CARERS ASSESSMENT GUIDANCE

LONDON BOROUGH OF CAMDEN

Supporting People

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1. INTRODUCTION

1.1 Purpose

This guidance sets out the legal framework and provides procedural information for staff supporting informal/unpaid carers.

This guidance and procedure must be followed by all staff within the Supporting People Directorate including Camden Learning Disability Service (CLDS) and LBC & Islington Mental Health Trust (C&I).

This is an interim position further to the 3 conversations.

1.2 Scope

It is for all workers in the Supporting People Directorate and workers from Camden Carers Centre as a delegated party carrying out carers assessments on behalf of the directorate.

This guidance must be read in conjunction with the London Multi- Agency Adult Safeguarding Policy and Procedures 2016, Mental Capacity Act 2005, Human Rights Act 1988, Equalities Act 2010, and all other legislate applicable to adults in England and Wales. Also any relevant policy guidance within housing, LBC and Islington Mental Health Foundation Trust and the NHS Clinical Commissioning Groups (CCGs). The <u>young carers protocol</u> must also be adhered to.

1.3 Principles

The 'wellbeing principle' of the Care Act 2014 must be promoted when workers are supporting carers to identify their personal outcomes, such as maintaining a carers personal dignity and protection from abuse or neglect (see Section 2.3 for full details). The following are some of the underlying principles of this guidance-:

- Practitioners to work in partnership with carers, acknowledging the carers expert skills and identifying any new skills they may want to acquire
- Practitioners to identify young carers and arrange assessments as required
- Practitioners to acknowledge when the carers needs changes due the person no longer requiring their care or if the cared for person dies¹
- Carers assessments can be completed as part of a whole family approach or as a separate assessment
- Mental Capacity legislation and principles must be applied where appropriate for the carer and the cared for person

1.4 Legal framework for adults

The Care Act sets out a duty for the Local Authority to assess the eligible needs of a carer. In the Care Act, a carer over 18 is defined by-;

" an adult who provides or intends to provide care for another adult (an "adult needing care").

Section 10.5 of The Care Act sets out what a carer's assessment must include-:

¹ (May 2012) Skills for Care and Skills for Health, The Common Core Principles for Working with Carers www.skillsforcare.org.uk/...carers/Common-core-principles-for-working-with-carers

- a) whether the carer is able, and is likely to continue to be able, to provide care for the adult needing care,
- b) whether the carer is willing and is likely to continue to be willing, to do so,
- c) the impact of the carer's needs for support on the matters specified
- d) the outcomes that the carer wishes to achieve in day-to-day life, and
- e) whether, and if so to what extent, the provision of support could contribute to the achievement of those outcomes.²

1.5 Legal framework for young carers

A young carer is 'a person under 18 who provides or intends to provide care for another person' (Children Act, 1989, section 17ZA(3), as inserted by section 96(1) of the Children and Families Act 2014).³

The Children and Families Act 2014 amended the Children Act 1989 and local authorities must offer an assessment where it *appears* that a child is involved in providing care.

Similarly, the Care Act requires local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it *appears* that a child is providing, or intends to provide, care. The Care Act also places a duty on local authorities to assess young people before they are 18 and where there would be a 'significant benefit' to completing the assessment.

In these circumstances the authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development. Both legislations have a strong emphasis on the young carers outcomes and wellbeing.

1.6 Whole Family approaches

The Care Act 2014 enshrines in law the importance of a whole family approach as an effective way to understand and address the needs of an individual in the context of their family. It also emphasises joint working between adult's and children's social services to ensure assessments and support plans are effective.

There are a number of components that make up the 'Whole Family Approach', these are-;

- whole family assessments
- support for adults and other family members within the family, such as parenting support; provision of practical and emotional support
- building support networks including engaging the wider family, for example, Family Group Conference (referral form Appendix 2)
- relationship building within the family, such as support with building roles, routines and responsibilities and engaging families in positive activities (such as planning a menu, cooking together or a family picnic).⁴

 $^{^2}$ (Undated) Legislation.Gov.UK, Care Act 2014, Assessment of a carer's needs for support http://www.legislation.gov.uk/ukpga/2014/23/section/10/enacted

³ (March 2015) Young carer transition in practice under the Care Act 2014 https://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/young-carer-transition-in-practice

⁴ (25/11/14) Carers Trust Whole Family Approaches

2. PROCEDURE

2.1 Carers Assessments

Where the cared for person is allocated to a named worker, this worker must complete the carers assessment. The exceptions are where the relationship with Supporting People has broken down or where the carer specifically requests the involvement of Camden Carers Centre (CCC). CCC will complete the carers assessment where the carer/cared for person is not allocated. All workers must ensure any young or adult carer who may have support needs is offered a carer's assessment. This must occur irrespective of any future determination of eligibility and is important in establishing the fullest picture of the carer's needs and, importantly, the sustainability of the current arrangements.

Assessments must always be appropriate and proportionate. Where a combined assessment is requested the assessor must assess individuals jointly.

The carer's assessment must seek to establish:

- The carer's needs for support
- The practical and emotional sustainability of the caring role
- The willingness and ability of the carer to continue to provide this support.

It must also consider:

- The impact of their support needs on their wellbeing
- The outcomes the carer desires from daily life
- The impact of their caring responsibilities on their ability to work, access education, training or recreation
- What type of support could help achieve these outcomes
- If their support network and the wider community can contribute towards meeting the outcomes the person wants to achieve
- If the carer would benefit from preventative support or information and advice.

2.2 Using Mosaic to complete carers assessments

The current carers assessment on Mosaic is subject to change however guidance on how each area on the form must be completed and what to consider in each area can be found in the <u>carers assessment resources document</u>.

When completing the assessment, remember the areas that are specifically linked to the eligibility criteria. In the free text areas specifically reference information about an individual's caring role, the outcomes a carer is unable to achieve as a result of providing necessary care and outcomes the carer wants to achieve. A brief guide to eligibility and the wellbeing areas are outlined in the table below.

https://professionals.carers.org/whole-family-approach

Carers' eligibility decision process					
Needs 💳	2. Outcomes	3. Wellbeing			
The needs arise as a consequence of providing necessary care to an adult, and the carer is 'unable' to achieve the following:	As a result of the carer's needs, either: a) the carer's physical; or mental health is, or is at risk of, deteriorating, or b) the carer is unable to achieve any of the following outcomes: i. carrying out any caring Responsibilities the carer has for a child; ii. providing care to other persons for whom the carer provides care; iii. maintaining a habitable home environment; iv. managing and maintaining nutrition; v. developing and maintaining family or other significant personal relationships; vi. accessing and engaging in work, training, education or volunteering; vii. making use of necessary facilities or services in the local community including recreational facilities or services; viii. engaging in recreational activities.	As a consequence, there is or is likely to be a significant impact on the carer's wellbeing, including: a) personal dignity (including treatment of the individual with respect); b) physical and mental health and emotional wellbeing; c) protection from abuse and neglect; d) control by the individual over day-to-day life (including over care and support provided and the way it is provided); e) participation in work, education, training or recreation; f) social and economic wellbeing; g) domestic, family and personal relationships; h) suitability of living accommodation; i) the individual's contribution to society.			

2.3 Carers Personal Budgets

If a carer has eligible needs that are currently unmet then they must receive a personal budget to meet these needs. The carer is entitled to have their eligible unmet needs met in the same way as the cared for person.

Indicative personal budgets are generated automatically through the RAS. The final amount and the way in which the personal budget will be used to meet the carer's needs must be finalised as part of the planning process. If the assessing worker considers the RAS is not a true reflection of the actual support provided, for example, due to mental health needs or behavioural issues, the worker to send an email to the authorising manager outlining why an increase of budget is required.

As identified in the assessment, the carer's desired outcomes must include their wishes and/or aspirations concerning paid employment, education, training or recreation. Therefore the personal budgets must be used to purchase (if any) suitable provisions of support that will contribute to the achievement of those outcomes.

The carer may require a break from caring responsibilities to attend to their own wellbeing, such as their own physical/mental health and emotional wellbeing

Some examples that meet identified wellbeing outcomes, this is not an exhaustive list;

- a course of relaxation classes
- training on managing stress
- gym or leisure centre membership
- adult learning courses
- development of new work skills or refreshing existing skills (so they might be able to stay in paid employment alongside caring or take up return to paid work)
- pursuit of hobbies such as the purchase of a garden shed or evening courses
- purchase of a laptop or a phone so they can stay in touch with family and friends.

The assessing worker and authorising manager must consider the checklist before sending/authorising the budget task (Appendix 3)

Carer Direct Payment

If a carer requests to receive a direct payment instead of having the support arranged for them the carers budget must be authorised and a purchase order will be generated.

A management authorisation casenote should be completed on Mosaic including the personal budget amount and how it will be spent.

Once these actions have been completed the direct payment team will send out the relevant paperwork within 10 working days.

The direct payment team will then make the payment within 10 working days following receipt of completed paperwork (subject to payment cycle runs as payments cannot be made during this period each month).

2.4 Short Breaks

Where carers require a short break, all options to provide this support must be considered using the resources at home or in the family and community. This is funded from the carers budget.

A short stay in a residential/nursing home or respite is funded from the cared for persons personal budget.

Carers may require a short break in order to;

- Attend their own health and welfare appointments
- Receive medical treatment
- Attend personal care appointments i.e. hairdresser
- Pursue recreational activities i.e. meeting friends for an evening out
- Have a weekend break or enjoy a longer holiday

2.5 Support Plans

The local authority has a duty to prepare a support plan for carers with eligible needs. The plan must set out the needs, agreed outcomes and demonstrate clearly how they will be met. All unmet needs must be addressed in the support plan, this includes services to be provided by the personal budget and universal/free services.

Payments to carers will be made via the existing direct payment process (see <u>Direct Payments</u> here)

Carers assessment must address all unmet needs and support plans must link the unmet needs to the outcomes.

Carers assessments, support plans and budget authorisation must be completed within 4-6 weeks unless there are exceptional circumstances which result in a delay.

2.6 Combined assessments and plans

Mosaic's functionality does not permit workers to record combined or joint assessments of the carer and the cared for. Whilst an assessment can take place jointly, the recording of needs will be documented on separate adult and carers assessment and generate separate personal budget.

Where both the carer and the adult they care for have eligible needs, practitioners must take into account how best to use the budgets to meet the outcomes of both individuals in the most efficient way

2.7 Review

All reviews to be completed using the three episodes; review, reassessment and support plan. At the end of the process a new review must be set (workflow chart Appendix 4)

3. Best Practice

3.1 Safeguarding and carers

Carers may also be adults at risk from the person they care for and/or from the local community they live in. Workers must adhere to the safeguarding principles set out in the Pan London Multi-Agency Adult Safeguarding Policy and Procedures, updated in August 2016.

https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/

Carers are to be encouraged and supported to report their concerns. Carers may be reluctant to report concerns, barriers identified include-;

Understanding of safeguarding Carers may be unclear of what rights they have or what care standards are and what 'abuse' means.

Communication Carers are not sure who to report any concerns they have and may not feel they have the opportunity to do so.

The carer may respect a person authority as a worker or have had an unsatisfactory previous experience where the carer didn't feel listened to or no action was taken and nothing changed.

Consequences of speaking up The cared for person may ask not to make a fuss due to being concerned about the impact on their care, fear of not being believed, guilt or fear of a personal comeback, fear of social services involvement and unwanted care alternatives.

Increase of risk

Risk of abuse increases when the carer is isolated and not getting any practical or emotional support from their family, friends, professionals or paid staff. Potential situations where abuse of carers is more likely include those where the cared for person:

- has health and care needs that exceed the carer's ability to meet them; especially where of some duration;
- does not consider the needs of the carer or family members;
- treats the carer with a lack of respect or courtesy;
- rejects help and support from outside; including breaks;

- refuses to be left alone by day or by night;
- has control over financial resources, property and living arrangements;
- engages in abusive, aggressive or frightening behaviours;
- has a history of substance misuse, unusual or offensive behaviours;
- does not understand their actions and their impact on the carer;
- is angry about their situation and seeks to punish others for it;
- has sought help or support but did not meet thresholds for this; and
- the caring situation is compounded by the impact of the nature and extent of emotional and/or social isolation of the carer or supported person.⁵

A carers assessment provides a key opportunity to explore the individual's circumstances, identifying the risk factors and if it is possible to provide information or support that will prevent safeguarding issues from occurring.

If a carer speaks about abuse and neglect, it is essential they are listened too and where appropriate a safeguarding Section 42 is undertaken and involved agencies are involved as required.

3.2 **Preparing for Carers assessment**

Workers must support a carer to plan for their carers assessment. The worker must consider the following-;

- Send the carer a list of questions in advance, this gives the carer time to think about their concerns and strengths
- Discuss with the carer if they would like to invite a friend/family member to their assessment
- Discuss independent advocacy and gain consent if the carer has substantial difficulty in communicating their wishes and outcomes
- Encourage carers to consider plans for emergencies and their long term future
- Consider transition periods, the effect on a carer and the need for robust support planning; such as, transition from young carer to adult carer, transition from hospital to community, transition from home to nursing care or supported living
- Reflect on theories and research about relationships and how this impacts the carer, cared for and community aspects. Issues such as attachment, loss and life changes can enhance our understanding of the carers world, both internal and external.

3.3 Feedback from carer

Research offers essential feedback from carers about the process of assessment and support planning.

Carers have asked workers to not-;

- Appear to be, or be in a rush
- Use jargon or buzzwords (in writing or speaking)
- Make assumptions about what I like or can do
- Be afraid of saying "I'll get back to you as I don't know the answer"
- Make promises you can't keep

⁵ (April 2011) ADASS Carers and Safeguarding Adults, Working Together to Improve Outcomes https://www.adass.org.uk/.../Carers/Carers%20and%20Safeguarding%20document%2.

• 'Signpost' me endlessly with no result – help me use the information

In carers own words-:

- Find out about the situation on a bad day to understand fluctuating needs
- See me as an asset, part of a support network helping to support the person I care for
- Be knowledgeable of services and suggest options that might help
- Talk about what can be done, rather than what can't
- See beyond me as just a carer
- Give me a contact number and a name of a person I can get hold of
- Write a summary of what has happened so other people can prepare themselves before visiting ⁶

4 Additional information and review

This guidance will be reviewed annually or earlier in accordance with relevant changes in legislation, regulations or guidance. Any major changes to this guidance will be subject to consultation.

An ASC Practice Guide has been developed to support Camden Supporting People practitioners to understand and deliver their duties in line with the legal requirements outlined in the Care Act 2014.

The ASC Practice Guide can be found <u>here</u>.

References

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