King's Fund

Carers Impact Project in Southwark

Moving Forward On Carer Assessments

Report of a workshop held on
22 January 1998 to develop
measurable indicators of good
practice in carer assessments

Moving forward 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, Kings Fund project. The project in Southwark, steered by the Southwark Joint Community Care Planning Group for Carers, is taking forward a range of carer issues, one of which is carer assessments.

The workshop included carers, social workers from all the social services teams, occupational therapists, senior practitioners, principal care managers, commissioning officers and the Head of Assessments, Social Services.

Penny Banks and Mike Hatch from the Carers Impact project at the Kings Fund facilitated the meeting.

The workshop aimed to review the progress made in implementing the Carers Act and undertaking carer assessments and to propose measures and ways of monitoring good practice. This work would not only assist Southwark in ensuring consistent good practice in carer assessments, but would also help the national Carers Impact programme in developing ways of monitoring assessment practice.

Contents of this report

1 The National Picture (presentation)

The Carers Act 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

The following evidence comes from the Carers Impact projects across the country and other research listed in Appendix 2.

The local authority perspective

The Carers Act has had a positive impact and acted as a "motivator for change" For example, the Carers Act has generated:

- work on policy guidance and procedures (46% of authorities responding to the Carers National Association/Association of Directors of Social Services survey* say they have new procedures)
- consultation with carers on assessments (91%)
- increased information for carers (76%)

The Act has also promoted better practice

- 87% of local authorities <u>claim</u> it is routine to inform carers of their rights when carrying out an assessment of the user
- 98% say it is their policy to give carers a copy of the care plan or results

But....there are underlying policy tensions between the rhetoric of needs-led approaches as against the imperative to stay within budget.

Resource difficulties

The Carers National Association research found:

- 1 in 6 authorities planning to reduce initiatives for carers because of cuts

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* Appendix 2: References
1. In on the Act? Social services experience of the first year of the Carers Act

- 1 in 3 authorities said charges for services had increased significantly since April 1996. Charges have been shown to be a deterrent for carers asking for and having an assessment

Differing interpretations of assessment

- Many authorities have a **'procedural model' of assessment** where the goal of assessment is to gather information to see if the client meets a set of eligibility criteria. (See *"Access to Assessment"* - A.Davis et al). Often the screening and initial assessment is not so much about identifying need as testing people's eligibility for further assessment and/or services. Access to assessment is then limited at the earliest possible stage and often takes place with no direct contact with either the user or carer.

  'Access to assessment' showed how different teams in the same authority approached the task of determining assessment eligibility differently. Specialist disability teams were more likely to acknowledge people's legal entitlement to a comprehensive assessment of their needs, rather than an assessment of their eligibility for a service.

- Fewer people receive **comprehensive assessments which address all their needs** and lead to a care package designed to meet their needs.
- **Many people have a 'low level' / simple assessment -** often by an occupational therapist leading to a supply of equipment
- **There may be difficulties in defining 'carer' assessments,** particularly as caring is a two-way relationship and in many situations it is not easy to decide who is doing the caring and who is being cared-for.

Differing definitions of 'regular and substantial care'

Under the legislation carers are eligible for an assessment if they offer a *"substantial amount of care on a regular basis"*. This has been left to local authorities to define. In some authorities all carers are offered an assessment whilst in others only carers caring for a certain number of hours are eligible.

Difficulties in monitoring assessments - both numbers and practice

The Carers National Association survey showed only 14% of authorities had collected statistics on the numbers of carers offered an assessment since April 1996. The figures ranged from only two assessments to six thousand!

The Carers experience of assessments

Few carers appear to be getting an assessment - in the CNA survey (Still Battling) 21 % had an assessment of some kind.

Where they do, many have positive experiences of assessment

- Over half said services increased as a result of assessment
- Carers praise helpful staff and report increased confidence to take up services and support. Many say they feel valued and recognised and have 'peace of mind' (some carers say this is even when no immediate services are offered).

But for a number of carers nationally.....

- there is evidence of some difficulties for carers getting into the system for the first time
- carers are unclear of the status of meetings - is it an assessment or not?
- carers were unclear how assessment could help them to manage their situation
- carers are not informed of their rights even though their relative was assessed (53% - CNA - Still Battling)
- few carers are given information about the Carers Act at hospital discharge (awareness raising with health professionals is an ongoing issue)
- there is a lack of information at the time of assessment to consider options
- very few carers are given written results (56% of those assessed - CNA - Still Battling)
- for the most part assessment concentrated on the person cared for and both workers and carers may have little understanding of the value of an assessment of the carers' need
- assessments between health and social services are not co-ordinated - carers have to repeat the same information time and time again
- carers do not feel they are allowed to talk about what is important to them
- assessments often do not build on the support and frameworks which disabled people and carers have established for themselves (see *"Access to Assessment"*)
- carers experience baffling jargon and poor communication, and often a focus on completing forms
- carers may be disillusioned where there are no tangible outcomes

- concerns about charges prevent carers from asking for or having assessments
- there is a great diversity in experience:
    - *within the same authority and between authorities; carers' experience may vary according to the type of team carrying out the assessment*
    - *between carers of people with different needs - particular problems of carers of people with mental health problems (confidentiality issues); different procedures within learning disability teams; young carers are often not recognised.*

Carers from black and minority ethnic communities have particular difficulties:

- lack of information, including how to access services
- communication and language barriers

Carers feedback on their experience in Southwark

Some of these points were raised by carers in their **feedback to Southwark** (see Appendix 2 Carers Impact report on the focus groups and interviews conducted with carers)

Assessment worked well for many carers, but:

- some had difficulty in getting an assessment
- many were unaware of the assessment process (especially carers of people with mental health problems)
- assessments were often strongly focused on the user - many carers too have little understanding of the value of a separate assessment of their needs
- there are particular difficulties for black carers accessing assessments (Cultural Unity Research)

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 carrying out carer assessments

A number of organisational and procedural issues were identified in taking stock of local experience in carrying out carer assessments

Difficulties	Proposed solutions
The current system has become too complex and does not always ensure integrated user and carer assessments Whilst it was agreed improved practice in talking to carers about their needs is of prime importance, some concerns were raised about the current forms: ⇒ the forms are used in different ways across the teams ⇒ few carers self assessment forms are returned and it is not always clear how these are then used ⇒ the form is not suitable for young carers	**A more simplified system to assist good practice** using one integrated assessment form, similar to the current review form, which: • clearly identifies carers needs separately from users • ensures an integrated user and carer assessment • addresses the needs of people who may both be 'users and carers' • takes account of the needs of more than one carer, if several carers are involved • ensures the needs of carers not living at the same address are assessed • records the separate needs of users and carers, particularly if there is any conflict • is clear, jargon free and user friendly • can be completed with the carer at a separate location / in privacy / at a different time if preferred **AND with this a checklist for carers (and users) to prepare for assessments** which would be sent out in advance **AND it is made explicit to the carers that their needs have been taken into account**

Difficulties	Proposed solutions
Many carers do not know they are entitled to their own assessment	Every front line worker to take a pro-active approach to giving carers information and to inform them of their rights. This also needs to happen at the review when carers may be better placed to ask about their needs
Recording the number of carer assessments	A debate took place on whether the emphasis should be on recording good practice and the outcomes of assessments, rather than numbers. It was proposed senior practitioners should monitor assessment activity and the quality and number of carer assessments.
Carers may not be identified • in crisis situations (especially mental health) • because services have to be organised urgently • during screening over the phone • because of assumptions made, for example related to gender • where there is breakdown in liaison between health and social services • because the user may be reluctant/unable to identify the carer • if the user refuses a service and therefore neither user nor carer is assessed • when the carer is not living in the same household as the user **Also:** • Families / 'next of kin' may be recorded as 'carer' but may not be providing significant care	All forms to have appropriate prompt to ask if a carer is involved If it has been impossible to carry out a full assessment in an emergency situation, use the review (where these take place), to ensure the carer is fully involved, their needs are properly assessed and they are sent copies of the assessment Information about how to contact services to be made available for carers at any crisis point Joint training and awareness raising, with carer involvement, for health and social services staff Review practice at hospital discharge; ensure social worker involvement and better understanding between health and social services of their respective roles. Refresher training on carer assessments and induction training to include carer issues

Difficulties	Proposed solutions
Difficulties in recording unmet need. Sometimes unmet need is not recorded either because there is little available to offer people (for example carers of people with mental health problems who do not want group support) or there is a lack of recognition of the kind of needs the carer could have.	Facility to systematically record and aggregate unmet need to argue the case for more resources
Problems when there is a conflict between the user and carer	Social Services need to be clear about their standards and principles of user services where these appear to be different from those of the carer Clarify the definition of carer so an 'interested' relative not involved in caring is not considered 'a carer' Advocacy for carer and/or user to be made available where conflict cannot easily be resolved or negotiated
Numbers of people using services make it impossible to review every situation on a regular basis	Band / target for review according to risk, recognising the value of investing in the original assessment *(this is already in place)* Ensure all users and carers know who/how to make contact if their situation changes Ensure reviews revise the original assessment as necessary; check the care plan is still appropriate; collect feedback on the quality of services being provided *(current practice)*

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3 Good practice, key indicators and monitoring

a) **Carers know about Social Services and how to contact them**

Target	Monitoring
An information strategy which includes: • production of material, with carers involved and informed by operational teams • dissemination strategy which reaches all communities • clarity about what social services can and cannot offer	• Ask voluntary organisations to identify how carers found out about them • Record where the information was obtained through a standard question on referral forms
• information telephone line to signpost people to one stop shops etc.	• Log calls to information line
• considering how this can be developed jointly with health and other agencies	
• Produce contact card which can be given to carers to contact local carers organisation/information point	• Code contact cards to identify where the card was obtained. Use this to monitor where carers are getting information

b) **Requests for assessments and referrals are acknowledged and carers are told when the assessment will happen and what to expect**

Target	Monitoring
• All referrals from carers are treated on the same basis as professional referrals • All carers are advised if it is likely that several people from the office (on duty) may be involved before carers receive the assessment visit • All carers receive standard acknowledgement letter within agreed departmental timescales • All carers are kept informed of any delays and are given likely timescales and appointment times • All carers receive preparatory information/checklist (in different languages and format as appropriate)	• Regular supervision by managers • Spot checks by teams on regular basis – telephone small sample of carers – assessors to ask carers at time of assessment • Hold focus groups on referral response etc., • Audit of sample of files on regular basis

c) **At the assessment meeting assessors explain clearly, without jargon, what assessment means, who it is for and the rights of the user and carer**

Target	Monitoring
• All carers know about their rights to be assessed and what this involves	• At the review check if carers had been told clearly about assessments and their rights at the time of the original assessment • Sample telephone interviews and comment forms to obtain carer feedback

d) **Assessments are sensitive to individual circumstances and recognise everybody is different. Assessments are culturally sensitive and meet any special needs. Carers have an opportunity to speak privately if they wish**

Target	Monitoring
• All carers and users are able to say what is important to them • All assessments address the critical issues and needs of the user and carer	• Supervision and spot checks on assessment documentation to see if the needs of the user and carer are clear and if the resulting care plan is an appropriate response • Obtain carer feedback : – when they receive the completed assessment – through focus groups – through telephone surveys

e) **Assessment meetings provide comprehensive information to carers which includes service options, benefits and charges**

Target	Monitoring
• All carers are provided with, or signposted to, information on services and benefits at the time of assessment • All carers are given information on service charges where they apply	• Contact card (as in informing people about social services) • Follow up (sample) to see if benefits section takes action when a benefits check is requested • Supervision and spot checks

f) **All assessors summarise what has been agreed at the meeting and send carers a written copy. Carers know what to expect next; they are kept informed whilst service options are being clarified; and they know what to do if an emergency arises**

Target	Monitoring
• All carers are given the name and number of who to contact whilst they are waiting to hear the results of their assessment and contact telephone numbers, including out of hours, in case of an emergency • All carers receive a copy of the assessment • All carers carry a card to explain they are a carer and who to contact if they have an accident / emergency	• Supervision and spot checks

g) **All carers know what services will be provided, when, by whom and with contact numbers**

Target	Monitoring
• All carers receive accurate detailed care plans • All agencies involved with the carer and user leave information within the user and carer folder in people's homes	• Supervision • Spot checks - ask carers • Contract compliance testing • Obtain feedback from providers on the adequacy of information on care plans to carry them out

h) **Carers know when to expect a review or how to request a review**

Target	Monitoring
• All carers are given information about reviews at the time of assessment	• Telephone review after care package has started to check the carer knows how/who to contact if there are problems

Appendix 1: Workshop Participants

Peter Ashlee	Occupational Therapist
Allison Barry	Hospital Discharge Social Worker
Mary Bowles	Social Worker, Mental Health South
Val Breen	Social Worker, Duty Team
Massimo Buonaiuto	Occupational Therapy Assistant
Rachel Carter	Commissioning Officer
J Cody	Carer
P Cody	Carer
Leslie Cruikshank	Carer
Mr Crukshank	Carer
David Dalziel	Carer
P Duke	Carer
Peter Facey	Principal Care Manager, Disabilities
Anne Foss	Social Worker, Review Team, Elderly North
Christine Gelassaki	Social Worker, Review Team, Elderly North
Joan Harding	Principal Care Manager, Mental Health South
Brenda Hopkins	Carer
Cathy Jeffrey	Head of Assessment
Rachel John	Social Worker, Duty / Assessment, Elderly North
Lynne Jones	Carer
John Keidan	Commissioning Officer
Merrie Reynolds	Social Worker, Review Team, Elderly South
Arnold Sami	Social Worker, Assessment, Elderly North
Sheena Wallis	Social Worker, Mental Health North
Susan Warner	Principal Care Manager, Occupational Therapy
Ann Witham	Social Worker, Mental Health South

Workshop Facilitators:

Penny Banks	Carers Impact
Mike Hatch	Carers Impact

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 Southwark: Report on the focus groups and interviews conducted with Carers April - June 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. **Putting the Carers Act into Practice: Report of a workshop held on 26 September at the King's Fund**
   Carers Impact, King's Fund 1997 (includes references to current research)

6. **Access to Assessment. Perspectives of practitioners, disabled people and carers.**
   A Davis, K Ellis, K Rummery. Community Care / Joseph Rowntree, Policy Press 1997