NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Carers: provision of support for adult carers

The Department of Health in England has asked NICE to develop a guideline about supporting adult carers.

The guideline will be developed using the methods and processes outlined in Developing NICE guidelines: the manual.

This guideline will also be used to develop the NICE quality standard for supporting adult carers.

1 Why the guideline is needed

The 2011 Census indicated that there were around 6.5 million unpaid carers in the UK (with 1.3 million being over 65); the figure is rising. Caring for a loved one, although often acknowledged as a privilege, can take its toll on health and wellbeing.

In the UK, the number of people over 85 (the group most likely to need care) is expected to increase to 1.9 million by 2020 (Office for National Statistics). Carers UK estimates that the number of carers needed will increase to 9 million by 2037. In a survey conducted by Dying Matters, 70% of people expressed a wish to stay in their own home, and to die at home. Guidelines on supporting carers are therefore urgently needed.

According to Carers UK (2015), unpaid care is estimated to be worth about £132 billion in terms of savings to health and social care budgets. However, carers may have to give up paid employment, which affects their independence and wellbeing, but also reduces payment of taxes and may affect the productivity of their former employers.
Carers may also give up other activities and may face isolation. Unpaid carers report feelings of depression and a reduced quality of life. Professional (paid) support at home can ease this pressure, but may not always be appropriate.

The amount and quality of support available to unpaid carers varies widely across the UK. A high quality accessible and consistent service benefits the health, wellbeing and resilience of unpaid carers. It can also enhance the life of the person being supported and help to reduce admissions to hospital and facilitate timely discharge. Supporting unpaid carers can also reduce dependence on professional social care and health services.

Many carers do not identify themselves as being in a caring role ('hidden carers') and do not know about the support available. This can have a negative impact on their physical and mental wellbeing.

The Care Act 2014 has strengthened the rights and recognition of carers within the social care system. It describes a carer as an adult, aged 18 or over, who provides or intends to provide care for another adult needing care. This excludes people providing paid care or people providing care as voluntary work.

Although the Care Act 2014 gives unpaid carers specific rights to assessment and support of their own needs, only a small proportion (in one area estimated as 7%) are identified as carers by social care and health bodies, and so many are missing out on services.

This guideline will provide action-oriented recommendations for good practice, aimed at improving outcomes for adult carers. It will identify good practice in providing support that enhances the wellbeing, resilience and life experience of adult carers, and emphasises the importance of contingency planning.

The guideline will be based on the best available evidence of effectiveness, including cost effectiveness. It will refer to other relevant NICE guidelines including those on end of life care, the Children and Families Act 2014, NHS England’s Carers’ toolkit, the latest National Carers’ Strategy, the Department
NICE guidelines provide recommendations on what works. This may include details on who should carry out interventions and where. NICE guidelines do not routinely describe how services are funded or commissioned, unless this has been formally requested by the Department of Health.

2 Who the guideline is for

This guideline is for:

- Adult carers of people with health and social care needs.
- Local authorities and clinical commissioning groups that provide or commission support and information for adult carers and people receiving care.
- People responsible for assessing and planning local services.
- Providers of health and social care services that support and give information to adult carers and people receiving care, including:
  - Primary care (including GPs)
  - Secondary care (including acute and mental health trusts)
  - Emergency services
  - Community and voluntary organisations supporting adult carers
- Social care and health practitioners (including personal assistants) working with adult carers

It will also be relevant to:

- People using health and social care services
- Families of adult carers
- Advocates of people using health and social care services
- Practitioners working in other related services, including:
  - employers of carers, education, housing, leisure, job centres and welfare advice services.
NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to gender, older carers, young adult carers (aged 18 to 25), lesbian, gay, bisexual and transgender (LGBT) carers, carers from black, Asian and minority ethnic groups, carers who are disabled and carers with long-term health conditions.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

Adult carers, aged 18 or over, who provide unpaid care for 1 or more adults with health and social care needs.

Specific consideration will be given to those caring for more than one person and to those who are also receiving care from the person they are caring for (mutual caring).

People receiving care

Adults with health and social care needs, including people with sensory, cognitive or physical impairments, mental health conditions, substance misuse, learning disability, dementia and other complex, long-term conditions, and people at the end of life.

Young people aged 16 or over who need continuing care from an adult carer.
Groups that will not be covered

- People paid for providing care.
- People providing care as part of voluntary work.
- Young carers (aged 17 or under), except in relation to whole family assessments.
- Adults who care for disabled children or other children under 16 with health and social care needs, except in relation to whole family assessments.

3.2 Settings

Settings that will be covered

All health and social care settings (including people’s own homes) in which adult carers provide unpaid care and support to 1 or more adults with health and social care needs.

3.3 Activities, services or aspects of care

Key areas that will be covered

1. Identifying carers as defined by the Care Act 2014 (including hidden carers).
2. Providing information and advice for carers (for example, about planning and coordinating care).
3. Assessment of carers as defined by the Care Act 2014, including whole family assessments and planning for the caring role (including planning in a crisis).
4. Support and advice to help adult carers to enter or to remain in work, education or training.
5. Training carers to provide practical support to the person receiving care (for example, training in personal care, moving and handling).
6. Providing practical support and interventions for carers, including aids and adaptations; supporting communication with health and social care professionals; providing respite care and breaks from caring responsibilities.
Providing social and community support interventions for carers, including support through local carers’ groups and networks.

Providing psychological and emotional support and interventions for carers.

Providing support for carers who are caring for people at end of life.

Supporting carers during transitions (e.g. during admission to hospital, relocation to a care home, transition to adulthood), when caring requirements fluctuate and after caring has finished.

Related NICE guidance

Published

- Care of dying adults in the last days of life (2015) NICE guideline NG31
- End of life care for adults (2017) NICE quality standard 13
- Mental health problems in people with learning disabilities: prevention, assessment and management (2016) NICE guideline 54
- Social care for older people with multiple long-term conditions (2016) NICE quality standard 132
- Transition between inpatient mental health settings and community or care home settings (2016) NICE guideline 53
- Older people: independence and mental wellbeing (2015) NICE guideline 32
- Older people with social care needs and multiple long-term conditions (2015) NICE guideline 22
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs (2015) NICE guideline 27
- Dementia: supporting people with dementia and their carers in health and social care (2006) NICE guideline CG42

In development

- People's experience in adult social care services: improving the experience of care for people using adult social care services. NICE guideline.

Publication expected February 2018
• **Dementia: assessment, management and support for people living with dementia and their carers.** NICE guideline. Publication expected June 2018.

• **Decision making and mental capacity.** NICE guideline. Publication expected July 2018

### NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to supporting adult carers:

• **Patient experience in adult NHS services** (2012) NICE guideline CG138

• **Service user experience in adult mental health** (2011) NICE guideline CG136

• **Medicines adherence** (2009) NICE guideline CG76

• **Medicines optimisation** (2015) NICE guideline NG5

### 3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS, an individual or societal perspective, as appropriate.

### 3.5 Key issues and draft questions

1. Identifying carers as defined by the Care Act 2014 (including hidden carers).

   1.1 What interventions, tools and approaches are effective and cost effective for identifying carers?

2. Providing information and advice for carers (for example, about planning and coordinating care).
2.1 What are the views and experiences of adult carers and of health, social care and other practitioners about how information and advice is provided?

3 Assessment of carers as defined by the Care Act 2014, including whole family assessments and planning for the caring role (including planning in a crisis)

3.1 What interventions, tools and approaches are effective and cost effective for carrying out carers’ assessments and for planning?

3.2 What assessments are helpful for developing and reviewing a carer’s plan?

4 Support and advice to help adult carers to enter or remain in work, education or training

4.2 What interventions, tools and approaches are effective and cost effective in supporting adult carers to enter or remain in work, education or training?

5 Training carers to provide practical support to the person receiving care (for example, training in personal care, moving and handling).

5.1 What interventions (including educational interventions) are effective and cost effective for training adult carers to provide practical support to the person receiving care (for example, personal care, moving and handling)?

6 Providing practical support for carers.

6.1 What is the most effective and cost effective form of delivering respite care, to provide flexible carer breaks and respond to the individual needs of adult carers and the people they are caring for?

6.2 What are the views and experiences of adult carers and of health, social care and other practitioners about the forms of practical support that are useful?

7 Providing social and community support for carers, including support through local carers’ groups and networks.

7.1 What social and community support interventions are effective and cost effective for improving the health and wellbeing of adult carers?
7.2 What are the views and experiences of adult carers and of health, social care and other practitioners about the forms of social and community support that are useful?

8 Providing psychological and emotional support for carers.

8.1 What psychological interventions are effective and cost effective for improving health and wellbeing of adult carers?

8.2 What are the views and experiences of adult carers and of health, social care and other practitioners about the forms of psychological and emotional support that are useful?

9 Providing support for carers who are caring for people at the end of life

9.1 What are the needs of adult carers who are caring for people at the end of life, and after the person dies?

10 Supporting carers during transitions, when caring requirements fluctuate and after caring has finished.

10.1 What is the effectiveness and cost effectiveness of specific interventions for preparing and supporting adult carers during transitions, when caring needs fluctuate, when person moves to another setting or when younger person or carer enters adulthood?

3.6 **Main outcomes**

The main outcomes that will be considered when searching for and assessing the evidence are:

1 Impact of caring on the carer (including the physical, psychological, emotional, social and financial stresses that carers experience). This can be measured using the Burden Inventory, the Caregiver Burden Inventory and other validated burden measures.

2 Carer competency (including coping strategies, response to disruptive behaviour and knowledge of caring).

3 Carer mental health (including psychological wellbeing, depression and anxiety).

4 Morbidity related to caring (including measures of safety and adverse events).
Quality of life of the carer, including maintaining healthy relationships. This can be measured using the Adult Social Care Outcomes Toolkit (ASCOT) or the Adult Social Care Outcomes Framework (ASCOF).

The person receiving care staying in their preferred place of care.

Carer experience, views and levels of satisfaction.

Economic outcomes (including resource use and impact on other services).

4  **NICE quality standards and NICE Pathways**

There are no NICE quality standards or NICE pathways identified at scoping to be updated.

5  **Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 25 April to 24 May 2017.

The guideline is expected to be published in July 2019.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.