



Supporting adult carers

Quality standard

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This standard is based on NG150.

This standard should be read in conjunction with QS8, QS13, QS53 and QS194.

Quality statements

Statement 1 Carers are identified by health and social care organisations and encouraged to recognise their role and rights.

Statement 2 Carers are supported to actively participate in decision making and care planning for the person they care for.

Statement 3 Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training.

Statement 4 Carers are regularly given the opportunity to discuss with health and social care practitioners the value of having a break from caring and the options available to them.

Statement 5 Carers are offered supportive working arrangements by workplaces.

NICE has developed guidance and a quality standard on people's experiences using adult social care services, adult NHS services and adult mental health services (see the [NICE Pathways on people's experience in adult social care services](#), [patient experience in adult NHS services](#), and [service user experience in adult mental health services](#)).

Other quality standards that should be considered when commissioning or providing support for adult carers include:

- [Depression in adults. NICE quality standard 8](#)
- [End of life care for adults. NICE quality standard 13](#)
- [Anxiety disorders. NICE quality standard 53](#)
- [Decision making and mental capacity. NICE quality standard 194](#)

Statements on supporting carers of people with specific health needs can be found in quality standards for those conditions. A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Identifying carers

Quality statement

Carers are identified by health and social care organisations and encouraged to recognise their role and rights.

Rationale

It is important to identify carers at the earliest opportunity and to encourage them to recognise their role and rights. This will help ensure that they are recognised as partners in the care of the person they are supporting and can access any advice and support they may need. By adopting a proactive approach, health and social care organisations can support practitioners to identify carers and encourage more carers to self-identify and seek support. Recording details about carers, with their consent, will enable these details to be shared with other practitioners to help inform the planning of local support and services for carers.

Quality measures

Structure

a) Evidence that health and social care organisations have strategies, policies and processes to identify carers and encourage them to recognise their role and rights.

Data source: Local data collection, for example, audit of local policies and processes.

b) Evidence that health and social care practitioners understand their responsibilities under the [Care Act 2014](#) to identify carers.

Data source: Local data collection, for example, carer awareness training records.

c) Evidence of local arrangements to encourage carers to self-identify and seek support.

Data source: Local data collection, for example, evidence of publicity and information sharing initiatives to support [NHS England and NHS Improvement's supporting carers in general practice: a framework of quality markers](#).

d) Evidence that health and social care organisations have systems to record and share details about carers, with their consent.

Data source: Local data collection, for example, audit of systems such as a carer's register to support [NHS England and NHS Improvement's supporting carers in general practice: a framework of quality markers](#).

Outcome

a) Number of carers known to local health and care organisations.

Data source: Local data collection, for example, a carer's register, [NHS Digital's Short and Long Term \(SALT\) data collection](#). Local health and social care organisations should share data to ensure they have an accurate assessment of the number of known carers.

b) Average time it takes for carers to recognise their caring role.

Data source: Local data collection, for example, carer registration information and survey of carers. National data is collected in the [Carers UK State of Caring survey](#).

What the quality statement means for different audiences

Health and social care organisations (such as general practices, hospitals, community services, local authorities, and private and voluntary sector care providers) ensure that policies, processes and systems are in place to identify carers and encourage them to recognise their role and rights, and to record and share their details. Health and social care organisations ensure that staff are aware of the importance and value of identifying carers. Health and social care organisations also work in partnership with other organisations in the community to encourage carers to recognise their role and rights through publicity and information sharing initiatives.

Health and social care practitioners (such as GPs, doctors, nurses, community

pharmacists, mental health practitioners, social workers, allied health professionals, and care and support staff) use every opportunity to identify carers and ask people with care and support needs whether anyone gives them help or support. When a carer is identified, health and social care practitioners encourage them to recognise their role and rights and offer them the opportunity to have confidential conversations about their own needs separately from the person they are supporting. Health and social care practitioners record details of carers in local systems and share this information with other practitioners involved in providing care and support, with the carers' consent.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that in the commissioning of services, opportunities are taken to identify carers and to encourage them to recognise their role and rights. Commissioners work with providers to ensure that systems are in place to record and share details of carers.

People providing unpaid care to someone aged 16 or over with health or social care needs are identified by health and social care practitioners and encouraged to recognise their role as a carer and their right to support and advice.

Source guidance

Supporting adult carers. NICE guideline NG150 (2020), recommendations 1.2.11 and 1.2.13

Definitions of terms used in this quality statement

Identify carers

Health and social care organisations ensure practitioners:

- Use every opportunity to identify carers, including GP appointments, flu jab appointments, home visits, outpatient appointments, transfer to and from hospital, social care and other needs assessments, including admission and discharge assessments and planning meetings.
- Ask people with care and support needs whether anyone gives them help or support, apart from paid practitioners. Avoid making assumptions about who might be providing their care and take into account that:

- other people offering help or support may not be family members or may not live with the person
- there may be more than 1 person involved in caring.
- Record details about carers who have been identified (with their consent).

Health and social care organisations ensure practitioners understand that:

- Carers themselves may not ask for support from certain professionals, for example GPs, because they may not view support for carers as being part of that professional's role.
- Some people may not view themselves as a carer because:
 - becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they support
 - carers may prefer to continue identifying primarily as a husband, wife, partner, sibling, parent, child or friend, rather than as a carer
 - carers often become engulfed by competing demands, including working and caring, and as a result may overlook their own needs as a carer and may not seek support
 - the person being supported may not accept that they have care and support needs
 - the carer does not live with the person or the person has moved away from home, for example into supported living or residential care.

[[NICE's guideline on supporting adult carers](#), recommendations 1.2.2, 1.2.3, 1.2.4 and 1.2.6]

Encourage carers to recognise their role and rights

Health and social care organisations ensure practitioners:

- provide information to carers so that they know:
 - about their right to a carer's assessment, what this is, and the benefits of having one

- how to obtain a carer's assessment
- that some support may be means tested
- that they can still access community support without formal assessment
- encourage carers to recognise their caring role and seek support, explaining the benefits for both them and the person they care for, including:
 - the carer's role and contribution can be acknowledged, and their support needs addressed and
 - carers can share valuable knowledge about the person they care for, which helps practitioners provide the right care and support.

Health and social care organisations encourage carers to recognise their role and rights by using descriptions that they will relate to and including details of where to find further information and advice, through:

- publicity campaigns involving local community services, for example posters and leaflets in GP surgeries, libraries and pharmacies
- digital communications, social media and online forums that engage with carers
- partnerships with community pharmacies, local carer support organisations and carer groups, for example in hospital settings
- partnerships with local community organisations who can help disseminate information more widely, such as further education colleges, sports centres and supermarkets.

[[NICE's guideline on supporting adult carers](#), recommendations 1.2.1, 1.2.5 and 1.2.11]

Equality and diversity considerations

Health and social care practitioners should avoid making assumptions about who might be providing care based on their gender or their relationship to the person being cared for.

Health and social care practitioners should recognise that it may be more difficult for carers in some groups to identify as a carer and to seek support due to cultural and communication barriers. This includes young people, older people, people whose first

language is not English, black and minority ethnic groups, and people who are lesbian, gay, bisexual or transgender.

Quality statement 2: Working with carers

Quality statement

Carers are supported to actively participate in decision making and care planning for the person they care for.

Rationale

Carers have valuable skills and knowledge about the person they care for and are often key to understanding the person's needs and preferences. Carers value being recognised and respected as core members of the team around the person they care for. Providing the person gives consent and their wishes remain central, carers should be supported to actively participate in decision making and care planning for the person they care for. This will help to ensure that care planning is based on accurate and detailed information, as well as supporting the carer in their role and helping to sustain the caring arrangement. When people lack capacity to give consent, the involvement of carers should be in line with the [Mental Capacity Act Code of Practice](#) and the [NICE guideline on decision-making and mental capacity](#).

Quality measures

Structure

a) Evidence that health and social care organisations have policies and processes to support carers to actively participate in decision making and care planning for the person they care for.

Data source: Local data collection, for example, audit of local policies and processes, which could include evidence from [Care Quality Commission \(CQC\) inspections](#) or evidence to support [NHS England and NHS Improvement's supporting carers in general practice: a framework of quality markers](#).

b) Evidence that health and social care organisations include evidence of the carer's

contribution in care plans and discharge plans.

Data source: Local data collection, for example, local templates for care plans and evidence from CQC inspections.

Outcome

a) Proportion of carers who feel they have been involved or consulted as much as they wanted to be in discussions about the support or services provided to the person they care for.

Numerator – the number in the denominator who feel they have been involved or consulted as much as they wanted to be in discussions about the support or services provided to the person they care for.

Denominator – the number of carers.

Data source: NHS Digital's personal social services survey of adult carers in England.

b) Proportion of carers who feel they have encouragement and support in their caring role.

Numerator – the number in the denominator who feel they have encouragement and support in their caring role.

Denominator – the number of carers.

Data source: NHS Digital's personal social services survey of adult carers in England.

What the quality statement means for different audiences

Service providers (such as general practices, hospitals, community services, local authorities, and private and voluntary sector care providers) ensure that staff are trained, and policies and processes are in place to support carers to actively participate in decision making and care planning for the person they care for. Service providers ensure that, when consent is given, care plans and discharge plans include evidence of the carer's contribution.

Health and social care practitioners (such as GPs, doctors, nurses, community pharmacists, social workers, and care staff) check if the person being cared for gives consent for the carer to be involved. If consent is given, practitioners support carers to actively participate in decision making and care planning. Practitioners work closely with carers and ensure their knowledge about the person they care for is valued and considered.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services that support carers to actively participate in decision making and care planning for the person they care for. Commissioners work with providers to monitor and improve carer satisfaction with their opportunity to actively contribute to decision making and care planning.

Carers are supported to be actively involved in decision making and care planning, if the person they care for agrees. Health and social care teams work closely with them and value their knowledge about the person they care for.

Source guidance

Supporting adult carers. NICE guideline NG150 (2020), recommendations 1.1.10 and 1.1.11

Equality and diversity considerations

Carers should be provided with information that they can easily read and understand themselves or with support. Information should be in a format that suits their needs and preferences, for example video or easy read information. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. Carers should have access to an interpreter or advocate if needed. For carers with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Quality statement 3: Assessing carers' needs

Quality statement

Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training.

Rationale

A statutory carer's assessment provides carers with psychosocial and emotional benefits and may be viewed as a therapeutic intervention. As such, it is important to ensure that the assessment focuses on what matters most to the carer and what will help them so that they can be better supported in their caring role. It should provide the opportunity to discuss all relevant aspects of their health, wellbeing and social care needs as well as work, education or training. It is important to ensure that the assessment is focused on the needs of the carer rather than the person they care for.

Quality measures

Structure

Evidence of local processes to ensure that carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training.

Data source: Local data collection, for example, local protocol or assessment forms.

Process

a) Proportion of carers' assessments that included the health, wellbeing, and social care needs of the carer.

Numerator – the number in the denominator that included the health, wellbeing, and social care needs of the carer.

Denominator – the number of carers' assessments.

Data source: Local data collection, for example, local audit of client records.

b) Proportion of carers' assessments that included the work, education, or training needs of the carer.

Numerator – the number in the denominator that included the work, education, or training needs of the carer.

Denominator – the number of carers' assessments.

Data source: Local data collection, for example, local audit of client records.

Outcome

a) Proportion of carers who had a carer's assessment who are satisfied that it reflects what matters most to them.

Numerator – the number in the denominator who are satisfied that it reflects what matters most to them.

Denominator – the number of carers who had a carer's assessment.

Data source: Local data collection, for example, survey of carers.

b) Carer quality of life.

Data source: Local data collection, for example, survey of carers. [NHS Digital's personal social services survey of adult carers in England](#) includes data on quality of life for carers who are in contact with local authorities. A carer-reported quality-of-life score based on these survey data is included in [NHS Digital's measures from the Adult Social Care Outcomes Framework](#).

c) Proportion of carers in paid work.

Numerator – the number in the denominator who are in paid work.

Denominator – the number of carers.

Data source: Local data collection, for example, survey of carers. [NHS Digital's personal social services survey of adult carers in England](#) includes data on employment status for carers who are in contact with local authorities. As some carers will choose not to work, local areas should agree the expected performance in relation to this measure.

What the quality statement means for different audiences

Service providers (such as local authorities, private, not-for-profit and voluntary sector care providers) ensure that processes are in place for carers' assessments to focus on what matters most to the carer and what will help them so that they can be better supported in their caring role. Providers ensure that carers' assessments provide the opportunity to discuss all relevant aspects of their own health, wellbeing and social care needs including work, education or training. Providers ensure that staff who carry out carers' assessments have training and skills in that role, including knowledge and understanding of potential opportunities for returning to, or remaining in, work, education or training.

Health and social care practitioners (such as social workers or voluntary sector staff) ask carers about what matters most to them during a carer's assessment, including giving them the opportunity to discuss their own health, wellbeing and social care needs, and work, education or training. Practitioners discuss with carers what might help them so that they can be better supported in their caring role. Practitioners ensure that the assessment is jointly produced with the carer.

Commissioners (local authorities) commission services that carry out carers' assessments that give carers the opportunity to discuss what matters most to them, including their health, wellbeing, and social care needs, and work, education or training, and any help they may need to support them in their caring role.

Carers who are having a carer's assessment are given the opportunity to discuss what matters most to them, including their health and wellbeing and any help and support they may need. If they want to work, the assessment includes any support they may need to

remain in, start or return to work, education or training.

Source guidance

Supporting adult carers. NICE guideline NG150 (2020), recommendations 1.3.2, 1.3.4 and 1.3.15

Definitions of terms used in this quality statement

Carer's assessment

Anyone who is an unpaid carer for a family member or friend has the right to discuss their own needs with their local authority (or delegated organisation), separate to the needs of the person they care for. This is a statutory requirement under the Care Act 2014. Carers can discuss anything they think would help with their own health and wellbeing or with managing other aspects of their life, including their caring role. The local authority uses this information to support the carer and decide what help it can offer. The assessment is an ongoing, flexible process and includes any reviews undertaken. [NICE's guideline on supporting adult carers, terms used in this guideline and expert opinion]

Equality and diversity considerations

Service providers that carry out carers' assessments should make reasonable adjustments to ensure that carers with additional needs, such as physical, sensory or learning disabilities, and people who do not speak or read English, or who have reduced communication skills, can have an assessment that is accessible and takes account of their needs. People should have access to an interpreter (including British Sign Language) or advocate if needed.

Quality statement 4: Carers' breaks

Quality statement

Carers are regularly given the opportunity to discuss with health and social care practitioners the value of having a break from caring and the options available to them.

Rationale

Many carers struggle to maintain their own wellbeing and often overlook their own needs because of their caring responsibilities. It is important for health and social care practitioners to remind carers regularly of the value of having a break from caring and the options available to them. This could include making time for themselves during their usual routines, through to carers' breaks arranged with replacement care. Taking a break will improve the carers' wellbeing and help them to continue in their caring role.

Quality measures

Structure

a) Evidence of local arrangements for health and social care practitioners to have regular discussions with carers about the value of having a break from caring and the options available to them.

Data source: Local data collection, for example, service protocols.

b) Evidence that accessible and up-to-date information about the local options for replacement care is available.

Data source: Local data collection, for example, leaflets and websites.

Outcome

a) Proportion of carers who used support or services to take a break from caring.

Numerator – the number in the denominator who used support or services to take a break from caring.

Denominator – the number of carers.

Data source: Local data collection, for example, carer survey.

b) Carer quality of life.

Data source: Local data collection, for example, survey of carers or carer wellbeing assessments. [NHS Digital's personal social services survey of adult carers in England](#) includes data on quality of life for carers who are in contact with local authorities. A carer-reported quality-of-life score based on these survey data is included in [NHS Digital's measures from the Adult Social Care Outcomes Framework](#).

What the quality statement means for different audiences

Service providers (such as general practices, hospitals, community services, local authorities, and private, not-for-profit and voluntary sector care providers) ensure that arrangements are in place for practitioners to have regular discussions with carers about the value of having a break from caring and can signpost them to or discuss the options available to them. Providers ensure that staff know how to make suggestions about how carers can make time for themselves during their usual routines, as well as knowing how and where to access up-to-date information about the local options for replacement care.

Health and social care practitioners (such as GPs, community pharmacists, doctors, nurses, social workers, mental health practitioners, occupational therapists, and care workers) regularly remind carers of the value of having a break from caring and encourage them to take a break. Practitioners tell carers how important it is for them to make time for themselves during their usual routines as well as considering the need for a break using replacement care. Practitioners provide or signpost carers to up-to-date information about the local options for replacement care to meet their specific needs.

Commissioners (such as clinical commissioning groups, local authorities, and NHS England) commission services that ensure practitioners regularly discuss with carers the value of having a break from caring and the options available to them. Commissioners

work with providers to record data about unmet need for carers' breaks to enable them to commission services that provide reliable replacement care with sufficient capacity and flexibility to meet carers' needs.

Carers have a discussion with their health or social care practitioner about the value of taking a break from caring, including making sure that they make time for themselves in their usual routine. They are also given or directed to information about any services that can provide reliable alternative care locally to meet their specific needs.

Source guidance

Supporting adult carers. NICE guideline NG150 (2020), recommendation 1.5.2

Definitions of terms used in this quality statement

Options for having a break from caring

Services that provide carers' breaks, including respite care, provide short-term care for the person with care needs in their own home or in a residential setting. This can mean a few hours during the day or evening, overnight, or a longer-term break. Carers' breaks may be one-off or more regular arrangements.

Carers' breaks should:

- meet carers' needs for a break, for example in duration, timing, frequency and type of break
- be arranged in a way that provides reliable and consistent support to the carer (such as avoiding last-minute changes that could lead to additional stress for the carer).

[NICE's guideline on supporting adult carers, recommendation 1.5.3 and terms used in this guideline]

Equality and diversity considerations

Carers should be provided with information about replacement care that they can easily read and understand themselves or with support. Information should be in a format that

suits their needs and preferences, for example video or easy read information. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. Carers should have access to an interpreter or advocate if needed. For carers with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#).

Services that provide replacement care and support for carers to have a break should make reasonable adjustments to ensure that people with additional needs, such as physical, sensory or learning disabilities, and people who do not speak or read English, or who have reduced communication skills, can use the service. The service provided should be culturally and age appropriate.

Quality statement 5: Helping carers stay in work

Quality statement

Carers are offered supportive working arrangements by workplaces.

Rationale

If a carer needs to give up work to care for someone, it can have a detrimental economic, social and psychological impact on them. Employers can help carers to remain in employment and reduce stigma by offering supportive working arrangements. This can, in turn, benefit employers by improving staff retention and satisfaction and creating a more diverse workforce. It can also demonstrate that they are meeting the requirement of the [Equality Act 2010](#) to actively promote a positive culture towards people with caring responsibilities.

Quality measures

Structure

a) Evidence that workplaces have policies, plans and processes in place to support carers.

Data source: Local data collection, for example, a review of the organisation's policies and plans.

b) Evidence that workplaces offer supportive working arrangements for carers.

Data source: Local data collection, for example, employee terms and conditions and employee benefits.

Outcome

a) Proportion of carers in paid work.

Numerator – the number in the denominator who are in paid work.

Denominator – the number of carers.

Data source: Local data collection, for example, survey of carers. [NHS Digital's personal social services survey of adult carers in England](#) includes data on employment status for carers who are in contact with local authorities. As some carers will choose not to work, local areas should agree the expected performance in relation to this measure.

b) Proportion of carers in paid work who feel supported by their employer.

Numerator – the number in the denominator who feel supported by their employer.

Denominator – the number of carers in paid work.

Data source: Local data collection, for example, survey of carers. [NHS Digital's personal social services survey of adult carers in England](#) includes data on carers in paid employment who feel supported by their employer for carers who are in contact with local authorities.

What the quality statement means for different audiences

Employers have policies and plans in place to support employees who are carers, including offering supportive working arrangements. Employers ensure that managers are aware of how they can help employees to balance caring with work.

Line managers ensure that staff are aware of supportive working arrangements that can help them if they need to balance caring responsibilities with work.

Carers who are in work can use flexible working arrangements and support and advice from their employer to help them balance caring with work.

Source guidance

Supporting adult carers. NICE guideline NG150 (2020), recommendation 1.4.6

Definitions of terms used in this quality statement

Supportive working arrangements

Workplaces should offer flexible working arrangements and other policies and initiatives that support mental wellbeing, such as:

- flexible hours
- fixed hours or shifts
- carers' leave
- permission to use a mobile phone
- technology to allow flexible working
- providing a private space to take personal phone calls
- staff carers' network
- employee assistance programmes.

[NICE's guideline on supporting adult carers, recommendations 1.4.5 and 1.4.6, the rationale and impact section on flexibilities to support employment, and expert opinion]

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on supporting adult carers](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- Identification of carers
- Time it takes for carers to recognise their caring role
- Carer satisfaction with support available
- Carers remaining in or returning to employment
- Carer health and wellbeing
- Carer quality of life.

It is also expected to support delivery of the following national frameworks:

- [Adult social care outcomes framework](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#)
- [Quality framework for public health.](#)

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact statement for the NICE guideline on supporting adult carers](#) to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of Nursing \(RCN\)](#)
- [Royal College of Occupational Therapists \(RCOT\)](#)
- [Royal College of Physicians \(RCP\)](#)
- [Think Local Act Personal](#)
- [British Association of Social Workers \(BASW\)](#)
- [Public Health England](#)
- [Carers Trust](#)