

# Adult Social Care and Health

## “Supporting Carers”

### Policy and Practice guidance

To be read with the [Care and Support Statutory Guidance](#), and the [Regulations issued under the Care Act 2014](#) by the Department of Health.

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9 (002)	June 2020	Amended 'Involve Kent' email address	Yolaine Jacquelin
9	April 2020	<p>Updated authorisation levels</p> <p>Amended all references to Mental Health services</p> <p>Added a note about the process of requesting an assessment from the commissioned organisation (B1)</p> <p>Amended all references to former assessment documents and talked about Mosaic, the current client system</p> <p>Added clear process of requesting one off payment authorisation via Mosaic (4.3)</p> <p>General update of job titles/ team titles/ organisations names/ processes</p>	Yolaine Jacquelin

8	October 2017	<p>1. Direct payments requests will be authorised by locality service manager in MH/ OPPD and by LD team Managers to speed up current processes and in line with agreed authorisation levels (pages 23 and 26)</p> <p>2. More details are given about Crossroads Free service and Carers First Short break service in west Kent. (page 28)</p> <p>3. new paragraph on “Young carers needing Early Help support” in line with Joint Protocols between Adult and Children Directorates (August 2016) (page 32)</p> <p>4. Clarification of who undertakes a Parent Carer assessment for a young person in transition (page 33)</p>	Yolaine Jacquelin
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**Referenced and related documents (by alphabetical order, and available on the Knet Policy page unless otherwise stated):**

- Accessible Information standard policy
- Assessment Policy and Practice Guidance
- Care & Support Planning policy
- Direct Payments Policy and Guidance
- Mental Capacity Act 2005 & Deprivation of Liberty Safeguards Policy and Practice Guidance
- Ordinary Residence Practice Guidance
- Personal Budget and Cost Setting Guidance
- Promoting Independence through Review
- Risk Assessment and Management
- All Safeguarding documents can be found on Kent.gov.uk (Social Care and Health/ Info for professionals/ Adult Safeguarding)

## **Executive Summary**

### **Aim of this document**

The aim of this policy is to provide a framework for:

- all staff working in Kent County Council Adult Social Care and Health Directorate
- staff working in KCC commissioned Carers organisations to carry out “carers’ needs assessments” under the Care Act 2014

### **Contents of this document**

This policy and guidance document covers all aspects of carer assessments, eligibility criteria, support planning, personal budget, direct payments and reviews and should be read in conjunction with other Adult Social Care and Health Directorate policies. In particular, practitioners should refer to Policies and Practice Guidance relating to Assessment, Risk Management, Support planning, Personal Budgets, Direct Payments, Reviews, Safeguarding and Mental Capacity Act.

### **Key messages:**

- 1. Carers have the same rights as the cared for regarding information, advice and guidance, prevention, assessments, eligibility criteria (although the eligibility criteria is different to the one that applies to the cared for), Personal Budgets, Support Planning, Direct Payments and Reviews.**
- 2. Where Kent County Council meets the needs of a carer by providing a service directly to them, we will not charge the carer.**
- 3. Where Kent County Council meets the needs of a carer by providing a service (which includes personal care) to the person they care for, Kent County Council may charge the cared for person, subject to a financial assessment of the cared for.**
- 4. It is the responsibility of the assessor to ensure that all aspects of the work undertaken with the carer take into account the specific communications needs of the carer, in particular where those needs relate to a person being d/Deaf or to a disability, impairment or sensory loss, and to ensure all information given is fully accessible to them. This is in line with the Accessible Information Standard.**

### **Note about language:**

“Practitioners” refer to all social care staff who are people-facing, whether registered or not. To refer to registered staff, we will use “registered practitioners”.

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## **A. POLICY**

### **1. Legislative framework**

This policy and guidance document is based on:

- The Care Act 2014
- The Care and Support (Assessment) Regulations 2014
- The Care and Support (Eligibility Criteria) Regulations 2014
- The Care and Support (Charging and Assessment of Resources) Regulations 2014
- The Care and Support (Preventing Needs for Care and Support) Regulations 2014
- The Care and Support (Independent Advocacy Support) Regulations 2014
- The Young Carers (Needs Assessment) Regulations 2015
- The Care and Support Statutory Guidance

## **2. Statutory duties**

Kent County Council has the following statutory duties towards carers:

- Promote wellbeing: all decisions taken about an individual in relation to their care and support must promote their wellbeing.
- Responsibilities for prevention, reduction or delay of needs (this includes carers who may be about to take on a caring role; carers who do not currently have any needs for support and carers with needs for support which are not being met by Kent County Council or other organisation).
- Establish and maintain an information and advice service relating to support for carers.
- Provide independent advocacy to represent and support carers, if needed, to support their involvement in assessments and support plans.
- Assessment of carer if it appears that the carer may have any level of need for support (whether they currently provide or intend to provide care for another adult). We can delegate this duty to an external organisation.
- Apply the National Eligibility Criteria for carers.
- Provide a support plan to meet a carer's eligible needs.
- Work out a Personal Budget that enables the carer to meet their eligible needs.
- Offer a direct payment.
- Ensure reviews of the support plan support occur on a regular basis.
- Carry out transition assessment for young carers at a time when Kent County Council can be reasonably confident about what the young carer's needs for support will be after they turn 18.
- Carry out transition assessment for parent carers at a point when Kent County Council can be reasonably confident what the carer's needs for support will be after the young person for whom they provide care turns 18.

## **3. Scope of the policy**

This policy applies to:

- Social care practitioners in the Adult Social Care Directorate
- Commissioners with responsibility for carers services



- Staff within the commissioned carers organisations who carry out carers assessments

#### 4. Definitions: carer / young carer / child's carer / parent carer

##### Definition of "carer":

From the Care Act 2014, Part 1, section 10, subsection (3):

**"Carer" means an adult who provides or intends to provide care for another adult (an adult "needing care")**

Subsection (9) clarifies who is not to be considered a carer:

"an adult is not to be regarded as a carer if the adult provides or intends to provide care a) under or by virtue of a contract, or (b) as voluntary work."

##### Definition of "young carer":

Part 5, Section 96 of the Children and Families Act 2014 defines a young carer as: **"...a person under 18 who provides or intends to provide care for another person (except where that care is provided under or by virtue of contract or as voluntary work)."**

##### Definition of "child's carer":

From the Care Act 2014, Part 1, section 60, subsection (7):

**(7) "Carer", in relation to a child, means an adult (including one who is a parent of the child) who provides or intends to provide care for the child (but see subsection 8).**

**(8) An adult is not a carer for the purposes of this section if the adult provides or intends to provide care:**

**(a) under or by virtue of a contract, or (b) as voluntary work.**

Support for a child's carer would normally be provided under the Children Act 1989, as part of a whole-family approach however if the adult has additional support needs which include needs around carrying their parental responsibilities, then we would offer them a care needs assessment and explore ways of meeting their unmet eligible needs. This could include liaising with Children services.

## **Definition of “Parent Carers”**

**Parent carers is the term given to parents who provide or intend to provide care for a disabled child under the age of 18.**

Parent Carers have rights to stand-alone assessments under the Children and Families Act 2014. Section 97 of the Children & Families Act 2014 requires local authorities to assess parent carers on the appearance of need or where an assessment is requested by the parent. This is called a “parent carers needs assessment”.

Where requested, then the local authority must assess whether that parent has needs for support and, if so, what those needs are. The assessment must include an assessment of whether it is appropriate for the parent to provide, or continue to provide, care for the disabled child, in the light of the parent’s needs for support, other needs and wishes.

To find out more about parent carers, read section 14 “Young carers and Parental carers of Disabled Children” of chapter 4.2.2 “Children and Young People Aged 0-25 with Special Educational Needs and Disabilities” within the Kent Children’s Services Procedure Manual found on Tri-x . (<http://kentchildcare.proceduresonline.com/>)

## **5. Principles underpinning the policy**

- The underpinning principle which applies in all cases where Kent County Council is carrying out any of their care and support functions in respect of a person is “promoting wellbeing”. This applies equally to carers and the adults they care for.
- “Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:
  - personal dignity (including treatment of the individual with respect);

- physical and mental health and emotional wellbeing; ○ protection from abuse and neglect; ○ control by the individual over day-to-day life (including over care and support provided and the way it is provided);
  - participation in work, education, training or recreation; ○ social and economic wellbeing; ○ domestic, family and personal relationships; ○ suitability of living accommodation;
  - the individual's contribution to society.
- There is no hierarchy. All should be considered of equal importance when considering “wellbeing” fully and thoroughly.
  - It is important to begin with the assumption that the carer is best-placed to judge their own wellbeing.
  - We must consider the carer's views, wishes, feelings and beliefs
  - We must provide information, advice and signpost to interventions that may prevent or delay the development of needs for support and reduce needs that already exist.
  - We must ensure that decisions are made with regards to all the individual's circumstances.
  - The presence of a young carer in a family should always constitute an appearance of need and should trigger the offer of an assessment to the adult person needing care and support.

## 6. Duty of Prevention

The Care Act 2014 provides a duty to contribute towards preventing or delaying the development of adults and carers' needs. This applies to all adults whether or not they meet the eligibility criteria. There are 3 levels of preventative activity:

1. Primary intervention, which involves wellbeing (e.g. healthy lifestyles promotions)
2. Secondary intervention, which involves early intervention (e.g. falls prevention clinics)
3. Tertiary prevention, which involves maximising independence (e.g. respite care for carers)

Preventative measures should be considered in all interventions with individuals and carers:

- At contact point
- During the assessment
- During the creation of a Care and Support Plan for the cared for and Support Plan for the carer

- During the review

This should focus on all aspects of wellbeing so that we support people to take measures to prevent needs escalating to the point where people need a service.

The local authority's responsibilities for prevention apply to all adults, including carers who:

- may be about to take on a caring role
- do not currently have any needs for support
- have needs for support which may not be being met by the local authority or other organisation.

## **B. PRACTICE GUIDANCE FOR ADULT CARERS**

**1. Identifying a carer** (This could include a young carer. For specific information about all types of young carers and parent carers of children in transition, go to pages 33-36.)

Carers may be identified in a number of ways, including:

- a) During a needs assessment (for the cared-for person)
- b) By a friend, neighbour or relative
- c) By a partner organisation, such as Health or the voluntary sector
- d) By the carer themselves
- e) During a safeguarding enquiry
- f) Following a complaint investigation
- g) During transition from Children to Adult Services (this means both young carers in transition and the parents of a disabled child in transition)

Referrals b, c and d may be received via different media, including by:

- a) Telephone, using the Area Referral Management Service system (ARMS)
- b) By sending an email to ARMS
- c) Via a Gateway
- d) Where partnership arrangements exist, via the first contact point for these services.
- e) Partner organisations sending a professional Referral form or Multi-Disciplinary Meeting (MDM) referral form

### **Important:**

When ARMS staff are calling the cared for person, they should be alert to the possibility of carers in their network and encourage the carer to accept the offer of a referral for Carer Support even if the carer does not wish for a Carers assessment.

On receipt of a referral, information, advice and guidance are provided, including the carer's right to have a needs assessment on the basis that:

- a) The carer provides or intends to provide care for another adult, and
- b) It appears that the carer may have any level of needs for support.

**Please note that a carer does not need to live with the cared for to qualify as a carer.**

**The carer may choose to:**

- a) Have an assessment on their own via the commissioned carers organisation.** Carers organisations are a specialist independent resource with a lot of experience and knowledge and are best placed to provide independent carers assessments.
- b) Have a combined assessment with the adult needing care as long as the cared for agrees to this.** If there is any doubt as to whether the person has the capacity to make such a decision, they will need a Mental Capacity assessment.
- c) Decline an assessment:** A declined carers assessment should be clearly evidenced on Mosaic – date offered and date declined – recorded on the Person's care and support plan.

**Important note regarding the process of requesting an assessment from the commissioned organisation:**

All practitioners (this includes ARMS staff) must complete the Carers background Information on Mosaic prior to requesting a Carers Assessment. This is available as an optional form in the Contact/ /Contact Assessment step on Mosaic.

This **MUST** be on the Carers record on mosaic (this may mean creating the carer on the system).

**1.1 Considering whether the carer may need an Independent Advocate** to help them through a face to face assessment.

- The contact assessor (e.g. ARMS) should consider whether the carer would have **substantial difficulty** in being involved in the assessment process, this means having substantial difficulty in any of these 4 areas:

- understanding the information provided
  - retaining the information
  - using or weighing up the information as part of the process of being involved
  - communicating their views, wishes or feelings.
- Where a carer has substantial difficulty in any of these 4 areas, then they need assistance and if so, consider the possibility of asking a family member or friend to support them if the following conditions are met:
    - The family member or friend is willing and able to facilitate the person’s involvement effectively
    - The family member or friend is acceptable to the individual
    - The family member or friend is deemed appropriate by the local authority
  - Where there is no one thought to be appropriate for this role either because there is no family member or friend willing and available or if the carer does not want them to be part of the assessment, we **must** appoint an independent advocate.

In practice:

- If a carer needs an independent advocate, they will be considered to be a “complex case” (this also includes a carer who has their own care needs, or where there are safeguarding issues) and as such, will not be passed on to the commissioned organisation but will be assessed by an Adult Social Care and Health practitioner.

Commissioned carers organisations will transfer a “complex case” to:

- the cared for’s named practitioner
- or to the Client Support service (CSS) in OPPD. The CSS will be the Key Team on the client system for all cases where no active work is taking place.
- or ARMS if the cared for is not known. ARMS will allocate to the most relevant team.

There are a number of ways to do this transfer via the Mosaic system. The responsibility for booking an independent advocate and scheduling an appointment will rest with the cared for’s named or allocated assessing practitioner.

- If the commissioned carers organisation staff transfer a complex case back to KCC, they will be able to check Mosaic to see the progress of the workflow.

## **1.2 Carers and specific communication needs**

### **1.2.1 If the carer needs a BSL interpreter**

If a BSL interpreter is needed by a KCC in-house practitioner, the practitioner will either phone BSL services on 03000 421344 or email the service: [BSLinterpreting@kent.gov.uk](mailto:BSLinterpreting@kent.gov.uk)

<https://kentcountycouncil.sharepoint.com/sites/KNet/Pages/Deaf-and-deaf-blindinterpreting.aspx>

If a BSL interpreter is needed by the carers organisation practitioner, the carers organisation practitioner is to contact the Cared for 's allocated team or worker (whose name will be on Mosaic within "current work " tab).The KCC practitioner will contact BSL interpreting on behalf of the carers organisation (see paragraph above for actual process) .

### **1.2.2 If the carer needs a foreign language interpreter**

KCC has its own language translation and interpreting service called Connect 2 Staff.

If a foreign language interpreter is needed by a KCC in-house practitioner, the practitioner will contact Connect 2 Staff at: [interpreter.bookings@connect2kent.co.uk](mailto:interpreter.bookings@connect2kent.co.uk) or by calling 01622 236726. There is a charge for this service and the team manager will need to approve the expenditure.

If a foreign language interpreter is needed by the Carers organisations as part of their statutory duties,the carers organisation practitioner is to contact the Cared for 's allocated team or worker (whose name will be on Mosaic within "current work " tab).The KCC practitioner will contact Connect 2 staff (as above) . The fee will be paid for from the cared for's team manager's budget.

## **2. Assessment**

For a fuller description of the Assessment process, please refer to the Assessment policy.

### **2.1 Assessment records**

Carers assessments undertaken by Kent County Council practitioners and commissioned carers organisations are recorded on the Mosaic system.

**2.2** We have a **duty to carry out a carer's assessment** regardless of the level of the carer's needs for support or the level of the carer's financial resources or of those of the adult needing care. This means we have a duty to assess a carer even if the person they care for does not meet the eligibility criteria.

**Example:**

A carer may provide care and support to 3 different individuals:

1. Daughter with mental health needs who is currently well but needs ongoing emotional and motivational support.
2. Husband who is recovering at home from an accident at work and relies on his wife to undertake most activities in the home for the next few weeks.
3. Elderly neighbour with some degree of memory loss, who needs help with shopping and looking after her home.

Individually the 3 people may have been assessed as not meeting the national eligibility criteria but this does not stop the carer being entitled to an assessment which would explore the impact of multiple caring on the carer.

**2.3 A carer's assessment must include an assessment of:**

- a. Whether the carer is able, and is likely to continue to be able, to provide care for the adult needing care,
- b. whether the carer is willing, and is likely to continue to be willing, to provide care for the adult needing care,
- c. the impact of the carer's needs for support,
- d. a consideration of the carer's potential future needs for support,
- e. the outcomes that the carer wishes to achieve in day-to-day life,
- f. their activities beyond their caring responsibilities and the impact of caring upon those activities,
- g. the impact of caring responsibilities (both short-term and long-term) on a carer's desire to work and to partake in education, training or recreational activities, such as having time to themselves, and
- h. whether, and if so to what extent, the provision of support could contribute to the achievement of those outcomes.

We must also consider:

- whether, and if so to what extent, something other than the provision of support could contribute to the achievement of the outcomes that the carer wishes to achieve in day-to-day life (for example, a piece of equipment)
- whether the carer would benefit from the provision of anything which might be available in the community.

When assessing a carer where the cared for person is not eligible, the practitioner should double check with the carer whether:

- the carer is actually doing "necessary care".
  - If the carer is providing care and support needs which the adult is capable of meeting themselves, the carer may not be providing necessary support. In such case, we should provide information and advice to the adult and carer



about how the adult can use their own strengths or services available in the community to meet their needs.

- The carer's needs or problems are the result of something other than their caring role.
  - For example, if the carer has a gambling problem leading to debts which then impact on their ability to care as opposed to the challenges of caring leading to taking up gambling as a coping mechanism.

## **2.4 Fluctuating needs**

We must consider a carer's support needs over a sufficient period of time to get a complete picture of any fluctuating needs. The carer's support needs could also fluctuate based on the adult receiving care needs.

**For example:** If the adult's needs fluctuate, the carer might need additional care at different times of the year and this must be taken into account when determining the carer's eligibility.

The level of a carer's needs can also fluctuate irrespective of whether the needs of the adult for whom they care, fluctuate.

**For example:** if the carer is a parent of school children, they may not have the same level of need for support during term time as during school holidays.

## **2.5 Declining an assessment**

A carer may choose to decline an assessment, and in such circumstances we are not required to carry out an assessment but the assessor should explain that we would like to identify the level of support provided to ensure that:

- we recognise their contribution to care
- we could support the individual being cared for should the carer no longer be able to continue to provide that level of support for any reason.

When a carer has declined an assessment, they can still have one if and when they change their mind.

## **2.6 Caring for more than one person**

Where the carer is caring for more than one person (whether the cared for are eligible or not) practitioners will need to fill in only one carer's assessment. We will need to ensure we capture enough information to plan for contingency planning. Contingency planning should give detailed information to provide for all possibilities such as carer accident, names of key holders and not just poor weather conditions.

## **2.7 Caring for someone who is nearing the final stages of life**

Where the carer is caring for someone nearing the final stages of life, it is important they get support to:

- come to terms with the range of feelings and concerns they experience for the person they care for and for themselves.
- consider their own needs and wellbeing alongside those of the person they care for.
- get answers to the questions they may have around what will happen or what to do when the time comes
- feel reassured about support available to them and the person they care for.

Commissioned carers organisations are well placed to offer support to carers at this difficult time. East Kent NHS has produced a Carer’s pack which aims to provide carers with information and sources of support that may be helpful when supporting someone nearing the final stages of their life. (The pack can be found on the Knet policy page on the “external documents” section).

### 3. Eligibility Criteria

#### 3.1 National Eligibility Criteria

The minimum threshold establishing what level of needs must be met by local authorities is based on identifying how a person’s needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing.

#### 3.2 Interpreting the eligibility criteria for carers

A carer’s needs are only eligible if they **meet all 3** of the following conditions:

<b>1. Needs</b>	<b>2. Needs/Outcomes</b>	<b>3. Wellbeing</b>
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<p>The carer's needs arise as a consequence of providing necessary care for an adult.</p>	<ol style="list-style-type: none"> <li>1. The carer's physical or mental health is either deteriorating or is at risk of doing so. <b>OR</b></li> <li>2. The carer is unable to achieve any of the following: <ol style="list-style-type: none"> <li>a) Carrying out any caring responsibilities the carer has for a child</li> <li>b) Providing care to other persons for whom the carer provides care.</li> <li>c) Maintaining a habitable home environment.</li> <li>d) Managing and maintaining nutrition.</li> <li>e) Developing and maintaining family or other significant personal relationships.</li> <li>f) Engaging in work, training, education or volunteering.</li> <li>g) Making use of necessary facilities or services in the local community.</li> <li>h) Engaging in recreational activities.</li> </ol> </li> </ol>	<p><b>As a consequence, there is or is likely to be a significant impact on the carer's wellbeing.</b></p> <p>Wellbeing includes the following:</p> <ul style="list-style-type: none"> <li>• Personal dignity</li> <li>• Physical and mental health and emotional wellbeing</li> <li>• Protection from abuse and neglect</li> <li>• Control by the individual over day-to-day life</li> <li>• Participation in work, education, training or recreation</li> <li>• Social and economic wellbeing</li> <li>• Domestic, family and personal relationships</li> <li>• Suitability of living accommodation</li> <li>• The individual's contribution to society</li> </ul>
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**Condition 1: Needs**

- Carers can be eligible for support whether or not the cared for has eligible needs.
- The carer must be providing **“necessary” care**. This means care and support for needs which the cared for cannot meet themselves.

If the carer is providing care and support for needs which the adult is capable of meeting themselves, the carer may not be providing necessary support.

**Condition 2: Needs/ Outcomes**

**2.1** The carer's physical or mental health is either deteriorating or is at risk of doing so **or**

**2.2 Carer is unable to achieve any of a list of outcomes** specified in the statutory guidance (see details of outcomes on pages 20 and 21 of this policy).

**Condition 2.1**

This means that the assessor must consider whether the impact of a carer providing necessary care is that the carer's health is either at risk of deteriorating or is actually deteriorating.

## Condition 2.2

a) **“Being unable”** to achieve outcomes, includes circumstances where the carer:

- **is unable to achieve the outcome without assistance**
  - A carer might, for example, be unable to fulfil their parental responsibilities unless they receive support in their caring role.
- **is able to achieve the outcome without assistance but doing so causes or is likely to cause either the carer or the cared for significant pain, distress or anxiety**
  - A carer might be able to care for the adult and undertake full-time employment, but if doing both causes the carer significant distress, the carer should not be considered able to engage in employment.
- **is able to achieve the outcome without assistance but doing so is likely to endanger the health or safety of the carer or any adults or children for whom the carer provides care.**
  - A carer might be able to provide care for their family and deliver necessary care for the adult, but, where this endangers the adult with care and support needs, for example, because the adult receiving care would have to be left alone (and it is not safe to do so) while other responsibilities are met, the carer should not be considered able to meet the outcome of caring for their family.

### Important:

There is no hierarchy of needs and all the outcomes listed below are of equal importance.

## Condition 2.2 (continued)

b) **Specified outcomes:**

- The carer is unable to achieve any of the following outcomes:
  - **to carry out any caring responsibilities the carer has for a child**
    - ✦ We need to consider any parenting or other caring responsibilities the carer has for a child in addition to their caring role for the adult.

**For example**, the carer might be a grandparent with caring responsibilities for their grandchildren while the grandchildren's parents are at work.

- **to provide care to other persons for whom the carer provides care**
  - ✦ a carer may also have caring responsibilities for a parent in addition to caring for the adult with care and support needs.
  
- **to maintain a habitable home environment**
  - ✦ We should consider whether the condition of the carer's home is safe and an appropriate environment to live in and whether it presents a significant risk to the carer's wellbeing. A habitable home should be safe and have essential amenities such as water, electricity and gas.
  
- **to manage and maintain nutrition**
  - ✦ We should consider whether the carer has the time to do essential shopping and to prepare meals for themselves and their family.
  
- **to develop and maintain family or other significant personal relationships**
  - ✦ We should consider whether the carer is in a position where their caring role prevents from maintaining key relationships with family and friends or from developing new relationships where the carer does not already have other personal relationships.
  
- **to engage in work, training, education, or volunteering**
  - ✦ We should consider whether the carer can continue in their job, and contribute to society, apply themselves in education, volunteer to support civil society or have the opportunity to get a job, if they are not in employment.
    - **to make use of the necessary facilities or services in the local community**
      - ✦ We should consider whether the carer has an opportunity to make use of the local community's services and facilities and, for example, consider whether the carer has time to use recreational facilities such as gyms or swimming pools.
  
- **to engage in recreational activities**
  - ✦ We should consider whether the carer has leisure time, which might for example be some free time to read or engage in a hobby.

### **Condition 3: "Significant impact on the carer's wellbeing"**

Please refer to section 5 of this policy (pages 9-10) for a reminder of what is meant by “wellbeing”.

- The term “**significant**” is not defined by regulations and must therefore be understood to have its everyday meaning. Consider whether the carer’s needs and their inability to achieve the outcomes will have an important, consequential effect on their daily lives, their independence and their own wellbeing.
- We should consider whether:
  - The carer’s needs and inability to achieve the outcomes impact on an area of the carer’s wellbeing in a significant way, **or**
  - The impact of a number of the areas of wellbeing is such that they have a significant impact on an adult’s overall wellbeing.

**Important:**

Eligibility determination is related to whether there is a significant impact on the carer’s wellbeing.

**Example 1: Deirdre: no significant impact**

Deirdre has been caring for her neighbour for the past six years: she checks in on her neighbour daily, does her shopping and cleaning and helps her with cooking every other day. Deirdre works 20 hours a week at the local school, and she is also helping her daughter by picking up her grandchild after school. Deirdre’s son is concerned that she is taking on too much and notices that she is tired. Deirdre’s son persuades her to ask the local authority for a carer’s assessment.

**Needs:** Deirdre enjoys the variety that her working life and caring role provide. She would like to be able to spend more time with her grandchild in the afternoons, but recognises that there is a balance between doing this and caring for her neighbour.

**Deirdre’s needs impact on the following outcomes:**

- carrying out caring responsibilities the carer has for a child
- engaging in recreational activities.

**Impact:** Deirdre’s needs are impacting on a few outcomes. Deirdre enjoys her caring responsibility for her grandchild and would like more free time. On the other hand, her caring roles are fulfilling.

**Although Deirdre is tired at the end of the day, her local authority does not think her wellbeing is significantly affected.**

### **Example 2: Sam: significant impact**

Sam cares for his mother who has early-stage dementia. Sam's mother has Telecare, but he still checks in on her daily, and does her shopping, cooking and laundry. Sam is a divorced father of two children who live with him every other week. Sam works full-time in an IT company. He is starting to feel unable to cope with his various responsibilities in the weeks when he looks after his children.

Sam has made an arrangement with his employer that he can work longer hours on the weeks when the children are with their mother and fewer when he has the children.

**Needs:** Sam wants to spend more time with his children and for instance be able to free up an hour in the afternoon to help them with their homework so it doesn't have to be done in the evening when the children are tired.

#### **Sam's needs impact on the following outcomes:**

- carrying out caring responsibilities the carer has for a child and engaging in recreational activities.

**Impact:** Sam's responsibilities impact on a few important outcomes. Sam is anxious as he is starting to feel like he is failing as a parent and it affects the relationship he has with his children, his ex-wife, and his mother. He also worries that his ability to stay in work will be in jeopardy unless he receives support.

**Eligible: The local authority decides that Sam's fluctuating needs are eligible for support, because it perceives that they have a significant impact on his wellbeing.** If the local authority supports Sam to maintain his current role, everyone is better off, because Sam can stay in employment, sustain his family relationships and provide security for his mother.

### **3.3 Informing the carer of their eligibility determination**

The Care Act states that we must provide a written record of our determination about a carer's eligibility (whether they are eligible or not) and the reasons for coming to our decision. This is incorporated within the assessment record on Mosaic.

Practitioners must however make sure that after both parties have signed, they give the carer a copy of their assessment.

### **3.4 Duty to meet assessed unmet eligible needs**

**If we have determined the carer has needs but they are not eligible**, we must provide information and advice on what can be done to meet or reduce the needs or what preventative measures might be taken to prevent or delay the development of needs which the person does have.

**If we have determined that the carer has eligible needs**, we must:

- Agree with the carer which of their needs they would like the authority to meet.
- Consider how we may meet those needs (without pre-empting the care and support planning process).
- Establish whether the cared for person meets the ordinary residence requirement.
  - **The person the carer cares for must be ordinarily resident in Kent. This is because carer's needs are met by local authorities where the adult with the need for care and support lives, not the authority where the carer lives.** For further information on Ordinary Residence, please refer to the Ordinary Residence Practice Guidance Policy.

#### **4. Support Planning and Personal Budgets**

For a complete description of the Support Planning process and Support Planning resources, please refer to Kent County Council care and Support Planning Policy and Practice Guidance. The Support Planning record is incorporated within Mosaic.

**4.1** A carer is entitled to their own **Support Plan** (as opposed to a “**Care and Support Plan** for the cared for) which they can develop themselves if they wish. **The Support Plan will include:**

- The needs identified by the assessment.
- Whether, and to what extent, the needs meet the eligibility criteria.
- The needs which could be met by amending the cared for's care package
  - The needs that the authority is going to meet, and how it intends to do so.
- The outcomes the carer wishes to achieve and their wishes around providing care, work, education and recreation where support could be relevant.
- The Personal Budget.
- Information and advice on what can be done to reduce the needs in question, and to prevent or delay the development of needs in the future.
- Where needs are being met via a one-off payment, the needs to be met via the payment and the amount of the payment.
- Where needs are being met via a direct payment, the needs to be met via DP and the amount and frequency of the payments.

#### **4.2 Met/unmet needs**

As part of the support planning process, assessors will explore a range of options to meet eligible needs such as:

- via information and advice
- through simple pieces of equipment
- carers organisations
- support groups
- charitable organisations



and it is only the **remaining unmet eligible needs that we have a duty to meet.**

### 4.3 The Personal Budget

For a complete description of the Personal Budget and Cost Setting Guidance, please refer to the Personal Budgets and Cost Setting Guidance.

**Important: Before thinking of agreeing an amount of money, please ensure you have explored all options to meet unmet needs such as:**

- Is there a charitable organisation which could meet those needs?
- Are there benevolent funds that could help out?
- Is there a professional retirement group the person belongs to who could help (the Armed Forces, Actors Guild, etc.)?

- The Personal Budget is an important tool that gives the carer clear information regarding the money that has been allocated to meet the needs identified in the assessment and recorded in the support plan.
- The Personal Budget must be an amount that is the cost to the local authority of meeting the carer's needs.
- The Personal Budget must always be an amount sufficient to meet the carer's needs identified during the assessment.
- 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, and will therefore impact on which individual's Personal Budget includes the costs of meeting those needs.

The amount offered in the Carer's Personal Budget can be authorised thus:

**All one-off payments will be processed by the commissioned carers organisations:**

**For OPPD:**

- CPT will authorise payments up to £250.
- One-off payments between £250 and £500 will need to be authorised by an RMA/ Head of Service
- All one-off payments over £500 will need to be authorised by an Assistant Director

**For Mental Health services:**

- Any one-off payments up to £250 will need to be authorised by a team leader. In the absence of a team leader, the advanced practitioner can authorise this budget.
- One-off payments between £250 and £500 will need to be authorised by a Service manager/ Early Discharge Team leader
- All one-off payments over £500 will need to be authorised by an Assistant Director (this includes the Interim Area manager)

**For LD (26 +):**

- Any one-off payments up to £250 will need to be authorised by the Team Manager (Or Service Manager in Team Manager's absence).
- Any one-off payments between £250 and £400 will need to be authorised by a Service Manager
- Any one-off payments over £400 will need to be authorised by an Assistant Director. Service Manager

If the needs of the carer can be met with a one-off payment, the "please authorise one-off payment" request should be used to seek authorisation.(to be found within the carers' support plan workflow" on Mosaic).This request should be sent to a team manager via Mosaic. The manager will respond to the request either granting or denying authorisation.

**All Direct Payment requests will be processed by KCC Direct payments teams (see point 5 on page 28) and authorised thus:**

**In OPPD:** All Direct payments requests will need to be authorised by RMA/ Assistant Director.

**In Mental Health:** All Direct payments requests will need to be authorised by a Service Manager or by the Early Discharge team leader.

**In LD (26 +):** All Direct payments requests will need to be authorised by a Service Manager.

**4.3.1 Where a service is provided to meet the carer's needs directly, this service will be free of charge.**

**Case example 1: Equipment**

For the last nine years, John has been caring for his wife, who is a wheelchair user with ME and arthritis. John does all the cooking, driving and general household duties. When his wife is very unwell or in a lot of pain, he also provides all personal care.

He received a Personal Budget which he requested in the form of a one-off payment for a laptop to enable him to be in more regular contact through Skype with his family in the US. This now enables John to stay connected with relatives he can no longer afford to visit.

His family provides the emotional support John needs to help him with his ongoing caring role.

**Case example 2: A service with no impact on the cared for**

Maggie cares for her husband Anthony who is now quadriplegic following a rugby accident. She has received a direct payment to pay for a yoga course which takes place when her husband is undergoing physiotherapy. The weekly yoga course supports Maggie to maintain a healthy body and mind which in turn helps Maggie to continue caring for Anthony.

**As this is not replacement care, this will be a service free of charge.**

**4.3.2 Where a service is provided to the cared for specifically to meet the carer's needs, then the cared for will be charged subject to financial assessment. The cared for must agree to the service and the charge.**

**Case example 3: A service with impact on the cared for**

Edith cares for her wife Phyllis who has been living with dementia for the last 13 years. Phyllis now needs support round the clock which Edith is happy to provide but she would like to continue to attend her Bible reading class on a Friday morning. Attending the class provides the spiritual, emotional and social support Edith needs to be able to continue caring. This means Edith needs a break from caring and we need to provide "replacement care" as Phyllis is unsafe to be left on her own and is doubly incontinent. As this involves someone coming in to support Phyllis for a couple of hours, it is therefore a service provided to her which enables Edith to take a break.

**We will therefore charge Phyllis for the service and this will be reflected in Phyllis's Care and Support Plan and Personal Budget.**

If the cared for person has mental capacity and refuses to pay the charge, then we must, in the first instance, carry out a risk assessment around the carer and depending on the severity of the risk we may, subject from approval by a service manager or assistant director, put in a service and waive or reduce the fee.

If the cared for person has been assessed as not having the mental capacity to either agree or disagree to the charge, follow the [Mental Capacity Act Code Of Practice](#).

**4.3.3 Carer's Personal Budget where the adult being cared for does not have eligible needs**

In this instance, the carer must still receive a support plan detailing how their needs will be met as well as a Personal Budget to meet their needs, if appropriate.

If their needs are met directly without impacting on the cared for such as via the purchase of a garden storage box, for example, to help them with their gardening hobby, then the carer will not be charged.

Should a cared for person not have eligible needs, it is unlikely that the carer may need replacement care. Should this happen, a case manager should check whether the cared for's needs have changed since the assessment which may mean that the person now has eligible needs. By meeting them, we could also meet the carer's need for respite.

#### **4.3.4 Guidance on approving amount** (see appendices 3 and 4 for further examples)

**The carer's Personal Budget must:**

- **be an amount that enables the carer to meet their needs to continue to fulfil their caring role, and**
- **take into account the outcomes that the carer wishes to achieve in their day to day life.**

In calculating the carer's **Personal Budget**:

- **If it is used to provide a piece of equipment, the principle of: "best value for money" applies.**

For example: If we agree to pay for piece of electronic equipment that enables a carer to be in regular Skype contact with family abroad (who provide the emotional support to help the carer with their ongoing caring role), we may consider the cost of a variety of equipment and provide the money for a tablet if this was considered best value.

- **If it is used to provide "a service which does not affect the cared for", we would give the cost of what is a reasonable local service.**

For example: A carer requires a fitness class to meet their need, we would look for the most economical fitness class locally to meet the carer's needs but if there was only one class locally and it was expensive then we would pay higher costs

- **If we needed to support the carer by putting in "replacement care", we would increase the cared for's personal budget using the current cost setting guidance.**

For example: providing a lunchtime visit one day a week to support someone to eat, drink and have their personal care needs met (chargeable to the cared for)

while the carer has some time off that day for lunch with friends (not paid for by a personal budget).

Where the carer has been assessed by a social care practitioner and a personal budget is agreed the practitioner should seek the agreement of the carer to share the assessment with the voluntary organisation to progress the payment.

## 5. Direct payments

**In OPPD:** All Direct payments requests will need to be authorised by RMA/ Assistant Director.

**In Mental Health:** All Direct payments requests will need to be authorised by a Service Manager or by the Early Discharge team leader.

**In LD (26 +):** All Direct payments requests will need to be authorised by a Service Manager.

For a complete description of the direct payments process, please refer to Direct payment Policy and Practice Guidance. Direct Payments are payments made to individuals who request to receive one to meet some or all of their eligible care and support needs.

Only carers needing a personal budget for ongoing support will be offered a direct payment.

**It is expected that for the majority of carers who need ongoing support, this will be because the cared for person needs replacement care and we will therefore look at the possibility of increasing the cared for's package to support the carer. (The charging policy would then apply.)**

### Important:

If the carer's needs can only be met through paying an individual, a referral will need to be made to the DP support team for the involvement of a DP support worker. This is to ensure that carers meet their legal obligations and understand employment laws.

## 6. Review of Care and Support plans

For a complete description of the Review process refer to the Promoting Independence through Review policy and guidance.

### a. Timeliness and frequency

There is an expectation that a review will take place once a year. Although a light-touch review should happen within 8 weeks of the commencement of any new service and after sign-off of the plan and Personal Budget to ensure that the arrangements are accurate and working well.

### b. Purpose of a review

A review will help to identify if the person's needs have changed and in such circumstances lead to a reassessment.

The review is a revision of the support plan to ensure it continues to enable the person to meet their needs and achieve their aspirations and should help the carer to think about:

- What is working well?
- What is not working?
- What might need to change?

If circumstances have changed, then the reviewer should carry out a carer's re-assessment (without starting from the beginning but using the information already known) and then revise the plan and Personal Budget accordingly.

As the needs of the carer and the cared for are closely linked, it may be that a carer's change of circumstances impact on the cared for, in which case a review of the cared for plan should also be taking place and this may lead to a revised plan and Personal Budget for the cared for.

Commissioned carers organisations should carry out reviews of the carers they work with and be guided by Kent County Council policies. They should liaise with the cared for's nominated worker if, during a carer's review, they identify changes in the needs of the cared for which are impacting on them and might indicate a need for a reassessment/ review of the cared for's care and support plan.

In OPPD, if there is no nominated worker, the commissioned carer organisation should contact the Client Support Service (CSS). The CSS will be the Key Team on the client system for all cases where no active work is taking place.

## **7. Current services for carers**

### **7.1 Kent Carers Emergency card**

This is a small card carried by the carer at all times. Should an emergency situation happen, anyone can telephone the number on the card and quote the unique registration number on the card. The contact centre uses the registration number to easily access the carer's prearranged emergency plan and puts it into action. It is a free service available 24 hours a day, 7 days a week.

### **7.2 Short breaks/sitting service (which may involve personal care)**

(<http://www.kent.gov.uk/social-care-and-health/caring-for-other-people/a-break-from-caring>)

As part of our prevention offer, carers can access short break services in Kent 24 hours a day, 7 days a week, all year round. They can:

- Have planned short breaks
- Have someone stay with the cared for while the carer accesses health appointments
- Access "urgent responses" services with a 2-hour response time.

Currently carer short breaks are accessed without the need for a statutory assessment to determine eligibility. A free service at the point of delivery is provided by Crossroads across Kent. Carers do not have to go through a Carers Commissioned Organisation to access Crossroads. Referrals can be made directly to Crossroads.

### **7.3 Short breaks via Shared Lives**

Shared Lives is about people sharing family life with a Shared Lives Host in the family's home. This could be for the day, a couple of nights, a week or 2.

<https://www.kent.gov.uk/social-care-and-health/care-and-support/disability/supportedhousing/sharing-a-home>

### **7.4 Short breaks in a residential setting (which could mean accessing a day service)**

The KCC Practitioner is responsible for completing the Accommodation and Placement form and progressing the request through the Practice Assurance Process for CPT to identify availability within our Integrated Residential Care Centres which provide short breaks. This service is used for planned short breaks or unplanned placements that need to be set up in an emergency or crisis.

Unplanned short-term beds service may be used in response to an emergency or crisis situation (for example carer taken into hospital) by providing care and support for the individual in a stable environment whilst they make an informed choice about their future support needs.

For OPPD refer to the Residential and Nursing Care Home Placement Guidance for further information.

For LD and MH services the locality team will identify the residential service, or the lead practitioner will liaise with adult Placement/ Purchasing team in Access to resources.

Please note that both planned and emergency respite are chargeable services. These should be requested through Mosaic “Significant Info” on Open Case – emergency respite.

### 7.5 Commissioned services:

The commissioned carers organisations provide a range of statutory and non-statutory services. These services include:

- Information, Advice and Signposting
- Statutory Carers Assessments
  - Carers One-off payments to meet eligible needs
- Support planning both statutory and non-statutory
- Emotional support – One to one, support groups, befriending
- Training for carers including;
  - Access to funds for replacement care
  - Access to funding to support transport costs
- Hospital Discharge support for carers (excluding DGS and Swale)
- Peer support, activities and forums

Referrals can be made to the commissioned carers organisations by emailing the organisations KCC email address:

Area	Organisation	Email Contact
<b>Whole of East Kent:</b> Thanet CCGs, South Kent Coast, Canterbury & Coastal, Ashford	Carers Support East Kent	<a href="mailto:CarersSupportCDT@kent.gov.uk">CarersSupportCDT@kent.gov.uk</a>
Dartford, Gravesham and Swanley (DGS) & Swale CCGs	Imago Community	<a href="mailto:navigation@imago.community">navigation@imago.community</a>



West Kent CCG	Involve Kent	<a href="mailto:Communitynavigation@involvekent.org.uk">Communitynavigation@involvekent.org.uk</a>
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Note that the Short break contract for the whole of Kent is with Crossroads.

## 8. Guidance specific to the KCC Commissioned Carers Organisations

### Processing finance

#### 8.1 The commissioned carers organisations will process all one-off payments.

They can expect to receive, via Mosaic, a carer's one-off payment workstep request complete with approval by the authorised person. (See page 25 of this policy and guidance)

#### 8.2 When a commissioned carers organisation becomes aware, during an assessment, that the cared for is not known to Kent County Council, the assessor should remind the carer of the rights of a cared for to have an assessment of their needs in their own right. The assessor should attempt to allay fears about a Local Authority assessment and fully explain the benefits of having an assessment of needs. The commissioned carers organisation should signpost the person to kent.gov.uk site where they will find information about [how to prepare for an assessment](#) or download the document and give it to the individual.

#### 8.3 The commissioned carers organisation can offer a Personal Budget up to £250 for support to carers (not replacement care).

- a. Up to a £150 can be authorised by the assessor
- b. Between £150 and £250 will be authorised by senior workers.

#### 8.4 If the needs of the carers can only be met by a budget of over £250

The commissioned carers organisation will ask the team manager where the client is based to seek authorisation (in line with the authorisation levels policy) for approval via the Mosaic workflow.

#### 8.5 If the needs of the carers can only be met via a Direct payment

The commissioned carers organisation will request authorisation via the cared for's team manager who will escalate the request to RMA/AD for approval and use the Mosaic system to do so.

All Direct Payment requests will be processed by KCC Direct payments teams (see point 5 on page 28) and authorised thus:

**In OPPD:** All Direct payments requests will need to be authorised by RMA/ Assistant Director.

**In Mental Health:** All Direct payments requests will need to be authorised by a Service Manager or by the Early Discharge team leader.

**In LD (26 +):** All Direct payments requests will need to be authorised by a Service Manager.

**8.6 If the carer needs regular “replacement care”,** the commissioned carers organisation should send the assessment and information to, via the Mosaic system:

- a) If the cared for is known to KCC, the client’s nominated practitioner (or the CSS team in OPPD) will need to amend the client’s support plan and Personal Budget to reflect the new service.
- b) If the cared for is unknown to KCC and agrees, the commissioned organisation should, using Mosaic, create a contact on the cared for record and reassign it to ARMS Screening virtual worker.

## **C. PRACTICE GUIDANCE FOR YOUNG CARERS**

This section should be read in conjunction with the “Joint Protocol for Young Carers and their Families” to be found within the Kent Child Care Procedures online document:

[http://kentchildcare.proceduresonline.com/pdfs/jnt\\_pr\\_youngcarers\\_fam.pdf](http://kentchildcare.proceduresonline.com/pdfs/jnt_pr_youngcarers_fam.pdf)

This section provides guidance to assessors as to their roles and responsibilities when encountering:

- Young carers
- Young carers thought to be a “child in need”
- Young carers in transition to adulthood
- Parent carers of a young person in transition

### **1. Identifying young carers**

#### **1.1 Children and Adult Services responsibilities**

- Young carers of disabled children are the sole responsibility of Children’s Services.
- Young carers of adults may be supported by Adult Services in the following manner:
  - Adult Services assessors, recording the totality of the person’s needs on Mosaic, will identify children carers in the household/ family network, establish

the reasons why they are undertaking that role and ensure that by supporting the adult, they relieve the young carer of part or all of the tasks they perform (or intend to perform) when providing care.

- By supporting the cared for, Adult Services will prevent the young carer from undertaking excessive or inappropriate caring responsibilities which could impact adversely on their welfare, education, or social development.
- Adult Services assessor will signpost the parent(s) to the Kent young carers webpage should the parent think that a referral to Kent young carers would be beneficial to the child: <https://www.imago.community/Children-and-YoungPeople/Kent-Young-Carers>

## **1.2 Young Carer thought to be a “child in need”**

Children in need are defined in law as children who are aged under 18 and who:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled

During the adult assessment, if it is thought that the young carer may be a “Child in Need”, practitioners will make a referral to Children’s Services for a needs assessment under the Children Act 1989. To do so, they will phone the Central Duty Team on 03000 41 11 11 and ask for a consultation with a Children’s Services social worker who will advise them as to *what the next steps will be*.

## **1.3 Young carer needing Early Help support**

Early Help and Prevention Services are designed to respond early to tackle emerging issues for children, young people and families who are most at risk of developing problems and having poor outcomes. Early Help refers to the support given at the earliest possible opportunity if problems do start to emerge or if there are identified potential risk and/ or vulnerability factors that may impact on a child’s development.

If the assessing practitioner identifies that the young carer may be in need of early help support, practitioners must refer young carers to Early Help and Preventative Services. To do so, the practitioner will call Children and Families Information service on 03000 41 23 23

## **1.4 Young carer in transition to adulthood**

Adult Services have a duty to assess young carers caring for an adult as they approach adulthood wherever it appears that there may be “significant benefit” to the individual in doing so.

There is no set age for when young people reach transition since every young person and family is different and as such assessment should take place when most appropriate for them taking into account the 'significant benefit' to them.

In carrying out these assessments we will consider:

- How any care and support for the person(s) they care for would change as a result of the young carers change in circumstances.
- Implications for siblings and other family members.
- Where appropriate using a whole family approach to assessment which helps identify the impact and implications on all concerned.
- How to support them to prepare for adulthood and to raise and fulfil their aspirations.
- The life outcomes that matter for young people approaching adulthood and their families. These may include (but are not limited to):
  - Paid employment
  - Good health
  - Completing exams or moving to further education
  - Independent living (choice and control over one's life and good housing options)
  - Social inclusion (friends, relationships and community).

This is regardless of whether the young carer currently receives any services and includes young carers whose parents have needs below the local authority's eligibility threshold but may nevertheless require advice or support to fulfil their potential, for example:

- A young person with deaf parents who is undertaking communication support.
- Young carers receiving Children and Adolescent Mental Health Services (CAMHS) may also require care and support as adults even if they did not receive children's services from the local authority.

Where young carers do not have any eligible needs, the transition assessment will be followed up with good information and advice about support in the community.

Where young carers have eligible needs, the assessment will be used to plan how to meet the person's needs from the age of 18 and inform a review of the cared for's needs as appropriate.

## **1.5 Services for young carers**

Currently a commissioned county-wide service provides support to young people with a caring role in Kent. The service is delivered by Imago Community. The service is called Kent Young Carers and provides support tailored to the individual needs of young carers.

The needs of each young carer are assessed and support ranging from access to newsletters and online information and guidance through to participation in clubs, events and activities with other young carers to more tailored one-to-one support are put in place. The support is flexible to meet the needs of young carers as they change; it is open to all young carers and is not time limited.

### **1.6 Parent carers of a young person in transition to adulthood**

Kent County Council has a statutory duty to carry out a transition assessment for parent carers at a point when Kent County Council can be reasonably confident what the carer's needs for support will be after the young person for whom they provide care turns 18.

In practice it makes sense, if it is a new referral, for the Young Person's Team worker, to carry out the Carers assessment at the same time as the one done with the young person. If the carer prefers an independent assessment, as it relates to a carer's right when the cared for is post 18, then the worker can refer to the commissioned organisation.

We must carry out a transition assessment of a parent carer when there is significant benefit to them in doing so, and if they are likely to have needs for support after their child turns 18.

When considering if it is of 'significant benefit' to assess, we should consider the carer's circumstances and whether it is an appropriate time for the carer to undertake an assessment. The consideration of 'significant benefit' is not related to the level of a carer's needs, but rather to the timing of the transition assessment.

When considering whether it is of significant benefit to assess, we should consider factors which may contribute to establishing the right time to assess (including but not limited to the following):

- Whether the carer wishes to enter further/higher education or training
- Whether the carer wishes to get a job when their child becomes an adult
- Whether the carer of a young person wishes to remain in or return to employment when the young person leaves full time education
- The time it may take to carry out an assessment
- Any relevant family circumstances

A carer has the right to request a transition assessment. We must consider such requests and whether the likely need and significant benefit conditions apply – and if so we must undertake a transition assessment. If we think these conditions do not apply and we refuse an assessment on that basis, we must provide reasons for this in writing in a timely manner,

and we must provide information and advice on what can be done to prevent or delay the development of needs for support.

If we believe that the timing of the assessment request does not yet meet the “significant benefit” criteria, we should consider indicating (when providing written reasons for refusing the assessment) when we believe the assessment will be of significant benefit.

In these circumstances, we have the responsibility to contact the carer to agree the timing of the transition assessment, rather than leaving the carer in uncertainty or having to make repeated requests for an assessment.

## **D. MONITORING**

### **1. Required outcomes**

This policy seeks to ensure that all staff working:

- in Kent County Council Adult Social Care and Health Directorate
- in KCC commissioned carers organisations

and who have a responsibility towards carers under the Care Act 2014 are fully aware of their roles and responsibilities.

This in turn will ensure that Kent carers can feel confident that staff supporting them have been given the relevant information to do so.

### **2. Review of the policy**

- A member of the policy team will review the policy two years from this publication.
- The reviewer will check that all contents are still relevant, engage with key stakeholders to look at practice issues; incorporate the audit recommendations and rewrite or amend contents as appropriate.
- The amended policy will be presented to DivMTs for approval, if the amendments warrant this.

## **Appendix 1- At a glance: Key provisions in the Care Act for carers**

<b>Advocacy</b>	Local authorities must provide independent advocacy to represent and support an individual including carers if needed to support their involvement in assessments and preparing support plans if there is no other “appropriate person”.
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<b>Care and Support Planning</b>	Following an assessment and a determination of eligibility, a carer must be given a support plan and a person with care needs must be given a support plan.
<b>Carers' assessments</b>	Local authorities can delegate these duties i.e. ask another organisation to carry these out on its behalf. Assessments can be joint or can be supported self-assessments.
<b>Eligibility and charging</b>	There is a minimum level of eligibility for carers as well as people with care needs. To get support that will be funded by the local authority, apart from preventative support, a carer will normally need to meet these criteria. Local authorities can decide to charge carers for their own support, however currently KCC does not charge carers. Carers cannot be charged for support provided directly to a person with care needs.
<b>Information and advice</b>	Local authorities have a duty to establish and maintain a service for people in its area with information and advice relating to care and support for adults and support for carers.
<b>Market shaping</b>	Local authorities are required to promote a local market where any person in its area wishing to use its services has a variety of providers to choose from, and sufficient information to make an informed decision about how their needs can be met.
<b>Personal Budgets and Direct Payments</b>	Local authorities will identify Personal Budgets which will be the amount of money deemed necessary to meet needs for. Direct payments can be used to give people money to spend on their support directly.
<b>Prevention</b>	Local authorities have a duty to prevent, reduce or delay need for support. This includes carers' needs for support. The guidance lays out what prevention might mean for carers.
<b>Transition to adulthood</b>	Local authorities must carry out transition assessments for young carers and for adult carers of a young person with care needs at a time when the local authority can be reasonably confident what the young person's or carers' needs for support will be after the young person turns 18.
<b>Wellbeing</b>	All decisions taken about an individual in relation to their care and support must promote their wellbeing.

## Appendix 2: The Eligibility Decision Process for Carers

<b>1. Needs</b>	<b>2. Needs/Outcomes</b>	<b>3. Wellbeing</b>
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<p>The carer's needs arise as a consequence of providing necessary care for an adult.</p>	<ol style="list-style-type: none"> <li>1. The carer's physical or mental health is either deteriorating or is at risk of doing so.</li> </ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"> <li>2. The carer is unable to achieve any of the following: <ol style="list-style-type: none"> <li>1. Carrying out any caring responsibilities the carer has for a child.</li> <li>2. Providing care to other persons for whom the carer provides care.</li> <li>3. Maintaining a habitable home environment.</li> <li>4. Managing and maintaining nutrition.</li> <li>5. Developing and maintaining family or other significant personal relationships.</li> <li>6. Engaging in work, training, education or volunteering.</li> <li>7. Making use of necessary facilities or services in the local community.</li> <li>8. Engaging in recreational activities.</li> </ol> </li> </ol>	<p>As a consequence, there is or is likely to be a significant impact on the carer's wellbeing, including the following:</p> <ul style="list-style-type: none"> <li>• Personal dignity</li> <li>• Physical and mental health and emotional wellbeing</li> <li>• Protection from abuse and neglect</li> <li>• Control by the individual over day-to-day life</li> <li>• Participation in work, education, training or recreation</li> <li>• Social and economic wellbeing</li> <li>• Domestic, family and personal relationships</li> <li>• Suitability of living accommodation</li> <li>• The individual's contribution to society</li> </ul>
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### Appendix 3: Guidance for practitioners as to what we will pay / not pay towards a carer’s budget

**Important:** this guidance does not aim to answer every case scenario but is intended to help practitioners think through the issues presented to them when faced with meeting a carer’s eligible needs. We have a duty to meet unmet eligible needs but we can take our financial resources into account while doing so and our duty extends to all carers with unmet eligible needs.

In each example the assessor will consider the outcomes for the carer and how these may be met:

- Is the solution a service provided to the cared-for and therefore chargeable?
- What is the community network support available, voluntary organisations, peer support groups, other community groups?

Eligible need identified	Need to explore further:	What we will pay for:	What we will not pay for:	What we may pay for depending on circumstances
<b>Equipment (Case Scenario 1)</b>				
I need a laptop to Skype my family abroad who provide the emotional support I need to keep caring.	<p>How does the person currently maintain contact?</p> <p>Could they use a web café? The library? This could happen if and when their cared for has day care support or is safe to be left on their own?</p> <p>Where abroad? Could there be a big time difference which means the person cannot access cafes or library at a time when they can skype relatives?</p> <p>Is it need for a laptop or need for a piece of equipment with “Skype” capabilities?</p>	<p>A piece of equipment with “Skype” functionality such as a tablet.</p> <p>Principle of best value would apply.</p>	<p>Broadband connection or “Sky” package</p> <p>Accessories which do not come as part of the tablet purchase offer.</p>	

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<b>Equipment (Case Scenario 2)</b>				
<p>I need a washer/ dryer because:</p> <p>The person I care for has now developed double incontinence</p> <p>My old washing machine is constantly breaking down</p> <p>I cannot get the clothes/ bedding dry as quickly as needed without a dryer</p> <p>I cannot afford a new piece of equipment</p> <p>Cared for has eligible needs but I meet all of them</p>	<p>Check reasons for incontinence</p> <p>Help carer access support to manage the incontinence</p> <p>Help carer access support from continence nurse</p> <p>Check charities or benevolent funds to see if they can help</p> <p>Check with KCC own Support and Assistance Service (KSA)</p>	<p>Best value washer possible.</p>	<p>Extended warranty</p> <p>Delivery fee</p> <p>Installation fee</p>	
<b>Services (Case Scenario 1)</b>				

I need a gym membership to keep healthy in mind and body so as to help me to continue caring.	The gym appears to be a service response to a need. What is the need? To keep fit and healthy? Are there cheaper ways than gym membership?  Could they join a walking group? A free running group? (These may also provide social contact as a benefit to the carer.) Is this something a carers organisation offers?	Possible gym membership	Extra classes on top of the gym membership	
	Will the cared for need replacement care? Discount leisure card			
<b>Eligible need identified</b>	<b>Need to explore further:</b>	<b>What we will pay for:</b>	<b>What we will not pay for:</b>	<b>What we may pay for depending on circumstances</b>
<b>Services (Case Scenario 2)</b>				
I need a pamper day once a month as my mental health wellbeing is at risk if I do not take a break from caring full time.	Will cared for need replacement care?  Is cared for known to us?  Do they have eligible needs?  Financial assessment of cared for	Pamper day at local beauty salon price.  Replacement care if needed and in line with the charging policy	Transport to get to the beauty salon  Most expensive spa day in the area.	
<b>Services (Case Scenario 3)</b>				

<p>I need a gardener/ cleaner once week so that I can keep providing care and support to the person I care for. I have no physical and mental energy left for cleaning/ gardening after caring.</p>	<p>Explore other aspects of wellbeing which may be affected by the caring role</p> <p>Explore possibility of assessment for cared for to see if they would meet EC and get a service put in so that carer can get on with all parts of their lives?</p>	<p>A cleaner / gardener on a regular basis if all other options have been explored and we can evidence significant impact on the carer's wellbeing</p>		
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#### **Appendix 4: Guidance for practitioners when carer needs respite/ replacement care**

Respite can meet a Carers eligible need – but will either be part of the cared for person's care plan, or be provided through grant funded services – it should not form part of the Carer's Budget.

<b>Eligible need identified</b>	<b>Need to explore further in the assessment:</b>	<b>What we may pay for:</b>	<b>What we will not pay for:</b>	<b>What we may pay for depending on circumstances</b>
<b>Respite (Scenario 1)</b>				

<p>I need a holiday with the person I care for. This is not respite as such but a change of scenery, it will strengthen our relationship, recharge our batteries and keep me going as a carer.</p> <p>I cannot provide the physical care my partner needs. The cared for currently gets a care package equivalent to £130 a week.</p>	<p>Is there a charity providing this holiday for free/ low cost?</p> <p>Where is holiday taking place?</p> <p>Is holiday in a set-up where people can access extra support without going through care agency?</p> <p>Could we access a domiciliary care agency to provide the support that week?</p> <p>Getting help from a benevolent fund</p> <p>Low-cost holidays or bursaries towards holiday cost</p>	<p>Up to £130 for the support the person needs that week – provided to the cared for (and is therefore chargeable)</p>	<p>Transport costs</p> <p>Accommodation</p> <p>Food</p> <p>Entertainment</p> <p>Leisure activities</p> <p>The carer's holiday</p> <p>The cared for's holiday</p>	<p>Something towards the higher cost of accommodation if this is needed because of cared for's complex/ high support needs</p>
<p><b>Respite (Scenario 2)</b></p>				
<p>I need a holiday with the person I care for and this means their PA must come too</p>	<p>Sounds like a “service response to a need”</p> <p>What exactly is the need?</p> <p>Once you have established what the need is, check out a range of options to meet that need: holiday will only be one of them.</p>	<p>Up to the cost of the hours the cared for gets in their current package hours</p>	<p>Transport / travel costs</p> <p>Accommodation</p> <p>Food</p> <p>Entertainment</p>	<p>PA costs if there are assessed needs which indicate the PA is best placed for meeting those needs, for example: the PA has learned specialist communication skills.</p>

	<p>Check the “need to go with person I care for”</p> <p>How is this a holiday? For whom? Where is holiday planned?</p> <p>Check what the PA currently provides etc. Could a local agency provide the support rather than taking the PA? Specific issues which only the PA is competent to deal with?</p> <p>Getting help from a charity or benevolent fund Low-cost holidays or bursaries towards holiday cost</p> <p>*Note: this could have a big impact on the PA so checks will need to be made regarding the PA’s employment contract*</p>		<p>Leisure Activities</p> <p>This applies to the cared for person; the carer and the PA</p>	
<p><b>Respite (Scenario3)</b></p>				

<p>I need a holiday by myself so this means the person I care for has to have replacement care</p>	<p>Is cared for eligible for support? Is cared for known to us? Financial assessment of cared for</p>	<p>Respite care costs using the CSG for the time the carer is away.</p>	<p>The holiday the carer is having.</p>	<p>The increased care package / respite care costs will form part of the revised cared for's support plan not the carer's.</p>
<p><b>Eligible need identified</b></p>	<p><b>Need to explore further:</b></p>	<p><b>What we will pay for:</b></p>	<p><b>What we will not pay for:</b></p>	<p><b>What we may pay for depending on circumstances</b></p>
<p><b>Respite (scenario 4)</b></p>				
<p>I need a regular lunch out with my friends for my mental health wellbeing. Cared for gets a 1hr morning call only 7 days a week. Cared for is unsafe to be left on their own for more than 15 minutes.</p>	<p>How often does this need to take place? Think Crossroads/ Voluntary organisations</p>	<p>Increase the cared for package and provide a 2 hour lunch/ sitting service for cared for.  Cared for may be charged subject to financial assessment. .</p>	<p>Lunch for the carer.  Transport for carer to lunch place</p>	<p>The increased care package / respite care costs will form part of the revised cared for's support plan not the carer's.</p>