The Care Act 2014

A guide to efficient and effective interventions for implementing the Care Act 2014 as it applies to carers

Department of Health
Local Government Association
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Introduction

The aim of this document is to provide guidance for local authorities on effectively and efficiently delivering these carer elements of the guidance (and of course the legal duties they are detailing). It does so by bringing together a summary of the key section of the statutory guidance relating to carers with existing good practice and effective operating models from across the country that can help fulfill the requirements and expectations of the Act.

This document responds to feedback from local authorities and others who have said that , whilst they support the fact that carers are "mainstreamed " in the guidance, it would be helpful to have a reference document that pulls the parts of the statutory guidance which are about carers into one place.

This guide reproduces sections of the statutory guidance for the Care Act where necessary to bring out points of particular relevance to carers, but it does not replace the guidance in its totality and as such it does not negate the need to refer to the statutory guidance. This is because much of the Care Act applies equally to carers and the person or people they care for, and as such much of the content about people with a care and support need will be relevant to a carer with a support need. For ease of reference links to further reading in the statutory guidance, plus links to and other materials to support implementation of the Care Act, are provided in each chapter.

In spite of recent gains, the challenges facing carers remain significant: over 80% of carers report that caring has a negative impact on their health and 54% report they are struggling to pay household bills and make ends meet.

In addition, carers are not always fully involved in discussions about care and support for the person they care for or themselves. Only a little over half of those surveyed in the Personal Social Services Survey of Adult Carers said they always felt consulted or involved and 21% said they felt they were never consulted.

The Care Act will mean that councils will be supporting more carers,[1] but the Act is also about different support – where carers are assessed as having eligible needs for support,

[1] For details of the estimated impact of the new rights for carers please see the final Care Act impact assessment: http://www.legislation.gov.uk/ukpga/2014/23/impacts

they have a legal right to have those needs met. Local authorities will need to use the care and support planning process to agree with a carer how their needs should be met and ensure that this plan is put into effect.

For some councils, this may be a very different approach to current practice based around light-touch assessments leading to set personal budgets. With that said, many authorities have found strong and innovative ways to improve the support available for carers and many of these examples are described in this document.

The Care Act is being implemented in the context of strong acknowledgement at all levels of the health and care sector of the vital role that carers play in making it sustainable. The NHS England *Five Year Forward View* says:

"The five and a half million carers in England make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself. We will find new ways to support carers, building on the new rights created by the Care Act…." (p13).

The Children and Families Act 2014 also made key insertions into the Children's Act 1989 around support for young carers and parent carers of disabled children, forming a cohesive legislative whole with the Care Act to ensure that carers can be supported across the life course.

With a new legal framework and a strengthening commitment from key partners, local authorities have a huge opportunity to bring leadership to this agenda by implementing the vision of the Care Act for carers efficiently and effectively, realising the shared benefits of innovative, joined up carer support to social care, health, the local economy, and most importantly carers themselves.

Note: For the purpose of this guidance the sections taken directly from the statutory guidance are indicated by a shaded box like this one

CONTENTS

General responsibilities and universal services

Chapter 1
Promoting Wellbeing
(see page 1 of the statutory guidance)

The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. Throughout this guidance document, the different chapters set out how a local authority should go about performing its care and support responsibilities.

Underpinning all of these individual "care and support functions" (that is, any process, activity or broader responsibility that the local authority performs) is the need to ensure that doing so focuses on the needs and goals of the person concerned.

Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person. For this reason it is referred to throughout this guidance. It applies equally to adults with care and support needs and their carers.

The statutory guidance provides further detail about:

- Definition of wellbeing;
- Promoting wellbeing;
- Wellbeing throughout the Care Act.

This document does not discuss wellbeing as a stand-alone chapter. Because the duty to promote wellbeing when exercising a care and support function applies equally to carers, all of the examples discussed below are ways of promoting wellbeing.

Chapter 2
Preventing, reducing or delaying needs
(see page 7 of the statutory guidance)

It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.

There are many ways in which a local authority can achieve the aims of promoting wellbeing and independence and reducing dependency. This guidance sets out how local authorities should go about fulfilling their responsibilities, both individually and in partnership with other local organisations, communities, and people themselves.

The local authority's responsibilities for prevention apply to all adults, including:

- people who do not have any current needs for care and support;
- adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not (see chapter 6);
- carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation.

Carers and prevention

Carers play a significant role in preventing the needs for care and support for the people they care for, which is why it is important that local authorities consider preventing carers from developing needs for care and support themselves. There may be specific interventions for carers that prevent, reduce or delay the need for carers' support. These interventions may differ from those for people without caring responsibilities. Examples of services, facilities or resources that could contribute to preventing, delaying or reducing the needs of carers may include but is not limited to those which help carers to care effectively and safely – both for themselves and the person they are supporting, for example:

- timely interventions or advice on moving and handling safely or avoiding falls in the home, or training for carers to feel confident performing basic care tasks;
- look after their own physical and mental health and wellbeing, including developing coping mechanisms;
- make use of adaptations, equipment IT and assistive technology;
- make choices about their own lives, for example managing care and paid employment;
- find support and services available in their area;
- access the advice, information and support they need including information and advice on welfare benefits and other financial information and about entitlement to carers' assessments (see chapter 6).

As with the people they care for, the duty to prevent carers from developing needs for support is distinct from the duty to meet their eligible needs (see chapter 6). While a person's eligible needs may be met through universal preventative services, this will be an individual response following a needs or carers assessment. Local authorities cannot fulfill their universal prevention duty in relation to carers simply by meeting eligible needs, and nor would universal preventative services always be an appropriate way of for meeting carers' eligible needs.

The statutory guidance provides further detail about:

- Defining "prevention";
- Primary prevention/promoting wellbeing;
- Secondary prevention/early intervention;
- Tertiary prevention/intermediate care and reablement;
- The focus of prevention;
- Developing local approaches to prevention;
- Working with others to focus on prevention;
- Identifying those who may benefit from prevention;
- Enabling access to preventative support;
- Charging for preventative services.

Efficient and effective interventions to fulfill these duties

Across the country there are many excellent examples of preventative services being developed. Key themes in good preventative services include:

- importance of **identifying carers** who are not already in touch with services, especially via cooperation with NHS bodies such as general practices
- building links with **public health** services, recognising that carers are often at greater risk of developing health problems than the general population
- providing bespoke **advice** to help carers better manage their caring role and access support
- a **dedicated team** for prevention can be helpful

Examples

In Greenwich, the Council delivers a Healthy Living Service which includes advice and information relating to all aspects of healthy living and prevention, support on claiming benefits, stress reduction and a "Keep in Touch" service to isolated carers and/or carers who find it hard to leave their homes. Evidence to date suggests that this service has assisted carers in maintaining their caring role and welcome the regular contact and support.

Greenwich is also introducing a Peer Support Service for carers of people with learning disabilities to further support the needs of carers and ensure the authority is meeting the needs of the Care Act. This is enhanced by the provision of a range of training programmes available for unpaid carers. Further information is available through the Greenwich Training Programme for Unpaid Carers.
http://www.royalgreenwich.gov.uk/info/200015/carers/1533/free_training_for_unpaid_carers

West Sussex has developed a Carers Health Team which offers a proactive health advisory service with a preventative focus. The commissioning of this service came about through the Joint Strategic Needs Assessment which demonstrated that there are many carers in poor health in West Sussex. Also, feedback from carers and GPs demonstrated that carers neglected their own health due to factors such as their demanding caring roles and missed appointments.

The service is provided by nurses and physiotherapists, promotes health and wellbeing and develops individual strategies for each carer to reduce the strain of the caring role. It does this by offering practical advice, information on available services and advice on planning for the future, crisis management and contingency planning. Advice is provided on

medication management, moving & handling techniques and on management of carer's health needs as well as the cared for person's needs.

The service reports improved quality of life, for example increased confidence and building resilience and a reduction in unscheduled care. Usually the carer does have health issues and may require support via a one off session or a longer period of intervention.
http://www.carerssupport.org.uk/getting-help/looking-after-yourself/carers-health-team

There are many examples across the country of how local authorities and their partners in health have got to grips with promoting wellbeing and providing services which may prevent the need for ongoing care and support. Through the Cambridgeshire Family Carers Services Prescription, all GPs in Cambridgeshire have signed up to using the Family Carers Prescription Service. GPs can refer carers to Carers Trust Cambridgeshire to discuss the most appropriate form of support which could include a free short break, signposting and advice. The scheme is jointly funded by health and the local authority and won the 2012 Charity Awards for effectiveness.

A report on the Family Carers Prescription Service Carers (Cambridgeshire Carers Services Prescription Annual Report April 2013 – March 2014) has demonstrated that carers felt the biggest impacts of the prescription were to help them feel less stressed (69%), to relax (62%), maintain their wellbeing (55%), maintain their health (42%), to become more informed (29%) and to be recognised as a carer (19.0%).

Further, the authors of the report believe that financial savings will accrue from 5% of prescriptions avoiding admission to hospital and 14% avoiding early uptake of permanent care. The report identified that 81% of people were linked to more sustainable on-going support and a carer's emergency plan. A proportion used the prescription or alternative Carers Trust Cambridgeshire (Crossroads Carer Services) support to keep their health appointments. In addition, there was evidence of reduced footfall to surgeries, improved mental wellbeing and potential prevention of back injuries.
http://www.carerstrustcambridgeshire.org/our-services/support-for-carers/family-carers-prescription

The Department of Health, Department of Works & Pensions and Government Equalities Office are looking to contribute £1.6m towards pilot projects to look at how business, local authorities and the voluntary sector can work together with carers and their families to take full advantage of exciting new assistive technologies and other approaches, to ensure carers always have the chance to work if they want to. Councils who are interested in sharing knowledge around supporting carers to stay in employment can join a network hub that will be developed to support the pilots and disseminate learning.

This is not yet live but will be available shortly at:
http://www.scie.org.uk/care-act-2014/

Links to further examples

In Camden, the Council and CCG jointly commission carer support and have developed a referral form and process to ensure early identification and referral of carers to services.
http://www.camdencs.org.uk/health/

Examples of other preventative initiatives include Emergency Care Schemes and a national study considered the success of these schemes:
http://www.carers.org/our-publications

Housing support is another area in which there is an important preventative element and the Westlea Carer Support is a good example:
http://www.carershub.org/content/housing-association-partnership

The Social Care Institute for Excellence has developed the Prevention Library, which highlights emerging practice and research in the provision of prevention services in adult social care.
http://www.scie.org.uk/prevention-library/

Chapter 3

Information and advice

(see page 23 of the statutory guidance)

Local authorities are responsible for ensuring that all adults including carers in their area with a need for information and advice about care and support are able to access it. This is a very broad group, extending much further than people who have an immediate need for care or support. It will only be achieved through working in partnership with wider public and local advice and information providers. People (carers included) who are likely to need information and advice include, but are not restricted to:

- people wanting to plan for their future care and support needs;
- people who may develop care and support needs, or whose current care and support needs may become greater. Under the duty of prevention in Section 2 of the Act, local authorities are expected to take action to prevent, delay and/or reduce the care and support needs for these people (see chapter 2 on prevention);
- people who have not presented to local authorities for assessment but are likely to be in need of care and support. Local authorities are expected to take steps to identify such people and encourage them to come forward for an assessment of their needs (see chapter 2 on prevention);
- people who become known to the local authority (through referral, including self-referral), at first contact where an assessment of needs is being considered (see chapter 6 on assessments);
- people who are assessed by local authorities as currently being in need of care and support. Advice and information must be offered to these people irrespective of whether they have been assessed as having eligible needs which the local authority must meet (see chapter 6 on assessments);
- people whose eligible needs for care and support the local authority is currently meeting (whether the local authority is paying for some, all or none of the costs of meeting those needs) (see chapter 10 on care and support planning);
- people whose care and support or support plans are being reviewed (see chapter 13 on reviews of care and support plans);
- family members and carers of adults with care and support needs, (or those who are likely to develop care and support needs). Under Sections 2 of the Act, local authorities are expected to have regard to the importance of identifying carers and take action to reduce their needs for support (see chapter 6 on assessments);
- adults who are subject to adult safeguarding concerns (see chapter 14 on safeguarding);
- people who may benefit from financial information and advice on matters concerning care and support. Local authorities must have regard to the

importance of identifying these people, to help them understand the financial costs of their care and support and access independent financial information and advice including from regulated financial advisers (see paragraph 3.49);
- and, care and support staff who have contact with and provide information and advice as part of their jobs.

Carers and information and advice

In providing information and advice, local authorities must recognise and respond to the specific requirements that carers have for both general and personal information and advice. A carer's need for information and advice may be separate and distinct from information and advice for the person they are caring for. These distinct needs may be covered together, in a similar manner to the local authority combining an assessment of a person needing care and support with a carer's assessment (where both the individuals concerned agree) (see chapter 6 on assessments), but may be more appropriately addressed separately. This may include information and advice on:

- breaks from caring;
- the health and wellbeing of carers themselves;
- caring and advice on wider family relationships;
- carers' financial and legal issues;
- caring and employment;
- caring and education; and,
- a carer's need for advocacy.

The statutory guidance provides further detail about:

- The duty placed on local authorities to establish and maintain information and advice services relating to care and support for all people in its area;
- The broad audience for the information and advice service;
- The local authority role with respect to financial information and advice;
- The accessibility and proportionality of information and advice;
- The development of plans/strategies to meet local needs.

Efficient and effective interventions to fulfill these duties

There is evidence nationally of examples of information and advice services which have been developed. Key themes in providing good information and advice include:

- **Information and advice** should have a focus on meeting a broad range of carers needs;
- A **range of organisations** can be used to ensure appropriate access to information and advice and reaching hidden carers;
- Providing opportunities for **web based**, telephone and face to face provision of information can improve access to information for carers;
- Meeting carers information needs and providing **appropriate sign posting** can assist carers in managing their caring role.

Examples

In the London Borough of Richmond, a carers' hub service has been commissioned to provide a range of information and advice. This is led by Richmond Carers Centre in partnership with eight other local organisations which support carers and they provide:

- A universal advice and information service;
- Emotional support;
- Financial and debt advice;
- Short breaks and leisure programmes;
- Training and workshops for carers;
- Opportunities for carer engagement;
- Carers awareness training for professionals;
- Strategic leadership.

Services are provided by a group of 9 charities working together and the contract is managed by Richmond Carers Centre.

The service is performance monitored and as of December 2014 has reported that they have 299 young carers registered and 1803 carers registered with the service. All carers receive information and advice in the form of a monthly electronic newsletter which is also sent out quarterly in hard copy. Information and advice requests are also monitored and these show that the number of information requests received since August 2014 (quarter 1) to December 2014 (quarter 2) is 987 and the number of people accessing benefits advice since August 2014 (quarter 1) to December 2014 (quarter 2) is 78.

The Carers Hub also writes a yearly report on their progress which includes case studies of how this has improved the quality of carer lives and carers survey evaluation information and this is available via the links below:
http://www.richmondchs.org/
http://www.carers.org/local-service/richmond/carers-hub-service

Taking a different approach, Thurrock has commissioned an external organisation, CARIADS (Carers Advice and Information Service) to provide information, support and advice for carers. CARIADS comprises three separate local voluntary sector services that have come together which means they have a breadth of knowledge and experience to provide a responsive information, advice and support service for carers. Being a community-based voluntary sector organisation, CARIADS is well-placed to do this as they are "plugged in" to the local community.

CARIADS has now registered over 1,000 carers and in one quarter received 166 referrals. It makes good use of social media such as Facebook as well as traditional methods such as newsletters. There is a growing need for volunteers in areas such as befriending and training provided by CARIADS is well received by carers. Support group are well attended and the number being held is growing and there is outreach to faith groups.

In the first two quarters of 2014/15, CARIADS received 320 new referrals compared to 408 for the same period in 2013/14. Of the new referrals this year, none of them were known to Adult Social Services and the vast majority are self-referrals. Of these new referrals, only 7% were referred to Adult Social Services.
http://cariads.info./

Links to further examples

London Borough of Newham provides guidance to practitioners on the importance of an effective approach to providing information, advice, guidance screening and signposting.
http://lscp.uk/wp-content/uploads/2014/10/FactSheet-2-Good-Practice-IAG-Screening-Signposting.pdf

The Sutton Care Centre have implemented the Triangle of Care (ToC) approach, which in this case enables the Mental Health Trusts to identify how they work to support and work in partnership with Carers, and recognize ways in which they could improve services.
http://lscp.uk/wp-content/uploads/2014/10/Carers-Evidence-Summits-Sutton-Carers-Centre-Case-Study.pdf

The Social Care Institute for Excellence have developed seven e-learning modules which are aimed at anyone who comes into contact with people with dementia. The learning material covers a general introduction to the disease and the experience of living with dementia.

http://www.scie.org.uk/publications/elearning/dementia/index.asp

A draft toolkit has been produced by **Think Local Act Personal** to help local areas address the requirements of the Care Act and associated statutory guidance in relation to the provision of information and advice. It is geared towards officers and especially council officers responsible for reviewing information and advice, and for developing a new strategy. The toolkit will also be of interest to all organisations that provide information and advice around care and support.
http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/Information-and-Advice-Strategy-Toolkit/

Chapter 4

Market shaping and commissioning of adult care and support

(see page 41 of the statutory guidance)

4.1. High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. The role of the local authority is critical to achieving this, both through the actions it takes to directly commission services to meet needs, and the broader understanding and interactions it facilitates with the wider market, or the benefit of all local people and communities.

4.43. When considering the sufficiency and diversity of service provision, local authorities should consider all types of service that are required to provide care and support for the local authority's whole population, including, for example:

- support services and universal and community services that promote prevention;
- domiciliary (home) care;
- homes and other types of accommodation care;
- nursing care;
- live-in care services;
- specialist care;
- support for carers;
- re-ablement services;
- sheltered accommodation and supported living;
- shared lives services;
- other housing options;
- community support;
- counselling;
- social work;
- information, brokerage, advocacy and advice services;
- direct payment support organisations

4.52. Since 2007 there has been a duty on local authorities and latterly clinical commissioning groups, through health and wellbeing boards, to undertake Joint Strategic Needs Assessments (JSNA). JSNA is a process that assesses and maps the needs and demand for health and care and support, supports the development of joint Health and Wellbeing Strategies to address needs, understands community assets and informs commissioning of local health and care and support services that together with community assets meet needs.

4.53. Market shaping and commissioning intentions should be cross-referenced to JSNA, and should be informed by an understanding of the needs and aspirations of the population and how services will adapt to meet them. Strategies should be informed and emphasise preventative services that encourage independence and wellbeing, delaying or preventing the need for acute interventions. Statutory guidance on JSNA and Joint Health and Wellbeing Strategies was published in March 2013. The ambition is for market shaping and commissioning to be an integral part of understanding and delivering the whole health and care economy, and to reflect the range and diversity of communities and people with specific needs, in particular:

- people needing care and support themselves (through for example, consumer research);
- carers;
- carer support organisations;
- health professionals;
- care and support managers and social workers (and representative organisations for these groups);
- relevant voluntary, user and other support organisations;
- independent advocates;
- wider citizens;
- provider organisations (including where appropriate housing providers); and other tiers of local government.

4.54. A co-produced approach will stress the value of meaningful engagement with people at all stages, through design, delivery and evaluation, rather than simply as 'feedback'. Local authorities should publish and make available their local strategies for market shaping and commissioning, giving an indication of timescales, milestones and frequency of activities, to support local accountability and engagement with the provider market and the public.

4.69. Local authorities (through an engagement process, in concert with commissioners for other services where appropriate) should understand and articulate the characteristics of current and future needs for services. This should include reference to underpinning demographics, drivers and trends, the aspirations, priorities and preferences of those who will need care and support, their families and carers, and the changing care and support needs of people as they progress through their lives. This should include an understanding of:

- people with existing care needs drawn from assessment records;
- carers with existing care needs drawn from carers' assessment records;
- new care and support needs;
- those whose care and support needs will transition from young people's services to adult services;
- those transitioning from working-age adults to services for older people;
- people whose care and support needs may fluctuate;

- people moving to higher needs and specialised care and support; and those that will no longer need care and support.

The statutory guidance provides further detail about:

The principles which should underpin market-shaping and commissioning activity:

- focusing on outcomes and wellbeing;
- promoting quality services, including through workforce development and remuneration and ensuring appropriately resourced care and support;
- supporting sustainability;
- ensuring choice;
- co-production with partners;
- The steps which local authorities should take to develop and implement local approaches to market-shaping and commissioning;
- designing strategies that meet local needs;
- engaging with providers and local communities;
- understanding the market;
- facilitating the development of the market;
- integrating their approach with local partners;
- securing supply in the market and assuring its quality through contracting.

Efficient and effective interventions to fulfill these duties

Across the country, local authorities are adopting a range of approaches to ensure that their local market meets the needs of carers. Key themes in effective market shaping and commissioning include:

- Maximising **pooled budget** arrangements across health and care for the commissioning of carers services can ensure a joined up approach to developing a diverse market locally
- Enhancing links with **public health intelligence** and utilising the Joint Strategic Needs Assessment can drive the commissioning of a broader range services to meet carers outcomes
- Adopting an approach to **engaging and involving** carers ensures that local market position statements are coproduced and more likely to result in a flexible market place

Examples

Many authorities are well-advanced in this area. Wiltshire has a Carers Pooled Budget between Wiltshire Council and its CCG and this enables it to commission specific services for carers which take account of what carers say they want locally. Wiltshire Council has a partnership agreement with Carers Support Wiltshire (CSW) that provides the flexibility to constantly review the market place and the flexibility to adapt to change.

Examples of commissioned services include:

- "home from hospital" which works mainly with acute hospitals to support carers and the person they care fort to make the transition from hospital to their home environment;
- Cookery classes and healthy living courses are run to help carers take care of themselves and reduce isolation;
- A mental health caring and coping course delivered by carers and volunteers which provides peer support within a friendly setting;
- Alzheimer's support delivering a cookery course for male carers who care for a partner with dementia;
- Spurgeons deliver a wide range of services and activities for young carers including advocacy and support, groups and social events including a "Well Fit" course;
- Carers cafes which are run monthly mainly by volunteers and offer peer support in community areas.

Wiltshire has an excellent web site which provides good access to a wide range of information about services, activities and training for carers and residents:
www.carersinwiltshire.co.uk

All top tier authorities should prepare a Joint Strategic Needs Assessment (JSNA) and authorities such as Greenwich have demonstrated how valuable this resource can be in producing a market position statement. On this basis, Greenwich recently commissioned three smaller pilot projects for Carers Support which have gone to local third sector providers and small businesses which have branched out into carer support including:

- Specialist support for carers of people with mental ill-health and substance misuse
- Carer peer support test and learn project for carers of young people and adults with learning disability and/or autism
- Working with a new provider developing dementia outreach to carers
- A training programme for carers
- Small grants of up to £500 to provide an activity during carers' week

Greenwich has ensured that it has put carers at the heart of the development of the market by engaging them in consultation exercises and developing their draft market position, which identifies desired outcomes, on the basis of this work. Building on this, a market facilitation event was held in December 2014 launching a draft market position statement and seeking providers' views about where the unmet needs for carers are. In this way, Greenwich believes it is developing a range of organisations that can meet carers' needs more effectively.
http://www.royalgreenwich.gov.uk/news/article/439/carers_forum_annual_general_meetings

Authorities have put in place a wide range of services and activities which could be part of care and support plans. Islington, for example, is proactive through forums and questionnaires in working with carers to identify gaps in the services they think would support them better. From this, services are commissioned to fill the gaps such as the "flexible breaks palliative care fund" which is more responsive to palliative carers' needs.
https://islingtoncarershub.wordpress.com/flexible-breaks-fund/

In addition, local authorities should consider how they develop community engagement to create responsive, personalised and sustainable services. A guide for community engagement has been developed by Bristol Council and is available on SCIE's website:
http://www.scie.org.uk/search?q=sustainable+social+care&show_group=Sustainable+social+care+programme&show_group_type=SCIE+Custom+hub&page=1&num_found=9

This promotes care and support for carers and the people they care for while bringing wider community benefits. By developing sustainable communities, strategic commissioners are creating resources which care managers or other people undertaking assessments can use to develop elements of care packages and support.

Skills for Care have developed a number of resources to help employers and staff to provide better support to carers.

These are available: http://www.skillsforcare.org.uk/Skills/Carers/Carers.aspx and include:

- The **common core principles for working with carers**. This describes the behaviours that carers would like to see from professionals who are working with them.
- **Carers Matters – Everybody's Business**. A resource to help employers and staff better understand the needs of carers through the learning and development of staff. Consisting of three parts:
    - Part 1: Who carers are;
    - Part 2: Why carers are important;
    - Part 3: How you can support the learning and development of your workforce to improve and enhance your services for the people who use them and their carers

- **Carers in your workforce matter.** Guidance for employers to help raise the awareness of carers in the social care workforce, identifying what can be done to support them, retain their skills and prevent them having to leave the workforce.
- **Dementia: workers & carers together** / **Dementia & carers: workers' resources.** Offers practical guidance for the social care workforce on supporting family and friends who are carers of people with dementia.
- **Carers' assessments: Getting it right.** A free e-learning course aimed at anyone who carries out statutory adult carers' assessments. Includes advice and best practice guidance on how to prepare for and conduct statutory carers' assessments in order to achieve the best outcomes for carers.
- Guides to develop the skills of those who carry out carers' assessments.
    - **Carers and communities:** gives those who work with carers an overview of ways in which practice can strengthen the ties between carers and their community and why this can lead to better outcomes for all: http://www.skillsforcare.org.uk/Document-library/Skills/Carers/Carers-and-communities.pdf
    - **Assessing carer's needs:** helps those working with carers and families to take a whole family approach to a carers' assessment and support planning: http://www.skillsforcare.org.uk/Document-library/Skills/Carers/Assessing-carers-needs.pdf
- Carers' experience of having an assessment - https://vimeo.com/95967631
- **Balancing work and care:** a carers guide - provides a resource for carers, social care employers and employees. Includes basic information about carers at work, how their employer might be able to help them, their legal rights at work, practical help with caring and signposting to further sources of advice and support.

First contact and identifying needs

Chapter 6
Assessment and eligibility
(see page 75 of the statutory guidance)

Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, local authorities must carry out a carer's assessment. Where an adult provides care under contract (e.g. for employment) or as part of voluntary work, they should not normally be regarded as a carer, and so the local authority would not be required to carry out the assessment.

There may be circumstances where the adult providing care, either under contract or through voluntary work, is also providing care for the same adult outside of those arrangements. In such a circumstance, the local authority must consider whether to carry out a carer's assessment for that part of the care they are not providing on a contractual or voluntary basis. There may also be cases where the person providing care does so as voluntary work or under contract, but the nature of their relationship with the person cared for is such that they ought to be considered as a "carer" within the scope of the Act. The local authority has the power to carry out an assessment in such cases, if it judges that there is reason to do so.

Carers' assessments must seek to establish not only the carer's needs for support, but also the sustainability of the caring role itself, which includes both the practical and emotional support the carer provides to the adult. Therefore, where the local authority is carrying out a carer's assessment, it must include in its assessment a consideration of the carer's potential future needs for support. Factored into this must be a consideration of whether the carer is, and will continue to be, able and willing to care for the adult needing care. Some carers may need support in recognising issues around sustainability, and in recognising their own needs. This will allow local authorities to make a realistic evaluation of the carer's present and future needs for support and whether the caring relationship is sustainable. Where appropriate these views should be sought in a separate conversation independent from the adult's needs assessment.

The carer's assessment must also consider the outcomes that the carer wants to achieve in their daily life, their activities beyond their caring responsibilities, and the impact of caring upon those activities. This includes considering the impact of caring responsibilities on a carer's desire and ability to work and to partake in education, training or recreational activities, such as having time to themselves. This impact should be considered in both a short-term immediate sense but also the impact of caring responsibilities over a longer term, cumulative sense.

What is the national eligibility threshold for carers?

Carers can be eligible for support in their own right. The national eligibility threshold for carers is also set out in the Care and Support (Eligibility Criteria) Regulations 2014. The threshold is based on the impact a carer's needs for support has on their wellbeing.

In considering whether a carer has eligible needs, local authorities must consider whether:

- the needs arise as a consequence of providing necessary care for an adult;
- the effect of the carer's needs is that any of the circumstances specified in the Eligibility Regulations apply to the carer; and
- as a consequence of that fact there is, or there is likely to be, a significant impact on the carer's wellbeing.

A carer's needs are only eligible where they meet all three of these conditions.

Whole family approach

6.65. The intention of the whole family approach is for local authorities to take a holistic view of the person's needs and to identify how the adult's needs for care and support impact on family members or others in their support network.

6.66. During the assessment the local authority must consider the impact of the person's needs for care and support on family members or other people the authority may feel appropriate. This will require the authority to identify anyone who may be part of the person's wider network of care and support.

6.67. In considering the impact of the person's needs on those around them, the local authority must consider whether or not the provision of any information and advice would be beneficial to those people they have identified. For example, this may include signposting to any support services in the local community.

6.68. The local authority must also identify any children who are involved in providing care. The authority may become aware that the child is carrying out a caring role through the assessment of the person needing care or their carer, or informed through family members or a school. Identification of a young carer in the family should result in an offer of a needs assessment for the adult requiring care and support and, where appropriate, the local authority must consider whether the child or young carer should be referred for a young carer's assessment or a needs assessment under the Children Act 1989,112 or a young carer's assessment under section 63 of the Care Act. Local authorities should ensure that adults' and children's care and support services work together to ensure the assessment is effective – for example by sharing expertise and linking processes.

6.69. When carrying out an adult's or carer's assessment, if it appears that a child is involved in providing care the local authority must consider:

- the impact of the person's needs on the young carer's wellbeing, welfare, education and development;
- whether any of the caring responsibilities the young carer is undertaking are

inappropriate.

6.70. An assessment should take into account the parenting responsibilities of the person as well as the impact of the adult's needs for care and support on the young carer.

6.71. Local authorities must also consider whether any of the caring tasks the child is undertaking are inappropriate. They should consider how supporting the adult with needs for care and support can prevent the young carer from undertaking excessive or inappropriate care and support responsibilities. A young carer becomes vulnerable when their caring role risks impacting upon their emotional or physical wellbeing or their prospects in education and life. This might include:

- preventing the young carer from accessing education, for example because the adult's needs for care and support result in the young carer's regular absence from school or impacts upon their learning;
- preventing the young carer from building relationships and friendships;
- impacting upon any other aspect of the young carer's wellbeing.

6.72. Inappropriate caring responsibilities should be considered as anything which is likely to have an impact on the child's health, wellbeing or education, or which can be considered unsuitable in light of the child's circumstances and may include:

- personal care such as bathing and toileting;
- carrying out strenuous physical tasks such as lifting;
- administering medication;
- maintaining the family budget;
- emotional support to the adult.

6.73. When a local authority is determining whether the tasks a child carries out are inappropriate, it should also take into account the child's own view wherever appropriate.

The statutory guidance provides further detail about:

- The purpose of needs and carers' assessments; refusal of assessment; first contact and relevant safeguarding, advocacy and capacity duties; supporting the person's involvement in the assessment; taking a preventative approach and looking at a person's strengths;
- The importance of appropriate and proportionate assessment, including supporting the person through the process, enabling supported self-assessment, combining assessments and referring to NHS Continuing Healthcare where appropriate;
- Taking into account the wider picture by considering fluctuating needs and the impact on the whole family;
- The importance of having assessors appropriately trained and with the experience and knowledge necessary to carry out the assessment, including specialist assessments for those who are deafblind;
- Carrying out integrated assessment where a person has other needs, for example where the person also has health as well as care and support needs; keeping records and delegating assessments;
- The eligibility framework to ensure that there is clarity and consistency around local authority determinations on eligibility

Efficient and effective interventions to fulfill these duties

Across the country, there are many excellent examples of how local authorities have approached their assessment and eligibility duties. Key themes include:

- Understanding who is best placed to provide assessments within a local area can ensure a **proportionate approach** to carers assessments
- Exploring the actual cost of assessments can be used to inform local approaches to **delegating** some or all assessment functions
- Using local and national protocols can assist authorities in adopting a 'no wrong door approach' ensuring that the needs of **young carers** and their families are met
- **Whole family approaches** can be key to maximising the impact of resources and identifying opportunities to support carers;
- Appropriate protocols between **adults and children's** services can provide a smooth pathway for assessment and support of identified young carers
- Providing and using **assessment tools** which link to the impact of caring on wellbeing: as per the eligibility regulations can assist in ensuring practice is applied consistently;
- Consideration should be given to **integrated assessments** (for example with Health) where other needs are identified to reduce the need for multiple assessments.

The Care Act 2014 introduces a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, **whole family approach**, coordinating services and support around the person and their family. The intention of the whole family approach is for local authorities to take a holistic view of the person's needs, in the context of their wider support network. The approach must consider both how the adult or their support network or the wider community can contribute towards meeting the outcomes they want to achieve and whether or how the adult's needs for care and support impacts on family members or others in their support network.

The whole family approaches guide encourages practitioners to think family, the importance of a proportionate approach to assessment and the power to join up assessments.
http://www.local.gov.uk/documents/10180/5756320/The+Care+Act+and+whole+family+approaches/080c323f-e653-4cea-832a-90947c9dc00c

The memorandum of understanding which has been developed by the Associations of Directors of Adult Social Services and Children's Services, highlights key principles to ensure that the should be 'no wrong doors' for young carers and their families. The memorandum commits departments to work together locally, adopting a whole system, **whole family approach** to providing support for young carers and their families. The principles underpin good practice including the recognising that the presence of a young carer in the family should always constitute an appearance of need and should trigger either an assessment or the offer of an assessment to the person needing care.
http://lscp.uk/wp-content/uploads/2014/10/No-wrong-doors-final-MOU-March-2015-.pdf

Examples

Wiltshire offers a comprehensive approach to assessments. Once carers have made an approach for an assessment there are 'no wrong doors' for carers. They may receive this from statutory organisations or Carer Support Wiltshire (CSW) which is Wiltshire's Carers Centre. All carers, wherever they choose to have their assessment from, are signposted to CSW to ensure they are registered with the service and are able to access a range of free services of which they may not otherwise be aware.

To ensure consistency of approach, there is a robust specification for delegating carer assessments. Further, CSW are trained alongside adult care and mental health social work staff and both undertake shadowing opportunities. Carer Topic leads from each service meet bimonthly to discuss practice and other issues around the assessment process. Wiltshire is currently reviewing its processes to ensure they are Care Act compliant and an interesting model that is being considered is to develop a triage approach so that through investment in preventative services everyone who requests a carers assessment can

access these services whereas only carers requiring long term / ongoing support will proceed to a full stage 2 assessment to access a funded social care service.
http://www.yourcareyoursupportwiltshire.org.uk/carer/carer-assessments.aspx

Liverpool City Council's current assessment process already embodies the spirit of the Care Act embracing prevention, reducing impact of the caring role on carers and improving carers' health and wellbeing. It will be reviewed to ensure it is Care Act compliant but it is likely only minimal changes will be required. What makes Liverpool's approach effective and efficient is that it places a strong emphasis on self-directed assessment.

Referrals can be made by any organisation or carers can self-refer. Once a referral has been made the case is allocated to a carers development worker (CDW) who sends out an information pack and guidance on completing the self-directed assessment. The CDW will complete the form with the carer if that is the carer's request. The self-directed assessment aims to place the carer at the centre of the assessment process. It is not a test to check ability to care and focuses on impact of the caring role as opposed to number of hours or duties undertaken. Once the self-directed assessment is received the CDW will visit the carer to arrange to develop their support plan which has been designed as a tool to assist with prompting conversation between the CDW and the carers about how the carer can best be supported. The Carers Self Directed Assessment form can be found here:
http://lscp.uk/wp-content/uploads/2014/10/Liverpool-Carers-Self-Assessment-form-V1.pdf
The guidance can be found here:
http://liverpool.gov.uk/media/46271/carers-self-directed-assessment-guidance-notes2012.pdf

There is a robust process surrounding the delegation of carer assessments and Liverpool City Council holds final approval and sign off. This ensures a consistent approach to meeting carers' needs through appropriate services. Local Authorities must ensure that their contracts are robust and that appropriate conditions are applied within the contract to ensure that statutory duties which are delegated are carried out in accordance with legal duties and quality consideration.
http://lscp.uk/wp-content/uploads/2014/10/Liverpool-service-spec-and-tender-documentation-Appendix-A-One-Service-Specification-Adult-Carers-Service.pdf

The quality of the carer assessment is monitored through the Carers' Support Planning Satisfaction Survey and evidence collected about the effectiveness of the carer assessment pathway suggests that for those carers who have personalised support in place, satisfaction is higher, health and wellbeing is improved and outcomes are met more effectively.

Reviews are carried out annually (unless there is a need for an urgent review either triggered by the cared for persons assessment, re-assessment or review) and are delegated in the same way the assessments are.

Liverpool has been monitoring the impact of assessments and an extract from data on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) which is being used with carers in Liverpool indicates some encouraging findings. On the whole Liverpool regards this as a positive result in terms of the approach it is taking in meeting carers' needs and supporting them to achieve their outcomes.

Liverpool has produced a series of documents which demonstrate how services for carers can be delivered effectively and efficiently including a carer's assessment form.
http://liverpool.gov.uk/health-and-social-care/carers/carers-assessment/

Doncaster Metropolitan Borough Council has continued to deliver their carers assessment function directly and have worked to ensure that their assessment processes are Care Act compliant. The assessment form is based on the principles of a **whole family approach** with the recognition of multiple caring arrangements and joint assessment. The assessment process embraces the content of the eligibility regulations by focusing on the impact of caring on wellbeing. The purpose is to ensure a consistent approach and identifies other professionals who may be able to contribute to the assessment. Carer identified needs and outcomes form a main part of the assessment form.
http://lscp.uk/wp-content/uploads/2014/10/Carers-assessment-Doncaster.pdf

Links to further examples

Royal London Borough of Greenwich developed a tool to determine the cost of assessments as part of considering their approach to delegating carers assessments.
http://lscp.uk/wp-content/uploads/2015/03/Assessment-and-Support-Planning-Cost-calculator.xls

Carers UK have published a useful guide to assessments in *Assessments and the Care Act*. The guide covers a range of areas including assessments, eligibility for support, whole family approach and young carers.
http://www.carersuk.org/files/section/4630/factsheet-e1029--assessments-and-the-care-act-after-april-2015.pdf

Skills for Care published a useful report which contains valuable information from carers about their experiences which can help local authorities consider workforce issues in relation to carers' assessments from the carers' perspective.
http://www.skillsforcare.org.uk/Document-library/Skills/Carers/Carersassessments.pdf

Skills for Care has very useful information on carers which is primarily for employers and staff to better support the carers they come into contact with as part of their work, by being aware of how to identify a carer and any needs they may have.
http://www.skillsforcare.org.uk/Skills/Carers/Carers.aspx

Social Care Institute for Excellence (SCIE) has developed a range of resources to support local authority staff, social workers and others involved in assessment and eligibility
http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/

Charging and financial assessment

Chapter 8
Charging and financial assessment
(see page 133 of the statutory guidance)

Charging for support to carers

8.49. Where a carer has eligible support needs of their own, the local authority has a duty, or in some cases a power, to arrange support to meet their needs. Where a local authority is meeting the needs of a carer by providing a service directly to a carer, for example a relaxation class or driving lessons, it has the power to charge the carer. However, a local authority must not charge a carer for care and support provided directly to the person they care for under any circumstances.

8.50. Local authorities are not required to charge a carer for support and indeed in many cases it would be a false economy to do so. When deciding whether to charge, and in determining what an appropriate charge is, a local authority should consider how it wishes to express the way it values carers within its local community as partners in care, and recognize the significant contribution carers make. Carers help to maintain the health and wellbeing of the person they care for, support this person's independence and enable them to stay in their own homes for longer. In many cases of course, carers voluntarily meet eligible needs that the local authority would otherwise be required to meet. Local authorities should consider carefully the likely impact of any charges on carers, particularly in terms of their willingness and ability to continue their caring responsibilities. It may be that there are circumstances where a nominal charge may be appropriate, for example to provide for a service which is subsidised but for which the carer may still pay a small charge, such as a gym class. Ultimately, a local authority should ensure that any charges do not negatively impact on a carer's ability to look after their own health and wellbeing and to care effectively and safely.

8.51. While charging carers may be appropriate in some circumstances, it is very unlikely to be efficient to systematically charge carers for meeting their eligible needs. This is because excessive charges are likely to lead to carers refusing support, which in turn will lead to carer breakdown and local authorities having to meet more eligible needs of people currently cared for voluntarily. As an example, work carried out by Surrey County Council found that if even 10% of people with care and support needs in families supported by carers presented to the council with eligible needs as a result of carer breakdown, the resulting cost would be three times the current total budget for carer support.

8.52. Local authorities may also wish to consider whether charging is proportionate when light touch carers assessments are undertaken for small scale help. There is a risk that financial assessments might become the most costly part of the process and something that is administratively burdensome.

8.53. Where a local authority takes the decision to charge a carer, it must do so in accordance with the non-residential charging rules. In doing so, it should usually carry out a financial assessment to ensure that any charges are affordable. However, it may be more likely, in the case of a carer, that the carer and the local authority will agree that a full financial assessment would be disproportionate as carers often face significantly lower charges.

8.54. In such cases, a local authority may choose to treat a carer as if a financial assessment has been carried out. When deciding whether or not to undertake a light-touch financial assessment, a local authority should consider both the level of the charge it proposes to make as well as the evidence the person is able to provide that they will be able to afford the charge. They must also inform the person when a light-touch assessment has taken place and make clear from the outset that the person has the right to request a full financial assessment should they so wish.

The statutory guidance includes further information about:

- Common issues for charging;
- Charging for care and support in a care home;
- Choice of accommodation when arranging care in a residential setting;
- Making additional payments for preferred accommodation;
- Charging for home care and support in a person's own home;
- Charging for support to carers;
- Requesting local authority support to meet eligible needs;

This chapter must be read in conjunction with Annexes A to F, which provides further technical and detailed information.

Efficient and effective interventions to fulfill these duties

Across the country, there are some examples of how local authorities have approached charging and financial assessment. Key themes include:

- The **economic case for investing** in carers should be underpinned by effective modelling in order to assist authorities in determining their approach to charging;
- Recognise and value the **important role** that carers play in supporting the sustainability of the current care system

Local authorities can and most do, charge for care provided to individuals. However, most authorities do not charge for providing support to carers as they regard this as counterproductive in supporting carers. However, if a local authority does decide to charge a carer then it must carry out a financial assessment to decide whether the carer can afford to pay. In cases where the support to the carer involves providing care to the person being cared for, the law says that the carer cannot be charged.

From the available evidence, it seems that only a minority of authorities are considering charging carers. Where authorities are considering charging, consideration does need to be given to the direct costs of undertaking financial assessments and managing processes associated with income and debt recovery.

However, for those areas that are considering the economic case for investing in carer's services, a short factsheet has been developed for local authorities to use in considering whether to put in place a policy of charging carers. It makes the case that charging would be a false economy because it would lead to increased "carer breakdown" and the costs of replacing the care provided by those carers would outweigh the income from charging.

Surrey County Council Adult Social Care provides support to just over 25,000 people on any given day. It also funds services to over 13,000 carers a year, funded via a Joint Carers Commissioning Group at a cost of just over £5 million per year. In around 10,000 of these cases, neither the adult service user or carer receive any direct support from Adult Social Care. A cost modelling exercise has been undertaken to look at the impact of ceasing carers' support and the financial consequence. The model estimates that, if these carers' services were withdrawn, 10,000 of these carers would be left unsupported, and up to 40% could break down within a few months. Not all cared for people would necessarily seek help from the Council and not everyone eligible for help would take up services. However, if just 10% were eligible and took up publicly funded services, the model suggests a whole-year cost of over £14.7 million a year for replacing the care provided.

London Borough of Newham adopted an approach to determine the actual cost of care provided by carers to understand the economic contribution of carers to the social care system. Newham identified the cost of the annual carers allocation to support the continuation of unpaid care (including respite) and demonstrated that from the sample of 35, there was a £110,344 reduction in cost because of the need being met by the carer. This shows that, for every £1.00 invested in carers, there is a potential equivalent reduction in local authority cost of £5.90 (£4.90 net reduction), therefore illustrating the importance of carers and their role in supporting social care.
http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7115304/ARTICLE

Person-centred care and support planning

Chapter 10
Care and support planning
(see page 169 of the statutory guidance)

10.1. Care and support should put people in control of their care, with the support that they need to enhance their wellbeing and improve their connections to family, friends and community. A vital part of this process for people with ongoing needs which the local authority is going to meet is the care and support plan or support plan in the case of carers (henceforth referred to as 'the plan').

10.2. The person must be genuinely involved and influential throughout the planning process, and should be given every opportunity to take joint ownership of the development of the plan with the local authority if they wish, and the local authority agrees. There should be a default assumption that the person, with support if necessary, will play a strong pro-active role in planning if they choose to. Indeed, it should be made clear that the plan 'belongs' to the person it is intended for, with the local authority role to ensure the production and sign-off of the plan to ensure that it is appropriate to meet the identified needs.

10.3. The personal budget in the plan will give everyone clear information regarding the costs of their care and support and the amount that the local authority will make available, in order to help people to make better informed decisions as to how needs will be met. The ability to meet needs by taking a direct payment must be clearly explained to the person in a way that works best for them, so that they can make an informed decision about the level of choice and control they wish to take over their care and support. This should mean offering the choice more than once in the process and enabling that choice by providing examples of how others have used direct payments, including via direct peer support, for example from user-led organisations.

The statutory guidance provides further detail about:

- When to undertake care and support planning;
- What it means to "meet needs", and considerations in deciding how to meet needs;
- How to undertake care and support planning, and support planning;
- Production of the plan;
- Involving the person;
- Authorising others (including the person) to prepare the plan;
- Care planning for people who lack capacity;
- Minimising and authorising a deprivation of liberty (DOL) for people who lack capacity;
- Combining plans;
- Sign-off and assurance;
- Protecting property of adults being cared for away from home.

Efficient and effective interventions to fulfill these duties

A number of authorities have developed their approaches to care and support planning. The key themes emerging from the examples include:

- The importance of linking the **outcomes** identified within the assessment process with the support plan development
- Encouraging carers to be at the **centre of the support planning** process, identifying how they want their outcomes to be met
- When meeting the needs of multiple people in the same family, there is benefit in producing a **combined support plan** with a joint person budget here
- Where a range of needs exist and opportunities arise, maximise **joint care planning** with health

Examples

Doncaster Metropolitan Borough Council have developed a Care Act compliant support plan for carers to use alongside their carers assessment form. The support plan is designed to be developed with the carer, linking to each outcome and how these outcomes will be met. The plan links back to the core eligibility determination and how each of the outcomes will be met. Practitioners are prompted to explore how outcomes will be met and to link to the resource allocation to ensure the appropriate level of financial support to meet the identified outcomes. There is an expectation that a carers direct payment will be considered as part of the process, supporting the administration of an efficient approach to

managing the personal budget. The support plan also considers the approach to be taken for managing the unexpected and the development of a contingency plan is also included within the process. The support plan has been built into the core information system to enable the effective monitoring of carer outcomes upon review.
http://lscp.uk/wp-content/uploads/2014/10/Carers-Personal-Support-Plan.pdf

Whole family approaches to care and support planning

Adopting a whole-family approach to developing a plan can provide new opportunities to achieve best outcomes for the whole family. Where there are multiple family members requiring care and support and multiple support plans the plans should not be developed in isolation. Where it is not possible to combine plans they should at very least be coordinated.

Examples of where combined plans can be useful are:

- Carers (including young carers) and person with support need;
- Mutual caring where both people involved have needs and also caring responsibilities;
- People in receipt of local authority and NHS health care;
- Where budgets are pooled.

http://www.local.gov.uk/documents/10180/5756320/The+Care+Act+and+whole+family+approaches/080c323f-e653-4cea-832a-90947c9dc00c

Many authorities have adopted good practice in this area demonstrating different approaches to working in a whole systems way. Given the requirements of the Care Act around early intervention and prevention, it is essential all local authorities look at their current practice and seek to develop approaches which are pro-active and cross the care and health system. Further, they must consider how those universal services which families and their individual members' access in different ways.

Liverpool City Council commission an external organisation to undertake the development of their care and support plans. The plan is designed to be completed by the carer and carers development worker and is designed to ensure it meets the requirements of the local authority in terms of reporting, quality and outcomes. The plan is designed to ensure the appropriate outcomes are considered and identifying how these will be met. A health and wellbeing scale is included alongside a focus on how broader carer outcomes will be met and supported. The plan links directly to the allocation of resources to meet the identified needs and outcomes and approval processes.
http://lscp.uk/wp-content/uploads/2014/10/Liverpool-Carers-Support-Plan.pdf

Case Study 1

Paul is a 21 year old university student and the main carer for his father Greg. Paul was finding it difficult to maintain his relationships and own support networks provided by his friends. He was finding it more difficult as he wanted to spend time with his friends to maintain his social life and get a break to recharge his batteries so that he could maintain his studies and caring role. Paul wanted to go on holiday with his friends and requested support for his father when he goes away.

He was providing substantial assistance, especially in the evening and over the weekend and was providing 15 hours support to his father each week.

Paul wished to continue in his caring role as long as he was also supported to have a break when he needed one. Following the outcome of both assessments, Greg's package of support and support plan were amended to ensure that replacement care was provided.

Paul was given a personal budget to reflect his needs as a carer and the outcomes he wanted to achieve. Paul used his personal budget to go on holiday with his friends.

This break enabled Paul to maintain his social support and relationships with his friends, felt the break had significantly improved his wellbeing allowing him to maintain his studies and continue his caring role for his father.

Case Study 2

Harry is the carer for his wife Margaret who has dementia and significant care and support needs. Whilst Margaret has daily support from commissioned carers three times a day, Harry provides substantial care and support the remainder of the time. Harry has very little time to himself outside of his caring role and was starting to feel stressed by the situation and wanted to have some time to himself.

Historically Harry used to enjoy playing the organ and found it to be a good means of relieving stress. Ideally he would like to take this hobby up again but Margaret does not like any noise in the house and becomes distressed.

Following a carers assessment, Harry was awarded a personal budget and supported with developing his support plan.

Harry chose to meet his identified outcomes through the purchase of an organ and a pair of headphones so that he could enjoy his hobby without creating any noise in the family home. Harry found this to be a good way of unwinding, and over time improved his wellbeing and reduced his stress levels improving his ability to maintain his caring role.

Case Study 3[2]

Barbara is 69 and looking after her mother Eleanor who is 93 and has dementia.

Eleanor lives with Barbara and can still manage most of her personal care with a bit of help, but cannot be left alone at home as her memory problems are now quite significant and she also struggles with mobility and has fallen a number of times.

However, Eleanor had in the past been adamant that she only wanted Barbara looking after her, meaning Barbara could not take a break. Barbara was exhausted and at breaking point.

After an assessment of both of their needs, it was clear that a solution needed to be found as the situation was unsustainable.

Barbara worked with a local carer support organisation to agree that a care support worker, Linda, would come to visit them in their home over a number of weeks, to help whilst they were both there, explaining that she was there to help Barbara. Linda had been carefully chosen as a good match for this role based on Eleanor's interests – Eleanor and Linda shared an interest in piano playing which helped with them giving something to talk about together.

Over a number of weeks, Eleanor got to know Linda, all three spent time and went out on short trips together, and when Barbara felt happy with it, and with Eleanor's agreement that she would be back soon, Barbara tried nipping out to the shops for half an hour whilst Linda stayed with Eleanor. Over time, Eleanor's trust was built and Barbara could leave her mother with Linda for up to three hours at a time.

[2] This example case study is also included within The Care Act and Whole-Family Approaches document which can be found at http://www.local.gov.uk/documents/10180/5756320/The+Care+Act+and+whole+family+approaches/080c323f-e653-4cea-832a-90947c9dc00c

Links to further examples

Delivering Care & Support Planning has been developed by Think Local Act Personal (TLAP) with people who use services, families and carers to show what good care and support planning looks like in practice.

It is backed up with examples from councils across England that are leading the way in this area. The guide describes what people want in a care and support planning process and the elements that need to be in place to make this happen. There are also a set of recommendations for councils so that they can be both Care Act compliant and person-centred in their approach.
http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10464

Liverpool City Council has adopted a robust approach to monitoring the impact of their delegated assessment to monitor how well it is working from a carer perspective.
http://lscp.uk/wp-content/uploads/2014/10/Liverpool-Carers-Process-Survey-Results-2013-14-Exec-Summary-.pdf

Chapter 11
Personal Budgets
(see page 187 of the statutory guidance)

Use of a carer's personal budget

11.36. Specific consideration should be given to how a personal budget will be used by carers. The Act specifies that a carer's need for support can be met by providing care to the person they care for. However, decisions on for whom a particular service is to be provided may affect issues such as whether the service is chargeable, and who is liable to pay any charges. It is therefore important that it is clear to all individuals involved whose needs are intended to be met by a particular type of support, to whom the support will be provided directly, and therefore who may pay any charges due. Where a service is provided directly to the adult needing care, even though it is to meet the carer's needs, then that adult would be liable to pay any charge, and must agree to do so. Section 14 of the Act makes clear that where the needs are met by providing care and support direct to the adult needing care, the charge may not be imposed on the carer.

11.37. Decisions on which services are provided to meet carers' needs, and which are provided to meet the needs of the adult for whom they care, will therefore impact on which individual's personal budget includes the costs of meeting those needs. Local authorities should make this decision as part of the care planning process, in discussion with the individuals concerned, and should consider whether joint plans (and therefore joint personal budgets) for the two individuals may be of benefit.

11.38. Local authorities should consider how to align personal budgets where they are meeting the needs of both the carer and the adult needing care concurrently. Where an adult has eligible needs for care and support, and has a personal budget and care and support plan in their own right, and the carer's needs can be met, in part or in full, by the provision of care and support to that person needing care, then this kind of provision should be incorporated into the plan and personal budget of the person with care needs, as well as being detailed in a care and support plan for the carer.

11.39. "Replacement care" may be needed to enable a carer to look after their own health and wellbeing alongside caring responsibilities, and to take a break from caring. For example, this may enable them to attend their own health appointments, or go shopping and pursue other recreational activities. It might be that regular replacement care overnight is needed so that the carer can catch up on their own sleep. In other circumstances, longer periods of replacement care may be needed, for example to enable carers to have a longer break from caring responsibilities or to balance caring with education or paid employment. In these circumstances, where the form of the replacement care is essentially a homecare service provided to the adult needing care that enables the carer to take a break, it should be considered a service provided to the cared-for person, and thus must be charged to them, not the carer.

11.40. The carer's personal budget must be an amount that enables the carer to meet their needs to continue to fulfill their caring role, and takes into account the outcomes that the carer wishes to achieve in their day to day life. This includes their wishes and/or aspirations concerning paid employment, education, training or recreation if the provision of support can contribute to the achievement of those outcomes. The manner in which the personal budget will be used to meet the carer's needs should be agreed as part of the planning process.

11.41. Local authorities must have regard to the wellbeing principle of the Act as it may be the case that the carer needs a break from caring responsibilities to look after their own physical/mental health and emotional wellbeing, social and economic wellbeing and to spend time with other members of the family and personal relationships. Whether or not there is a need for replacement care, carers may need support to help them to look after their own wellbeing. This may be, for example, a course of relaxation classes, training on stress management, gym or leisure centre membership, adult learning, 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 purchase of laptop so they can stay in touch with family and friends. Carers' personal budgets where the adult being cared for does not have eligible needs.

11.42. The Act makes clear that the local authority is able to meet the carer's needs by providing a service directly to the adult needing care. However, there may be instances where the adult being cared for does not have eligible needs, so does not have their own personal budget or care plan. In these cases, the carer must still receive a support plan which covers their needs, and how they will be met. This would specify how the carer's needs are going to be met (for example, via replacement care to the adult needing care), and the personal budget would be for the costs of meeting the carer's needs.

11.43. The adult needing care would not receive a personal budget or care plan, because no matter what the service is in practice, it is designed to meet the carer's needs. However, it is essential that the person requiring care is involved in the decision-making process and agrees with the intended course of action.

11.44. In situations such as these, the carer could request a direct payment, and use that to commission their own replacement care from an agency, rather than using an arranged service from the local authority or a third party. The local authority should take steps to ensure that the wishes of the adult requiring care are taken into account during these decisions. For example, the adult requiring care may not want to receive replacement care in this manner.

11.45. If such a type of replacement care is charged for (and it may not be), then it would be the adult needing care that would pay, not the carer, because they are the direct recipient of the service. This is in part why it is so important that the adult needing care agrees to receive that type of care. The decisions taken by the carer and adult requiring

care and charging implications should be agreed and recorded in the support plan. If a dispute arises and the person refused to pay the charge, the local authority must, as far as it is feasible, identify some other way of supporting the carer.

11.46. For the purposes of charging, the personal budget which the carer receives must specify the costs to the local authority and the costs to the adult, based on the charging guidance (see chapter 8). In this case, "the adult" refers to the carer, because they are the adult whose needs are being met. However, in instances where replacement care is being provided, the carer should not be charged; if charges are due to be paid then these have to be met by the adult needing care. Any such charges would not be recorded in the personal budget, but should be set out clearly and agreed by those concerned.

The statutory guidance provides further detail about:

- The personal budget;
- Elements of the personal budget;
- Elements of care and support that are excluded from the personal budget;
- Calculating the personal budget;
- Agreeing the final budget;
- Use of the personal budget;
- Use of a carer's personal budget;
- Carers' personal budgets where the adult being cared for does not have eligible needs;
- Appeals/disputes

Efficient and effective interventions to fulfill these duties

A number of authorities have developed their approaches to personal budgets and how they may need to be amended to meet the duties within the Care Act. The key themes emerging include:

- Effective use and administration of personal budgets can improve choice and flexibility and impact positively on individual outcomes;
- A clear and transparent process for establishing the personal budget should be in place to ensure that both practitioners and individuals are clear about how the budget is calculated
- Budgets must meet the sufficiency principle and be administered in a timely way
- Maximise opportunities for integrating personal health and care budgets for individuals, to ensure minimal monitoring arrangements and duplication

Examples

Newham have developed a system for allocating resources to directly link back to the eligibility determination within the Care Act, individual outcomes and wellbeing. The tool is designed to ensure a consistent and transparent process for determining the indicative allocation within the personal budget, which is further moderated during the support planning process.
http://lscp.uk/wp-content/uploads/2014/10/Newham-Draft-RAS.xls

Doncaster Metropolitan Borough Council has developed a resource allocation methodology which considers the severity of risk within its determination. They have created a matrix which includes funding bands, considers the number of needs and outcome domains met, whilst having reference to the level of risk to wellbeing. This matrix is used alongside the resource allocation form below.
http://lscp.uk/wp-content/uploads/2014/10/Doncaster-Carers-RAS.pdf

Links to further examples

The TLAP Personal Budgets Minimum Process Framework is an interactive tool. It is designed to help improvement officers and managers working in Councils, and their partner organisations, deliver Care Act compliant lean social care systems and processes which relate to personal budgets. It also addresses other common issues related to delivering the best outcomes for personal budget holders.
http://www.thinklocalactpersonal.org.uk/Personal-Budgets-Minimum-Process-Framework/

Chapter 12
Direct Payments
(see page 203 of the statutory guidance)

Direct payments are monetary payments made to individuals who request to receive one to meet some or all of their eligible care and support needs. The legislative context for direct payments is set out in the Care Act, Section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014.

Direct payments have been in use in adult care and support since the mid- 1990s and they remain the Government's preferred mechanism for personalised care and support. They provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.

Direct payments, along with personal budgets and personalised care planning, mandated for the first time in the Care Act, provide the platform with which to deliver a modern care and support system. People should be encouraged to take ownership of their care planning, and be free to choose how their needs are met, whether through local authority or third-party provision, by direct payments, or a combination of the three approaches.

For direct payments to have the maximum impact, the processes involved in administering and monitoring the payment should incorporate the minimal elements to allow the local authority to fulfill its statutory responsibilities. These processes must not restrict choice or stifle innovation by requiring that the adult's needs are met by a particular provider, and must not place undue burdens on people to provide information to the local authority. An effective monitoring process should also go beyond financial monitoring, and include aspects such as identifying wider risks and issues, for example non- payment of tax, and provision of employers' liability insurance where this is appropriate.

The local authority also has a key role in ensuring that people are given relevant and timely information about direct payments, so that they can make a decision whether to request a payment, and, if doing so, are supported to use and manage the payment appropriately. The route to a direct payment is for a person to request one, but the local authority should support the person's right to make this request by providing information and advice as detailed above. People must not be forced to take a direct payment against their will, but instead be informed of the choices available to them.

The statutory guidance provides further detail about:

- Making direct payments available;
- Considerations for adults with and without capacity;
- Administering, monitoring and reviewing direct payments;
- Using the direct payment;
- Paying family members;
- Short-term and long-term care in a care home;
- Becoming an employer;
- Direct payments and hospital stays;
- Direct payments for local authority services;
- Direct payments in the form of pre-payment cards;
- Harmonisation of direct payments;
- Terminating direct payments.

Efficient and effective interventions to fulfill these duties

A number of local authorities have developed good practice and efficient processes for administering direct payments. Key themes in good practice approaches to direct payments include:

- Processes for administering direct payments should be simple and proportionate whilst also ensuring that **risks are enabled** and managed;
- Direct Payments provide an appropriate mechanism for delivering flexible **personalised care** and support;
- Information on direct payments and their benefits should be available and **promoted**.

Prepaid cards offer a resolution to problems generally associated with direct payments including:

- Transferring funds;
- Monitoring and auditing funds against agreed support plans;
- Reclaiming unspent funds and managing fraud.

Prepaid cards enable good care and effective monitoring to be carefully balanced. Funds can be uploaded to the card and then spent in a similar way to a debit card. This includes the setup of Direct Debits, standing orders, online payments and cash withdrawals. The cards cannot become overdrawn as there is no credit element associated with the cards.

In most cases carers can have a companion card which can allow access to a defined pot of funding as part of the cared for person's personal budget. They can also have a card in their own right for Carers' assessed services.

Service users can monitor and manage their funds through an online portal or via a telephone banking facility. Service users no longer have to submit bank statements and the high volume of paperwork traditionally associated with receiving a Direct Payment.

Funds can be uploaded to the cards in an instant, 24/7, to deal with emergencies and accounts can be suspended if a problem is identified.

Other benefits include:

- Service users no longer need to open a separate bank account;
- Prepaid card available to both service users and carers;
- Emergency payments can be made instantly;
- Monitoring Officers work is less bureaucratic and can be targeted;
- Focus on service user outcomes and not on completing financial monitoring forms;
- Any discrepancies not in accordance with the care plan is addressed in a timely fashion;
- Safeguarding of individuals including earlier identification of potential financial abuse;
- Claw back of fund becomes much easier as both the cards and any unspent funds remain the property of the Local Authority;
- Missing service user contributions are automatically notified.

Examples

The National Prepaid Card Steering group produced a guide to the use of Prepaid Cards in Local Government which includes case studies from Camden, Brent & Derbyshire County Council.
http://www.mastercard.com/uk/business/en/prepaid/commercial/downloads/guide/A-Guide-to-the-Use-of-Prepaid-Cards-in-Local-Government-Supported-by-MasterCard.pdf

Links to further examples

Carers Trust has developed useful information on direct payments.
http://www.carershub.org/content/advice-and-support-personal-budgets-and-employing-care-staff

Also, Carers Trust has prepared a video for carers which would be useful for staff and carers to help them understand what Direct Payments are and how they can make them work for them.
http://www.youtube.com/watch?v=qdKN8HmuYag

Status – check to see if the person engaged is employee or self-employed.
http://www.hmrc.gov.uk/payerti/employee-starting/status.htm

Does the direct payment recipient need to register as an employer?
http://www.hmrc.gov.uk/payerti/getting-started/register.htm

Becoming a new employer
http://www.hmrc.gov.uk/payerti/getting-started/new-employer.htm

Information on taking on a new employee
http://www.hmrc.gov.uk/payerti/employee-starting/new-employee.htm

Chapter 13
Review of care and support plans
(see page 223 of the statutory guidance)

Ensuring all people with a care and support plan, or support plan have the opportunity to reflect on what is working, what is not working and what might need to change is a an important part of the planning process. It ensures that plans are kept up to date and relevant to the person's needs and aspirations, will provide confidence in the system, and mitigate the risk of people entering a crisis situation.

The review process should be person-centred and outcomes focused, as well as accessible and proportionate to the needs to be met. The process must involve the person needing care and also the carer where feasible, and consideration must be given whether to involve an independent advocate who local authorities are required to supply in the circumstances specified in the Act.

Reviewing intended outcomes detailed in the plan is the means by which the local authority complies with its ongoing responsibility towards people with care and support needs. The duty on the local authority therefore is to ensure that a review occurs, and if needed, a revision follows this. Consideration should also be given to authorising others to conduct a review – this could include the person themselves or carer, a third party (such as a provider) or another professional, with the local authority adopting an assurance and sign-off approach.

The review will help to identify if the person's needs have changed and can in such circumstances lead to a reassessment. It should also identify other circumstances which may have changed, and follow safeguarding principles in ensuring that the person is not at risk of abuse or neglect. The review must not be used as a mechanism to arbitrarily reduce the level of a person's personal budget.

The statutory guidance provides further detail about:

- Review of the care and support plan, support plan;
- Keeping plans under review generally;
- Planned and unplanned review;
- Considering a request for a review of a care plan, support plan;
- Considering a review;
- Revision of the care and support plan, support plan;
- Timeliness and regularity of reviews.

Efficient and effective interventions to fulfill these duties

A number of authorities already have established approaches to review of care and support plans. The key themes emerging from good practice include:

- Processes for reviewing care and support plans should be proportionate and take into consideration risk and fluctuating needs;
- Consideration should be given to the method of review and making a range of review options available;
- Review processes should be person-centred and outcome focused;
- The review and revision of the care and support plan should be intrinsically linked especially where it relates to a change in circumstances or presenting need;
- At the assessment and support planning stages, consideration should be given to timing of the first review and subsequent reviews.

Links to further examples

London Borough of Newham has practice guidance for staff on key issues to consider when facilitating risk enablement. Three case study examples are included within the practice guide.
http://lscp.uk/wp-content/uploads/2014/10/FactSheet-7-LBN-Risk-Management-and-Risk-Enablement.pdf

London Borough of Newham has practice guidance for staff on telephone review criteria based on associated risk to the individual.
http://lscp.uk/wp-content/uploads/2014/10/FactSheet-11-Telephone-Review-Criteria.pdf

Adult safeguarding

Chapter 14
Safeguarding
(see page 231 of the statutory guidance)

Carers and safeguarding

14.35. Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

14.36. Assessment of both the carer and the adult they care for must include consideration of both their wellbeing. Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing. As such, a needs or carer's assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring, for example, by providing training to the carer about the condition that the adult they care for has or to support them to care more safely. Where that is necessary the local authority should make arrangements for providing it.

14.37. If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken and other agencies are involved as appropriate.

14.38. If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to:

- whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse. For example, the provision of training or information or other support that minimises the stress experienced by the carer. In some circumstances the carer may need to have independent representation or advocacy; in others, a carer may benefit from having such support if they are under great stress or similar; and
- whether other agencies should be involved; in some circumstances where a criminal offence is suspected this will include alerting the police, or in others the primary healthcare services may need to be involved in monitoring.

14.39. Other key considerations in relation to carers should include:

- involving carers in safeguarding enquiries relating to the adult they care for, as appropriate;
- whether or not joint assessment is appropriate in each individual circumstance;
- the risk factors that may increase the likelihood of abuse or neglect occurring; and
- whether a change in circumstance changes the risk of abuse or neglect occurring.

A change in circumstance should also trigger the review of the care and support plan and, or, support plan.

The statutory guidance provides further detail about:

Adult safeguarding – what it is and why it matters;

- Abuse and neglect:
- Understanding what they are and spotting the signs;
- Reporting and responding to abuse and neglect;
- Carers and adult safeguarding;
- Adult safeguarding procedures;
- Local authority's role and multi-agency working;
- Criminal offences and adult safeguarding;
- Safeguarding enquiries;
- Safeguarding Adults Boards;
- Safeguarding Adults Reviews;
- Information sharing, confidentiality and record keeping;
- Roles, responsibilities and training in local authorities, the NHS and other agencies.

Case Study 4

Mrs Alan is a 73 year old woman who was diagnosed with Dementia in 2013. Mr Alan, her son, who is 50, was divorced last year and as a result moved into his mother's home. He works from home as an IT Consultant and is the main carer for his mother.

Mrs Alan is able to move around the home fairly independently: using a walking stick. She manages her own personal care requirements by using the equipment provided by the community Occupational Therapist (Bath board). Mr Alan confirmed that he supported his mother with the shopping, cleaning, laundry and meal preparation. He had become overwhelmed with the situation and stated that it is difficult to witness his mother's memory loss, repetitive questions and anxiety.

Mr Alan confirmed that his mother had recently wandered out of the house at midnight. He contacted the GP and Mrs A was being reviewed by a psycho-geriatrician. He felt under a "great deal of strain" with the caring role and was reaching out for advice and support. He indicated that there had always been 'tension' between him and his mother.

Mr Alan stated that when his mother had wandered he took her inside the home and was "so angry" that he "yelled at her and punched a hole in the wall." He asserted that he would "never hit" his mother. He expressed feelings of frustration and reported the situation was "suffocating… he was exhausted… and was frequently yelling at his mother."

Client and carer's desired outcomes:

Mrs Alan: "I keep forgetting things…. My son gets upset… I want my son to be happy. I don't want to go into a home."

Mr Alan: "I want to look after my mother, yet I need help to do this. I want to feel I am in control of my emotions, and able to manage without getting angry all of the time."

Issues identified	Intervention	Outcome
Mental and emotional wellbeing: Risk Assessment conducted.	- 1:2:1: Assessment and support for Mrs A: Referred to the Alzheimer's Society and is now attending weekly groups. - Mr A was referred to counselling. - Mr A explored and adopted relaxation techniques. - Mr A has accessed self-help websites. - Mr A was provided with a Carer's Assessment and respite options. - 1:2:1 meeting outside of the family home for emotional	- Mrs A reported she enjoyed getting out of the house and meeting people. - Emotional support provided to Mrs A. This is ongoing and the situation will be monitored. - Mr A has attended his first counselling session. He stated he had initially struggled with the concept. - 1:2:1 session provided to Mr A: provision of information and support is ongoing to both Mr and

	support – whilst Mrs A was at the Alzheimer's Society.	Mrs A. - A family conference was held with the GP and Social Worker.
Social interaction: Mrs A	- Alzheimer's Society: attending a community group, luncheon group and an art class.	- Mrs A has attended the weekly groups and enjoyed her time away from home socialising. This also provided space for her son to have time for himself. Attending the groups has reduced the levels of tension in the home.
Physical health needs	- The GP is reviewing Mrs A and her medication has been changed. - Mr A has sensors fitted in the home so that he will be alerted should his mother wander / be away from her bed for too long.	- A follow-up appointment had been made and Mrs A's situation is being monitored closely. - Mr A believes the situation is less worrying, and he is exploring other forms of Assistive Technology to support his mother and himself.
Carer's Support	- Assessment and information provided: - Local Carer's Group. - Details of the Fix yourself a break scheme - Carer's line, Samaritans.	- Mr A arranged a sitting service for his mother. He reported he was able to go to the football for the first time in a year; which was "great." - Mr A has joined an online carer's group.
Financial	- A referral to the local benefits advice service.	- Mrs A is now in receipt of Attendance Allowance and her benefits were maximised.
Hair, beauty and dental requirements.	- Local College: Hair and Beauty school. - List of dentists – appointment for a check- up and new dentures.	- Mr A took his mother to the local college where students cut her hair and she had a manicure. Mrs A said she "thoroughly enjoyed" the experience and wants "a massage next time." - Mrs A had new dentures fitted.
Safeguarding Adults	- The approach to safeguarding Mrs A was to involve both parties in a conversation (family conference) about the situation and to ensure the family had access to support, information and resources.	- Mr A and his mother are able to contact the social worker and seek ongoing support, as they require it. - Mrs A said her son is "happier." - Mr A stated he feels "calmer" and enjoys going to the football.

6 week: Follow–up review comments:

Mrs Alan: "Very nice, you're good and you listened to me….. Thank you….I am glad I did not have to move into a home."

Mr Alan: "I know so much more than I did before; about myself and my mother…It's nice to have a back-up, and information. It is good we both have regular breaks and time apart."

Links to further examples

The Association of Directors of Adult Social Services (ADASS) review paper on carers and safeguarding explores issues around improving practice and securing desired outcomes for:

- Carers speaking up about abuse or neglect within the community or within different care settings;
- Carers who may experience intentional or unintentional harm from the person they are trying to support or from professionals and organisations they are in contact with;
- Carers who may unintentionally or intentionally harm or neglect the person they support.

Included are seven key messages arising from the review:
http://static.carers.org/files/carers-and-safeguarding-document-june-2011-5730.pdf

Integration and partnership working

Chapter 15
Integration and partnership working
(see page 283 of the statutory guidance)

For people to receive high quality health and care and support, local organisations need to work in a more joined-up way, to eliminate the disjointed care that is a source of frustration to people and staff, and which often results in poor care, with a negative impact on health and wellbeing. The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families.

Sections 3, 6 and 7 of the Act require that:

- local authorities must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services;
- local authorities and their relevant partners must cooperate generally in performing their functions related to care and support; and, supplementary to this,
- in specific individual cases, local authorities and their partners must cooperate in performing their respective functions relating to care and support and carers wherever they can.

The statutory guidance provides further detail about:

Integrating care and support with other local services;

- Strategic planning;
- Integrating service provision and combining and aligning processes;
- Cooperation of partner organisations;

General duty to cooperate;

- Who must cooperate;
- Cooperation within local authorities;
- Cooperating in specific cases;

Working with the NHS;

- The boundary between the NHS and care and support;
- Delayed transfers of care from hospitals;

Working with housing authorities and providers;

Working with welfare and employment support.

Efficient and effective interventions to fulfill these duties

As local authorities work together with their health colleagues to implement their Better Care Fund plans, a number of themes are emerging including:

- Opportunities to undertake **joint or aligned assessments and care planning** processes should be maximised
- **Information governance protocols** should facilitate the sharing of identified and agreed key health and care data to facilitate person centred care

Examples

It is important to note that the Care Act is accompanied by strong national messages from NHS England around the importance of supporting carers. In the NHS Five Year Forward View, the role of carers is noted:

"The five and a half million carers in England make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself. We will find new ways to support carers, building on the new rights created by the Care Act…." (p13).
http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

This is further to the NHS Commitment to Carers published in April 2014, which set out 37 specific commitments from the NHS to improve support to carers.
http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf

The Department of Health's mandate to NHS England includes ensuring that the NHS becomes dramatically better at involving carers as well as patients in care. Under the Care Act, local authorities have responsibilities to promote integration with health services in order to "improve the wellbeing of adults with care and support needs and carers; prevent or delay needs for support; and improve the quality of care and support". It is well-recognised that working in an integrated way is ensuring that services are effective and efficient as gaps are being closed and duplication of effort reduced as well as better use of existing resources. This approach is built upon understanding carers and their needs and what they are saying to frontline workers such as social workers and GPs.

There are an increasing number of GPs offering greater support for carers. One such scheme in Torbay has been evaluated (*Manchester PSSRU, 2002, Carers Support Workers in GP Surgeries*) and demonstrates significant effectiveness of the intervention. The evaluation was conducted in nine practices with Carers Support Workers and these workers were providing a range of services including information, advocacy and counselling and referrals to other groups and services.
http://lscp.uk/wp-content/uploads/2014/10/Carers-Support-Workers-in-GP-Surgeries-Torbay.pdf

The General Health Questionnaire was administered twice on average nine months apart to discern the impact that continued use of the Carers Support Workers had upon carer wellbeing. There was a highly significant reduction in distress (almost halved) among the carers and the proportion of carers experiencing problems with concentration and sleeplessness reduced substantially.

In Bradford, the council has commissioned an Integrated Carers Service on behalf of the council and the three CCGs operating in the patch. The joint health and social care needs analysis identified some gaps, inconsistencies and duplication in terms of support for carers and recommended bringing together some of the different services that previously supported carers in order to build on local and national best practice and to ensure that there is a consistent response to carers needs wherever they may live in the district. A business case was presented to each of the three CCG clinical boards and to the Council Scrutiny Committee.

Funding contributions were agreed by the funding partners (CBMDC and the three CCG's) as well as North Yorkshire County Council (Craven is an area outside the Bradford LA boundary but within one of the CCG boundaries – that CCG were keen that all carers in their area had the same access to carer support).

The nature of the service is to promote, support and improve the mental, physical, emotional and economic wellbeing of carers so they can continue in their caring role, look after their own health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction. It is based on a hub and spoke model and utilises local facilities including primary care practices.
http://lscp.uk/wp-content/uploads/2014/10/Carers-Resource-Integrated-Carers-Service-Bradford.pdf

Better Care Fund (BCF)

There are a number of good practice examples of interventions for carers being developed as part of the Better Care Fund Plans. These focus on supporting people so that they can continue in their role as carers and avoid hospital admissions. These include:

- Information, Advice and Advocacy;
- Assessment;
- Emotional and physical support;
- Training;
- Access to services to support wellbeing and improve independence.

Examples of BCF Plans

Nottingham Example	
Key Elements	Projected Impact
Programme aims to provide integrated and comprehensive carer services Universal advice and support services for end of life respite to be rolled out to all eligible carers Community Carers Hub acting as a one-stop-shop for accessing support services Community Carers Hub responsible for coordinating direct referrals to the pre-eligibility Respite Service	Evidence drawn from internal reports and academic reviews: • Nottingham Carers Reference Group • York University 2010 meta review of Carers services Outlined impact includes: • Effective support for carers looking after those with long-term conditions • Reduced residential and nursing care admissions

Greenwich Example	
Key Elements	Projected Impact
Aims to provide integrated support to carers Push to identify un-assessed carers using existing health care services Extends current support to include the provision of emotional and practical support Provides initial carer assessments and tailored carer support planning Introduction of Carers' Emergency Support Service to prevent unnecessary admissions to residential care	Evidence drawn from the National Strategy for Carers and LTC NICE clinical guidelines (Stroke etc.) Reduction in Length of Stay resulting from supported discharge: NEL admissions reduction resulting from end of life care support Prevention of carer breakdown - reducing need for residential care Prevention of carer breakdown - reduce unnecessary emergency admission to hospital

Lambeth Example	
Key Elements	Projected Impact
Aims to provide holistic support services to carers Carers' Hub provides access to independent advice, advocacy, information and assessment. Carers' Breaks Service enables service users and carers to access short breaks Respite for Carers program offers tailored packages based need	Evidence drawn from national guidelines: National Carers Strategy Carers' Strategy (England) 2008-2018

Links to further examples

There are many good practice examples of effective collaboration with health partners and other health professionals' involvement in identification and support for carers:

Carers Trust (Prtc) and RCGP Action Guide for GP practices
http://www.rcgp.org.uk/~/media/Files/CIRC/Carers/Carers-Action-Guide.ashx

Joint dental appointments
http://www.carershub.org/content/joint-dental-appointments-carers-and-cared

Award scheme for GP practices
http://www.carershub.org/content/award-scheme-gp-practices

Engaging GPs in Worcestershire
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304139/Transforming_primary_care.pdf

Flu vaccinations for carers campaign
http://professionals.carers.org/flu-vaccinations-carers-campaign-2014-2015

Triangle of care - involving mental health professionals in supporting carers
https://professionals.carers.org/working-mental-health-carers/triangle-care-mental-health

Carers friendly pharmacies project
https://professionals.carers.org/carer-friendly-pharmacy-project

Chapter 16
Transition to adult care and support
(see page 303 of the statutory guidance)

Carers and transition

16.20. Preparation for adulthood will involve not only assessing how the needs of young people change as they approach adulthood but also how carers', young carers' and other family members' needs might change. Local authorities must assess the needs of an adult carer where there is a likely need for support after the child turns 18 and it is of significant benefit to the carer to do so. For instance, some carers of disabled children are able to remain in employment with minimal support while the child has been in school. However, once the young person leaves education, it may be the case that the carer's needs for support increase, and additional support and planning is required from the local authority to allow the carer to stay in employment.

16.21. The SEN code of practice sets out the importance of full-time programmes for young people aged 16 and over. For instance, some sixth forms or colleges offer five-day placements which allow parents to remain in employment full time. However, for young people who do not have this opportunity, for example if their college offers only three- day placements, transition assessments should consider if there is other provision and support for the young person such as volunteering, community participation or training which not only allows the carer to remain in full time employment, but also fulfills the young person's wishes or equips them to live more independently as an adult (SEN Code of Practice chapter 8 on preparation for adulthood, and chapter 4 of this guidance on market shaping).

16.22. Local authorities must also assess the needs of young carers as they approach adulthood. For instance, many young carers feel that they cannot go to university or enter employment because of their caring responsibilities. Transition assessments and planning must consider how to support young carers to prepare for adulthood and how to raise and fulfill their aspirations.

16.23. Local authorities must consider the impact on other members of the family (or other people the authority may feel appropriate) of the person receiving care and support. This will require the authority to identify anyone who may be part of the person's wider network of care and support. For example, caring responsibilities could have an impact on siblings' school work, or their aspirations to go to university. Young carers' assessments should include an indication of how any care and support plan for the person(s) they care for would change as a result of the young carer's change in circumstances. For example, if a young carer has an opportunity to go to university away from home, the local authority should indicate how it would meet the eligible needs of any family members that were previously being met by the young carer.

The statutory guidance provides further detail about:

- Integrating care and support with other local services;
- Strategic planning;
- Integrating service provision and combining and aligning processes;
- Cooperation of partner organisations;
- General duty to cooperate;
- Who must cooperate;
- Cooperation within local authorities;
- Cooperating in specific cases;
- Working with the NHS;
- The boundary between the NHS and care and support;
- Delayed transfers of care from hospitals;
- Working with housing authorities and providers;
- Working with welfare and employment support.

Please note this section is not discussed in detail in this document because the Social Care Institute for Excellence (SCIE) have produced specific best practice guidance on transition for young carers and adult carers under the Care Act.
http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/

Chapter 18
Delegation of local authority functions
(see page 337 of the statutory guidance)

Part 1 of the Care Act sets out local authorities' functions and responsibilities for care and support. Sometimes external organisations might be better placed than the local authority itself to carry out some of its care and support functions. For instance, an outside organisation might specialise in carrying out assessments or care and support planning for certain disability groups, where the local authority does not have the in-house expertise.

External organisations might also be able to provide additional capacity to carry out care and support functions.

The Care Act allows local authorities to delegate some, but not all, of their care and support functions to other parties. This power to delegate is intended to allow flexibility for local approaches to be developed in delivering care and support, and to allow local authorities to work more efficiently and innovatively, and provide better quality care and support to local populations.

As with all care and support, individual wellbeing should be central to any decision to delegate a function. Local authorities should not delegate its functions simply to gain efficiency where this is to the detriment of the wellbeing of people using care and support. Local Authorities retain ultimate responsibility for how its functions are carried out.

Delegation does not absolve the local authority of its legal responsibilities. When a local authority delegates any of its functions, it retains ultimate responsibility for how the function is carried out. The Care Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions.

The statutory guidance provides further detail about:

- Overview of the policy;
- Local authorities retain ultimate responsibility for how its functions are carried out;
- Importance of contracts;
- Which functions may not be delegated;
- The difference between outsourcing a legal function and activities relating to the function;
- Conflicts of interest.

Efficient and effective interventions to fulfill these duties

The Care Act allows local authorities to delegate some of their care and support functions to other parties:

- Local Authorities **retain ultimate responsibility** for how its functions are carried out;
- In addition to efficiency considerations, individual wellbeing should be central to any decision to delegate a function;
- Consideration should be given to the nature and **quality of the contracting and monitoring arrangements** for any function a local authority chooses to delegate;
- Local Authorities should consider imposing conditions on their contracts with delegated parties to mitigate against the risk of any potential conflicts;
- The Care Act does not allow the delegation of certain functions namely:
    - Integration and Cooperation;
    - Adult Safeguarding;
    - Power to charge.

Examples

In the spirit of facilitating more flexible arrangements to enable local authorities to meet local needs, the Care Act sets out provision for the delegation of some of its care and support functions. It is recognised that in some cases, local authorities may determine that outside organisations might be best placed to deliver a specific area of care and support. It may also be recognised that outside organisations may have the appropriate skills and capacity to deliver these functions more effectively or efficiently that the local authority directly.

An important consideration for local authorities is that these changes in the law will mean that more carers will have an assessment and some have already decided to delegate carers' assessments to other organisations such as third sector carers organisations. Others have decided to undertake the assessments through their own organisation. Undoubtedly, there are pro's and con's and the final decision will be taken in light of local circumstances.

There may be occasions where it is determined that external organisations might be better-placed than the local authority to carry out some of its care and support functions. This may be when the external organisations specialise in carrying out assessments for carers or specific other disability groups. As part of the decision making process, Local Authorities may develop an economic case for delegating functions, which should also take into account the cost of the additional contract monitoring required to ensure that the local authority duties are carried out effectively. Other factors to be considered include:

- the use of information technology and reporting requirements to the local authority

- detailed processes including any requirement for decision making by the local authority at any part of the pathway (where specific elements have not been delegated);
- Required skills, training and competencies of staff undertaking the functions;
- Expected standards and outcomes to be delivered by the external organisation;
- How complaints will be handled, managed and reported.

There is a robust process surrounding the delegation of carer assessments and Liverpool City Council holds final approval and sign off. This ensures a consistent approach to meeting carers' needs through appropriate services. Local Authorities must ensure that their contracts are robust and that appropriate conditions are applied within the contract to ensure that statutory duties which are delegated are carried out in accordance with legal duties and quality consideration.
http://lscp.uk/wp-content/uploads/2014/10/Liverpool-service-spec-and-tender-documentation-Appendix-A-One-Service-Specification-Adult-Carers-Service.pdf

Links to further examples

The social work practice (SWP) pilots tested proposals to allow local authorities to delegate some of their functions relating to looked-after children to independent organisations.

This independent report on the SWP pilots includes findings on:

- the advantages and disadvantages of the different models employed;
- the impact of SWP pilots on children, their carers and their families;
- the impact of the SWP model on the children's social care workforce;

The report can be found at:
https://www.gov.uk/government/publications/social-work-practices-report-of-the-national-evaluation

Moving between areas

Chapter 19

Ordinary residence

(see page 343 of the statutory guidance)

Chapter 20

Continuity of care

(see page 357 of the statutory guidance)

As with all care and support, individual wellbeing should be central to any decision to delegate a function. Local authorities should not delegate its functions simply to gain efficiency where this is to the detriment of the wellbeing of people using care and support.

Local Authorities retain ultimate responsibility for how its functions are carried out.

Delegation does not absolve the local authority of its legal responsibilities. When a local authority delegates any of its functions, it retains ultimate responsibility for how the function is carried out. The Care Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions.

“Ordinary residence” is crucial in deciding which local authority is required to meet the needs in respect of adults with care and support needs and carers. Whether the person is “ordinarily resident” in the area of the local authority is a key test in determining where responsibilities lie between local authorities for the funding and provision of care and support.

Ordinary residence is not a new concept – it has been used in care and support for many years. However, there have been in the past and will continue to be cases in which it is difficult to establish precisely where a person is ordinarily resident, and this guidance is intended to help resolve such situations.

Carers and ordinary residence

19.6. The test for ordinary residence, which determines which local authority would be responsible for meeting needs, applies differently in relation to adults with needs for care and support and carers. For adults with care and support needs, the local authority in which the adult is ordinarily resident will be responsible for meeting their eligible needs. For carers, however, the responsible local authority will be the one where the adult for whom they care is ordinarily resident.

Continuity of care

People with care and support needs may decide to move home just like anyone else, such as to be closer to family or to pursue education or employment opportunities, or because they want to live in another area. Where they do decide to move to a new area and as a result their ordinary residence status changes (see chapter 19 on ordinary residence), it is important to ensure that care and support is in place during the move, so the person's wellbeing is maintained.

In circumstances where a person is receiving local authority support and moves within their current local authority (for example, moving between homes in the same area), they would remain ordinarily resident within that authority and it must continue to meet their needs.

Where the person chooses to live in a different local authority area, the local authority that is currently arranging care and support and the authority to which they are moving must work together to ensure that there is no interruption to the person's care and support.

The continuity of care chapter sets out the process local authorities must follow to ensure that the person's care and support continue, without disruption, during and after the move. These procedures also apply where the person's carer is receiving support and will continue to care for adult after they have moved.

The statutory guidance provides further detail about:

For ordinary residence:

- How ordinary residence affects the legal framework in the Care Act;
- How to determine ordinary residence;
- Determining ordinary residence when a person moves into certain types of accommodation out of area;
- Disputes between authorities, and the process for seeking a determination by the Secretary of State for Health or appointed person;

For continuity of care:

- Making an informed decision to move to a different local authority; confirming intention to move; supporting people to be fully involved in the process;
- What local authorities take into account when they are planning the move with people;
- How to ensure continuity of the person's care if the second local authority has not carried out an assessment ahead of the day of the move;
- What happens if a person does not move.

ADASS have reviewed their cross boarder protocol for assessment of adult carers who live in a different local authority area to that of the adult with care and support needs they care for. http://lscp.uk/wp-content/uploads/2014/10/Cross-border-assessment-of-carers-draft.pdf