Appendix B:

Assessing and Meeting Carers Needs - Considerations

The below scenarios were developed by the Royal Borough of Greenwich, and will be enhanced over time by Southwark’s Adult Social Care services

Difference of opinion between the Adult and Carer

In some circumstances, the Cared for Adult and Carer’s views may differ, and in these cases, the assessing officer must take into account the views of both the Cared for Adult and Carer. It is essential to discuss the views of both parties- separately if appropriate. In some cases, the assessment discussion may establish greater understanding between carer and cared for person, and every effort must be made to encourage this. If either party has limited capacity, they should have access to an independent advocate or an appropriate person. The assessing officer should attempt to draw out the reasons for people’s views, and probe where there may be an underlying conflict or even abusive behaviour. Complete agreement is not required for the assessor to reach a conclusion about eligibility or to plan support. Differences of opinion should be referenced in assessment documentation, and in the Support plan.

The Cared for Adult doesn’t want to be cared for by the Carer/ recognise the Carer’s role

The carer has a right to be assessed as this does not depend on the eligibility of the cared for person, so they don’t have to be involved. The fact that the carer is doing the tasks is likely to impact on him, even (perhaps especially) if the cared for person does not recognise the carer as such or doesn’t wish them to do the tasks. You will need to investigate a little, and make a judgement about the veracity of the carer’s story.

It should be recognised that an abusive situation could have arisen here where the carer is imposing themselves in order to claim money from social services or a financial or other advantage over the cared for person, in which case an Safeguarding Vulnerable Adults referral may be required. However if the system relied on the cared for person agreeing that the carer is performing that role for every carer’s assessment, the system wouldn’t function well and certain groups, for example many mental health carers, wouldn’t receive support. If the cared for person lacks capacity it would be worth noting that as they may need advocacy in the future.

The carer is caring for more than one person.

The carer’s assessment should focus on the carer’s needs as a whole, and take account of all caring functions the carer undertakes. The cumulative effect of dual/multiple caring roles may be higher than the equivalent number of hours spent caring for a single adult, because of potential travel time, issues coordinating tasks and meeting everyone’s needs. This may lead to higher eligibility because of the potential restrictions this brings, and the added impact on the carer’s wellbeing.

It’s important to discuss potential solutions with the carer, and determine what is realistic for them to do. There is a requirement to ensure alternative support is provided (whether by another member of the family, community services or by increased funding for eligible needs) to cared-for adults to reduce excessive loads.
## The carer has parental or other responsibility for a child

Similar issues may occur for carers who have parental or other regular responsibility for a child. There may be conflict between the needs of the child and the cared-for adult, and the carer may suffer additional stress because of the demands of carrying both roles. It is of course essential that carers are able to fulfil their responsibilities to children. The safety, wellbeing and development of their children must remain a priority for the carer. The role of Adults & Older People’s Services would be to provide alternative support to the cared-for adult, to enable the carer to carry out their parenting role. The Carers' RAS does not take account of childcare needs and this is one of the reasons for manually increasing the RAS indicative budget where childcare is a requirement. Please see section on Personal budgets.

Where a parent carer for an adult with support needs is also caring for a child with additional support needs, the impact on the carer is likely to be even more significant, and the carer may face additional barriers in negotiating health and social care services for children and adults at the same time. There is a dual responsibility between Adults’ & Children’s Services. Under the Children & Families Act Children’s Services are responsible for assessing the needs of a carer for a disabled child, and providing appropriate support. A conversation with Children's Services is required to ensure the two sources of support don’t duplicate or clash and that the carer’s needs are met.

## More than one carer shares the caring role with an adult

While the assessments of both/all carers may be done together in the same meeting, each carer should be asked the assessment questions separately. The assessments should consider the roles and tasks of each carer separately, and the restrictions/impact on their life. It is less likely that each carer would be eligible for a personal budget because sharing the caring load generally tends to reduce the impact. However, it may be that more than one carer is eligible for support, for example caring for a person with complex needs/challenging behaviour can have a huge impact on all members of a family who share the care. It’s also possible that conflict between carers and complex family dynamics increase stress amongst carers, so each case needs to be dealt with on its own merit. Carers within one family may wish to combine their budgets and have a combined support plan. This should be accommodated where manageable.

## The carer and cared for adult do not agree about the caring role

Whether or not carer and cared for adult have a joint assessment, they are unlikely to see the caring role in exactly the same way. A successful joint assessment will enable both parties to express their needs and be heard not just by the assessor, but also by each other. Disagreements may arise because:

- The cared for person does not recognise the carer as having this role.
- The cared for person does not recognise their own support needs (for example a person may have a lack of insight due to a mental health problem).
- The cared for person is not aware of the impact of their support needs on the carer (for example the impact on a carer of disrupted sleep or challenging behaviour).
- Parent carers who care for their young adult children may have their role less recognised.
by a cared for person because the relationship has not evolved into an adult-to-adult one.
- The carer may not recognise the need of the cared for person to have choices and take risks.

There are other potential reasons behind such disagreements and factors that may make resolving them difficult- for example:

- Lack of mental capacity (either the cared for person or carer)
- Attempt to defraud the local authority (one party exaggerates their needs and the other does not back this up)
- Complex family dynamics and on-going conflict
- Potential abuse or undue influence

The assessing officer should ensure each party is able to express their views about their own needs. This may involve arranging separate meetings with each person, and/ or involving advocates. The assessment process may need to be paused to allow this to happen. The assessing officer will need to reach a judgement about the likely truth of the situation, according to the information given, but should consult their manager if they need. Support to a carer may be put in place despite disagreements, but support plans should pay attention to any conflicts and consider measures that can be put in place to mitigate these where possible.

If there is any indication of abuse, a Safeguarding Alert must be raised and the assessment process may need to be stopped- assessors should consult their manager. If there is any indication of attempt to defraud the Council, assessors should stop the assessment process and alert a manager.

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<tr>
<th>More than one person providing care – both Carers need assessments.</th>
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<td>While the assessments of both/all carers may be done together, each carer should have their own assessment. The assessments should consider the roles and tasks of each carer separately, and the restrictions/ impact on their life. It is less likely that each carer would be eligible for a personal budget because sharing the caring load reduces the impact. However, it is not impossible- that more than one carer will have eligible needs from caring for a person with complex needs/ challenging behaviour, which can have a huge impact on all members of a family who share the care. It’s also possible that conflict between carers and complex family dynamics increase stress amongst carers, so each case needs to be dealt with on its own merit.</td>
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<th>The cared for person’s needs or the carer’s needs are fluctuating.</th>
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<td>There are many circumstances in which a person’s needs will fluctuate from day to day, or over a longer period, i.e. fluctuation is a feature of many long-term conditions such as Multiple Sclerosis, Dementia, and Depression- and fluctuations may occur as a result of external factors such as weather, or life events. Carers’ needs also fluctuate- the impact of the caring role may increase when the cared-for person’s needs are at their greatest, or as a result of the carer’s own health conditions or other events. Carers’ ability to perform their caring role may be reduced during periods of high need, and their wellbeing may be compromised.</td>
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Unpredictability in the caring role has its own impact on the carer, for example, a carer may...
normally be able to work but this is put at risk because demands on the carer’s time increase dramatically without warning. Similarly, anticipating the next crisis may increase the carer’s stress even when the cared for person is well. Conversely, carers may present for an assessment while in crisis, and present with a high level of need that is not representative of their general experience.

The Care Act requires that assessments of need take account of fluctuating conditions and that assessments look at needs over a “suitable period of time”. When practitioners assess a person’s needs, those presenting at initial contact may not be a true reflection of their condition over time; they may be coping with circumstances where they experience good and bad days, or are well for weeks or months at a time.

Assessors should:

- Ask about “good days and bad days”.
- Get the carer to think back to the best and worst times in the last year.
- When calculating hours spent on caring tasks per week, ask the carer to consider fluctuations and come to an average.
- Ask about the causes of crises or increased needs when these occur.
- Ask what could prevent or reduce the likelihood or impact of a crisis in the future.
- Consider the impact of fluctuations on the wider family - e.g. children for whom the carer has parental responsibility.

Cared for person is in hospital, or residential/nursing care.

Carers of people in residential, nursing or hospital care may be providing a great deal of supplementary care to the adult, for example social and emotional support, managing finances, support with meeting nutritional needs and sometimes other practical care. Many carers spend a lot of time travelling to visit loved ones in hospital or care homes, and the impact can be significant. However, since health and social care services are already paying for the adult to be fully supported, we would not generally judge such carers to be providing “necessary care”, despite their valuable contribution.

If the carer is caring for someone who is currently in hospital or residential/nursing care, they would be entitled to receive wellbeing, information, advice and support services for carers, as well as other universal advice and information services, as long as either they or the cared for person has ordinary residence. In terms of assessment, if the stay in hospital or residential/nursing care is likely to be short term, it is worth pausing the process and arranging for the assessment to be completed once the cared for adult has returned home. This does not mean providing nothing, it’s essential that the carer should be referred to carers’ services, so that they can be supported prior to discharge. However, it’s likely that any assessment done prior to discharge would not represent the situation of the carer post discharge very accurately.

If the stay in hospital or care is likely to be long-term or permanent, the carer is not likely to be eligible, since strictly speaking, they are not providing necessary care. The carer does not need to be offered an assessment; however, they should be supported to find a balance in their lives so that they are able to manage visits without this impacting adversely on their own wellbeing. It’s worth checking any issues they have with the care provided as anxiety about poor care has an impact on carers’ wellbeing – and ensure they are able to make their concerns known.
### Parent of a young carer does not recognise the caring role

Normally a parent needs to consent to a young carer having an assessment. If the parent does not agree to this, assessing officers should explain carefully that the assessment is about support for the young person, not about making judgements on the family. Assessing officers should give time for the parent to come to a considered decision. One option is to gain their consent to refer them to the “Early Help” offer, including the young carer’s service, which is not part of the Local Authority.

If the parent continues to withhold their consent, a referral of the young carer to Children’s Services is required as a Safeguarding referral if there is any evidence of significant harm or risk of significant harm, or as a Child in Need referral otherwise.

### A Young Carer’s cared for Adult has been assessed as ineligible for care & support

There is a legal obligation on Adult Services to ensure a young carer who cares for an adult with support needs is not required to provide “excessive or inappropriate care”. This may require Adult Services to adjust the indicative budget of the adult manually to a figure enabling the adult to purchase alternative support- there certainly is the power to do so.

If a young carer has just been identified and a previous assessment of the adult has found them ineligible for funded care, there is a duty under the Care Act to assess the young carer’s needs in conjunction with the cared for adult or child. So there is a clear duty to reassess the adult alongside the young carer, and the needs of both should be considered before reaching a decision on eligibility.

### The care that the young carer provides can’t be replaced easily

In many situations (particularly where the cared-for adult’s condition fluctuates unpredictably, or where the cared for adult has mental health or substance misuse problems, it is not as simple as increasing the care package of the adult. A Child in Need referral to the Integrated Support Team for Early Help would generally be required in this situation, and joint work with Children’s Services to reduce the load on the Young Carer.

### The cared for adult does not wish to engage with social care services

Many adults with substance misuse or mental health problems choose not to engage with health and social care services. Adults with support needs who have mental capacity have the right to refuse an assessment. However, if a young carer or any other child is negatively impacted by this decision, and there are risks to the health, wellbeing, education and development of that child, there will be a need for Children’s Services to get involved, either through Early Help, or through more formal involvement.