



BEDFORD
BOROUGH COUNCIL

Carer's Policy

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CARERS POLICY

Executive Summary

- 1 This Carer's Policy has been developed to support the implementation of the Bedford Borough Carers Joint Commissioning Strategy 2010, which includes the personalisation agenda by setting standards for the assessment and support of carers by Bedford Borough Adult Services Staff.
- 2 It is recognised from national research and local feedback that the needs of carers are not always met by local authorities and that they have difficulty obtaining the correct information and advice along with the right level of support to fulfil a demanding role.
- 3 Bedford Borough is committed to working in partnership with carers, respecting them as equal partners and providing a high level of service from initial contact to the ending of the carer's role.
- 4 The principles and processes in the policy are based on national legislation which has extended the support available to carers from 1995 onwards and the recent national carer's strategy for improving services in the period 2010 to 2013.
- 5 The policy is also based on national research carried out by a number of organisations including Carers UK which shows the difficulty that many carers have in receiving the support they need.
- 6 The aim of the policy is to provide a high standard of assessment and support planning to enable carers to have choice and control over the support they need. This will be provided with a commitment to respect and use the expertise that many carers have and to the contribution they can make to support planning for the person they care for.
- 7 Carers who need support will have a support plan that will be reviewed regularly along with that of the person they care for. Support will also be available when the caring role ends.
- 8 The policy also includes guidance for the support of carers when the person they care for is discharged from hospital and on how carers emergency planning can be supported.
- 9 A clear pathway is provided for the referral of young carers together with an agreement for joint work between Adults and Children's Services to support young carers.
- 10 The policy will be monitored and reviewed as part of the Bedford Carers Joint Commissioning Strategy on an annual basis.

1 INTRODUCTION

This policy has been developed jointly with the Bedford Borough Carers Strategy 2010-2013 to replace the Carer's Policy approved in 2008. The purpose of the policy is to define and improve the quality of the assessment and support planning for carers by staff in Bedford Borough Adult Services.

- 1.1 The Carers Strategy is being developed as a joint strategy with the NHS and will work towards an integrated policy with health.
- 1.2 Approximately six million people in the United Kingdom provide care for a relative, friend or neighbour in need of support. The lives of carers are varied in experience and level of involvement in the caring task but there is a common need among many for information and support in carrying out their role. Carers make a vital contribution to our society by enabling the people they care for to remain in the community.
- 1.3 It is therefore vital that carers are properly supported to sustain their caring role. Since 1995 the Government has progressively extended the statutory requirement for the local authority and health agencies to provide support for carers as well as extending the rights for carers to be supported to remain in work through more flexible work arrangements.
- 1.4 National research has identified that access of carers to breaks from their caring role and other support services is low. New and longer- term carers experience difficulties accessing information, services and in communicating with health and social care services. They have issues combining work and caring. Long term carers caring on a full-time basis, are particularly vulnerable to health problems. Finally, carers have indicated that they also need support when their caring role comes to an end. This could be as the person they care for is admitted to long term residential and/or nursing care or death.
- 1.5 Support for carers of people with dementia is a key objective of the National Dementia Strategy Department of Health 2009 Research suggests that carers of people with dementia in particular benefit from high quality psycho-social support in coping with the psychological demands from the complex needs of the person they care for. Provision of this support may also reduce the need for the use of anti-psychotic medication to a person affected by dementia (Bannerjee 2009).

2 POLICY STATEMENT

Bedford Borough is committed to ensuring the best possible standard of service to carers by:

- Ensuring carers are informed that they have a right to an assessment
- Providing carers assessment for a carer irrespective of whether the person they care for receives services from Adult Social Care.
- Working in partnership with carers, the person they care for and with other professionals
- Provide support to carers from all parts of the community with sensitivity to their specific cultural needs
- Respecting carers as expert care partners with understanding of the services they need to support them in their caring role
- Providing a high standard of service to carers from initial contact, assessment and support plan, through to the ending of their caring role
- Safeguarding the well-being and health of carers along with the person they care for
- Ensuring that a carer's needs are fully considered during the assessment of the person for whom they care
- Ensure carers have access to the services and benefits available to support them and the person they care for

- Supporting carers in managing the emotional demands of their role
- Advocating on behalf of carers as needed, empowering them in their dealings with statutory agencies.
- Identifying young carers at an early stage and ensure that they receive the appropriate support from the relevant agencies.

3 LEGISLATIVE FRAMEWORK

- 3.1 The Carers (Recognition and Services) Act 1995 introduced the core responsibility on local authorities to support carers and provide an assessment of the carer's ability to care for a person and how sustainable their role is.
- 3.2 The Carers and Disabled Persons Act 2000 extended the right of carers to request an assessment of their needs in supporting the person they care for support services and to be made available through direct payments and vouchers. The Act also identified how the sustainability of the carer's role can be assessed in relation to the levels of risk in fair access to care.
- 3.3 Carers and (Equal Opportunity Act 2004) extended the obligations of the local authorities in relation to assessment. It introduced (1) a statutory obligation to inform carers of their entitlement to an assessment. This assessment must include their need for services and (2) requires carers assessments to consider whether the carer works and /is undertaking or wishes to undertake education, training or any leisure activity. .
- 3.4 National Health Service and Community Care Act 1990: The Community Care Assessment Directions 2004 require local authorities when assessing the needs of a person under section 47 of the Act to consult and involve both carers and those they care for in both assessment and care planning whether or not the carer wishes to have an assessment in their own right.
- 3.5 If the carer does not wish to be assessed (S) 8 of the Disabled Persons Services, Consultation and Representation Act 1986 also obliges the Local Authority to take into account the ability of carers where a disabled person is living at home and receiving a substantial amount of care on a regular basis from another person.
- 3.6 Under the Act, the local authority shall have regard as to whether the carer can continue to provide such care on a regular basis and would assess accordingly.
- 3.7 The Mental Capacity Act 2005 and Code of Practice clarified the position of carers in relation to assessment of capacity of those they care for and their responsibility to act in the person's best interest.
- 3.8 Section 5 of the Mental Capacity Act 2005 provides for a carer to carry out a range of personal tasks for a person they reasonably believe to lack capacity. They are not expected to carry out a formal assessment but may be expected to demonstrate that they have considered the issue before taking over responsibility of basic tasks.
- 3.9 Lasting Powers of Attorney have been introduced by the Mental Capacity Act 2005 to be given to a carer by the cared for when they have capacity. These powers when registered, give the carer specific powers to act for them in respect of health and welfare services. The Act also enables the Court of Protection to give carers these powers as Court Deputies if this is needed when the carer has lost capacity.
- 3.10 The Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009 and Guidance issued September 2009 created a duty for local authorities to provide direct payments for people lacking capacity subject to there being a suitable person to receive and manage the payment on their behalf in most cases this would be somebody directly involved in the care of the person who would need to be approved by the local authority to undertake this.
- 3.11 The National Carers Strategy " Carers at the heart of 21st Century families and Communities: Cabinet Office 2008 Sets out the priorities for developing carers services 2008-11 and is the basis of the Bedford Borough Carers Strategy.

- 3.12 Carers Grant 2008-11 Best Practice Guidance 2008-11 Department of Health January 2008 This guidance sets out policy intentions for use of the Carers Grant, specifically for this policy the provision of Emergency Cover and the way in which these arrangements should be made

4 DEFINITIONS

4.1 CARERS

In this policy a carer is a person who provides care to another person and is not paid for providing that care other than receiving carer's allowance (nor is she or he providing the care as a volunteer placed into the caring role by a voluntary organisation).

In law, carers are:

- People who provide or intend to provide substantial or regular care for another individual aged 18 or over. (who is disabled)
- Carers are also people who provide or intend to provide a substantial amount of care on a regular basis for a sibling, this includes young carers.
- Adult carers include people with parental responsibility for a disabled child who provide, or intend to provide, a substantial amount of care on a regular basis for the child.

4.2 YOUNG CARERS

Young carers are children and young people under 18 who meet the definition of carer above. They carry out significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development.

4.3 REGULAR AND SUBSTANTIAL

There is no national definition of the terms regular and substantial .The process of assessing the impact of the caring role on the carer and thus whether the care is regular and substantial will be based on:

- Key factors related to sustaining the role should include autonomy, choice and control, health & safety, managing daily routines and involvement.
- The extent of the risk to the sustainability of the role

5 PRACTICE STANDARDS

- 5.1 The following principles are standards of good practice with carers at all stages of the needs assessment, support planning and monitoring process
- 5.2 All carers identified on referral of a vulnerable person must be offered an assessment with full details on what this will involve. A carer has the right to refuse and assessment at this point, however the offer to them will remain open at all stages of their caring role.
- 5.3 The carer's assessment must assess the needs of the carer and their capacity to provide and to continue to provide care for the person cared for. No assumptions should be made about the carers' willingness to continue caring or continue undertaking particular tasks; the impact of caring on carers must be constantly reassessed and might require the question, "Can you continue to do what you are doing for the person you look after?"
- 5.4 During the assessment process the needs of carers who (a) works or wishes to work and (b) is undertaking or wishes to undertake education, training or any leisure activity must be addressed.
- 5.5 Carers' individual needs will be recognised taking into consideration cultural differences, age, race, disability, religious background, sexual orientation, gender and locality.
- 5.6 The confidentiality of carers and young carers will be respected as far as this is consistent with safeguarding them and others.

- 5.7 Carers and young carers need to know at an early stage that their confidentiality may not be preserved if information needs to be shared in their interests or others and they need to know when this might be and the way their information may be shared.
- 5.8 Preserving the dignity of the carer along with and the person they care for is both important and enabling for care giver and receiver.
- 5.9 Carers must be involved in the support planning for the person they care for unless there is clear reasons to the contrary which can be documented.
- 5.10 All carers will have an assessment in their own right which will be documented as a separate Carers Assessment.
- 5.11 A separate carer's assessment should be promoted to the carer as the preferred option.
- 5.12 The involvement of a carer in the assessment / support planning and reviewing process ensures that realistic account is taken of the care a carer is able to provide and that the caring role is sustainable. A carer's refusal of the offer of an assessment should not be used as a reason to exclude the carer from assisting with support planning.
- 5.13 A high priority will be given to the assessment of risk and safeguarding the carer and cared for. Professionals must always be alert to any safeguarding issues affecting the carer or cared for.
- 5.14 Carers will be encouraged to feedback on the quality of the assessment and the support they are provided with.
- 5.15 Contact will be offered at flexible times to accommodate those in employment and to fit in with caring tasks e.g. hospital visits.
- 5.16 Up to date Information will be provided to carers on local support with education, training, employment and leisure.
- 5.17 Opportunities will be provided for training on health and safety issues including moving and handling, health care and medication and safeguarding procedures
- 5.18 Carers will receive a copy of their assessment/review, support plan and a copy of the support plan relating to the person they care for with the consent of the cared for person.
- 5.18 The carer must be involved closely in any planned move of the person to residential or independent care.
- 5.19 Support will be provided to the carer if required when their caring role comes to an end as the result of the cared for person moving to independent living or residential care.
- 5.20 Support will also be given to the provision of end of life care if the cared for and carer request this.
- 5.20 If the person has died, bereavement counselling should be considered.

6 PROCESS

6.1 Initial Contact

- 6.1.1 A duty officer receiving contact details of any carer(s) on first point of contact should include full details of all people involved in a caring capacity in the household; particular attention must be given to the position of any children or young people who may have a caring role in the household. All contacts will include:
 - name and address of carer
 - date of birth
 - gender
 - ethnicity
 - religious aspirations

- relationship to the person being cared for
- details of the person they are caring for

6.1.2 Carers will be offered the opportunity to complete a supported on-line carer's self assessment on the basis that the assessment will be completed following a visit by an assessing officer.

6.1.3 The assessing officer will provide the carer with a wide range of information regarding activities and support available in Bedford Borough and provide any necessary advice.

Support during a hospital admission or discharge.

6.1.4 On admission and prior to discharge from hospital, the assessing officer will actively seek permission from the patient to share information with their carer or anyone who is likely to become their carer. They will then identify the level of care being provided by the carer and whether they have had or may now need an assessment in their own right.

6.1.5 The assessing officer will provide the carer with:

- information about the discharge plan in writing and verbally;
- medical condition of the patient;
- carer's right to an assessment;
- what is likely to be involved in caring;
- the carer's right to an assessment or re-assessment if they have had one previously;
- what is likely to be involved in the caring role;
- Advice on medication and any other relevant aspect of health care.

6.1.6 Young Carers

Young Carers would usually be referred by a parent, school or professional to children's services (via a Common Assessment Framework (CAF) referral) or by the young person themselves. If the issues within the family are low level then a professional will complete a CAF referral and send to the Multi Agency Allocation Group (MAAG). This would result in a referral to a low level family support service e.g. Young Carers Group, Mentors and Peers etc.

If a need is deemed more significant, an initial or core assessment would be undertaken by a social worker to identify other services to support the young person. If a young person's needs are felt to be complex, they will be referred to the Bedfordshire Allocation Panel (BAP) or to the Joint Allocation Panel (JAP) if they need more specialist services.

Whenever staff have contact with carers, they will ensure that they are aware of and have the means to contact carers support services.

Support will be planned for young carers in liaison with adult services where it is likely that they will continue in this role after the age of 18. Please refer to the Transitions Protocol Policy No BBP 40.

6.2 Eligibility

6.2.1 The eligibility of carers for support services will be considered on the basis of their assessment and the level of risk identified as in appendix one. In accordance with the eligibility policy (BBP42) Bedford Borough Adult Services will prioritise these risks by meeting need initially in order to prevent Critical and Substantial risks. See Appendix 1 for the full criteria.

Adult Services will meet moderate and low risk needs if it is assessed that the provision of services would prevent the carer falling below these thresholds within a period of 6 months where resources allow

Carers will be entitled to receive Adult Social Care Services if: -

- (a) The service is one that the Local Authority has a power or duty to provide under Community Care Legislation or Statutory Guidance and

- (b) The assessment identifies the user/carer as being in the categories of critical and substantial risk should the needs not be met and
- (c) Adult services assesses that it is necessary for it to meet the assessed need or
- (d) There is a statutory duty to meet that need

6.2.2 In addition, one-off, short-term time limited, or occasional services on a preventative basis, may be provided to carers to be at moderate or low risk where it is also assessed that the provision of that service will prevent the person falling below the critical and substantial risk threshold within a period of six months.

6.2.3 The carer will be eligible for services even if the cared for person though eligible for services in their own right has refused them

6.2.4 Where the level of care provided is assessed as not having the impact eligible for services, the carer will be provided with information about services and advice which is generally available and offered the opportunity for a further assessment if their caring role increases.

6.3 Assessment

6.3.1 When a person with community care needs is being assessed and their carer requests an assessment, the process should be as follows:

6.3.2 The carer should be offered the opportunity to prepare for the assessment. Information and an initial questionnaire should be sent if agreed at least 5 working days before the assessment interview.

6.3.4 The carer should be informed of the carers support service to enable them to seek advice if needed on their assessment

6.3.3 The information on the vulnerable person should be gathered in the normal way i.e. all those needs that s/he (and those close to him/her) identifies as existing as well as those the assessing officer also identifies.

6.3.4 As part of preparation for assessment and support planning consideration will be given to the equality impact of gender, gender identity, religion, age, race and sexuality and the possible impact that these will have.

6.3.5 The carer's assessment should evaluate the sustainability of the caring role to ascertain whether the carer is willing and able to carry on caring and / or providing the same level of care. The risks to sustainability will include the nature of the caring role, the health and wellbeing of the carer, employment / education & training, finance and benefits and emergency planning.

6.3.6 The assessor will ensure that they have full information about services and support available for carers.

6.3.7 The carer must have the opportunity to discuss issues and record concerns and needs as part of the assessment process; (completion of a self assessment form is not sufficient). Only then can a carer fully participate in planning the service to produce the best outcomes both for themselves and the person cared for.

6.3.8 The carer and cared for may be concerned about the future if the cared for person loses capacity. The professional should provide information about the court of protection and the powers of Lasting Power of Attorney.

6.3.9 A young carer may also be identified by assessing other children or parents in the family. In the case of a disabled child who may have their needs assessed, their siblings may be identified as providing significant level of care to their brother or sister or it may be identified that the disabled child's needs impact so significantly on the sibling that respite services should be provided.

6.3.10 Where a young carer is identified by an adult services assessing officer and there are no safeguarding concerns adult services may refer the young person directly to a young carers group and will have the lead responsibility for assessment and care planning when

a parent needs assistance with the routine tasks of looking after children to prevent inappropriate care roles developing.

- 6.3.11 Where there is concern that the child may suffer significant harm the Children's Services will have lead responsibility with input from adult services which will consider the use of community care services to reduce the caring role of the child or young person.
- 6.3.12 Adult and Children's Services will work together to co-ordinate planning for the care of the vulnerable adult and the young carer concerned. The prime consideration at all times will be to meet the needs of the young carer with support being provided to the adults concerned to avoid over reliance of the young carer.
- 6.3.13: Where a carer is providing more than one caring role to different adult members of a family it is the responsibility of the assessing officer to ensure the assessment covers all aspects of the carer's multiple caring roles except for young carers where a joint departmental approach is required.

6.4 Carers Support Plan

- 6.4.1 The assessing officer will draw up a support plan for the carer who meets Bedford Borough Council's eligibility criteria. The support plan will cover tasks carried out by the carer, their needs for support and the risks of the situation. The support plan could be provided through directly delivered services or direct payments / personal budgets.
- 6.4.2 The level of service provided in a support plan is discretionary and the assessing officer will need to demonstrate that the services are a cost effective means of sustaining the caring relationship.
- 6.4.3 A wide range of services should be considered when developing a support plan including anything which may contribute to a carer's well-being and their ability to provide care for the person cared for. The following must be considered when developing a plan:

CARERS SUPPORT PLAN

The support plan will identify the carers support worker and any other professionals or organisations involved and outline initial and ongoing support which is to be provided for

- Health and Emotional Well-being
- Quality of life
- Making a positive contribution
- Having increased choice and control
- Maintaining personal dignity and respect
- Freedom from discrimination and harassment
- Improving economic well-being.

Other aspects of the support plan will cover

- Outcomes to be achieved for the forthcoming year
- How those outcomes will be achieved
- Risks associated with the outcomes
- Actions taken / to be taken to minimise risks.
- Contingency arrangements.

- 6.4.4 A written carer's support plan must be provided to the carer and a signed copy of carer's support plan must be stored in the carer's electronic / paper record.

7 EMERGENCY COVER: SUPPORT ARRANGEMENTS

7.1 An emergency may occur for the following reasons:

- Carer's unexpected admission to hospital or other health needs preventing the carer from providing care.
- A family emergency such as a close relative being taken ill and requiring help / attention.
- Real risk to the carer's employment on a particular occasion.
- Funeral of a close friend or relative, where cultural, religious or any other circumstance leads to the carer being given short notice
- Other situations can be considered if they are both exceptional and an emergency.

7.2 All carers will be given a telephone number to contact Adult Services in the event of an emergency or crisis.

7.3 Support arrangements can be put in place for at least 48/72 hours while longer term arrangements can be made.

7.4 The arrangements should be capable of being sustained until either the carer returns or, where necessary, longer term arrangements can be made.

7.5 The carer and where possible the cared for should be a full partner in the development of the care arrangement plans.

7.6 The plans should be assessed on both the needs of the carer and cared for and updated regularly, initially as part of the carer's assessment and subsequently at the review of that assessment. Assessments for emergency cover should include an assessment of risks.

7.7 The care arrangement plans should take account of the individual's needs as a whole including their social, emotional and health needs.

7.8 Care arrangements should involve all key agencies including the health and third sector, taking account of the services arranged by other agencies.

7.9 Care Arrangement Plans should be held in a readily accessible format so that they can be put in place 24 hours a day 7 days per week.

8 REVIEWS

8.1 A carer's support plan can be reviewed either jointly with the service user or at an independent carer's review on an annual basis. Where a change in need is identified outside the review period a reassessment will be offered and carried out by a community assessing officer.

8.2 Where a carer's needs have been identified during an annual review the reviewing officer will offer a carer's assessment and arrange for support services to meet eligible need. It is the carer's decision as to whether he or she prefers the option of a joint support plan or a separate carer's support plan.

9 IMPLEMENTATION AND MONITORING

9.1 Detailed guidance and a template for the assessment and support planning for carers will be produced for all assessing officers and managers.

9.2 Information on the assessment and support planning process will be provided for carers and carer support workers.

9.3 This information will be provided in an accessible format suitable for people with learning difficulties, literacy problems or with English as a second language.

9.3 Compliance with this policy will be monitored as part of the carer's strategy by the Carers Partnership Board and will be reviewed formally a year following approval.

- 9.4 The effectiveness of this policy will be judged against success in improving outcomes for carers and achieving strategic priorities as identified in the carer's strategy.
- 9.5 Feedback will also be sought from carers groups and individual carers on their experience of the support given to them.
- 9.6 Training will be provided for all staff and managers on the assessment and support of carers.
- 9.7 A toolkit will be provided to staff to support assessment and planning for carers together with updated information on services that are available.
- 9.8 Training will be provided for carers on health and safety and safeguarding.
- 9.9 Effective safeguarding procedures for carers to be developed including improved links with domestic violence provision.
- 9.10 To work in partnership with NHS Bedfordshire to develop joint linked assessment and support both in community health provision and hospitals.
- 9.11 To agree joint protocols with children's services for the referral and support of young carers and for transition planning for adult carers of young people with disability.

10 BIBLIOGRAPHY

Bedford Borough Council Carers Strategy 2010-2013

SCIE Guide 9 Implementing the Carers (Equal Opportunity Act 2004) Updated August 2007

Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004

Combined Policy Guidance: Department of Health

A Practitioners Guide to Carers Assessments under the Carers and Disabled Children's Act 2000:

Department of Health

Carers and Their Rights: The Law Relating to Carers, Third Edition.

Luke Clements Carers UK

Research in Practice for Adults: Outline 4: What are the most effective and cost-effective services for informal carers of older people?

Research in Practice for Adults: Outline 12: What forms of support is effective for family carers of people with dementia?

Carers UK and University of Leeds

Stages and Transitions in Experience of Caring Report No 1

The use of anti-psychotic medication for people with dementia

Time for Action

Professor Sube Bannerjee Department of Health November 2009

Appendix 1 – Eligibility Criteria

Practice Guide to Carers Assessments under the Carers and Disabled Children's Act 2000:

Department of Health 2001

CRITICAL: Critical risk to sustainability of the caring role arises when:
<ul style="list-style-type: none">• their life may be threatened;• major health problems have developed or will develop;• there is, or will be, an extensive loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role;• there is, or will be, an inability to look after their own domestic needs and other daily routines while sustaining their caring role;• involvement in employment or other responsibilities is, or will be, at risk;• Many significant social support systems and relationships are, or will be, at risk.
SUBSTANTIAL: Substantial risk to sustainability of the caring role arises when:
<ul style="list-style-type: none">• significant health problems have developed or will develop;• there is, or will be, some significant loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role;• there is, or will be, an inability to look after some of their own domestic needs and other daily routines while sustaining their caring role;• involvement in some significant aspects of employment or other responsibilities is, or will be, at risk;• Some significant social support systems and relationships are, or will be, at risk.
MODERATE: Moderate risk to sustainability of the caring role arises when:
<ul style="list-style-type: none">• there is, or will be, some loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role;• there is, or will be, some inability to look after their own domestic needs and other daily routines while sustaining their caring role;• Several social support systems and relationships are, or will be, at risk.
LOW: Low risk to sustainability of the caring role arises when:
<ul style="list-style-type: none">• there is, or will be, some inability to carry out one or two domestic tasks while sustaining their caring role;• One or two social support systems and relationships are, or will be, at risk.