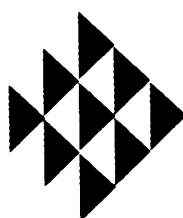


King's Fund



Carers Impact Project in East Sussex

**Taking Action on Carer
Assessments**

**Report of a workshop held on
24 November 1998**

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Taking action on carer assessments

Introduction

This report summarises the material produced by a workshop which was set up in response to feedback from local carers who took part in the first stage of the Carers Impact Project in East Sussex. The workshop aimed to agree good practice in carer assessments and to consider ways of ensuring this is consistently carried out.

The workshop included carers, health and social services managers and practitioners. Participants list - Appendix 1.

Penny Banks and Kate Griffiths from the Carers Impact programme at the King's Fund facilitated the meeting.

Contents of this report

1. The national picture of implementing the Carers (Recognition & Services) Act 1995
2. Local experience of carer assessments
3. Good practice in carer assessments
4. Monitoring good practice
5. Taking Action following the workshop

Appendix 1: Workshop participants

Appendix 2: References

Appendix 3: Questions for front-line staff and first-line managers from the SSI report, A Matter of Chance for Carers?

Appendix 4: Example of a checklist for assessing carers (Hertfordshire Social Services)

1 The National Picture (presentation)

The Carers (Recognition & Services) Act 1995 is the first piece of legislation to recognise fully the role of carers within community care law. There are two key elements:

- the **carers right** to ask for an assessment of their ability to care
- the **local authority's duty** to take into account the results of this assessment when looking at what support to provide to the person cared for

Earlier guidance already called for the involvement and consideration of carers needs e.g. section 8 of the Disabled Persons Act 1986

The local authority view of the act

The Carers Act was seen as a 'motivator for change'. It:

- raised the profile of carers issues
- led to a change in policies and procedures

But there are underlying tensions between the rhetoric of needs-led approaches and the imperative for local authorities to stay within budget and local authorities claim the lack of resources has severely inhibited their ability to develop carer support.

Social Services Inspectorate report: A Matter of Chance for Carers? 1998

The Department of Health has just published their findings from an inspection during 1997 and 1998 of seven local authority social services department's support to carers.

Messages from the SSI report

- Carers' experiences are very varied. Practice varies between individual social workers and care managers, between teams, between areas, within authorities and between authorities
- Assessments and reviews are not routinely part of social services practice

Findings from the inspection

- Social services departments had provided training when the Carers Act first became law but front line practice is often not in line with procedures. There is further evidence of this from the Carers Impact programme, the Carers National Association surveys (see appendix 2) and the preliminary findings of the research being undertaken by the Social Policy Research Unit, University of York.
- Staff are not clear about carers rights and how their own social services department interprets them
- There is little consistency in practice
- Despite publicity, carers do not know and have not been told of their rights to assessment

Explicit carers assessments are rare

- Carers are frequently assessed without being aware of it. Most carers do not receive a copy of their assessment and the care plan
- Carers' assessments are often not distinguished from users' assessments
- Self assessment forms often lack detail and scope and from the Carers Impact Project experience are often misused. They are simply left with the carer, with no clear follow-up nor discussion
- There are few examples of well-established and maintained review systems

Where assessments do take place

Carers report very positive experiences when carer assessments do take place:

- Services are often increased, and even where they are not some carers value the 'peace of mind' given.
- Carers gain increased confidence to take up services.
- They feel valued and recognised.

The lack of involvement of other agencies

- Other agencies, especially health, are not properly involved in the assessment and care planning process.
- Assessments of the needs of carers of people leaving mental health hospitals are not well integrated into the Care Programme Approach.

Particular issues for two groups of carers

- Carers from black and minority ethnic communities frequently do not get their needs assessed.
- Carers of people with mental health problems have particular difficulties being recognised.

Feedback from carers in East Sussex

Carers in East Sussex gave mixed feedback about their experiences of assessment in the first stage of the Carers Impact Project in 1997 (see Appendix 2). There was positive feedback about many of the assessors and most carers felt their own needs had been taken into account. But in no case had a separate record of these needs been spontaneously made or offered by the assessor.

Carers identified the need for:

- better co-ordination of information and the streamlining of assessment meetings in complex situations;
- needs-led assessments and an undertaking to log unmet needs;
- a stronger emphasis on the carer
- more consistent feedback on agreed courses of action

Conclusion

Nationally we have not got there - comprehensive needs led assessments which address both user and carer needs in an integrated way are not yet the norm.

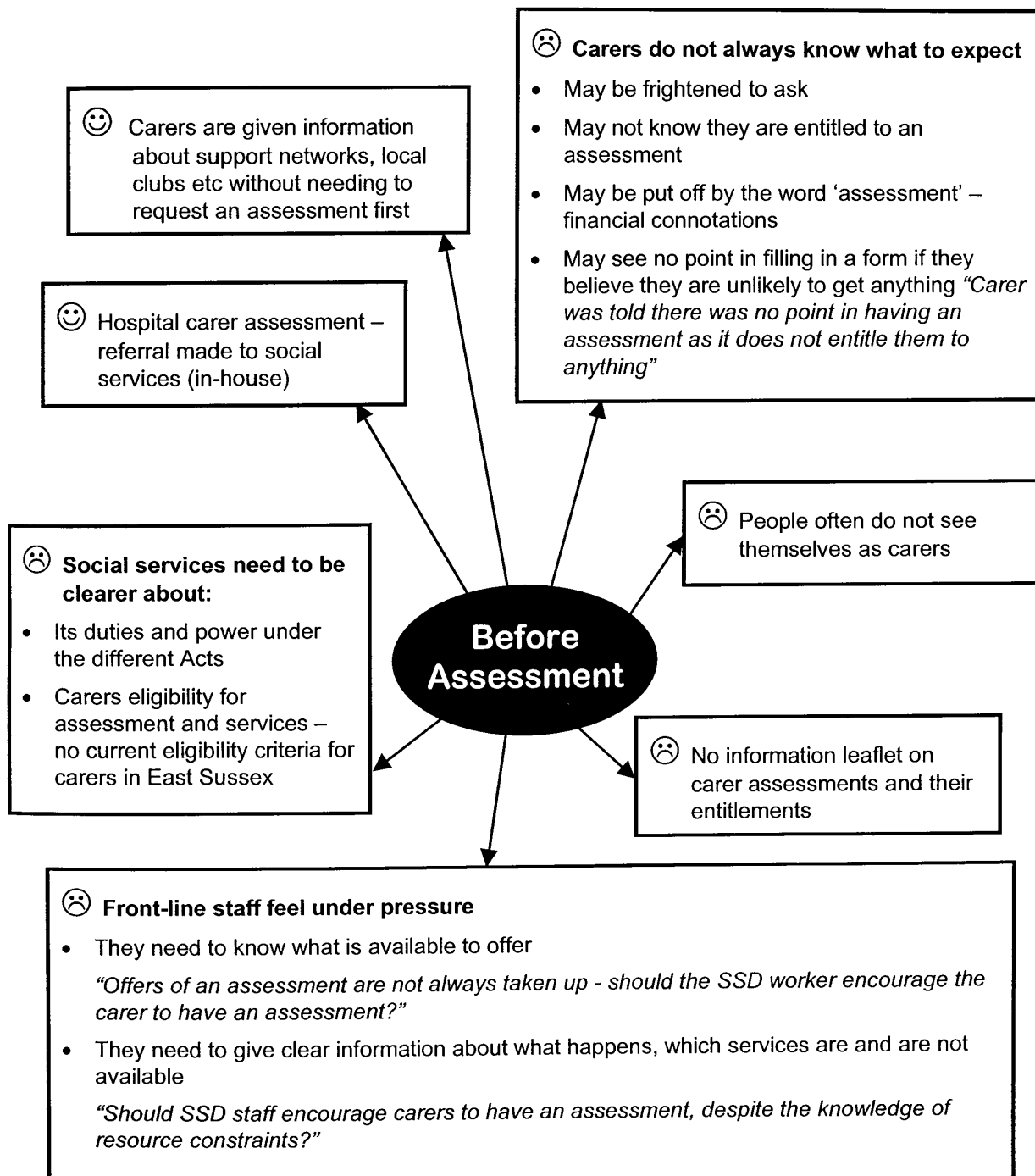
There are a range of pressures working against this - in particular the financial constraints and tightening eligibility criteria. This can mean carers are simply viewed as a resource, for example a quick answer to releasing a bed, rather than people with needs in their own right.

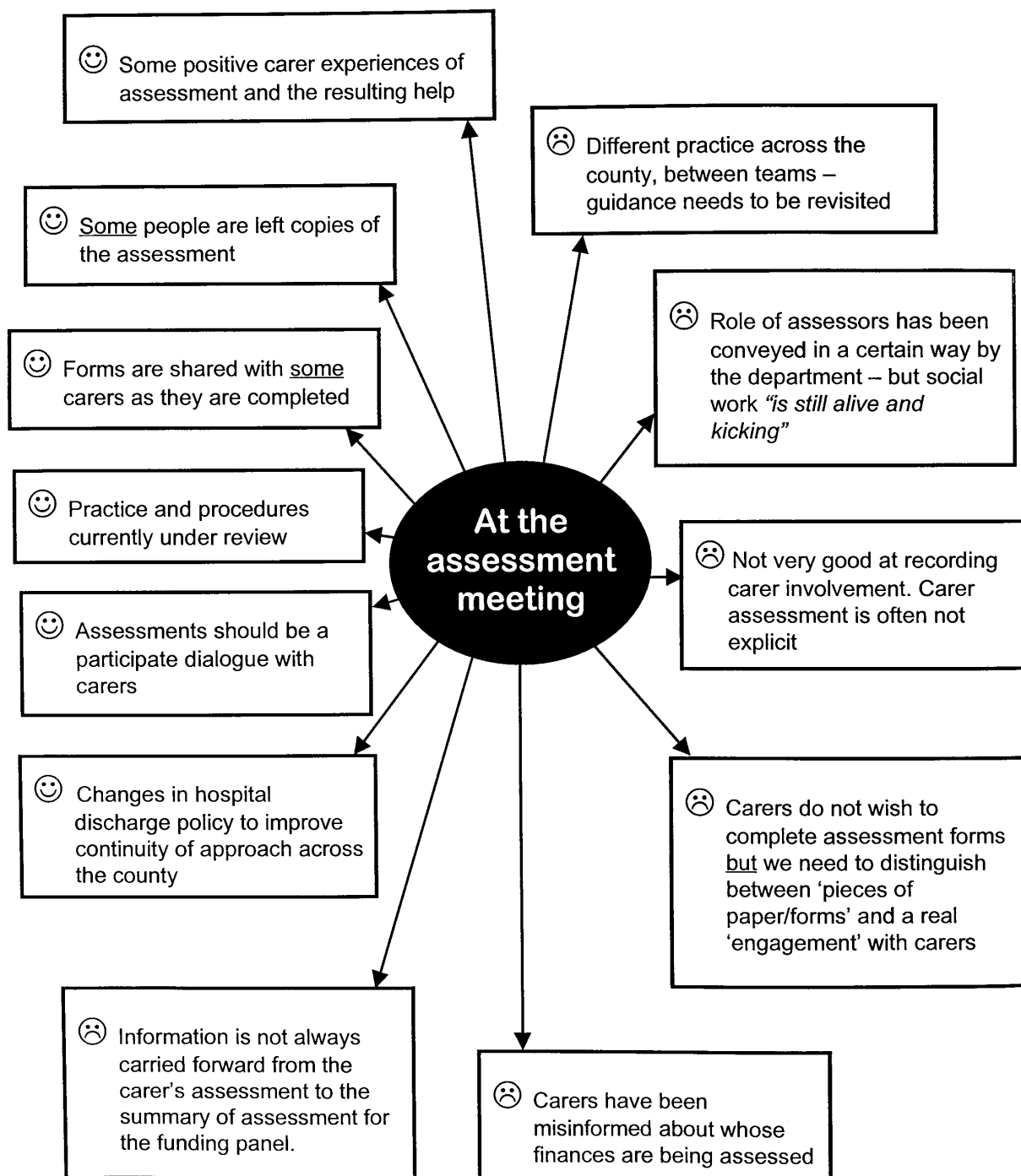
It is very difficult to generalise as there are many examples of excellent practice and satisfied carers. The Act has helped to raise awareness.

The challenge is to build on the good practice already evident and to work towards more consistent practice. Hence monitoring good practice is the subject of this workshop.

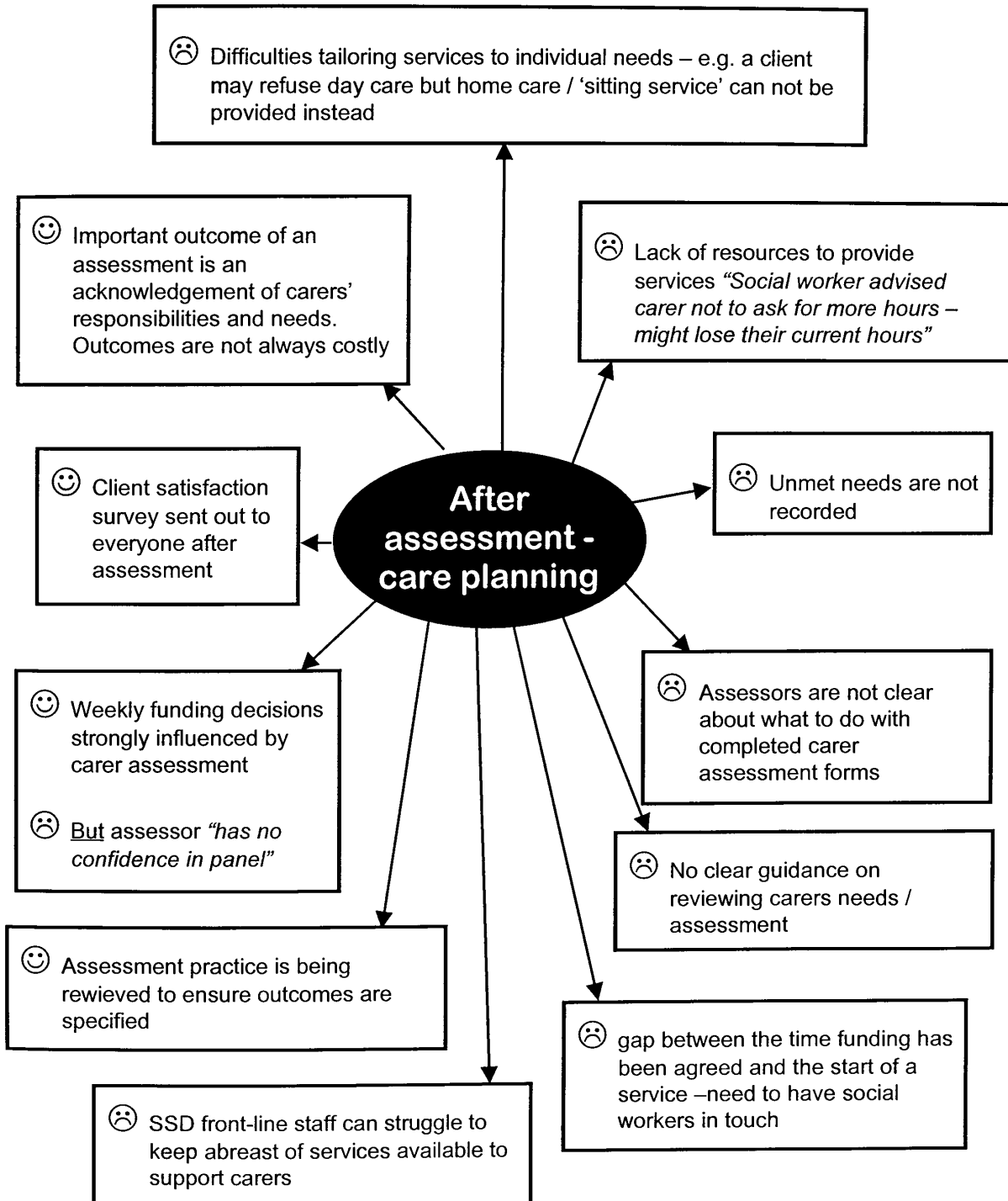
2 Local experience of carer assessments

The following experiences of assessment in East Sussex were noted by the workshop participants.





Local experience of carer assessments cont.



3 Good Practice in carer assessments

Workshop participants identified the following good practice:

a) Before assessments

i) General publicity about carers assessments

Ensure all carers are given full information about assessments through:

- ➔ Professionals from all agencies (e.g. district nurses, primary care team, voluntary agencies) identifying and informing carers
- ➔ Proactive and ongoing distribution of information and publicity
- ➔ Corporate working
- ➔ Reaching isolated carers – identifying carers

ii) Ensure all staff from all agencies identify carers through awareness raising and training

iii) Information for all carers who are about to be assessed

Staff should ensure carers know:

- ✓ about their right to an assessment
- ✓ what an assessment is
- ✓ the difference between an assessment of needs and means testing
- ✓ what will happen at the assessment meeting
- ✓ they have a choice as to the type of meeting e.g.
 - without the person cared for there
 - at home or elsewhere
- ✓ about other support which they might wish to have without needing an assessment e.g. support groups, carer clubs, Crossroads and other voluntary groups
- ✓ about the charging policy and exemptions
- ✓ where to get other information about benefits etc

b) At the assessment meeting

The assessor should make it clear from the beginning that this is an assessment meeting and carefully explain:

- ✓ the purpose of the meeting – what it is about
- ✓ what the meeting will cover, including long term future plans if relevant
- ✓ how the meeting will be conducted – offering the choice of a separate meeting for the carer
- ✓ what will happen next

To respect and give confidence to the carer, the assessor should:

- ✓ prepare for the meeting and obtain the information needed from other relevant agencies
- ✓ ensure he/she does not arrive late, or explains why he/she has not been able to be punctual
- ✓ listen carefully and make no assumptions about the carer or user and their relationship
- ✓ ensure the carer has time to say what he/she wants
- ✓ ensure the assessment is holistic and covers all the needs of the carer
- ✓ respect the expertise and knowledge of the carer
- ✓ respect the needs of the user and the carer and sensitively negotiate an agreement or identify if advocacy may be needed
- ✓ ensure the carer has both written and verbal information on all that they need to know about services and caring
- ✓ provide a written acknowledgement/copy of the assessment for the carer

c) After assessment

The assessor should ensure the carer and user receive information on:

- ✓ the services to be provided as an outcome of the assessment
- ✓ what these services aim to achieve
- ✓ the date of the review (or how to request a review)
- ✓ how to raise concerns that may arise prior to this review
- ✓ any arrangements for contract monitoring – checks on services

The assessor should aim for best professional practice:

- taking a reflective approach
- trying to provide choice and flexibility for the user and carer
- being creative in developing the care plan (not just service oriented)
- ensuring the written case records reflect this

Feedback should be obtained on carers' and users' experiences of the assessment process

- satisfaction questionnaires (see next section)

4 Monitoring assessments

The workshop discussed 9 key good practice standards for assessment and how these could be monitored to ensure consistent good practice

1 Carers have clear information about assessments, what they are, how they can be obtained and the likely outcome

Target	Monitoring
Write an 'information sheet' for carers, detailing their rights and the department's duties to assess their needs	Get it done! (NB consult on content)
Provide this leaflet to any actual / potential carer	Recorded on CR2 that it has been given out Include question on carer satisfaction questionnaires (or similar)
Distribute leaflets to GP surgeries, libraries etc	Helpline officers to carry out checks
Devise appropriate format for people with communication difficulties	

2 Before the assessment meeting carers are given information about what will happen, who will be involved, where they would prefer the assessment to take place and who to contact if problems arise

Target	Monitoring
Identify actual / potential carer at point of referral	Noted on integrated referral form
Standard letter used to confirm appointment and to include information / leaflets and explanation of the assessment process	Recorded on CR2 (NB clarify how information to user is shared with carer – or do they need a separate letter?)
At appointment, assessor should confirm people's understanding of the information provided, clarify and reassure as needed	

3 All staff from all agencies at all levels understand and can identify who is a carer and their right to an assessment

Target	Monitoring
<p>Develop carer awareness through:</p> <ul style="list-style-type: none"> • induction • training • policy statements • joint planning <p>and 'paint the Forth Bridge'!</p>	<p>Green checklist</p> <p>Some opportunities to develop multi-agency/joint training</p> <p>Lead manager for carers should ensure all emerging policies reflect carer awareness / issues</p> <p>Community care planning group and Carers Impact group</p>

4 It is made clear to carers at the beginning of the meeting: what will happen, what will be covered, who it is for and what will happen

Target	Monitoring
<p>A clear explanation of the process is given at the beginning of every assessment meeting</p> <p>Induction training includes this good practice</p> <p>All assessors have clear operational instructions</p> <p>Adequate time to be found for carers assessments to be offered</p> <p>Clear departmental guidance on the recording of information</p>	<p>User/carers feedback form</p> <p>Supervision to check staff understand and use instructions</p> <p>Carer assessments offer noted on file/diary sheet/ tick sheet</p>

5 Assessments should cover all the needs of carers (holistic assessment) with no assumptions made and with input from other agencies properly co-ordinated

Target	Monitoring
Joint assessments should take place where appropriate	On final assessment, identification of all those involved
Ongoing training on good practice for all assessors	Diary sheets / case files Course evaluation and feedback
Carer involvement in training courses	Obtain feedback from carers

6 Assessments should respect carers by assessors arriving on time, listening carefully, valuing the carer's role, acknowledging the carer's experience and providing written confirmation of the meeting

Target	Monitoring
Attitudinal training and induction	Carer and user feedback
Calling cards are left	Check forms are received and cards left
A copy is always provided of the social care and carer's assessment, care plans and service schedule	Carer involvement and consulted on induction and training programme
Senior practitioners and managers should regularly attend / visit Carer Forums	Monitor forum minutes for attendance

7 Carers are fully informed (both written and verbal) of the outcomes of the assessment meeting, to include details of the services to be provided, the aims of those services, the date of the review (or how to ask for one) and how to deal with any concerns that may arise in the meantime

Target	Monitoring
All carers have the above information following the assessment meeting	Random sampling of care files Audit trails
All carers have clear information from those providing a service to the carer and / or the user	Obtain individual carer feedback – especially at review meetings; use questionnaires?
Provide carers and staff with a checklist (as detailed in section 3)	Feedback from carer organisations and groups Feedback from service providers Supervision to check practice

8 To ensure carers and users give their feedback on their experiences of the assessment process

Target	Monitoring
Ongoing, rolling programme to obtain feedback from across the county, across care groups etc	Regular visits by professionals to carer groups Independent research and facilitation of feedback or focus groups
Obtain feedback from other agencies, including independent providers	Internal audit Random sampling
Ensure complaints and comments are actively encouraged by staff	Feedback at review stage Managers to visit carers on a regular basis Phone line/helpline extended to log calls which offer comments and feedback Record unmet need

9 Care plans should be creative, responsive and flexible, with as much choice as possible offered to the carer and user. These should be written up in the case records

Target	Monitoring
All case records should 'tell the story' i.e. make it clear what has been agreed and why and the outcome	Supervision Group discussions between assessors on 'cases'
There should be a good dialogue with all providers to find creative solutions	Care Plan audit – may be helpful to have an independent audit sometimes Audit of all records
Joint reviews should be carried out	Obtain feedback from carers on their views on the responsiveness of the care plans Hold joint workshops between health, social services, voluntary sector and carers to discuss views Assessors visit carers groups to discuss issues

5 Taking action

Participants identified the following action to take forward from the workshop:

Eastbourne Community Team	To highlight carers needs and assessments
Conquest and Bexhill Hospital	To highlight good practice in supervision and induction
Kathy Fordham Care for the Carers	To obtain a list of senior practitioners and put them on their mailing list
Steve Royston Paula Ellis (health)	To get carer awareness on the agenda of Primary Care Group board
Training Section	To progress discussions on carer awareness training for 1999. Will look at carer involvement in training and carer assessment training which will mirror some of the content of today's workshop
Andy Cunningham	To involve carers in monitoring independent providers
Assessors at the workshop	To consider the wider role of assessment To take back concerns about the increased time which may be needed to do appropriate assessments and the potential number of assessments To recognise the skills of assessors and continue to use these skills
Marian Johnson Tony Richardson	To research into the use of calling cards/reception staff To check out what is happening at present in East Sussex. To consider checklists and development of eligibility criteria for carers To review the current documentation for carers assessments
Home Care Ken Muddell	To take back information from the day to raise issues within home care
Jane Simmons & Training Section	To ensure the induction checklist for managers includes carer awareness

Jane Simmons	<p>To include carer issues within performance management targets</p> <p>To develop local / team action plans to include carers issues</p> <p>To discuss the potential for identifying individuals in each team who will 'champion' carers issues locally, receive and disseminate information etc</p> <p>To take all the issues, the action plan and the report of the workshop to the service management teams including the final evaluation report of the Carers Impact Project in East Sussex (due to be completed in December 1998)</p>
Pat Dier (Carer) Crowborough Carers Club	<p>To report back to the carers club and invite speakers/managers to come and talk about assessments</p>

Appendix 1: Workshop Participants

Margaret Cook	Carer
Andy Cunningham	Contracts Officer
Pat Dier	Carer, Crowborough Carers Club Representative
Paula Ellis	Project Manager, East Sussex, Brighton & Hove Health Authority
Marylyn Elphick	Assessor, East Sussex County Council Social Services
Kathy Fordham	Care for the Carers
Mark Hawkes	Occupational Therapist Ridgeway
Sue Horton	Assessor, East Sussex County Council Social Services
Marion Johnson	Service Manager, East Sussex County Council Social Services
Judy Kennard	Assessor, East Sussex County Council Social Services
Moir Kent	Assessor, East Sussex County Council Social Services
Ken Muddell	Resource Officer, East Sussex County Council Social Services
Gill Murphy	Project Manager, East Sussex County Council Social Services
Debbie Ramsey	Senior Practitioner, East Sussex County Council Social Services
Steve Royston	Area Manager, East Sussex County Council Social Services
Jane Simmons	Group Manager, East Sussex County Council Social Services
Bob Skinner	Assistant Training Manager, East Sussex County Council Social Services

Appendix 2: References

1. **In on the Act? Social Services' experience of the first year of the Carers Act**
Carers National Association / ADSS October 1997
2. **Still Battling? The Carers Act one year on**
Carers National Association June 1997
3. **Carers Impact Project in East Sussex: Report on the focus groups and interviews conducted with Carers October & November 1997**
J Unell & H Bagshaw Carers Impact, King's Fund 1997
4. **Carers Impact: How do we know when we've got there? Improving support to carers. Report of the first year's work of Carers Impact**
P Banks Carers Impact, King's Fund 1997
5. **Carers (Recognition & Services) Act 1995: Policy Guidance and Practice Guide**
SSI, Department of Health
6. **A Matter of Chance for Carers? National inspection of local authority support to carers**
SSI, Department of Health

Appendix 3

Questions for front-line staff and first line managers from the SSI report "A Matter of Chance for Carers?"

Copies of the main report and accompanying leaflets are available free of charge from the Department of Health, PO Box 410, Wetherby LS23 7LN Fax: 01937 845 381. Please quote reference CI(98)19.

Clarifying carers' entitlements and local procedures for working with carers

Do local offices and staff, including reception staff, have current leaflets, with the date of publication, and information in other formats, about entitlement to assessment, support and services – for users and carers – and about the comments and complaints procedures?

How often are front-line staff updated about the agency's procedures for working with carers?

Involving carers

What are the SSD's expectations on front-line staff for involving carers?

Do case records document how carers are involved and how carers are made aware of their involvement?

Supporting and using carers' groups and carers' centres

Do staff know the addresses, phone numbers and contact people for local carers' groups and centres?

Do staff know how and which carers' groups and centres are supported through funding or other ways by the SSD?

What are the SSD's expectations of the type of support these groups and centres should provide? What are the conditions of the SSD's financial support?

Supervising and monitoring front-line staff

What are the SSD's expectations on first-line managers for checking that front-line staff are following procedures for working with carers?

Are case records regularly checked and signed?

***Supporting carers
of people with
mental health
problems***

How do the care management and Care Programme Approach joint arrangements with health services ensure that carers are appropriately involved?

What guidance about involving carers is given to staff working in the mental health field?

How are these arrangements monitored across health and social services?

***Working with other
agencies***

How is support for carers planned jointly with other agencies?

Are carers' topics covered in joint planning and operational documents?

At critical life stages, eg hospital discharge, onset of illness and disability, emergencies, are health and social services staff and services alert to carers' issues?

Is information for carers prepared jointly with other agencies?

***Ensuring equitable
distribution of
support for carers
across the SSD***

How does the SSD know that support for carers is distributed fairly across the local authority, both in terms of location, office and particular user group?



Appendix 4

Example only (Hertfordshire County Council Social Services)

CHECKLIST FOR ASSESSING CARERS

1. Before you start

- Are there any linguistic, communication, cultural or religious issues which mean you as an assessor need assistance with this assessment?
- Are there other professionals who should be involved or who might more appropriately do this assessment? Carers tell us they don't want to keep telling people things over and over again; at the same time they feel intimidated if too many people are involved. Carers tell us they prefer one-to-one assessments, but this means it is important services communicate. Carers also tell us that they value professional assessment and advice very highly, *even* where Social Services cannot arrange services for them.

2. The assessment (this should be recorded on CAR 300/210)

- Explain what the assessment is and what it is for and check they have understood. Even if other language is used to describe the assessment, it is important to say the word *assessment*, as we know users and carers often get confused about whether or not they have had an assessment.
- Always offer the carer a chance to talk away from, and out of earshot of, the person they care for. The carer must feel perfectly free to be honest about difficult issues. There are often deep disagreements about whether a break is needed, how much people can do for themselves etc.

3. Information

Is the carer clear about, or does the carer need more information about:

- Who you, the assessor, are and where you can be contacted
- The Carer's rights under the Carers (Recognition and Services) Act 1995
- Who Qualifies for Support from Social Services
- *Carers in Herts* or other relevant carers' groups
- Who else will see the information
- Client's condition
- Benefits for client
- Benefits for self
- Services which may be available
- What to do in an emergency
- What might happen if the carer was suddenly unable to care
- Which agencies are or are going to be involved
- How the agencies will work together
- Who takes responsibility for what
- What happens next (and by when)
- Contact names and numbers

4. Caring Tasks and/or Responsibilities

Ask the carer about:

- Tasks undertaken and effect on the carer's day to day life and other responsibilities
- Time spent supervising/ worrying about the person even if no physical activity is required
- Any health effects for the carer (including emotional effects)
- Any disability of the carer
- Any loss of sleep
- How often do they feel they are really off-duty (this may not simply be about being physically present and must always be looked at in context of other responsibilities eg work, family)?
- What are they not able to do because of their caring responsibility
- Are there any tips for us from their experience of how best to work with the person

5. PRACTICAL HELP ALREADY COMING IN

- Has the carer got the 'tools' they need: equipment, adaptations, continence advice, general advice, someone to talk to, emotional support etc. Are there any gaps?

6. BREAKS

Ask the carer:

- Can they get a break? If so how? (If they feel they are imposing on other family members etc they may not be making as much use of such opportunities as they ideally need)
- When they get a break from caring, is all their time taken up with other responsibilities, or do they get some time for themselves?
- Has the carer ever decided not to use services that have been offered? (It's really important that assessors look behind the reasons why a particular service is not being used).

7. PERSONAL HISTORIES

- How is the carer feeling?
- How did the carer come to be a carer?(Assessors need to be aware of the background to situation and family circumstances).
- How does carer get emotional support?
- How does the carer see the future?

- Does the carer feel they have any choices? (They may feel they cannot carry on, or only if they get more support, but they may find this very hard to talk about).

8. EFFECT ON RELATIONSHIPS OF CARING

- What effect has being a carer had on the carer and the rest of their family?
- A checklist for assessing *young carers* (SSBN 98J345), produced with the help of young carers by Carers in Herts is also appended to **Procedures For The Recording of Work with Substantial and Regular Carers: SSBN 98J324.**

9. SUMMARY

At the end of the assessment process, the carer should:

- know whether they qualify for support
- be able to contact you
- be able to contact all other relevant people
- receive a copy of the summary of their assessment
- know what is going to happen next
- feel that they have been listened to in a respectful way
- feel that their time has been usefully spent talking to us
- know when to expect a review or how to get follow up
- have the Local Information Pack (where the carer/client is not eligible for service or for the level of service they feel they require)
- know that we might not be able to meet all their needs or meet them in the way they would prefer

At the end of the assessment process the carer should have:

- Leaflet: *Support for Carers*
- Leaflet: *When We Can Help* (appropriate to client's care group)
- Leaflet: *Benefits for carers*
- Completed/signed assessment summary and care plan (CAR 300)
- List of local contacts for carers **and/or**
- *Carers in Herts* contact leaflet

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