

Carers Support Workers in GP Surgeries Report of Evaluation – September 2002 (Manchester PSSRU)

Introduction

This report examines data from the administration of questionnaires to carers receiving a service from Carers Support Workers between February/March 2001 and July 2002. The questionnaire data includes that from the Register Questionnaire containing demographic data such as ethnic origin, employment and health status and details of the person cared for. In addition, two other questionnaires were administered. The General Health Questionnaire (Goldberg, 1978) was used to assess the extent of minor psychiatric morbidity amongst the carers and a locally devised Carers Satisfaction Questionnaire was administered to assess the opinions of carers concerning receipt of the service. Data from these sources were analysed over time and also by type of service received. The evaluation was conducted in nine out of fifteen practices with Carers Support Workers but, for the purposes of this evaluation, data has not been analysed by practice. All data were collected anonymously and analysis was undertaken to determine general trends, using appropriate statistical tests. The aim of the evaluation was to 'assess the impact of the Carers Support Workers on the health and well being of carers as well as their general satisfaction with the services'. Data were also examined to see if any particular type of service offered by the Carers Support Workers had an impact on carers' well being.

Characteristics of the carers

The sample of carers chosen for the evaluation was one randomly selected from all carers currently receiving the service across nine practices. Sixty eight carers were eventually assessed over two time periods, an average of nine months apart. Reasons for non response of carers to the evaluation included some cases in which those cared for had died or moved into residential care and others in which it was felt inappropriate to administer questionnaires due to extreme distress amongst the carers. Every effort was made to respect the wishes of those carers who did not wish to participate in the evaluation.

Table 1 lists some basic demographic information concerning the carers. Most of the carers were themselves retired with a number of health needs of their own. Over a fifth of the carers were unable to work due to the demands of their caring role. The majority were caring on their own without assistance from their families. Although a proportion of the carers described themselves as suffering from a range of disabilities including physical disability and chronic sickness, over half described themselves as in good health. The majority of carers had been caring for a sustained amount of time (over 4 years with almost 10 per cent having been caring for over 20 years). The majority also were caring for close family members such as husbands or wives, their own children or parents. The demands placed upon the carers were great with most spending over 20 hours a week caring with the majority involving night time care.

Carers were supporting people with a range of problems. The majority (64%) of those cared for were experiencing some form of physical disability with 11% suffering from dementia, 7% from learning disability, 9% from terminal illness and 3% from mental health problems.

14(20%) of those being looked after had some form of hearing impairment and 11(16%) experienced visual impairment. The average (mean) age of the person being looked after was 74 years (SD =17.07) with the age range being 16 to 95 years.

Table 1. Characteristics of carers

Characteristic	Number	%
White ethnic origin	68	100
Employment status		
Employed (full time)	2	3
Employed (part time)	5	7
Unemployed	3	5
Retired	40	60
Unable to work due to caring	14	21
Unable to work due to ill health	3	5
Caring for someone		
On own	51	75
With a partner	13	19
With family help	4	6
Carer status (self description)		
Physically disabled	13	19
Mental health problems	5	7
Sensory/communication difficulties	4	6
Chronic sickness	9	13
In good health	37	54
Length of time spent caring ^a		
0-11 months	1	1
1-3 years	19	27
4-10 years	31	44
11-20 years	13	19
Over 20 years	6	9
Relationship of person looking after ^a		
Parent	9	13
Son/daughter	12	17
Husband/wife	39	56
Friend	1	1
Other relative	4	6
Neighbour	1	1
Partner	4	6
Hours spent caring (per week) ^a		
11-19 hours	9	3
20-30 hours	14	21
Over 30 hours	45	66
When providing help ^a		
Part of day	19	28
All day and occasionally night	31	46
All day and night	18	27

^a These figures exceed those of the sample owing to one carer caring for three people.

Services received by carers

A range of services were received by carers in touch with the Carers Support Workers. Table 2 shows the services received from the Carers Support Workers. These services are not mutually exclusive as a number of carers received more than one service. Most (60%) of the referrals to the service came from GPs although there were eight (12%) self referrals and three carers (4%) who were identified by the Carers Support Workers. The receipt of each of these service categories did not differ according to the time per week spent caring, whether the carer was in good health or whether the carer was caring on their own or had the assistance of others ($p > 0.05$). The most regular service provided was liaison with other services including social services and the Benefits Agency. Referral to specialist providers included social services care management, occupational therapy and Age Concern.

Table 2. Services received by carers

Service		
Information about services	41	6
Support/liaison with other services	43	6
Advocacy	4	6
Counselling	34	5
Referral to carers group	18	2
Referral to specialist provider	19	2
Referral to practice staff	20	2

Effects on carer well being

The General Health Questionnaire (GHQ-12) was administered to the carers at two time points, an average of nine months apart, to discern the impact that continued use of the Carers Support Workers had upon carer well being. The GHQ has been extensively used in many formal studies of carer stress and burden and is one of the best measures available of the extent of psychiatric morbidity in a number of areas. The intention in administering the GHQ was to ascertain whether levels of distress associated with the caring role had changed as a result of continued help from the Support Workers. The GHQ makes it possible to evaluate changes in carer well being on two levels; changes in the overall level of distress and changes in specific symptoms of distress such as anxiety or sleeplessness. Table 3 shows the changes in carer well being between subsequent administrations of the GHQ (Time 1 and Time 2) whilst carers were in touch with the Carers Support Workers.

Table 3 shows that, in terms of overall levels of distress, there was a highly significant reduction in distress amongst the carers during the time they received the service from the Carers Support Workers. Despite over half of carers saying that they were in good health, overall GHQ scores at referral or at commencement of the service were high indicating the presence of a variety of psychiatric symptoms. In fact, in terms of a traditionally used cut off score on the GHQ-12 (1/2) to identify cases of psychiatric disorder in primary care, 64 (94%) of the carers could be identified as psychiatric 'cases' at Time 1. After receipt of the Carers Support Workers, the proportion of carers who could be identified as symptomatic cases reduced by 21 per cent. There were also changes in particular symptoms exhibited by carers, shown by changes in individual items on the GHQ. In particular, the proportion of carers experiencing problems with concentration and sleeplessness reduced substantially during

receipt of services from the Carers Support Workers. The changes in overall distress experienced by the carers did not differ according to their status (whether they were caring alone or had been caring for a long time) or the type of service received (ANOVA on changes in GHQ scores, $P > 0.05$).

Table 3. Changes in carer well being

Measure	Time 1	Time 2	P value
Total GHQ score – overall distress, mean	6.29	3.77	< 0.001 ^a
GHQ cut off score – no (%) of symptomatic cases	64 (94)	48 (73)	< 0.001 ^b
GHQ items – no (%) with more than usual degree of symptoms			
Inability to concentrate	46 (68)	23 (35)	< 0.001 ^b
Losing sleep over worry	48 (71)	18 (28)	< 0.001 ^b
Not playing a useful part in things	30 (44)	13 (20)	0.003 ^b
Incapable of making decisions	29 (44)	17 (26)	0.01 ^b
Constantly under strain	55 (82)	40(63)	0.01 ^b
Unable to overcome difficulties	35 (52)	24 (38)	0.05 ^b
Unable to enjoy day to day activities	53 (79)	35 (55)	0.004 ^b
Unable to face up to problems	26 (39)	13 (20)	0.01 ^b
Unhappy or depressed	36 (54)	21 (33)	0.01 ^b
Losing confidence in oneself	24 (36)	18 (28)	NS ^b
Thinking of oneself as worthless	7 (11)	11 (17)	NS ^b
Not feeling happy, all things considered	37 (55)	16 (25)	0.001 ^b

^a Based on Paired Samples test, significance level < 0.05

^b Based on McNemar's Binomial test, significance level < 0.05

NS = Not significant

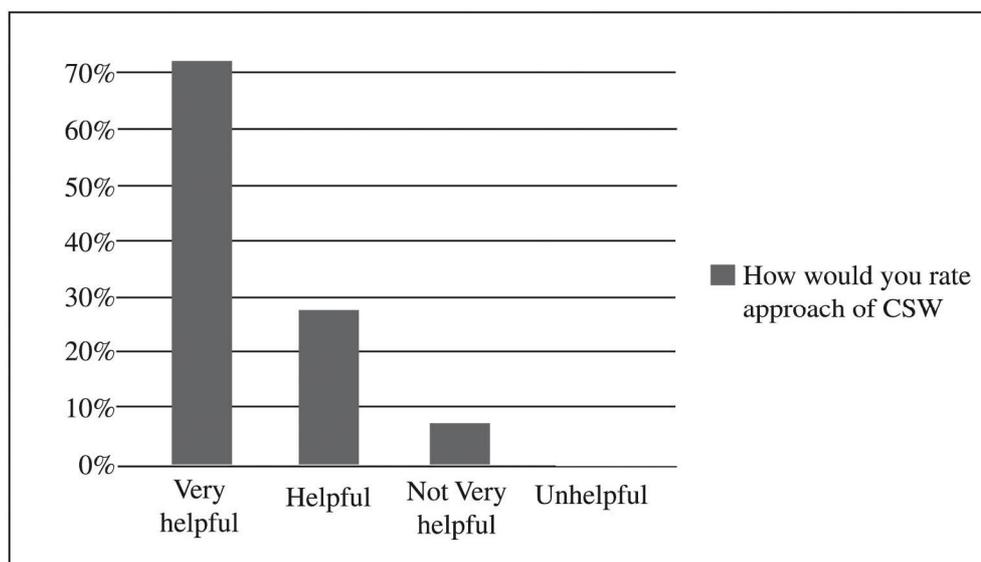
Carers satisfaction

User satisfaction is now an important area in measuring the impact of services from the perspective of government and other bodies (CM 4169, 1998). This is especially the case for carers, whose needs continue to be given a high priority. In this evaluation, carer satisfaction was measured by a locally devised questionnaire intended to examine the perspective of the carers towards the service. Responses to this questionnaire represent aggregated data from the whole group of carers receiving the service, where a response to the questionnaire was given. Therefore, this data was from a larger group of carers (N = 191) than that above. This data was used to determine general opinions and possible future needs of the carers. Carers were asked to rate their satisfaction in a number of areas after receipt of the service. Most (61%) of the carers found out about the service through their GP but other sources included nursing staff (10%) and social services (10%). 17% of carers found out about the service from the GP practice noticeboard.

Assistance given to the carers included information about benefits (44%), that concerning short breaks (33%) and other services for carers (56%) including carers support groups (40%). 27 per cent of carers questioned received advice about obtaining a separate carers assessment as part of social services procedures.

Figure 1 shows the percentage of carers rating the helpfulness of the Carers Support Workers' approach. The majority (70%) found the Carers Support worker to be 'very helpful'. No carer rated the support worker as 'unhelpful'. In addition, the majority of carers perceived the service as making a difference to their situation. 56 per cent were of the opinion that the Carers Support Workers 'very much' made a difference, 31 per cent felt that they made 'a little difference' and 13 per cent felt that they 'did not really' make a difference.

Figure 1. The approach of the Carer Support Worker as rated by carers



N = 170

72 (61%) of carers questioned also had suggestions for how the service could be improved. Seven carers specifically mentioned that some regular monitoring type of support would be useful. Nine carers thought it essential that more workers or continued funding should be available with two carers raising the issue that the service should be more widely advertised. Three carers felt that more assistance around benefits would be useful especially for first time carers.

Conclusions

This evaluation was intended to provide data on the impact that continued use of the Carers Support Worker had upon carer well being and satisfaction. The sample of carers chosen had a range of difficulties and experienced a high level of need. A range of services were provided in order to respond to the carers' needs. These included providing general information and liaison with other services to counselling and referral to specialist providers. In general, the type of service offered was less important than the overall impact of the Carers Support Workers.

The findings from the questionnaires indicate a substantial impact of the Carers Support Workers upon carers' well being. The carers' overall distress was almost halved after an

average of nine months receipt of the service. Particular symptoms associated with stress were also significantly reduced. These included concentration problems, sleeplessness and depression. The service was generally extremely well received by carers who reported high levels of satisfaction. In particular, the majority of carers questioned felt that the service had made some difference to their situation.

References

CM 4169 (1998) *Modernising Social Services - Promoting Independence, Raising Standards*. London: The Stationery Office.

Goldberg, D. (1978) *Manual of the General Health Questionnaire*. Windsor: NFER-Nelson.