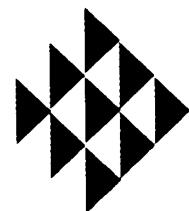




King's Fund



Carers Impact Project in Bolton

Taking Action on Carer Assessments

**Report of a workshop held on
26 June 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 Bolton. 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 and health and social services managers and practitioners. Participants - Appendix 1.

Penny Banks and Mike Hatch 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

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%)

The Act has also promoted better practice

- 87% of local authorities claim 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
- 1 in 3 authorities said charges for services had increased significantly since April 1996. Charges have 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 peoples 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.
- 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 two to six thousand!

Carers experience of assessments

Few carers appear to be getting an assessment - in the CNA survey 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:

Difficulties accessing assessment

- there is evidence of some difficulties for carers getting into the system for the first time
- charges appear to prevent some carers from asking for or having assessments

Lack of information about assessments

- 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' needs
- carers are not informed of their rights even though their relative was assessed (53% - CNA)
- few carers are given information about the Carers Act at hospital discharge

Poor practice

- there is a lack of information at the time of assessment to consider options
- many carers are not given written results (56% of those assessed - CNA)
- 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

Resource constraints

- carers may be disillusioned where there are no tangible outcomes

Wide range of experiences

- 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 in addition to those listed above:

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

Carers feedback on their experience in Bolton

Carers in Bolton also gave mixed feedback on their experiences of assessments (see Appendix 2 - Carers Impact report on the focus groups and interviews conducted with carers)

There was very positive feedback where assessments resulted in additional services and where carers felt it gave them peace of mind to know how they could access services if needed in the future.

But there were some concerns that:

- carers own health needs were not properly considered
- professionals sometimes assume carers knowledge
- there is a tendency to skim over difficult problems and take for granted carers willingness to cope with stressful demands without helping them to consider the full implications of caring

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.

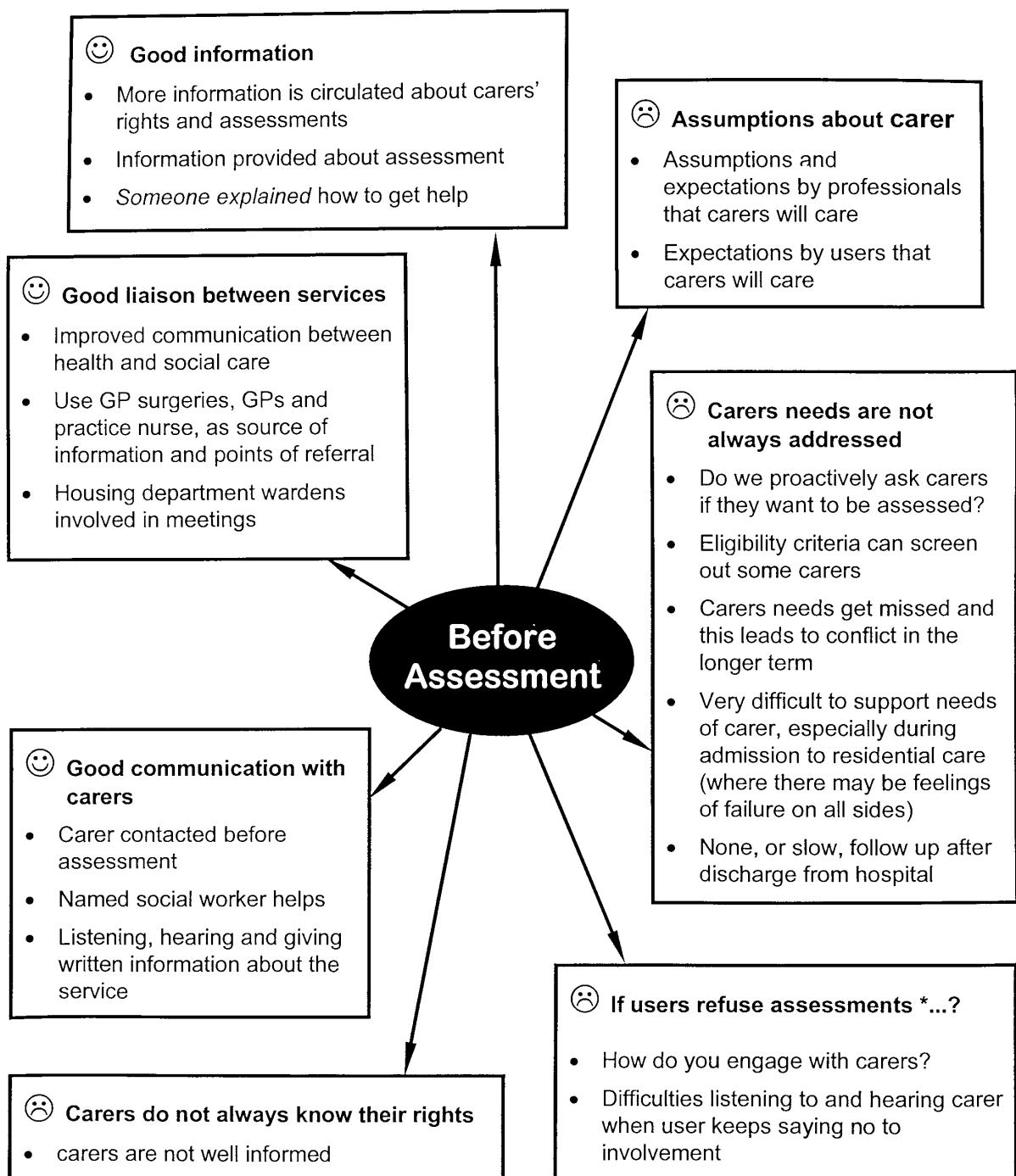
There are a range of pressures working against this - in particular the financial constraints and tightening eligibility criteria. This can mean carers are simply viewed as a resource, for example a quick answer to releasing a bed, rather than people with needs in their own right.

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

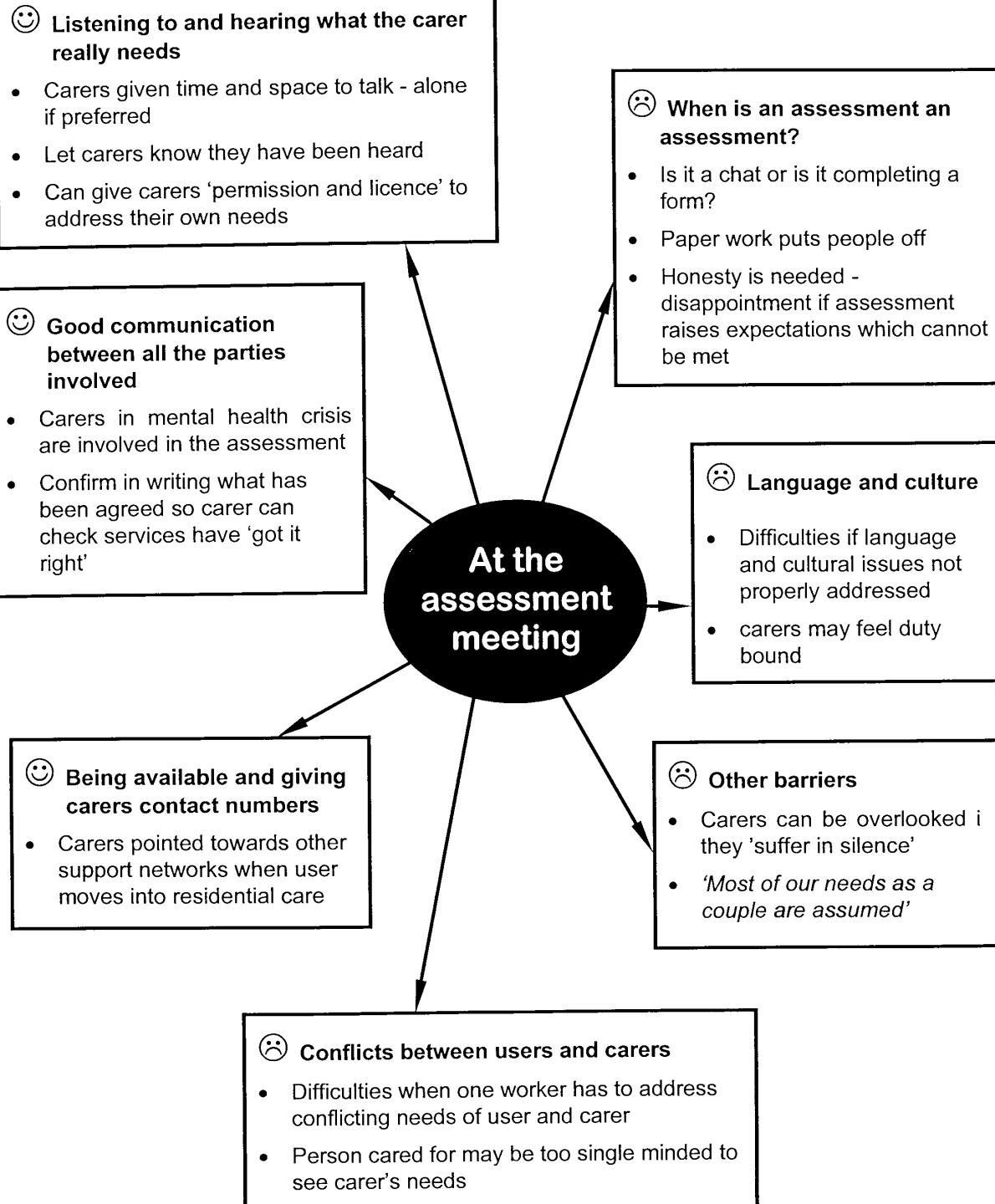
The challenge is to build on the good practice already evident and to work towards more consistent practice. Hence monitoring good practice is the subject of this workshop.

2 Local experience of carer assessments

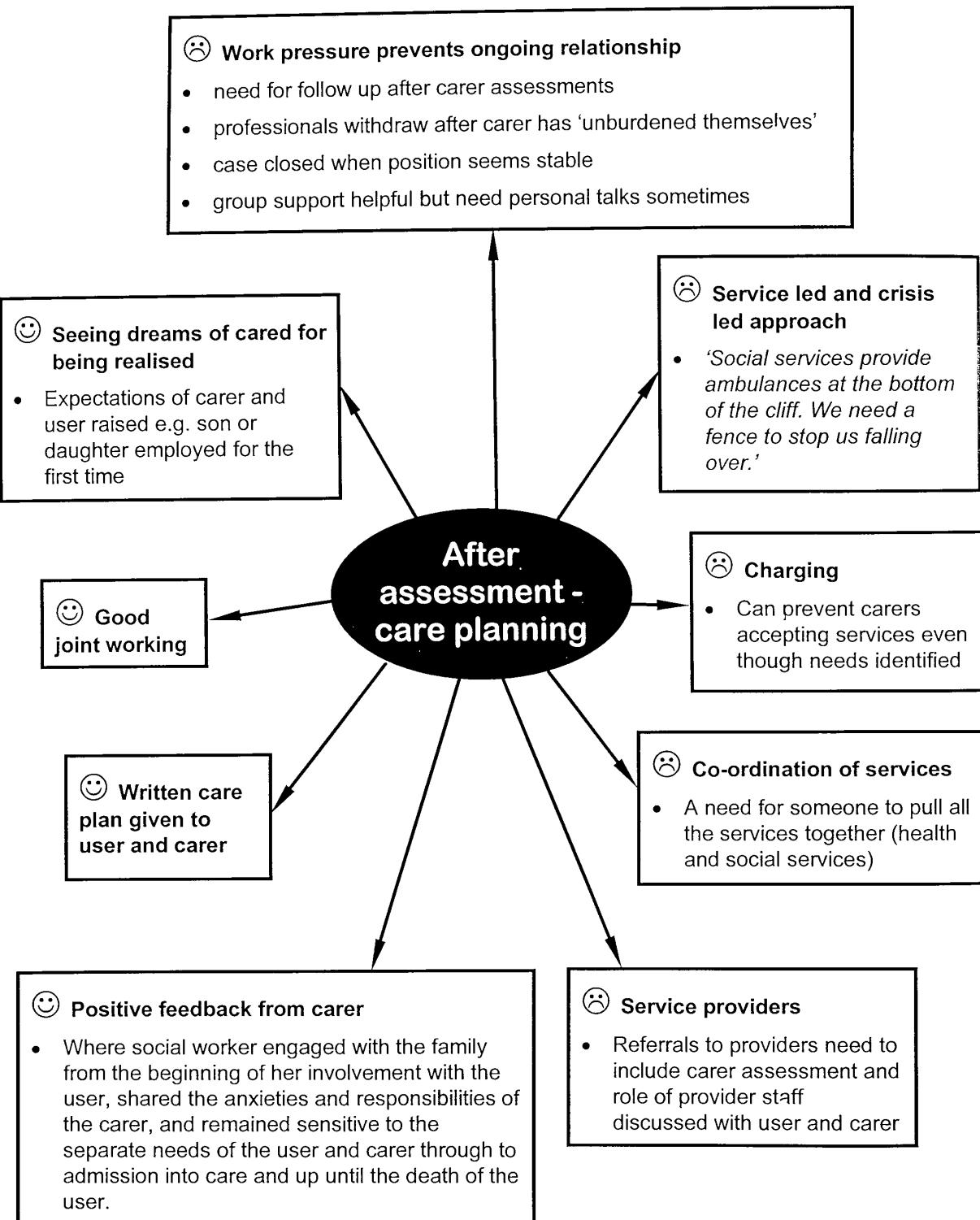
The following experiences of assessment in Bolton were noted by the workshop participants:



(* SSI Practice Guide para 11.2 says that where a carer is requesting help, but the user refuses an assessment "it is important that care managers see carers as individuals who may have a need for services and whom they therefore may be able to assist in their own right. SSI Policy Guidance 5c reminds local authorities "of their responsibilities arising from Section 47 of the NHS and Community Care Act 1990, Schedule 8 of the NHS Act 1997 and Section 17 of the Children Act 1989. ")



Local experience of carer assessments cont.



3 Good Practice

Workshop participants identified the following good practice:

a) Before assessments

- ➔ Every professional from all agencies has a responsibility to identify the existence of an actual or potential carer in each situation
- ➔ Ensure clear, accessible jargon free information is readily available in a variety of formats
- ➔ Staff should have a positive and welcoming manner to build up a rapport with carers and:

- ✓ assist carers to accept they are carers and it is not wrong to seek help
- ✓ are sensitive to language and cultural needs
- ✓ involve all the relevant people in preparation for the assessment
- ✓ ensure carers know their rights and have clear, straightforward information about assessments
- ✓ agree when and where the assessment will take place with the carer
- ✓ establish whether the user and carer want to be seen together
- ✓ ensure carers are supported throughout the assessment process - so that the carer knows who will carry out the assessment and who to contact if an emergency occurs before the assessment meeting.

It was suggested there should be a named person to take the carer through the assessment process.

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 assessments and find out what the carer expects
- ✓ who the assessment is for
- ✓ how the meeting will be conducted
- ✓ what will happen next

➔ **To give confidence to the carer, the assessor should:**

- ✓ treat the carer as an equal and as a partner
- ✓ listen carefully and allow time for the carer to say what he/she wants
- ✓ make no assumptions, nor judgements
- ✓ not take the side of the user against the carer
- ✓ use clear and appropriate language, explaining terms like 'assessment'
- ✓ give information to the carer, making no assumptions about the carer's knowledge, or ensure the carer is given other expert advice by appropriate professionals
- ✓ be honest with the carer and give no false promises
- ✓ address all the needs of the carers, including their emotional needs
- ✓ keep the carer informed after the meeting and ensure they know who to contact if there is a change in circumstances
- ✓ explain why the meeting is recorded and provide a copy of the assessment for the carer

c) After assessment

➔ **The assessor / care manager should:**

- ✓ keep the carer informed of the outcome of the assessment and send the carer a copy of the care plan with an accompanying letter
- ✓ update the carer on timescales for services and any amendments to the plan
- ✓ review needs regularly /ensure carers know how to request a review
- ✓ be honest and open with the carer about resource constraints and record any service gaps
- ✓ continue to work in partnership with the carer, recognising their expertise
- ✓ think laterally and ensure referrals to other agencies are made as appropriate
- ✓ simplify the co-ordination of services and aim for flexibility

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	Every professional, from all agencies, has a responsibility to identify the existence of an actual or potential carer in each situation						
	<table border="1"> <thead> <tr> <th>Target</th><th>Monitoring</th></tr> </thead> <tbody> <tr> <td>All staff become carer aware through a rolling programme of awareness raising which becomes part of staff induction</td><td>Annual check of department's training figures for people undertaking the training programme Ask carers at assessment if carers felt they were recognised early enough</td></tr> <tr> <td>Every agency has a checklist or prompt to think carer</td><td>Check it is in place and in use Check carer recognition through quarterly sample of referrals</td></tr> </tbody> </table>	Target	Monitoring	All staff become carer aware through a rolling programme of awareness raising which becomes part of staff induction	Annual check of department's training figures for people undertaking the training programme Ask carers at assessment if carers felt they were recognised early enough	Every agency has a checklist or prompt to think carer	Check it is in place and in use Check carer recognition through quarterly sample of referrals
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2	Clear information about assessment, in a range of formats, is made available to carers								
	<table border="1"> <thead> <tr> <th>Target</th><th>Monitoring</th></tr> </thead> <tbody> <tr> <td>All staff know where to access the Carers Act leaflet and how to explain the Carers Act to carers</td><td>Supervision checks</td></tr> <tr> <td>Public places show posters which prompt carers to seek help</td><td>Ask carers at assessment meeting where they received information</td></tr> <tr> <td>Information is made available to carers in their language and in the most helpful format</td><td></td></tr> </tbody> </table>	Target	Monitoring	All staff know where to access the Carers Act leaflet and how to explain the Carers Act to carers	Supervision checks	Public places show posters which prompt carers to seek help	Ask carers at assessment meeting where they received information	Information is made available to carers in their language and in the most helpful format	
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Information is made available to carers in their language and in the most helpful format									

- 3 **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 when and who to contact if problems arise in the meantime**

Target	Monitoring
<p>All staff complete a checklist to prepare for assessment (also see <i>Good Practice section</i>) which includes:</p> <ul style="list-style-type: none"> ✓ carers have been offered a choice of place and time for the assessment ✓ carers have been sent a letter confirming arrangements ✓ carers have been sent written information about the content of assessments ✓ carers have been given the name and number of a contact person 	<p>Check during assessment Case file audit</p>

- 4 **It is made clear to carers at the beginning of the assessment meeting : the purpose of the meeting; what will happen at the meeting; who it is for; what will happen next**

Target	Monitoring
<p>All carers are told it is an assessment meeting and are given full information about what to expect</p>	<p>Supervision checks Review forms and assessment forms ask if the assessment meeting was explained to the carer</p>
<p>All assessments are signed by carers and a copy given to carers</p>	<p>Supervision checks File monitoring - sample of assessments -all teams check if carers have a signed copy</p>

- 5 **Assessments give carers confidence and treat them as equal partners, by assessors listening carefully, making no assumptions, being non-judgmental and providing honest, clear information**

Target	Monitoring
<p>All carers are treated as equal partners (see Good Practice section)</p>	<p>Obtain independent feedback from carers Go out to carer groups to get feedback Receive feedback from carer support projects Review complaints Managers to go out and check practice with individual carers - small sample of cases on a regular basis</p>

- 6 **Assessments should covers all the needs of carers - it is holistic and multi-disciplinary where appropriate**

Target	Monitoring
<p>All carers are able to say what is important to them and all their needs are taken into account</p>	<p>Assessment format/documentation is a broad guide covering the main headings. Check what was covered at review Provide checklist for staff and carers and monitor if this has been completed Carers can also see if the checklist has been used Check at supervision session Monitor and audit case records</p>

7 **Recording is explained and shared and a copy of the assessment is provided for the carer**

Target	Monitoring
<p>All assessments trigger a carer assessment form N.B. clarify recording - self assessment forms or record of assessment interview?</p>	<p>Form is given identifying number</p> <p>Check files - response/agreement of carer noted and outcome recorded</p> <p>Send out routine customer satisfaction questionnaire after the assessment (with pre-paid envelope)</p>

8 **The care plan addresses all the needs assessed and clarifies which agencies and caring networks will meet those needs and how they will be co-ordinated**

Target	Monitoring
<p>N.B. Whose care plan? The users? *</p>	<p>Review to discuss progress in meeting needs as identified by the care plan</p>
<p>All care plans to clarify which agencies will be providing services and any other input from informal or other networks</p>	<p>Check user and carer signatures</p>
<p>Promote better working relationships and co-operation</p>	<p>Audit files</p> <p>Quality assurance questionnaire</p>

*** Note: SSI Practice Guide 11.5:**

"The care plan should be a result of careful discussion with the user and carer and where differences arise, these should be recorded. Care should be taken to ensure that when requested by the user or carer, information given remains confidential and where there are conflicts of interest, interviews should be recorded separately on the file. In certain cases some thought might need to be given as to whether the carer and user should have separate records in view of possible conflicts of interest and confidential information each may give."

9 **Carers receive a copy of the resulting care plan with details of how their needs can be reviewed**

Target	Monitoring
All carers receive a copy of the care plan	
All carers are told how to request a review	



5 Taking action

Participants identified the following action to take forward:

Hospital social work team	to find/check the Carers Handbook to raise awareness with hospital multi-disciplinary team
Community Trust District Nurses	to check for greater consistency in their approach to recognising carers
Learning Disability, Community Healthcare Trust	to obtain SSI Policy and Practice Guidance on the Carers Act and share with team
Team for older people	to check how assessments are undertaken and review workers approach to check whether carers see assessment as a test
Home care	to raise awareness of carer perspective and develop homecarers sensitivity to carers
Physical disability day centre	to raise awareness within the day centre and throughout the physical disability service
Training section	to consider how they have communicated with carers and will reconsider current practice
Stroke Unit	to raise carer awareness, especially across the disciplines
Mental Health team	to help staff to separate out carers and to formalise the process of the Carers Act assessment into integrated carer assessments to develop realistic forms of monitoring
Mental Health directorate	to address the culture and to become more carer orientated, not just patient orientated
Social Services	to review their policy and practice guide
Carers Impact project in Bolton - steering group	to receive the feedback from the workshop and co-ordinate resulting action Social Policy Research Unit, York University is undertaking research into carer assessments and will also contribute to the final evaluation of the Carers Impact Project in Bolton when carers will be asked about their experiences of assessments and services over the last year.

Participants acknowledged the importance of the involvement of carers during the day and valued their contribution to the development of the thinking.

One carer said '*I now know that I can have an assessment*' and another carer summed up the importance of improving support to carers..

'If you treat carers with respect, you receive a resource which is very valuable and very cheap.'

Appendix 1: Workshop Participants

Barbara Bowles	Carer
Grainne Boyd	Social Worker, South East Team
Sarah Brooks	Carer
Angela Burton	Community Health Care Bolton NHS Trusts
Audrey Callaghan	Snr Social Worker, Royal Bolton Hospital
Sheila Cave	Social Worker, Royal Bolton Hospital
Rachel Cleal	Learning Disability Team
Lorraine Cliffe	Bolton Social Services - Park House
Sue Evans	Bolton Social Services - Jubilee Centre
Janet Feeney	Home Care Manager, South East
Alan Gibbs	Social Services, Mental Health
Peggy Goody	Carer
Sharda Gopall	Learning Disabilities Health Services, Community Healthcare Bolton NHS Trust
Bernie Hallam	Home Care Service, Bolton Social Services
Peter Hancock	Social Worker
Alan Hitchen	Bolton Social Services - Park House
Florence Holden	Carer
Ursula Keete	Learning Disabilities Health Services
Cath King	Bolton Social Services
John Matthias	Bolton Social Services
Stephen O'Connor	Learning Disability Team
Nayna Pitamber	Mental Health Team
Jaya Patel	Rehab Unit, Royal Bolton Hospital
Jean Rollinson	Community Healthcare Bolton NHS Trust
Shirley Rowlandson	Team Leader, Social Services West
Rita Shaw	Carer
Debbie Taylor	Support Physiotherapist, Lever Chambers
Jeanette Tighe	Social Worker for Team for Older People
Rachel Wooller	Social Worker, South East Team
Linda Woods	Ward Sister, Royal Bolton Hospital
Janet Wright	Mental Health Directorate, Royal Bolton Hospital

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 Bolton: Report on the focus groups and interviews conducted with Carers October 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
7. **Carers (Recognition & Services) Act 1995: Policy Guidance and Practice Guide**
SSI, Department of Health

King's Fund



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