I don't speak or read English and I don't have a computer. I have no idea where to get information and advice from apart from my carer support organization (MECOPP) to get information."*

### **Duty to Support Carers**

There was universal support for this proposal. Carers felt it was long overdue and would encourage carers to come forward for support in their own right.

### **Short Breaks and Respite**

All carers agreed that having a short break from their usual caring role was essential to protect the health and wellbeing of the carer. The lack of appropriate and accessible short breaks for BME carers was highlighted and participants felt that local authorities should set out how they will address this within the Statement.

Cares pointed out that paid workers are entitled to paid holidays but that this does not extend to informal carers despite the valuable role they play.

*“As a carer, I work very hard to care for my family. I am stressed and tired, it is very important for local authorities to provide short breaks to us to avoid break down of our caring role.”*

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

All participants agreed that carers should be involved in the planning and delivery of services to support carers. They also stressed that support should be provided to enable participation to be meaningful.

### **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 agreed that GP practices should have a Duty to develop a carer's register as they were very often the first point of contact for carers. They felt this was particularly true for BME carers who were less likely to approach social work services.

*“BME carers are an invisible group of carers due to culture difference and language barriers. I think GP as our first line health provider, they should do a bit more to help us as carer. GP not just to identify carers but to signpost them to appropriate organization (such as MECOPP) to receive appropriate support.”*

### **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.

*“As a BME carer, I don't know anything about hospital discharge procedure because language barrier. Nobody in the hospital actively asks if the carer needs any help. Very often, when the person being cared for goes home, they do not receive any support.”*

*“It is very difficult for BME carers to talk to health professional responsible for discharge procedures in the hospital because of language barrier. Carers end up have to take all the caring responsibility when the person they look after goes home and sometime it is just too much to bear.”*