

The Care Act and Whole-Family Approaches



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Introduction

This document aims to provide practical guidance for practitioners working in adult social care in relation to carrying out assessments and developing plans which consider the needs of the whole family. It does not cover all aspects of the Care Act but is intended to assist practitioners to consider how to develop whole-family approaches in line with the new requirements. It also considers how the Act works in tandem with the provisions of the Children and Families Act to create a cohesive legislative framework that allows assessment and support for families to be combined where appropriate. More detailed information on implementing the Care Act is available in statutory guidance¹ and in the suite of best practice guidance² that underpins it, produced mainly by the Social Care Institute for Excellence (SCIE)³ and Think Local Act Personal (TLAP)⁴.

The focus in this document is on four key steps required to make whole-family approaches a reality:

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|--------------------|------------------------------------------|
| Step one: | Think family. |
| Step two: | Get the whole picture. |
| Step three: | Make a plan that works for everyone. |
| Step four: | Check it's working for the whole family. |

Each of these steps is followed by key practice points that local authorities should take into consideration in implementing whole-family approaches. Annex A provides more detailed information on new rights for young carers and annex B on the strengthened rights of parent carers. There are also practical tools to aid implementation of whole-family approaches to assessment and care planning, which can be adapted and developed for local use, provided in annexes C and D.

¹ Care and Support Statutory Guidance. Issued under the Care Act. DH 2014.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

² For an overview of the Care Act joint implementation programme and available resources see: <http://www.local.gov.uk/care-support-reform>

³ See: <http://www.scie.org.uk/care-act-2014/>

⁴ See: <http://www.thinklocalactpersonal.org.uk/Browse/careact2014/>

There is currently a “Memorandum of Understanding” to aid joint working between children and adult social services and an updated version of this document will be made available separately after the Acts come into force.

Whole-family approaches can be key in maximising the impact of resources and identifying opportunities to support carers, and to ease the very real risks to health and wellbeing that caring can bring.

Some facts about carers:

‘Carers report finding it difficult to look after their own health – 58% said that they have reduced the amount of exercise they do since they started caring and 45% reported that as a result of caring they found it hard to maintain a balanced diet. As well as the physical strain of caring, the pressure of providing care to a loved one can have a serious impact on mental well-being with 73% of carers surveyed reporting increased anxiety and 82% increased stress since taking on their caring role.

Half of carers (50%) responding to our State of Caring survey stated they were affected by depression after taking on a caring role.’

State of Caring Survey 2014 Carers UK

Some facts on young carers:

- Latest Census statistics reveal there are 166,363 young carers in England, compared to around 139,000 in 2001. This is likely to be an under-representation of the true picture as many remain under the radar of professionals.
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.
- Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
- The average annual income for families with a young carer is £5,000 less than families who do not have a young carer.
- There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen. Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine Bs and nine Cs.
- Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

Hidden from View: The experiences of young carers in England. The Children's Society 2013

See also: Making it Real for Young Carers, where the views and needs of young carers are expressed in their own words⁵.

The following is a summary of key practice points:

Step one: Think family.

In a council that 'thinks family':

- There is leadership and commitment across the council to a whole-family approach with protocols in place across a wide range of local partnerships to enable services to be coordinated.
- A Workforce Change Programme ensures the skills and referral arrangements are in place so that service protocols are operating 'on the ground'.
- Family-related questions are embedded in processes at first contact and subsequently, such as:
 - Who else lives in your house?
 - Who helps with your support and who else is important in your life?
 - Is there anyone that you provide support or care for?
 - Is there a child in the family (including stepchildren, children of partners or extended family)
 - Does any parent need support in their parenting role?
- There is an active approach to establishing if there are any significant potential changes in families' lives and working with them to plan for these.
- Families and carers are an integral part of the design delivery and evaluation of services and support.

⁵ Making it Real for young carers 2013. Action for Carers Surry, the Carers Trust and The Children's Society and Think Local Act Personal. <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9629>

Step two: Get the whole picture.

In a council that gets the whole picture:

- There is a joint protocol in place between children and adult services that makes clear where responsibilities lie and how services work.
- Information on the assessments and care and support plans that family members are having from other organisations is routinely identified. Where possible and appropriate, assessments are coordinated or combined.
- Proportionate assessments are undertaken in a way that is most appropriate to each family.
- People providing care and support are identified and involved in the assessment to provide their expertise and knowledge and views of what works and what does not.
- Risks to carers of sustaining their caring role are always considered.
- Carers' willingness to continue caring is always established
- Carers are always provided with an assessment on the appearance of need. Carers' eligibility for support in their own right is always considered.
- In all instances, even when a person can achieve an outcome independently, consideration is given to any impact on others and whether they might be adversely impacting on the health or safety of others, particularly family members and including children.
- At assessment, all of a person's eligible needs are identified regardless of whether such needs are being met by any carer.
- When looking at eligible needs, consideration of the ability to maintain family or other significant relationships, including with any children, and the impact of these not being maintained on the adult's wellbeing is always considered. This applies to both the person in need of care and support and their carer.
- When a child may be a young carer, consideration is always given as to whether to undertake a young carer's needs assessment under section 17 of the Children Act 1989.
- Assessments of an adult identify any potential child in need who does not have any caring responsibilities.

Step three: Make a plan that works for everyone.

In a council that makes plans that work for everyone:

- Support planning takes into account the wellbeing of *all* the family and the impact of any services and support on other family members. This includes identifying and responding to situations such as mutual caring, and carers living at a distance or outside of the local authority area.
- Support planning always involves any carer and consideration is given to the involvement of other family members.
- Support planning considers how carers can be supported to look after their own health and have a life alongside caring.
- Plans include consideration of support to ensure a carer is able to fulfill any parenting role.
- Consideration is given to how a person's circle of support can be developed, where this might benefit them.
- Where the local authority is going to meet the needs of multiple people in the same family, consideration is given to producing a combined plan with a joint personal budget (where this is appropriate and all involved agree).
- Plans from different organisations for any family members are identified and consideration given as to whether these can be aligned, coordinated or integrated into a single plan (where all involved agree).
- Where plans are integrated, a lead organisation is established to undertake monitoring and assurance and it is clear about when the plan will be reviewed and by whom.

Step four: Check it's working for the whole family.

In a council that knows its approach is working for the whole family:

- The impact of the plan and results being achieved are reviewed in relation to both the individual and the whole family. This includes consideration of any unintended consequences for other members of the family.
- Consideration is given to any changes that can be made to maximise the benefit to the whole family.
- Carers' (including young carers') needs are routinely reviewed and the support they are willing and able to provide, as well as the outcomes they want to achieve, is re-established.
- Any anticipated changes in the family that may impact on needs and support are identified and considered in any revised plan.
- The plan is checked to see that it is providing adequate support to ensure children are not expected to offer inappropriate or excessive levels of care.

Step one: Think family

(Early intervention and prevention)

A whole system, whole council whole-family approach

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 and considering the impact of the care needs of an adult on their family, including children.

*'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

The provisions for young carers included in the Care Act 2014 are intended to link with provisions in the Children and Families Act 2014. This is to provide a clear framework for local authorities to take a whole-family approach to assessing and supporting adults and young carers and deliver support in a coordinated way.

Whole-family working is not a new concept and there is already a considerable focus on whole-family approaches in some services. The new duty placed on local authorities to consider the impact on family members and their support network, makes it essential to learn from these approaches and develop them further within adult social care.

The principle of wellbeing

The principle of wellbeing should be at the heart of care and support and 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. It applies equally to adults with care and support needs and their carers. In some specific circumstances, it also applies to children, their carers and to young carers when they are subject to transition assessments. The wellbeing principle in the Care Act also applies to parent carer assessments. See annex B for details.

A vital aspect in considering an individual's wellbeing is the context in which they live, their domestic and family relationships and the importance of achieving a balance between their wellbeing and that of any family or friends who are involved in caring for them.

⁶ Paragraph 6.65 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

People should be considered in the context of their families and support networks, not just as isolated individuals with needs. Local authorities should take into account the impact of an individual's need on those who support them, and take steps to help others access information or support.⁷

Considering the person's needs within the context in which they live helps recognise what's important to them as part of a family unit as well as individually, and builds on the collective strengths of the family and their support network. The knowledge and expertise of carers is a crucial part of assessment and support planning. It is also crucial that family roles and responsibilities including parenting are recognised, the impact on children is considered and any caring roles undertaken by children are identified.

A whole-family approach to promoting wellbeing and preventing need for care and support might include helping families to plan ahead for potential changes, such as an anticipated increase in care and support requirements or changes in family circumstances that will affect support levels. This could be done through the provision of targeted information and advice or through peer support networks relevant to particular groups. Supporting carers to prevent, reduce or delay their need for support might include a wide range of activity. For example, it could include helping them to look at how to get the right balance so that they have a life alongside caring, to pre-bereavement support or support with re-establishing a life after caring including work, recreation and community engagement options. For families where there are children and young people, it could include support to help build adults' parenting skills. Support for carers can be aligned to work with the support available through carers' support organisations. Support for young carers can be aligned to work with young carers' services and other community-based services.

Case example – a personalised approach to support - preventing breakdown of a daughter's caring situation with her mother.

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.

⁷ Paragraph 1.14 (f). Care and Support Statutory Guidance. Issued under the Care Act. DH 2014.

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.

What we mean by 'family', what we mean by 'carer'

The Care and Support (Assessment) Regulations 2014 require local authorities when looking at the needs of the whole-family to consider the impact on carers and anyone else they think relevant. This section considers the range of people who may be impacted by the adult's care and support needs.

The government introduced The Family Test⁸ with the objective of introducing an explicit family perspective to the policy making process. It makes clear the importance placed on supporting strong and stable family relationships:

'Strong and stable families, in all their forms, play an important role in our society. Families have a major impact on life chances of individuals and strong family relationships are recognised as an important component of individual, community and national wellbeing.'

The Family Test guidance includes a list of some of the relationships at the heart of family life. The list is not exhaustive but serves as a useful reminder of the variety of relationships that constitute family:

- Couple relationships (including same-sex couples) including marriage, civil partnerships, co-habitation and those living apart together⁹;
- Relationships in lone parent families, including relation between the parent and

⁸ The Family Test. Department for Work and Pensions. Oct 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368894/family-test-guidance.pdf

⁹ 'Living Apart Together' is a term to describe two partners who regard themselves as a couple but they are not co-residentially cohabiting.

- children with a non-resident parent, and with extended family;
- Parent and step-parent to child relationships;
 - Relationships with foster children, and adopted children;
 - Sibling relationships;
 - Children's relationship with their grandparents;
 - Kinship carers¹⁰; and,
 - Extended families, particularly where they are playing a role in raising children or caring for older or disabled family members.

The interdependencies and interconnections between family members mean that what happens to one affects everyone else. Caring is a universal activity and an important part of family relationships. Much caring activity is seen in families as simply an integral part of the day-to-day lives and for some people they do not require or desire any additional support to be able to continue with that activity outside of their own support networks. However circumstances can arise which might impact on the ability to continue, in the short or longer term, to provide such support. The extent of the care and support may become excessive or, particularly in the case of children and young people, inappropriate.

Roles and identities are not singular or set and can fluctuate and evolve. For example, the role of carer is only one aspect of a person's family relationships. An individual may be partner and carer, person in need of support and carer, daughter or son and carer, parent and carer or sibling and carer. As a child or young person the duality of being a carer and child is particularly challenging.

Many older couples find that each has their own needs for care and support but they also provide care and support to the other. This mutual caring is also quite commonly found with older families of someone with a learning disability, where the balance of the caring relationship between the long-term family carer (often a parent) and the person with learning disabilities (normally an adult son or daughter) has changed. Often, without each other's support, neither person would be able to remain living independently within their local community. People who provide care for both an older person and a child (sometimes referred to as 'sandwich carers') find they have conflicting demands on their time and many different roles to fulfill. Not all carers live in the same household and some will provide care and support from a distance.

A whole-family approach is about more than simply considering the caring roles within a family. For example, in a family where a father has developed multiple sclerosis, the responsibility of practical and emotional support may fall upon his wife. However, his son may not know how to cope with the fact that his father is ill and his mother has much less time for him than previously. While the son would not be defined as a young carer, his

¹⁰ Kinship care means that relatives or friends look after children who cannot live with their parents

father's needs for care and support have nevertheless had a major impact on him and he may require other forms of support.

Recognising the complexity of these relationships is important in order to respond to supporting these multiple and coexisting family roles. Many people value their role in providing care and support to an individual but there is ample evidence of the negative impact caring can have on their health and wellbeing if their needs are not addressed and support provided at an early stage (see boxes 1 and 2). Taking a whole-family approach from the outset means local authorities stand the best chance of identifying everyone's needs including those with caring responsibilities and supporting people to achieve the outcomes that are important to them whilst maintaining a strong supportive family unit.

Working together with families

'**Think family**' means being alert to considering the impact of any event on other family members and alert to engaging with the person's circle of support. It involves coordinating services and support so that they work around the family. This means breaking down professional barriers and achieving changes in culture that mean practitioners work across organisations and service providers to achieve the best outcomes for the whole family. This will help support and maintain strong families and contribute to actively promoting wellbeing and independence, preventing or delaying people reaching a point where they would need ongoing care and support.

Example: identifying and supporting mutual caring

Following a fall at home, an elderly woman was admitted to hospital. Despite considerable discomfort, she was very anxious to be back at home as soon as possible. When her details were taken, she said she lived at home with her son. Ward staff got used to seeing her son, as he visited her regularly, and it was evident he had a learning disability.

When she was discharged, she said her son would help and they would 'muddle along together', but three days later she was readmitted to the same ward following another fall and deterioration in her general health. Her son was extremely distressed. He had not been able to help her at home, felt it was his fault that his mum was back in hospital and was struggling on his own in the house.

With hindsight, ward staff realised they should have alerted their social work department to the possibility of mutual caring so that the right support could have been put in place at that stage.¹¹

¹¹ From: Supporting mutual caring. A booklet for workers in services who are supporting older families that include a person with learning disabilities. Foundation for people with learning disabilities. 2010

In thinking about the interventions that might be appropriate, either on a community-wide scale or an individual or family level, wherever possible there should be active participation and involvement of those concerned so that services and interventions are produced together. As well as ensuring that services reflect what the people who use them want, this way of working can help contribute to developing individual and family resilience and help promote self-reliance and independence. Care Act statutory guidance suggests that a good starting point for a discussion that helps develop resilience and promotes independence would be to ask “what does a good life look like for you and your family and how can we work together to achieve it?” Giving people and their families choice and control over the support they may need and access to the right information enables people to stay as well as possible and maintain independence and caring roles for longer.

Key practice points:

In a council that thinks family:

- There is leadership and commitment across the council to a whole-family approach with protocols in place across a wide range of local partnerships to enable services to be coordinated.
- A Workforce Change Programme ensures the skills and referral arrangements are in place so that service protocols are operating ‘on the ground’.
- Processes at first contact and subsequently include ways of establishing the full family situation of a person.
- There is an active approach to establishing if there are any significant potential changes in families’ lives and working with them to plan for these.
- Families and carers are an integral part of the design delivery and evaluation of services and support.

Step 2: Get the whole picture (Assessment)

Getting the whole picture means seeing each person as an individual as well as recognising their role as part of a family and community. It engages the expertise of all in their own needs; helping build on strengths and build resilience. Working with carers, as well as the person cared-for and other members of the family where appropriate, as partners and taking a collaborative approach enables the contribution of carers to be a positive element in working towards a support plan. Understanding the needs of the whole family and engaging them in thinking about the outcomes they wish to achieve individually and as a family, provides the best chance of providing appropriate guidance and information or services and support that will be sustainable and effective.

'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.'

*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.'*¹²

Assessment is a critical intervention, not just a gateway to care and support. It is at this stage that guidance and information can be provided that can help the family understand their situation and the needs and strengths they have, to reduce or delay the onset of greater needs, and to access support when they require it.

The aim of assessment is to get a full picture of the person and their needs and goals, and in doing this any carer must be consulted. For the first time, carers are recognised in the law in the same way as those they care for. The Act gives responsibility to assess a carer's needs for support, where the carer 'appears to have such needs'. The Act emphasises the importance of considering the person in the particular family and community context in which they live. This means looking at both how the person's needs impact on those around them and whether those around them are willing and able to contribute towards meeting the outcomes the person wants to achieve.

¹² Paragraphs 6.66 and 6.67. Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

Case example – a joined up approach to a couple’s need for assessment and support.

James has an intensive caring role for his wife, Hazel. Hazel has enduring mental health problems, which are very difficult for James to manage both physically and mentally.

Hazel suffers with a hoarding disorder, and was diagnosed with paranoid schizophrenia many years ago. James has managed the caring role quite well for the past 3-4 years with the help and support of the carers’ service. He was accessing a personal budget, which he used to enhance his wellbeing with a leisure pass. He was also managing a demanding work role in computers.

However, in the summer of last year James failed to engage with the carers’ service. James had reached breaking point. He had become unwell himself and was admitted to a psychiatric unit.

His caseworker worked closely with the crisis team, and with Hazel’s community psychiatric nurse (CPN). They attended meetings together so that they could achieve a positive outcome for them both. They discussed practical issues, such as the state of the home, and emotional issues with the couple.

A joint family approach has enabled a more holistic view of both Hazel and John. Service intervention increased resilience in their household, reduced stress and enabled an appropriate response to the risks posed. The approach assisted the family to manage the existing crisis quickly and effectively whilst promoting good outcomes as a family unit.

In addition, James’s caseworker worked intensively with him, completing a carer’s health check, delivering 1-1 stress management, helping to set and achieve specific goals in relation to caring role/stress etc. He also prompted the carer to attend his psychological wellbeing appointments, to ensure that he was accessing as much support from all available services as possible.

James is now doing very well, and there is regular contact with him. His caseworker maintains regular contact with Hazel’s CPN, so that there is consistency in the whole package of care for this couple.

Appropriate and proportionate assessments

There are a variety of ways in which an assessment can take place and still achieve a whole-family approach. All approaches should be considered in relation to whether they are proportionate and appropriate to the particular family situation. This means giving consideration to the approach that is likely to allow each individual to express his or her personal views adequately, as well as getting a picture of how these interrelate. Considering ways to align assessments can help ensure a more joined up and efficient

approach for families and for service provision.

Supported self-assessment

Assessment must be proportionate to the person's needs and circumstances and can where appropriate include supported self-assessment. It is important in all circumstances that there is still consideration of who else should or could be involved. Whatever process is used, the question of whether there is a carer should always be asked, the assessment must include any carer, and there must be an assessment of their needs for support where it appears they have such needs. There also needs to be a check on whether there are any children in the household and if they are undertaking any caring role. Supported self-assessment can be an opportunity to build on current practice and use innovative participation mechanisms that bring people and their families together to find ways forward in relation to care and support needs.

Combining assessments

There can be benefits in combining the assessment of an adult needing care and support with the assessment of another family member or carer, where each individual agrees. In some instances this can be done by working collectively with relevant family members at one time and place or by aligning the assessment process. Where assessments are combined, it is important that each individual, including any children, has a chance to have a private conversation with the assessor in case there are areas they wish to identify and explore separately. An approach that can be used is 'together, apart, together', where an assessment starts together then works individually with each relevant member and comes back together at the end to look at how the range of identified needs impact on each other or work together. In whatever approach is used it is important that the entirety of each person's care and support needs is identified. Where there is also a carer, information on the care that they are providing can be captured during assessment, but it must not influence the eligibility determination. This whole-family approach to assessment can help identify individual needs, aspirations and goals of each member as well as collective strengths, resources and mutually desired outcomes. As well as identifying areas of agreement, it can help identify areas of conflict and disagreement and commence a process of mediation to resolve these.

Integrated assessments

Sometimes there will be different services or different bodies carrying out assessments, for example adult social care with children's services or the NHS. A local authority may join up with another organisation to carry out an assessment provided the person agrees to this. Working closely together and having organisational protocols in place will help avoid duplication and ensure that support is coordinated and effective. Where there are a number of needs being met by different bodies for different family members, it can be helpful to look at how these can be coordinated and linked together to work towards a plan that works for everyone in the family. An integrated approach to assessments can be particularly important at transition (see page 14 of this document on transition and SCIE

Care Act 2014: Transition from children's to adult services – early and comprehensive identification).

Roundhouse project is a partnership between Portsmouth City Council and Cranstoun (an organisation supporting people with substance misuse problems) aimed at improving outcomes for families where a parent is using drugs or alcohol problematically. The aim is to increase the resilience of families by reducing or preventing the harmful effects of substance misuse, or reducing excessive caring being carried out by children.

At Roundhouse there are two project workers. One project worker has a background in substance misuse and the other a background in working with young carers. They carry out the initial family assessment within the family home together. They then carry out assessments with the young carer(s) and parent(s) separately to identify their individual needs. Both project workers then come together to develop a package of support tailored specifically to the needs of the young carer, the parent, and the family as a whole. Support is offered to the young carer and the parent both individually and as a family unit, to strengthen the resilience and relationships within the family.

Example from: Peter Fletcher Associates Ltd (PFA) (2015), (forthcoming) *Interim Report: Evaluation of the Integrated Interventions Programme for Carers Trust* (Carers Trust).

What are local authorities' legal responsibilities in relation to carers?

All responsibilities for identifying and supporting carers are placed on the local authority as a whole. This means that a number of operational models are possible beyond the traditional division of children's and adults' services (which are not legal entities).

Set out below are the responsibilities of local authorities in relation to different groups of people under either the Children's Act 1989 (including insertions made by the Children and Families Act 2014) and under the Care Act 2014.

Under the Carers (Recognition and Services) Act 1995, when a local authority is assessing the needs of a disabled child under the Children Act 1989 or the Chronically Sick and Disabled Persons Act 1970, a carer for that child who does not have parental responsibility for them can require the local authority to assess their ability to provide, or to continue to provide, care for that disabled child. That assessment must also consider whether the carer works or wishes to work, or whether they wish to engage in any education, training or recreation activities. The local authority then has to take the assessment into account when deciding whether to provide any services to the disabled child.

		Carer			
		Child		Adult	
		Assessment	Provision	Assessment	Provision
Cared-for person	Child	Young Carers Assessment (s 17 Children's Act) Duty to consider referral for assessment in Care and Support (Assessment) Regulations 2014	Where young carer is "child in need" under s 17 Children's Act Power to continue children's services beyond 18 (s 17 Children's Act)	Parent Carer Assessment (s 17 Children's Act) Non-parent Carer Assessment (s 1 Carers (Recognition of Services) Act 1995) Transition Assessment (s 61 Care Act)	Parent carers: assessment must establish needs of parent and child and local authority must decide if provision of s 17 services is appropriate (s 17 Children's Act) Non-parent carers: must take account of result of assessment in deciding whether to provide services to disabled child Power to continue children's services beyond 18 (s 17 Children's Act) Power to meet needs after transition assessment but in advance of transition (s 62 Care Act)
	Adult	Young Carers Assessment (s 17 Children's Act) Duty to consider referral for assessment in Care and Support (Assessment) Regulations 2014 Duty to assess adult in question where there are needs for care and support (s 9 Care Act) Transition assessment (s 63 Care Act)	Where young carer is "child in need" under s 17 Children's Act Should consider how supporting an adult can prevent a young carer from excessive or inappropriate responsibilities (Care Act statutory guidance)	Carers Assessment (s 10 Care Act)	Duty to meet eligible needs and power to meet other needs (s 20 Care Act)

Local authorities need to ensure that, whatever operating model they choose, all of the above duties are fulfilled. It is good practice for protocols to be in place locally between adult social care and children's services making it clear where responsibilities lie and how services work together to assess carers and the person needing support. Of particular importance will be considering protocols where a young carer is caring for an adult.

All assessments of adults must establish if there are children in the family. This is important in order that any parenting responsibilities are taken into account and that the impact of the

adult's needs for care and support on any child or young person are considered.

If any child or young person is identified as carrying out a caring role, this should result in an offer of a needs assessment for the adult requiring care and support and the local authority must consider whether to undertake a young carer's needs assessment under the Children Act 1989¹³. Under the Children Act, local authorities must assess a young carer on the appearance of need to establish whether they may have needs for support. The Department for Education has published draft Regulations on young carers' needs assessment for consultation¹⁴, which sets out more detail on how such assessments should be conducted and next steps.

In addition, the Care Act statutory guidance states that:

*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.*¹⁵

Local authorities should consider how providing support for the adult with needs for care and support can prevent young carers from undertaking excessive or inappropriate care and support responsibilities. A young carer becomes vulnerable when their caring role affects their participation in education, their emotional or physical health and wellbeing or their wider opportunities.

The statutory guidance states that:

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 or excessive¹⁶.
- Inappropriate caring responsibilities should be considered as anything which is likely to

¹³ In some specific scenarios, it may be more appropriate to undertake a young carer's assessment under section 63 of the Care Act (i.e. a transition assessment).

¹⁴ Published on 22nd December 2014 – <https://www.gov.uk/government/consultations/young-carers-draft-regulations>

¹⁵ Paragraph 6.68 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

¹⁶ Paragraph 6.69 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

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.

Where a young carer of an adult may be a "child in need", adult workers will need to discuss the case with children's services to see what further action is needed. Further action might include:

- A referral to an independent Young Carers service.
- Accessing preventative support through the "Early Help Network".
- Further assessment by children's services to establish whether the child's requires services; or to assess if there are any potential safeguarding concerns.
- A jointly undertaken assessment by adult and children's workers (there is provision in the Care Act Guidance and in Section 17 of the Children Act to combine a young carer's assessment with that of the adult).

Where young people are in "Transition" this will be an area of joint activity including where any sibling young carers are identified as needing support through transition. (See page 21 on transition.)

New rights for young carers (for more information see annex A)

The Children and Families Act 2014 has amended the Children Act 1989.

This amendment to the Children Act has clarified the law relating to young carers and addresses the council as a whole (applying to both adult and children's services). The new provisions include;

- Ensuring the right to an assessment of needs for support will be extended to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it;
- Placing a clearer duty on local authorities to undertake an assessment of a young carer's needs for support on request or on the appearance of need;

- Requiring councils to ensure that young carers are identified and that consideration is also given as to whether they are a 'child in need'¹⁷;
- Making links between children's and adults' legislation to enable local authorities to align the assessment of a young carer with an assessment of an adult they care for (preventing inappropriate care); and,
- Requiring councils to be proactive about identifying young carers in their area and acting to help reduce their need for support through the provision of information and preventative measures (for example in schools).

*Transition*¹⁸

Transition is a time when the differences and gaps between services and support can be particularly evident and problematic to families. It is therefore critical that local authorities take a joined up approach, both internally between adult and children's services and externally with the health services (including mental health), educational institutions and other relevant organisations, in order to achieve the best outcomes for the young person and their family. This requires services to establish working protocols and ensure that those working directly with young people and their families understand referral approaches and the requirement to work cooperatively together.

When children are approaching the transition from children's services to adult care and support it can be a challenging time for all the family. Where children have been taking on caring roles in the family it is a time to support young carers to prepare for adulthood and raise and fulfil their aspirations. There is no set age for when young people reach this point,

¹⁷ Section 17 of the Children Act 1989 defines a child as being in need in law if: He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;

- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;
- He or she has a disability.

Development can mean physical, intellectual, emotional, social or behavioral development. Health can be physical or mental health.

¹⁸ For more information see SCIE guides:

- Preparing for adulthood: young carers in transition from children to adult services
- The Care Act 2014 as it relates to adult carers of a young person in transition from children to adult services
- Care Act 2014: Transition from children's to adult services – early and comprehensive identification

since every young person and family is different and as such it should take place when most appropriate for them. In carrying out these assessments, consideration needs to be given as to how any care and support for the person(s) they care for would change as a result of the young carer's change in circumstances. There can also be implications for siblings and other family members. Whole-family approaches to assessment can help identify the impact and implications on all concerned.

The power to join up assessments can be important at transition and could include where applicable, combining any existing Education Health and Care (EHC) plans with transition plans and plans for the adult carer. Transition can have a significant effect on other family members and it is important to review how family members' needs might change. Local authorities must assess whether an adult carer's needs for support have changed, and provide any information, advice or support planning required in relation to any identified needs.

The power to join up assessments can be important at transition and Care Act guidance provides the following example of assessments that could be combined:

...if an adult is caring for a 17 year-old in transition and a 12 year-old, the local authority could combine:

- the child's needs assessment of the 17 year old under the Care Act;
- any assessment of the 17 year old's needs under section 17 of the Children Act;
- any assessment of the 12 year old's needs under section 17 of the Children Act;
- the child's carer's assessment of the adult under the Care Act; and
- the parent carer's assessment of the adult under the Children and Families Act¹⁹.

If a transition assessment is carried out as it should be, there should not be a gap in provision of care and support. Where a transition assessment should have been conducted and was not, the local authority must continue providing any existing services until any new arrangements are in place or a decision is reached that none will be provided. Good transition planning can aid and support a child to reach their goals in adulthood.

Determining eligibility²⁰

Under the Care Act, carers can be eligible for support in their own right and their eligibility does not depend on whether the adult for whom they care has eligible needs. It is therefore important that whole-family approaches identify specific individual need as well as collective needs, interdependent needs and the desired outcomes of all concerned.

¹⁹ Paragraph 16.37 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

²⁰ For more information see SCIE *Eligibility quick guide*

Care Act statutory guidance makes it clear that, 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. Local authorities cannot fulfil 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 national eligibility thresholds for adults with care needs and carers are set out in the Care and Support (Eligibility Criteria) Regulations (2014) and statutory guidance helps further explain the practical application of this.

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.*

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

In considering whether an adult with care and support needs has eligible needs, local authorities must consider whether:

- *The adult's needs arise from or are related to a physical or mental impairment or illness.*
- *As a result of the adult's needs the adult is unable to achieve two or more of the specified outcomes (which are described in the guidance²¹).*
- *As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.*

An adult's needs are only eligible where they meet all three of these conditions.²²

The assessment of an adult must consider all their needs and these should be considered regardless of support being provided by a carer. After the assessment has taken place, the

²¹ Set out at Paragraph 6.107 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

²² Paragraphs 6.103 and 6.104 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

local authority should identify if the needs are eligible or would otherwise be met on the basis of local policies, and at this point the care which a carer is providing can be taken into account. This should form part of the care planning stage and the local authority is not then required to meet any needs which are being met by a carer who is willing and able to do so. By identifying and recording all needs regardless of whether a carer is willing and able to meet some of these, the local authority can respond if the carer should at a later stage be unwilling or unable to continue with the care they were undertaking.

Included in the consideration of a person's eligible needs is whether the person is able to maintain family or other significant relationships and the impact of these not being maintained on the adult's wellbeing. There is also a consideration around any parenting role (which could be as parent, stepparent or grandparent). Both of these considerations apply to both the person in need of care and support and the carer. Also, even where someone can achieve an outcome independently, the impact on others needs to be considered, for example where although an individual is able to complete a task without assistance they endanger another member of the household in doing so.

Authorities must also be aware that the regulations provide that "being unable" to achieve an outcome includes any of the following circumstances, where the adult is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others – for example, if the health or safety of another member of the family, including any child, could be endangered when an adult attempts to complete a task or an activity without relevant support²³;

Key practice points:

In a council that gets the whole picture:

- There is a joint protocol in place between children and adult services that makes clear where responsibilities lie and how services work.
- Information on the assessments and care and support plans that family members are having from other organisations is routinely identified. Where possible and appropriate, assessments are coordinated or combined.
- Proportionate assessments are undertaken in a way that's most appropriate to each family.
- People providing care and support are identified and involved in the assessment to

²³ Paragraph 6.106 (*circumstance in which adult would be regarded as "being unable" to achieve an outcome*) Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

provide their expertise and knowledge and views of what works and what does not.

- Risks to carers of sustaining their caring role are always considered.
- Carers willingness and ability to continue caring is always established, for example with questions such as:
 - Who else lives in your house?
 - Who helps with your support and who else is important in your life?
 - Is there anyone that you provide support or care for?
 - Is there a child in the family (including step children, children of partners or extended family)
 - Does any parent need support in their parenting role?
- Carers, including young carers, are always provided with an assessment on the appearance of need. Carers' eligibility for support in their own right is always considered.
- In all instances, even when a person can achieve an outcome independently, consideration is given to any impact on others and whether they might be adversely impacting on the health or safety of others, particularly family members and including children.
- At assessment, all of a person's eligible needs are identified regardless of whether such needs are being met by any carer.
- When looking at eligible needs, consideration of the ability to maintain family or other significant relationships, including with any children, and the impact of these not being maintained on the adult's wellbeing is always considered. This applies to both the person in need of care and support and their carer.
- When a child may be a young carer, consideration is always given as to whether to provide them with services to support them under section 17 of the Children Act 1989.
- Assessments of an adult identify any potential child in need who does not have any caring responsibilities.

Step three: Make a plan that works for everyone

(Care and support planning)

Adopting a whole-family approach to developing a plan, can give new opportunities to achieve the best outcomes for the whole family. Sometimes an individual plan can have unintended consequences for other members of the family, particularly carers, and often small changes can make a plan produce better outcomes for everyone. It can also make best use of resources.

At times, there are plans for more than one member of the family and plans from different organisations. Plans should not be developed in isolation from one another but should be developed in a coordinated way. If all relevant parties agree, then plans for different family members can be combined to form a single plan in which there may be both individual and collective components. This can be particularly helpful in ensuring that the wellbeing of all concerned is promoted and can also be helpful in resolving conflict and negotiating a balanced way to achieve desired outcomes for all. Where it is not appropriate 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;
- Children with Education and Health and Care plans and parent carers;
- People in receipt of local authority and NHS health care; and,
- Where budgets are pooled.

Plans can only be combined if all parties agree, and the combination of plans should be in the best interests of all involved. Where one of the plans is for a child (below 18 years of age) the child must have capacity to agree to the combination, or if lacking capacity, the local authority must be satisfied that the combination of plans would be in the child's best interests. This applies to children who are young carers as well as children with care and support needs.

Case example – a joined up approach to care planning for a family

Ali is 46 is years old with profound and complex needs, including learning disabilities, physical and medical needs. He is a wheelchair user and reliant on others for all care needs including feeding and personal care. Ali lives with his mother age 89 and his father, who is 91 years old and living with dementia. His mother had surgery to replace her shoulder and as a consequence has difficulty meeting the family's and her own needs. His mother is no longer able to physically undertake practical tasks including personal care and preparing meals.

The most important thing to the whole-family is to ensure they remain together for as long as possible in their home.

Both Ali and his father were already in receipt of individual care packages. As a result of his mother having surgery she also has needs, which could have meant three care packages being implemented. The local authority took the view that it was important to take a holistic approach in meeting the needs of the whole-family.

All three personal budgets were pooled together to give an overall amount of funds. A family pictorial support plan was developed and agreed. A combined personal budget was provided which benefited each family member individually as well as taking a whole-family approach. This enabled better flexibility, outcomes and efficiency of service provision. The support included carers in the day and sleep in at night. The support was later reviewed and found to be working well, ensuring all the family's needs are met. The family remain safe and most importantly they remain together.

Example: Joining up the pizza! ²⁴

A community nurse visiting an older family arrived early when just the mother was home. They sat and chatted while waiting for the daughter to arrive home from her day service. In the meantime, a home care worker arrived and chatted to both as she cooked tea for the mother – half a big pizza. After her 20 minutes were up, the home care worker left and shortly after this the daughter arrived home. While they all chatted and had a cup of tea, another worker arrived at the home. This worker was from an agency and had come to support the daughter to cook her tea – the other half of the pizza!

The community nurse was shocked, but the family was bemused – they assumed that the workers who organised the support for each person knew about the other person's support. The community nurse was able to report the matter to her manager, who alerted both older people's and learning disability services. As a result, the agency worker continued to visit the family and supported the daughter in preparing a meal for both herself and her mother.

Where plans are combined for people or integrated across services/organisations, a named worker should be identified and provided who undertakes the lead on monitoring and assurance of the plan and be clear about exactly when the plan will be reviewed and by whom.

²⁴ From: Supporting mutual caring. A booklet for workers in services who are supporting older families that include a person with learning disabilities. Foundation for people with learning disabilities. 2010

Plans need to consider the wellbeing of all concerned and need to include consideration of any identified needs for participation in work, education, training or recreation; and in regard to carers, how they can be supported to look after their own health and wellbeing and to have a life of their own alongside caring.

Whilst it is important to detail in the care and support plan whose needs are being met from any personal budget and by which services or support, it is also important to look at how any budgets can be looked at together to provide seamless experiences for the individual and for the family. Care Act guidance encourages local authorities to consider joint personal budgets where there are eligible needs for a carer and the person for whom they care:

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.²⁵

Some people become increasingly isolated as a result of age, ill health, disability or their caring role and do not have a network of support or would benefit from a more extended network. It can be helpful to work with people to develop their personal circle of support²⁶. This involves engaging with and encouraging family, friends and community members to give support and friendship to a person and help them do the things they would like to do in their life. The things they will help with will depend on the person's situation and what they want to happen in their life.

Case example – care planning in consultation with family and circle of support

Jo is aged 19 and has severe autism, severe learning disability and complex needs. He was in residential school from 2011 – 2014 and was constantly restrained on a daily basis by 5 -7 carers using supine restraint. There were continuous safeguarding issues.

When he reached 19 plans for transition were made and he was moved to adult residential provision. The provider could not manage his transition/needs and he was put on different medication without consulting his mother who is his Deputy. His behaviour deteriorated and the provider was becoming increasingly anxious about supporting him despite several meetings. Notice was served to terminate the placement.

²⁵ Paragraph 11.37 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014

²⁶ See SCIE quick guide on strength-based approaches (due out in early 2015)

A meeting was held with his mother and Jo's broader circle of support to look at what is important to him. It was agreed for him to receive a direct payment to enable him to remain living at home with additional support from his mother and various relatives. This resulted in reduced challenging behaviour, reduced anxiety level, less medication, no restraint, and Jo is able to enjoy meaningful activities in the community. The cost of support is also significantly reduced.

Key practice points:

In a council that makes plans that work for everyone:

- Support planning takes into account the wellbeing of *all* the family and the impact of any services and support on other family members. This includes identifying and responding to situations such as mutual caring, carers living at a distance or outside of the local authority area.
- Support planning always involves any carer and consideration is given to the involvement of other family members.
- Support planning considers how carers can be supported to look after their own health and have a life alongside caring.
- Plans include consideration of support to ensure a carer is able to fulfill any parenting role.
- Consideration is given to how a person's circle of support can be developed, where this might benefit them.
- Where the local authority is going to meet the needs of multiple people in the same family, consideration is given to producing a combined plan with a joint personal budget (where this is appropriate and all involved agree)
- Plans from different organisations for any family members are identified and consideration given as to whether these can be aligned, coordinated or integrated into a single plan (where all involved agree).
- Where plans are integrated, a lead organisation is established to undertake monitoring and assurance and it is clear about when the plan will be reviewed and by whom.

Step four: Check it is working for the whole-family *(Review)*

As with assessment and care planning, wherever possible and appropriate a whole-family approach to review should be taken. An outcome-focused review focuses on the results being achieved by the person and the family. Consideration should be given to authorising others to conduct a review, and this can include the person themselves, a carer or third party and could include a whole-family approach. A review that considers the whole family would need to consider many of the same factors as a whole-family assessment as discussed in step two above. The local authority would provide assurance and sign off in all instances. Sometimes an early 'light touch' approach to review can be helpful which might include a telephone call or 'self-review' to check that things are working satisfactorily. In whatever approach is used, it should always include consideration of any impact of the care plan on other family members.

Following review there may be a need to revise the plan, and again the person concerned, their carer and anyone else they request should be involved. The benefits of taking a whole-family approach to revision of the plan are to ensure that all parties' (including any children's) needs and wellbeing have been considered, there are no unintended consequences for family members and that there is agreement around implementation of the plan.

Example: a whole-family approach to review and amending a care plan

Megan has dual sensory loss and complex medical difficulties. Her parents had been trained in basic sign language skills but other family members did not have these skills. At review it was identified that this was creating frustration and relationship difficulties within the family. Consequently a small amount of funding was provided to pay a tutor to teach basic sign language to the whole-family including an aunt in their own home. This funding has made a significant difference to the family. Communication and relationships have improved with the family carers being better able to support Megan and each other. Megan's confidence and self-esteem have been raised as she was involved in the delivery of the training to the family. One family member has gone on to further develop his skills by passing a Level 2 sign language course.

Key practice points:

In a council that knows its approach is working for the whole family:

- The impact of the plan and results being achieved are reviewed in relation to both the individual and the whole family. This includes consideration of any unintended consequences for other members of the family.

- Consideration is given to any changes that can be made to maximise the benefit to the whole family.
- Carers' needs are routinely reviewed and the support they are willing and able to provide, as well as the outcomes they want to achieve, is re-established.
- Any anticipated changes in the family that may impact on needs and support are identified and considered in any revised plan.
- The plan is checked to see that it is providing adequate support to prevent children caring at inappropriate or excessive levels.

Annex A

New rights for young carers

The Care Act and changes to the Children Act explained

Introduction

'Young carer' was not a term that had previously appeared in any English legislation. For a local authority to have an obligation to a young carer (i.e. someone aged under 18 who provides care on an unpaid basis for another person), she or he had to be identified as a 'child in need'. There were also broader existing obligations to consider the needs of carers with no lower age limit (and so apply to carers under 18). However, although there were several references to young carers in previous guidance, the overall effect was convoluted and difficult to understand.

This has now changed, as both the Care Act 2014 and the Children and Families Act 2014 address the needs of young carers clearly and directly. This short paper aims to explain the background to this and how it should work in the future.

Policy background

The National Carers Strategy ['Recognised, valued and supported: next steps for the carers strategy'](#) emphasises that effective whole-family approaches to assessment are essential to improving support for adults and young carers alike.

Every Child Matters is a Government initiative for England and Wales first launched in 2003. It covers children and young adults up to the age of 19, or 24 for those with disabilities. Its main aims are for every child, whatever their background or circumstances, to have the support they need to:

- stay safe
- be healthy
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The law concerning young carers has now been strengthened to support delivery of these principles for young carers and their families.

This means that when a child is identified as a young carer, the needs of everyone in the family are to be considered. This can trigger action from both children's and adults'

services – assessing why a child is caring, what needs to change and what would help the family to prevent children from taking on this responsibility in the first place”.

Amendments to Section 17 of the Children Act

The Children and Families Act 2014 has amended the Children Act 1989. This has been done by inserting new Sections 17ZA to 17ZC to deliver this change. The new clauses come into force from 1 April 2015 to coincide with the implementation of the Care Act.

This amendment to the Children Act has clarified the law relating to young carers and addresses the council as a whole (applying to both adult and children’s services). The new provisions include;

- Ensuring the right to an assessment of needs for support will be extended to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it;
- Under the Children Act, local authorities **MUST** assess a young carer where they may have needs for support;
- Placing a clearer duty on local authorities to undertake an assessment of a young carer’s needs for support on request or on the appearance of need;
- Requiring councils to ensure that young carers are identified and that consideration is also given as to whether they are a ‘child in need’*;
- Making links between children’s and adults’ legislation to enable local authorities to align the assessment of a young carer with an assessment of an adult they care for (preventing inappropriate care);
- Requiring councils to be proactive about identifying young carers in their area and acting to help reduce their need for support through the provision of information and preventative measures (for example in schools).

* **Note:** Definition of “Child in Need” in Section 17 of the Children Act 1989 defines a child as being in need in law if:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;
- He or she has a disability.

Development can mean physical, intellectual, emotional, social or behavioural development. Health can be physical or mental health.

The Department for Education published draft Regulations on 22 December 2014 to "amplify and underpin Section 96 of the Children and Families Act 2014."²⁷ This introduced new rights to improve how young carers and their families are identified and supported, and extends the right to an assessment of their support needs to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it. This change also introduces a requirement to make an assessment on the appearance of need. The new provision works alongside measures in the Care Act 2014 to enable a "whole-family approach" to assessment and support, so that young carers and their families can access appropriate assistance.

The Care Act and young carers

As described above, the amendment to the Section 17 of the Children Act will work with provisions in the Care Act 2014 as well as for Children Act assessments. It therefore applies equally to both children's and adult services. The Care Act Regulations and Guidance reinforce this in a number of ways. For example, Eligibility Regulations for the Care Act require councils to consider the support disabled parents and carers may need in carrying out their responsibilities to care for a child (who may potentially be a young carer).

The Care and Support statutory guidance issued under the Care Act 2014 highlights the importance of whole-family approaches and support for young carers (see Statutory Guidance 6.65 to 6.73).

The Guidance highlights that that 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.

The Guidance stresses that young carers should not be left with inappropriate levels of caring and describes this 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;

²⁷ Published on 22 December 2014 – see: <https://www.gov.uk/government/consultations/young-carers-draft-regulations>

- carrying out strenuous physical tasks such as lifting;
- administering medication;
- maintaining the family budget;
- emotional support to the adult.”

The Guidance also says that: “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”. It should also be borne in mind that young carers may have responsibilities for supporting other non-disabled family members such as siblings and this can significantly add to the pressures on them. Any assessment needs to take account of the whole picture and ensure that the overall levels of responsibilities of the young carer are not beyond what is age appropriate.

The Care Act regulations and guidance also specify that adult services must identify children in the household, consider whether they are young carers and if so whether they are children in need.

The Guidance says “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.”

Councils should address the risks of such negative impacts either through support for the adult or through support for the young carer. There will be a need for young carers to either have a carer’s assessment or for the care assessment of the adult they look after to identify support needed to prevent inappropriate care. These will be adult services responsibilities with referrals made to children’s services largely only where there are safeguarding issues.

Young carers in transition and young adult carers

The Care Act (sections 63 – 64) introduces important new obligations to young carers ‘in transition’ to adulthood. The Act requires councils to undertake an assessment for a young carer if it considers that she/ he is likely to have needs for support after becoming 18 and that the assessment would be of significant benefit to him / her. If a local authority decides not to undertake such an assessment it must give reasons for its refusal.

This change will also provide new opportunities to improve the identification of young adult carers (aged 18 to 24); a group whose needs have often been overlooked. There is a

developing awareness across the country about the need to better address the needs of this group and these changes to the law should help this happen. Work in this area is also to be enhanced through the establishment of a national Task and Finish Group to consider what further action can be taken to support young adult carers to fulfil their education and employment potential. This will build on initiatives such as the NIACE Policy briefing paper *Effective learning opportunities for Young Adult Carers*.

It is good practice for councils to ensure there is clarity locally about who has responsibility for supporting young adult carers aged 18 to 24. This may be the service responsible for the person they support but in some cases support might be via the Early Help system or other preventative services under the Care Act.

Whole council approaches

The new responsibilities created by the Children and Families Act and the Care Act are placed on a local authority as a whole (not just adult or children's services). Together these pieces of legislation are intended to provide a legal framework that will support local authorities to consider the needs of the whole family, deliver coordinated packages of support and protect children and young people from excessive or inappropriate caring roles.

Guidance to the Care Act says councils 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. This can be facilitated by joint protocols between adult and children's services to support joint working.

Annex B

Parent carers and legislative change

Introduction

The Children and Families Act 2014 has consolidated previous Private Members' carers' legislation into the Children Act 1989. This strengthens parent carers rights so there will be a consistent approach to all groups of carers. These provisions have now been added to Section 17ZD to 17ZF of the Children Act. This clarifies and strengthens the rights of these families in law and makes it clear that councils must take into account the full and complex needs of parent carers.

The act defines parent carer as *"a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibilities."*

The amendment to Section 17 of the Children Act removes the requirement that a parent carer must be providing, or intending to provide, a substantial amount of care on a regular basis in order to be assessed.

The legislation will also require local authorities to both carry out an assessment if a parent carer requests it and to assess on the appearance of need.

This will then be consistent with the new provisions for adult carers and young carers.

Furthermore, under the Carers (Recognition and Services) Act 1995, when a local authority is assessing the needs of a disabled child under the Children Act 1989 or the Chronically Sick and Disabled Persons Act 1970, a carer for that child who does not have parental responsibility for them can require the local authority to assess their ability to provide, or to continue to provide, care for that disabled child. That assessment must also consider whether the carer works or wishes to work, or whether they wish to engage in any education, training or recreation activities. The local authority then has to take the assessment into account when deciding whether to provide any services to the disabled child.

Adult carers of children without parental responsibility will also retain the right to request an assessment where the local authority assesses the needs of a child for after-care services under s 117 of the Mental Health Act 1983.

Wellbeing and parent carers

The legislation will promote the well-being of parent carers; while protecting the priority of support for the child which is at the heart of the Children Act 1989. This will require local

authorities to explicitly have regard to the wellbeing of parent carers in undertaking an assessment of their needs. The requirement to consider wellbeing builds on the previous carers' legislation, which required local authorities to consider aspects of parental wellbeing, including whether they wish to work or undertake education, training or leisure activities. The definition of wellbeing for Section 17 of the Children Act will be the same as in the Care Act.

The definition of this is set out in clause 1 of the Care Act and will require consideration of the person's:

- (a) physical and mental health and emotional well-being;*
- (b) protection from abuse and neglect;*
- (c) control by the adult over day-to-day life (including over the care and support provided to the adult and the way in which it is provided);*
- (d) participation in work, education, training or recreation;*
- (e) social and economic well-being;*
- (f) domestic, family and personal relationships;*
- (g) the adult's contribution to society."*

The Care Act, carers' assessments and "transition"

Parent carers' needs are covered under Section 17 of the Children Act. However, the Care Act includes a duty to undertake a transition assessment for them when the person they care for is approaching 18 – and a power to start providing services on the basis of the transition assessment before they and their child actually transition.

The Care Act describes how carers' assessments are undertaken for parents and others with parental responsibilities for children in "transition" (likely to need help when 18). Section 60 and 61 describes how carers' assessments apply when a child's assessment is being undertaken in these circumstances.

For more details see SCIE's Guide on transition: ***"The Care Act 2014 as it relates to adult carers of a young person in transition from children to adult services."***

Local action

These changes will have implications for both core Children Act assessments as well as for the "Early Help" system (previously known as Common Assessment Framework). Both systems will need to capture information about parent carers' own needs as well as their views about the needs of their child.

The change should make transition issues for parent carers more straightforward as there will now be very similar frameworks for carers' assessments for both adult and children's services. Councils will also need to link implementation of this development to new rights

for young carers as there is often a need for an assessment of a parent and sibling carer that are part of the same case.

There is a need for a consistent whole-family approach to implementing the new rights for carers arising from both the Care Act and amendments to the Children Act. Implementation plans at local level should ensure that policies and procedures are based on a whole-family approach to promote consistent responses for all groups of carers and provide local practitioners and carers with a clear view of who does what.

At local level, councils should:

- Review carers' assessments process for parents to ensure it is compliant with legislation including for CAMHS;
- Review "Early Help" Schemes to ensure the needs of parent carers and young carers are addressed;
- Ensure new Special Educational Needs processes and procedures arising from the Children and Families Act also address the needs of parent carers and young carers.

Effective implementation should be supported by appropriate training to ensure that practitioners understand the new provisions. Councils may also wish to consider ensuring that parent carers' issues are prominent in local multi-agency carer strategies as part of steps to promote a whole-family approach.

Annex C

This annex includes some practical tools for working with families which can be adapted and developed for local use.

1. Whole-family approach to assessment and care planning. Some questions to consider including in conversations at initial contact, assessment and care planning stages.

Identifying significant people in a person's life (family and network of support) and their family responsibilities:

Who are the people in your life:
Who else lives in your house?
Who helps with your support and who else is important in your life?
Is there a child in the family (including step children, children of partners or extended family)
What are your responsibilities and roles within the family:
Do you have any responsibilities for children, e.g. parenting or grandparenting responsibilities?
Is there anyone that you provide support or care for?
Do any children in the family provide support for parents, grandparents, siblings or others?
Who takes responsibility for what within the family? E.g. cooking, finances, cleaning, recreation etc.

2. Whole-family care planning discussion questions:

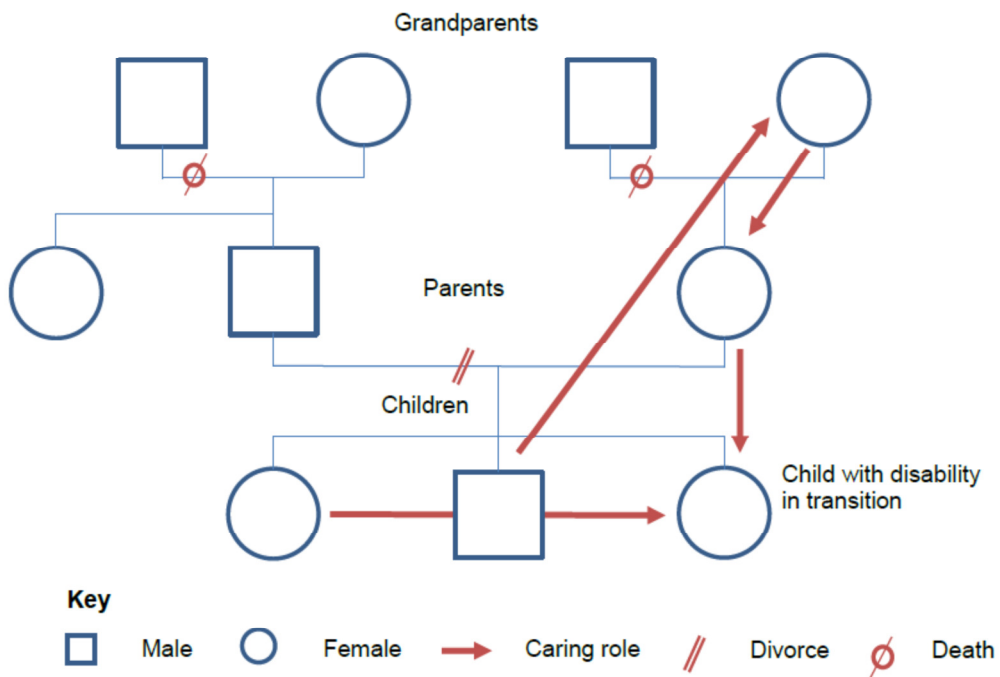
Finding out what a good life might look like for you and your family.	As a family	Individual comments (including individual needs that could be impact on others, or be impacted on by others, areas of disagreement/differences of opinion and any specific individual requirements and preferences to be considered)
What's working well for you as a family in your lives now? What do you want to keep the same?		
What's not working so well as a family? What's difficult? What do you want to change?		
What makes a good day for you as a family?		
What makes a bad day for you as a family?		
How would you like your life to be as a family?		
What do you want to change in the next year that will bring you closer to how you want life to be as a family?		
What do you bring as a family that can help make the changes you want? For example: strengths, skills, knowledge, community links, financial and other resources.		
Bottom line – what essential things must be part of your family life?		

3. Genogram

This is a sample genogram that can be adapted to show family and caring relationships



Sample genogram – to adapt to show caring relationships

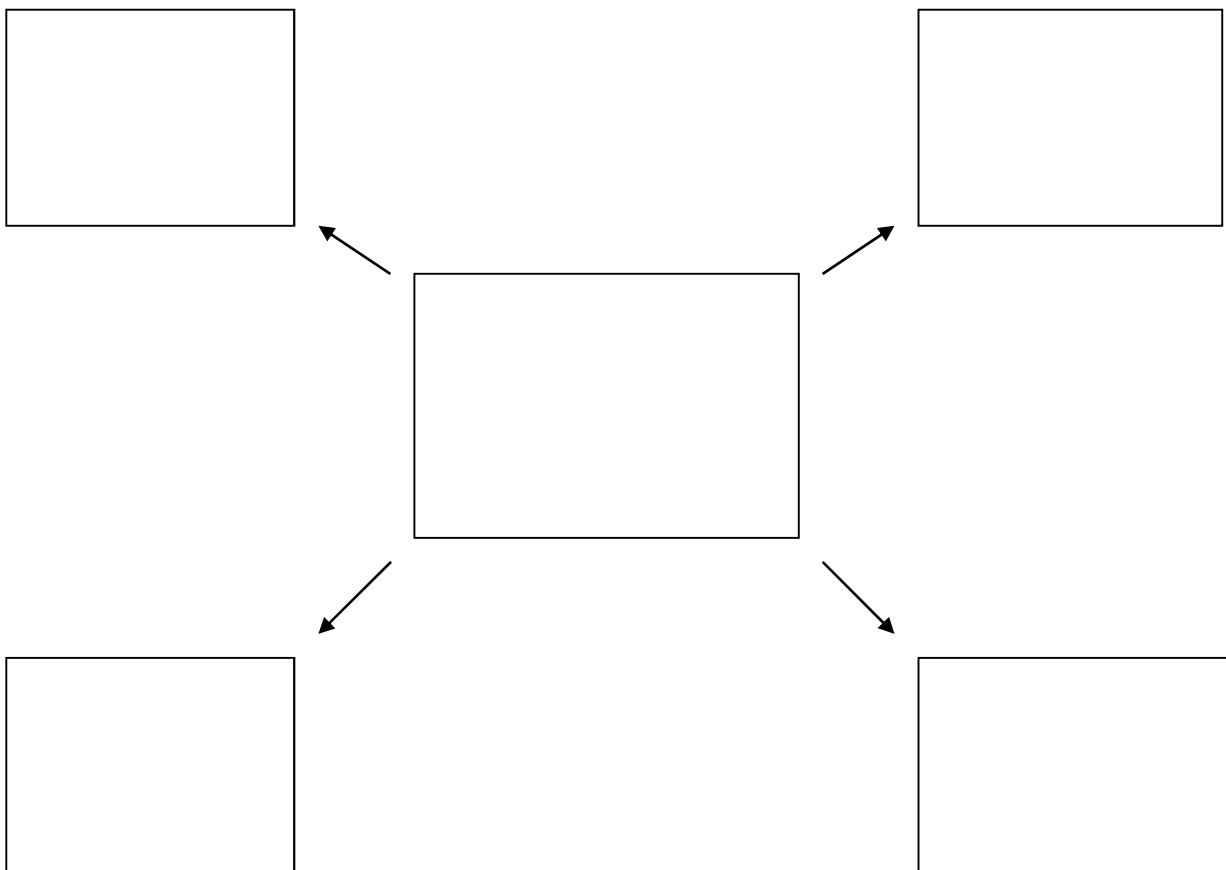


4. Identifying your support network

This is an example from Northamptonshire Carers of a diagram used to help people identify their support network.

Identifying your Support Network

Look at the diagram below and identify those people in your life who can provide various types of support to you in times of need. Put your name into the centre box and the names of the people into outer boxes. Underneath their names try to identify what you can talk to them about and how this may help you



5. My emergency crisis plan

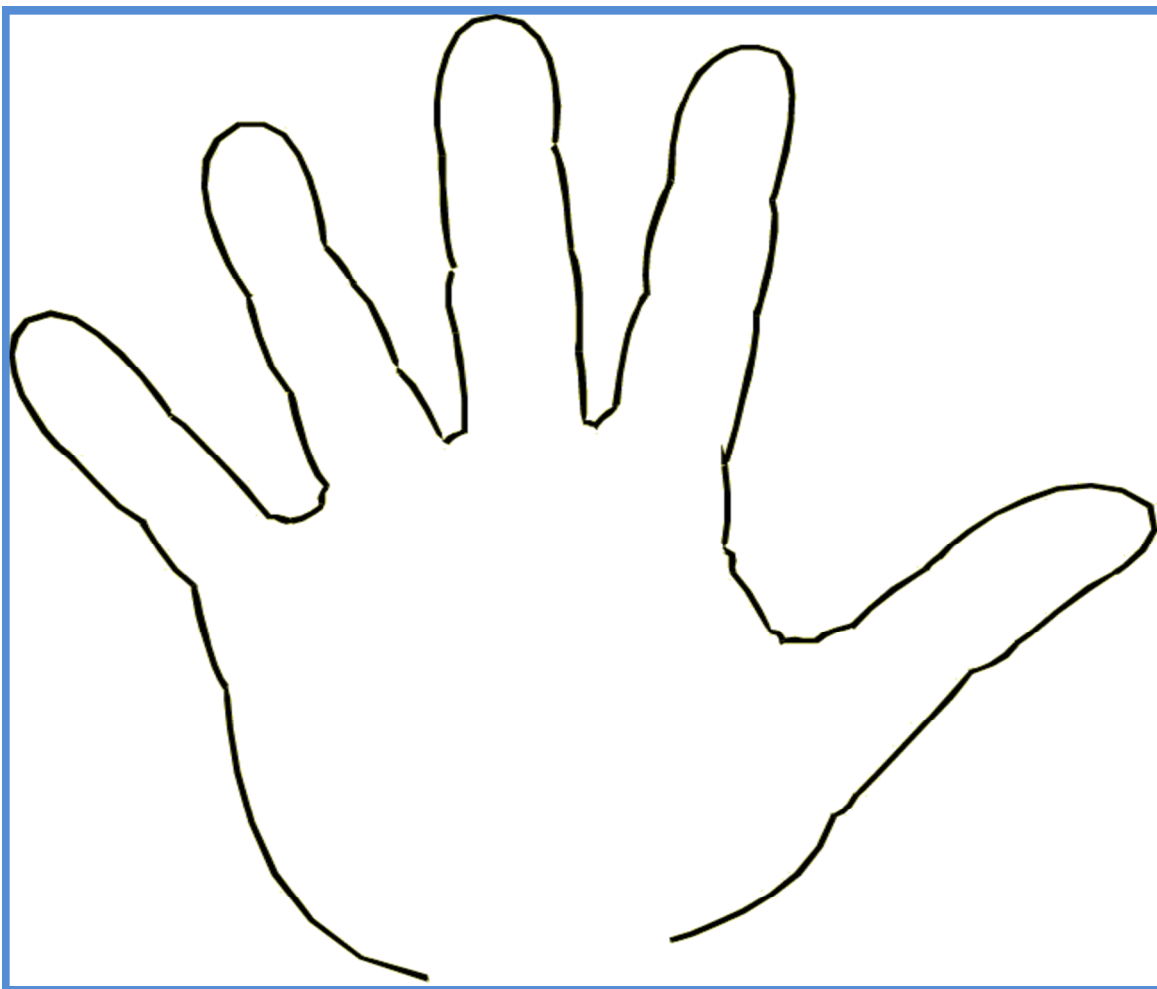
The hand is used by Northamptonshire Carers to help people identify those people i.e. relatives, friends, neighbours, professionals, services, organisations that could be called upon quickly to help in a crisis situation. It could also be used to help people to think about their day to day support network.

My Emergency/Crisis Plan

Look at the diagram of the hand below and try to identify those people i.e. Relatives, friends, neighbours, professionals, services, organisations that could be called upon quickly to help in a crisis situation.

This may be the result of a sudden illness or feeling that you are unable to cope at present, with your caring role.

Place your immediate contact person in the centre of the hand and for each of the fingers and thumb, write down the people you can contact, what support/help they can provide and their contact details. This can be placed somewhere that you can access easily and quickly in the event of an emergency/crisis occurring.



Annex D

Checklist of key practice points:

Step one: Think family. In a council that thinks family:	This is in place	This is partly in place / we have started work on this	This needs work
There is leadership and commitment across the council to a whole-family approach with protocols in place across a wide range of local partnerships to enable services to be coordinated.			
A workforce change programme ensures the skills and referral arrangements are in place so that service protocols are operating 'on the ground'.			
Family related questions are embedded in processes at first contact and subsequently, such as: <ul style="list-style-type: none"> • Who else lives in your house? • Who helps with your support and who else is important in your life? • Is there anyone that you provide support or care for? • Is there a child in the family (including step children, children of partners or extended family) • Does any parent need support in their parenting role? 			
There is an active approach to establishing if there are any significant potential changes in families lives and working with them to plan for these			
Families and carers are an integral part of the design delivery and evaluation of services and support.			

Step two: Get the whole picture. In a council that gets the whole picture:	This is in place	This is partly in place / we have started work on this	This needs work
Information on the assessments and care and support plans that family members are having from other organisations is routinely identified. Where possible and appropriate, assessments are coordinated.			
Proportionate assessments are undertaken in a way that's most appropriate to each family.			
There is a joint protocol in place between children and adult services that makes clear where responsibilities lie and how services work.			
People providing care and support are identified and involved in the assessment to provide their expertise and knowledge and views of what works and what does not. Risks to carers of sustaining their caring role are always considered.			
Carers are always provided with an assessment on the appearance of need. Carers' eligibility for support in their own right is always considered.			
In all instances, even when a person can achieve an outcome independently, consideration is given to any impact on others and whether they might be adversely impacting on the health or safety of others, particularly family members and including children.			
At assessment all of a person's eligible needs are identified regardless of support being provided by any carer.			
When looking at eligible needs, consideration of the ability to maintain family or other significant relationships, including with any children, and the impact of these not being maintained on the adult's wellbeing is always considered. This applies to both the person in need of care and support and their carer.			
On the identification of a child in need or a young carer, consideration is always given as to whether to undertake a young carer's assessment under section 63 of the Care Act or a young carer's needs assessment under section 17 of the Children Act 1989.			

Step three: Make a plan that works for everyone. In a council that makes plans that work for everyone:	This is in place	This is partly in place / we have started work on this	This needs work
Support planning takes into account the wellbeing of <i>all</i> the family and the impact of any services and support on other family members. This includes identifying and responding to situations such as mutual caring, carers living at a distance or outside of the local authority area.			
Support planning always involves any carer and consideration is given to the involvement of other family members.			
Support planning considers how carers can be supported to look after their own health and have a life alongside caring.			
Plans include consideration of support to ensure a carer is able to fulfill any parenting role.			
Consideration is given to how a person's circle of support can be developed, where this might benefit an individual.			
Plans from different organisations for any family members are identified and consideration given as to whether these can be aligned, coordinated or combined into a single plan (where all involved agree).			
Where plans are combined, a named person is established to undertake monitoring and assurance and it is clear about when the plan will be reviewed and by whom.			

Step four: Check it's working for the whole-family. In a council that is working for the whole-family:	This is in place	This is partly in place / we have started work on this	This needs work
The impact of the plan and results being achieved are reviewed in relation to both the individual and the whole family. This includes consideration of any unintended consequences for other members of the family.			
Consideration is given to any changes that can be made to maximise the benefit to the whole family.			
Carers' needs are routinely reviewed and the support they are willing and able to provide, as well as the outcomes they want to achieve, is re-established.			
Any anticipated changes in the family that may impact on needs and support are identified and considered in any revised plan.			
The plan is checked to see that it is providing adequate support to prevent children caring at inappropriate or excessive levels.			