



Identifying and Supporting Carers Through the GP Surgery

What Difference does it make?

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Executive Summary

Definitions

Carer: someone, without pay, who looks after a friend or relative with an illness or disability

Cared-for: someone who for reasons of illness or disability receives care.

Carers in Hertfordshire, Hertsmere NHS Primary Care Trust and GP surgeries, have worked together to develop enhanced services in GP surgeries to support carers. In line with national and local carer strategies, the prime aim of the work was to establish a system to identify carers and signpost them to support, from Adult Care Services and/ or *Carers in Hertfordshire*

In 2005, a Hertsmere GP asked the question: “*We’re tagging notes and signposting carers, but what difference is it making?*”

This survey was undertaken to answer that fundamental question.

A random sample of 63 carers, identified from four GP surgeries in Hertsmere was interviewed by carer interviewers or staff from *Carers in Hertfordshire*, using a structured questionnaire. Interviews were conducted at the carer’s home, over the telephone, or at the neutral venue of the GP surgery.

Benefits to the carer were measured against a set of criteria and a comparison was made from the sample, between carers signposted to *Carers in Hertfordshire* and those who were not.

The findings from the survey revealed:

- The scale of benefits experienced by carers and the significant increase in benefit for carers who were signposted to *Carers in Hertfordshire*, compared to those who were not.
- The scope for increasing the benefits to carers, by improvement to the identification system and response from *Carers in Hertfordshire* and
- Carers’ expectations and the benefits they desired, from an enhanced GP service.

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1. Introduction

The Government brought carers issues to the fore when, in 1999, they published the National Strategy for Carers. The strategy identified some important roles for primary health care staff, one of which was to identify carers and signpost them to support.

In Hertfordshire, work to implement the national strategy has resulted in:

- collaboration between *Carers in Hertfordshire (CinH)*, Adult Care Services (ACS) and NHS Primary Care Trusts (PCTs) to support GP surgeries in their effort to develop enhanced services for carers
- the *Carers in Hertfordshire* campaign in 2004: “Nothing Registered, Nothing Gained” to encourage carers to inform their GP of their caring role
- a performance indicator developed by the Strategic Health Authority to assess progress in the establishment of carer identification systems.

2. Methodology

All surgeries in Hertsmere were given the opportunity to participate in the survey and 4 surgeries agreed to proceed. The sample of carers was randomly selected: all carers identified by the four surgeries were contacted, jointly by *Carers in Hertfordshire* and the GP surgery, and asked to participate in the survey.

The four surgeries that participated in the survey were:

	No of patients
• Annandale Surgery, Potters Bar	7,024
• Fairbrook Medical Centre, Borehamwood	12,045
• Highview Medical Centre, Potters Bar	8,075
• Parkfield Medical Centre, Potters Bar	12,720

All carers were given the option of an interview in their own home, by telephone, or in a neutral location. Two surgeries offered accommodation at the surgery for the “neutral venue” interviews.

236 invitation letters to carers were distributed and 70 carers volunteered to take part. This represents a response rate of slightly less than 30%, which is considered a good response. In the final analysis, 63 interviews were held, as inevitably, given the nature of caring, there was a drop out of some carers.

Of the 63 carers in the survey sample, 50 were “**known**” to *Carers in Hertfordshire*, i.e. they had been identified by their surgery and had agreed to their details being passed to *Carers in Hertfordshire*.

13 were not known to *Carers in Hertfordshire*. These will be referred to as “**not known**” (N/K). These carers had been identified as carers by their surgery, but were not signposted to *Carers in Hertfordshire*, either from choice, or because they were not offered the opportunity.

Of the 50 known carers, 18 were previously in contact with *Carers in Hertfordshire*, before the surgery then also identified them as carers.

A structured questionnaire was developed to gather information from carers about:

- Their personal caring circumstances, including their own health
- Their experience of the identification and signposting process
- How well informed they were of carers rights and access to services
- Their access to assessment and breaks services
- Their views of the *Carers in Hertfordshire* services received

External interviewers were recruited and prepared for the task. *Carers in Hertfordshire* encouraged applications for the paid posts from carers and successfully appointed three carers among the four external interviewers. In addition, 10 interviews were conducted by two *Carers in Hertfordshire* staff.

The interviews were conducted in a four week period between July and August 2005.

3. Survey results

3.1: Who were the carers?

Chart: Respondents by surgery

NB: Three carers later added to “known” because they had used Carers in Hertfordshire services

	Known to CinH	Not known to CinH	TOTAL
Parkfield	23	5	28
Highview	3	10	13
Annandale	7	0	7
Fairbrook	14	1	15
Total	47	16	63

Chart: Carers age and gender, known and not known

Age band	← Known carers →			← Not known carers →			
	Male	Female	Total	Male	Female	Total	Grand total
0-19	0	0	0	0	0	0	0
20-44	1	3	4	1	0	1	5
45-64	2	21	23	3	2	5	28
65-84	6	12	18	1	3	4	22
85+	2	0	2	1	0	1	3
Not specified	0	3	3	1	1	2	5
TOTAL	11	39	50	7	6	13	63

Total of 63 carers

18 men (29%) and 45 women (71%) participated. The last census reported that four in 10 carers were men. Thus, men were slightly under-represented in our sample.

The largest number of carers in our sample was to be found in the 45-64 year old band and this finding mirrors the national census figures.

Given that surgery processes have focussed on the identification of adult carers, it was expected that we would have few, if any, carers in the 0-19 year “young carers” age band.

In our sample, there were fewer carers in the 20-44 years age band than would have been expected and slightly more than expected in the older band of 65-84 years. This may be explained by:

- A recognised predominance of older patients in three of the four surgeries
- A possible tendency of surgeries to identify older carers more easily than younger carers, who may also be more likely to be juggling paid work and caring and possibly less likely to attend the surgery. Many surgery identification processes rely on the patient/carer visiting the surgery.
- The very low number in the 84+ age band may be explained by a combination of lack of ability and readiness to participate in surveys, despite the varied methods of involvement. This age group of patient/carer may be more likely to receive primary care services in the home, rather than attending the surgery.

3.2: Ethnic Origin

Of the 63 carers surveyed, 61 were White British. 2, (3%) were from 'any other White Background' and 2 carers did not give their ethnic origin. In two instances the cared-for was not of the same ethnic background as the carer.

One of the flaws in the survey is that the sample group did not provide a good ethnic representation: we would have expected approximately 5% representation, to reflect the population in Hertfordshire.

3.3: Carers' Circumstances

The survey found that of the total number of carers who responded:

- 28 carers (44%) had fairly serious or serious concerns about their own health.
- 29 carers (46%) felt fairly or seriously stressed at that time
- 17 carers (27%) thought their caring role had an adverse impact on their stress levels.
- 29 carers (46%) had not had what they would describe as a "significant break" from caring from their memory, for two years or more.

These findings are not atypical if they are compared with other research, such as the Carers' Health Survey, PRTC 2003 and Carers UK: Carers Week 2005 'Work, rest and play'

3.3.1: Getting a break

Our findings are consistent with the picture that has emerged from national research: that a significant number of carers had not received a significant break from caring in more than two years, had never had a break or couldn't remember the last time they had received a break.

Of those not getting a break for more than two years, over a third of carers, 35%, also reported high stress levels.

We looked at the correlation between stress and taking a break and what carers said about it. A complicated picture emerged. The fact that a carer was more stressed did not in itself mean they were more likely to get a break. In fact, it could mean the opposite, as reasons for not getting a break included: *can't leave the person; carer unwilling to accept alternative services*, all of which were reasons for being more stressed as a carer.

When we looked at the comparison, stressed carers known to *Carers in Hertfordshire* were more likely to receive a break than stressed carers not known to *Carers in Hertfordshire*.

The findings demonstrated the need for more work to achieve breaks for all carers and particularly for highly stressed carers, by addressing the blocks cited by carers to getting a break. The reasons given for not getting a break are common across both known and unknown carers and are listed in the Appendix.

3.3.2: Other stress related factors

It is important to note that from our sample, that there were stressed carers who reported no problem with getting a break. These were across varying circumstances and familial relationships. What were the other factors that may have affected their stress levels? From our findings, other stress factors appeared to be:

- juggling paid work and caring responsibilities
- accessing GP services
- carers own poor health
- caring for more than one person, including in one case caring for five people.

4. Who were the cared-for?

4.1: Relationship of the carer to the cared-for

Relationship	Number in sample	% of sample
Child	14	22%
Friend	1	2%
Other relative	6	10%
Parent	27	42%
Spouse	27	42%
No answer	1	

Note: these figures do not add up to 100% as some carers will have ticked multiple answers,

Most carers were looking after a parent or spouse, followed by parents looking after a child. Note – this does not necessarily mean that the carer is looking after a child under 18 years. It is simply referring to the family relationship and the son or daughter could be over the age of 18 years. Only four carers in our sample were looking after a child i.e. aged 18 years or under.

4.2: Age of cared-for

- 2 people were caring for someone 0-13 years
- 2 people were caring for someone 14-17 years
- 21 people were caring for someone 18-65 years
- 51 people were caring for someone age 66 or over

The majority of the cared-for were aged 66 years or over. This can be explained in part by demographics, i.e. the increase of older people in the population. Another possible reason for the predominance in our sample was that three of the participating surgeries reported a high elderly population amongst their patients.

4.3: Circumstances of the cared-for

Cared for condition	Number of carers	Percentage
physically disabled	52	83 %
learning disability	13	21%
mental ill health	12	19%
elderly frailty	36	57%
dementia	20	32%
abuse of drugs/alcohol	1	2%
'other'	3 (care after a stroke/partially sighted/sometimes confused)	5%

Many carers provided multiple answers because of the complexity of ill health conditions experienced by the person they care for. The chart above shows physical disability; dementia and elderly frailty were the highest ranking caring circumstances amongst the cared-for in our sample.

4.4: Specific health conditions of the cared-for

Most carers responded with specific information regarding the ill-health of the person they cared for. The most common conditions mentioned were: Multiple Sclerosis, stroke, heart condition, dementia, arthritis, breathing problems and Parkinson's Disease. Three people mentioned schizophrenia and one cared-for had cancer.

Many carers in the sample were therefore providing care for people with chronic, long- term ill health conditions, which are of high priority for primary health services.

5. What difference does it make to carers?

5.1: Carers' expectations

We found that generally carers had low expectations of the identification and signposting process, as indicated by a significant number of comments (21) reflecting “nothing in particular”, “not much”, “almost anything is better than nothing”. Where carers had expectations they were generalised as in “better support”, “more information”.

A number of carers had no idea what to expect of the process and therefore no expectations.

There was a fairly even spread of opinion amongst carers about the benefit of the identification and signposting system. One third expressed themselves to be satisfied, one third expressed dissatisfaction and one third were neutral in their view.

So we looked carefully at the comments made by the dissatisfied carers. There were comments on the themes of:

- Suggestions about raising the profile of the system –which showed that carers supported the idea of the process.
- Attitude and awareness of surgery staff to carers.
- Difficulty in getting appointments to see the doctor and health information from the surgery.
- Other suggestions

The point about GP appointments is not peculiar to carers, or to Hertsmere. However, carers' comments provided evidence to the surgeries of the experience of their patients, and highlighted the particular difficulties for carers.

Example: one carer who juggled paid work and caring responsibility described getting ready for work and taking the cared for to the surgery for 8.30am to queue for an appointment; to then have to return later in the day for the appointment.

The comments are important and are therefore listed in full in the Appendix to this report, with further explanation.

The main source of information to carers to alert them to the identification opportunity was the poster in the GP surgery. Carers' comments suggested that by itself this was insufficient. Hardly any carers were alerted to the opportunity by individual contact with, e.g., the receptionist or their GP.

5.2 Referral to *Carers in Hertfordshire*

It was clear that the main output from the note tagging exercise by the surgeries was to put carers in contact with *Carers in Hertfordshire* to access the information, advice and support services available from the organisation.

We therefore analysed:

- how carers rated the services received from *Carers in Hertfordshire* and
- a comparison of the outcomes for carers who were in contact with *Carers in Hertfordshire*, against the outcomes for carers not in contact with *Carers in Hertfordshire*.

5.3: How carers rated the quality of services received from *Carers in Hertfordshire*

- *Carewaves* and newsletter service was the most used service, by 68% respondents
- other advice services-phone and advocacy were used by 33% of respondents
- events and workshops were attended by 16% and
- one, two or three carers reported that they had used other forms of assistance from *Carers in Hertfordshire*

98% of the individuals receiving the information mailing service, (*Carewaves* and local newsletters) rated this service as good /very good or excellent, with 75% rating it as very good or excellent.

Most common comments made by carers relating to *Carewaves* and local newsletters included:

- “good and valuable information all in one place” (a lot of carers mentioned they kept this in a safe place for future reference)
- “information is laid out well and easy to understand”
- “keeps me in touch - feel less alone”.

Of the 19 carers who had used the advice service, 13 carers (69%) rated it as good, very good or excellent and 11 carers (57%) judged it to be very good or excellent.

Carers commented that they were impressed with the information and advice over the phone because:

- *staff did what they promised and followed it up by post*
- *staff referred me to a counsellor which has been wonderful*
- *of the depth of advice, comprehensive*
- *staff are very friendly, reassuring*

We found that some carers were confused about services they received. Of the five, 26%, carers who had thought this service was poor, only one carer was found to have actually used it.

Events/workshops organised by *Carers in Hertfordshire*.

Of the 17 carers that rated events run by *Carers in Hertfordshire*, the majority (76%) rated these as good, very good or excellent. Three carers (18%) rated the events as poor and one person did not know.

The reason given for a poor rating was lack of follow up after events. One person rated a joint home visit made by *Carers in Hertfordshire* and ACS as poor.

5.3.2: How did carers think the services they rated as poor could be improved?

- In two cases, respondents said that the services were poor as they were not available to them (and those services they did use they rated as good or excellent).
- In two other cases, comments were made about not being able to get through to the *Carers in Hertfordshire* office on the phone. *Carers in Hertfordshire* is aware of this problem and is reviewing the telephone system with plans to increase accessibility.
- Follow up after events.

5.3.3: Would carers recommend *Carers in Hertfordshire* to another carer?

80% (40) of the carers known to *Carers in Hertfordshire* said they would recommend *Carers in Hertfordshire* to another carer.

Four said they would not and six carers said they did not know; sometimes because they hadn't been in contact long themselves and so couldn't really measure the benefits yet.

In conclusion, there is a high satisfaction rating of *Carers in Hertfordshire* services used by respondents. However, there is a relatively low take up of some highly rated services and therefore the question of take up, accessibility and local availability should be reviewed.

5. What difference does it make to carers?

5.4: Comparison of the outcomes for carers who were in contact with *Carers in Hertfordshire*, against the outcomes for carers not in contact with *Carers in Hertfordshire*.

We devised criteria for carers “empowerment status”, as measured by how knowledgeable carers perceived themselves to be about their rights and access to services. We then compared the relative ratings of carer empowerment status, between carers known to *Carers in Hertfordshire* and those not known.

Chart: Comparison of carers known and not known, on empowerment status

Empowerment status Criteria	Known to CinH	Not known to CinH	Positive impact by CinH
Well informed about rights and services	62%	31%	✓
Who to contact in a Medical emergency	yes	yes	
Who to contact in a care crisis	60%	23%	✓
Knowledge of carers assessment	70%	23%	✓
Received a carers assessment within 2 years	32%	23%	✓
Benefits check	42%	8%	✓
Significant break in 1 year +	54%	34%	✓
Use of alternative care services	58%	39%	✓
*Confident to access work/leisure/education	62%	54%	✓
Positive for the future	33%	33%	
Control of the future	48%	46%	

* Under legislation, the *Carers (Equal Opportunities) Act, 2004* Carers are entitled to the same opportunity to work, enjoy leisure time and take up education as anyone else who is not a carer.

Against eight of the 11 criteria there was evidence of a beneficial outcome for carers known to *Carers in Hertfordshire* compared to those not known.

Against criteria of “who to contact in a medical crisis” and “positive outlook for the future” there was neither advantage nor disadvantage evident, and there was a tiny advantage for carers in touch with *Carers in Hertfordshire* in “control for the future”.

The conclusion from these results is that surgery identification and signposting of carers to *Carers in Hertfordshire* is having a significant beneficial impact for carers and making a welcome and positive difference.

Case study examples that illustrate the benefits are included in the Appendix.

5.5: The benefits to carers known to *Carers in Hertfordshire*

- Carers were twice as likely to report as well informed
- Almost three times as likely to know who to contact in a care crisis
- More than three times more likely to know about their right to a carers assessment
- More likely to have received a carers assessment in the past two years.
- Carers were more than five times more likely to have had a benefits check
- More likely to have had a significant break in caring in the last 12 months
- More likely to be using alternative care services
- Carers were more confident about access to work, leisure and education if any of these were important to them.

We then looked to see if there was evidence for carers of a positive correlation between being informed, with, a combination of, lower stress levels, outlook for the future and control over the future.

We found that for both groups of carers, those known to *Carers in Hertfordshire* and those not known, there was a correlation. In both groups, the well-informed carers were more likely to have a higher score on the combined positive outlook/ lower stress/control over their future.

We found previously that carers known to *Carers in Hertfordshire* were twice as likely to be well informed, but that as a group they had also reported higher stress levels that those carers not known to *Carers in Hertfordshire*.

These results suggested that there was a beneficial effect on outlook and control of the future for stressed carers who received the *Carers in Hertfordshire* information service.

6. Learning Points

6:1 *Carers in Hertfordshire*

- a) There is evidence of the need for information for carers about the identification and signposting system. *Carers in Hertfordshire* should develop this in conjunction with surgeries. The information should cover the purpose of identification and signposting; what the surgery wishes to do so; what the process is and what the carer can expect as a result. It should also include a statement about data protection; and how to complain if the process doesn't work.
- b) Standardise the referral process from GP surgeries and devise a standard *Carers in Hertfordshire* initial response that includes:
 - The information statement above
 - Basic information about carers' rights and services as defined in the empowerment status criteria.
- c) Ensure carers who are already known to *Carers in Hertfordshire* receive the standard response if a GP surgery also refers them. The carer needs confirmation of the contact by the GP surgery and it should not be assumed that the carer has already received the information about the process of basic rights and services.
- d) Work together with surgeries and Adult Care Services to produce a data management protocol for carer identification and signposting.
- e) Devise a follow up procedure. The evidence from this survey supports anecdotal evidence that for some carers, particularly the more stressed, information by itself is insufficient to enable take up of services by carers. Personal contact with the carer is necessary to provide the bridge between talking over the situation and accessing services to relieve the problems.

There are resource implications to achieve more personal follow up responses. In the short term *Carers in Hertfordshire* can look at follow up telephone call to carers, but in the longer term, *Carers in Hertfordshire* should consider the possibility of a collaborative streamlined response: a single follow up process shared amongst *Carers in Hertfordshire* and other local service providers in both the statutory and voluntary sectors. This contact will facilitate access to service and start to address the blocks to carers receiving a break, having emotional support, access to work, leisure and education and other forms of financial and practical help.

- f) In conjunction with GP surgeries, explore offering meetings for carers at the surgery. This joint approach could further enhance carers support from primary care services to meet the needs evidenced by carers in this survey, and suggested by government in the national strategy. The meetings could provide a way to encourage carers to look after their own health; provide information about their rights and services and offer expert medical advice about caring for chronic illness and disabilities.

6.2: GP surgeries

a) The survey provides evidence of the significant difference it makes to carers to be identified and signposted to support.

b) Evidence from the survey suggests that the administrative process of referral used by surgeries should be reviewed to ensure:

- better recognition of more marginalised carers
- that the surgery has informed the patient that they have been identified as a carer
- software used by GP surgeries should show the carer tag on the reception screen and the Patients Consultation Screen
- systematic assurance that all carers are provided with written information about the process
- that all identified carers are offered the opportunity to have their details passed to *Carers in Hertfordshire*
- a poster advertising the identification system in on display in surgery notice boards. *NB: a dedicated carers notice board is available to all surgeries in Hertsmere from Carers in Hertfordshire and the PCT.*

c) The survey demonstrated that carers would benefit from the greater involvement of primary health care staff in the identification process and from further enhancement of the primary health services. Our sample revealed that carers were caring for people with high priority medical conditions; it makes sense for primary health care teams to consider their role in identification and signposting systems –rather than limit the process to an administrative exercise of referring carers to *Carers in Hertfordshire*.

d) Carers comments listed in the Appendix should be considered by the PCT, GPs and primary health care teams. They should consider further joint work with *Carers in Hertfordshire* regarding learning points above regarding:

- data management protocol, (d)
- shared single follow up process, (e)
- carers meetings at the surgery, (f)

7. Conclusions

- 1: The process of carer identification and signposting is supported by carers.
- 2: There are clear benefits to carers who through the process are in contact with *Carers in Hertfordshire*, who are significantly better informed and have increased access to services to support them.
- 3: However there is scope for improving the system at both ends: *Carers in Hertfordshire* and GP surgery.
- 4: Carers have needs of primary health services: to have better access to their GP; to have health information and access to expert advice in caring for the cared-for and to have their own health checked.
- 5: Improvements to the system are achievable and further enhancement could be achieved, in part, by further collaboration between *Carers in Hertfordshire* and primary health services.

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We are especially grateful to:

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- Hertsmere PCT and HCC, Adult Care Services.

References

- *Office of national statistics: National census, 2001*
- *Carers health survey, Princess Royal Trust for Carers, 2003*
- *Carers UK, Carers Week 2005 'Work, rest and play'*

Appendix 1 – How carers knew of the identification process

Care Assistant

Informed by QE2 Hospital staff

Went to Carers in Hertford- Doctors reception was not aware of Carers in Hertford

Registered three years ago

Told by a friend

A form lying on the counter saying "Are you a carer"

Through the day centre

Social Workers

Occupational Therapist

Surgery appears to have registered Carer without carer's knowledge

Could well have been the surgery

	Mentioned Spontaneously	Mentioned after Prompting
Contact Card – campaign	11	7
Surgery poster	15	5
Leaflet/card (Surgery staff)	7	4
Told by Surgery staff	1	1
Doctor	1	1
Surgery letter	1	1
Don't know/Can't remember	1	1
Other	11	

Appendix 2 - Carers' expectations of the identification process

If booking an appointment at the Doctors, Carer would not have to wait for an appointment

To be understood more

Didn't really know what to expect

Sometime in the future the carer expected to receive help

Didn't expect any letters but expected GP to be aware of carer's situation

I expected to be interviewed for the survey

Carer thought that nothing would happen

None

Didn't expect anything in particular

None of above

Recognition from receptionist when I come in or phone

Preferential treatment as a carer/patient

Contact from the surgery

Carer thought they would be asked to take part in surveys

Not much

Carer just wanted the surgery to know

Didn't register and simply received form concerning survey

That I would be listened to more sympathetically when making appointments etc

Only registered a month ago

Just wanted someone to know that I am a carer

Being put on a list

On-going support, more support- not yet happened

There would be more of a safety net of information and support

Carer would like to think there would be somewhere to contact for information

Nothing in particular

Appointments would be easier to make, Dr more co-operative

I would receive more help on hand

Carer thought the information might come from the Local Health Authority

Appendix 3 - Reasons for not getting a break

Lack of knowledge/information

Only break carer would consider is if the carer and the cared for went together

Carer has failed to find a service, searching for one seems to be a full time job.

Lack of information- it is not a big issue for either of them

Not appropriate

My husband enjoys outside activities with me

Needs a qualified person to look after cared for, care from such a profession is very costly

Previous bad experience, cared-for is unwilling

Ignorant of any alternative

Have own network of friends/family who step in

Cared-for is unwilling

Wouldn't trust anybody- complex issues

Not confident in how effective they would be- needs reassurance

Previous bad experience and cost or charging

Family available

Appendix 4 – Case Study A and B

The two examples below were from the same surgery

Case study A: Known to *Carers in Hertfordshire*

A female carer, aged 20-44 years, with multiple caring responsibilities including children with learning disabilities; relatives with mental ill health and elderly relative with physical disability.

This carer saw a poster in her GP surgery and was alerted to identify herself as a carer. She was offered and took up the opportunity to be signposted to *Carers in Hertfordshire*.

The carer said that it helped just for someone to know she was a carer and to have somewhere to go for information and help. She had received information and advice services; had attended a local carer's event and received assistance with alternative care to be free to do so. She rated the services she received as very good and excellent because

Carers in Hertfordshire had helped her with financial advice, access to benefits; emotional support, and advice and support to get a second psychiatric opinion.

“They do exactly what they say. They are very informative and supportive in the way they talk. It feels like they are really interested in your problem and help to get it sorted”

The carers said she would recommend *Carers in Hertfordshire* to another carer-in fact she had already done so.

This carer described her GP service as excellent; *they could not be more helpful*.

Case study B: Not known to *Carers in Hertfordshire*

An elderly gentleman, aged 80 years plus, who had responded to the survey invitation, but who, until the actual interview, had not realised that his surgery had identified him as a carer. He had therefore not been offered the opportunity for his details to be passed to *Carers in Hertfordshire*. He looked after his wife who had both physical and mental ill health and an adult daughter who had learning disabilities. The only care service received was a long standing day-care place for his daughter.

As a result of the survey interview, *Carers in Hertfordshire* provided this carer with information about carer assessments and how to get help from Adult Care Services. *Carers in Hertfordshire* also sent the carer information about the local *Crossroads* service and discussed how a care worker could look after his wife at home for a couple of hours per week, to provide female companionship for her and to allow the carer to continue his leisure hobby. He had expected to have to give up this year because of the increased care demands.

The carers' wife was not in receipt of attendance allowance. *Carers in Hertfordshire* provided information about the benefit; supplied the claim form, and advice on how to complete it with local input from Citizens' Advice if required.

As a result of the survey, this carer asked for his name to be added to the *Carers in Hertfordshire* mailing service.

The carer described his GP service as good.