

# Better Local Support for Carers:

## A Framework For Good Practice



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*This project was initially piloted in three areas, during which time we have seen the development of the NHSE Plan which also sets explicit objectives for carers and integration between health and social care which are reflected in the development of this framework.*



## Acknowledgements:

We'd like to thank our funders, Esmee Fairbairn, as well as the many individuals and local areas who helped create and test out the framework

# Introduction

The purpose of this framework is to help local areas implement best practice in supporting carers. The framework enables conversations between a range of people and organisations (Local Authorities, Health Commissioners and Providers, the Third Sector -including Carers organisations and carers), to discuss, plan and assess local progress in identifying and supporting carers including implementing the Carer's elements of the Care Act (2014).

It is based on the belief that it takes a whole population approach to meet Carer's needs, recognising the diversity of carers experiences. Not all Carers will need to travel the whole

journey pathway. Often, help to identify as a carer, getting good information and advice at the right time in the right place, and having access to community based preventative support will be sufficient to help promote and sustain an individual carer's wellbeing.

The Care Act 2014 also places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18. The assessment should also support the young people and their families to plan for the future, by providing them with information about what they can expect.

## Background to the development of the Framework for Good Practice

During the first year of implementing the Care Act the National Development Team for Inclusion (NDTI) was able to listen to carers about their experience of trying to get the support they needed to sustain their caring role and maintain their own health and wellbeing.

The focus of the project was to try and understand the key role that 'personalisation' (someone having choice and control over the support they receive) can and should play in promoting carer wellbeing.

Spotlight on a Carer's Journey: Exploring what works in supporting carers through the Care Act highlighted the key components in a carers journey to get the right support. These included the need to:

- Identify as a carer
- Access information and advice
- Access community support
- Have their eligible needs assessed
- Have a personal budget
- Have a person centred Support Plan

Once of the key underpinning principles of the Carers Journey, is the requirement to support Carer Wellbeing.

Wellbeing is a broad concept, and the statutory guidance defines it as relating to the following nine areas:

- 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 individuals contribution to society



The project was able to highlight many examples of innovative good practice making a difference to the lives of the carers we spoke to. However, it is clear that the implementation of the Care Act for carers has not been smooth or without its challenges.

Some of the main issues or challenges facing carers from getting the best out of the new Care Act included the fact that the term ‘carer’ itself causes problems and many carers do not identify as a ‘carer’.

Many people feel resistance to the label as they see the support they offer as ‘just what you do’ in families. To take the formal label ‘carer’ hasn’t occurred to them.

Over-relying on carers to self-identify can mean many carers remain invisible. If carers are not self-identifying, and health and social care professionals are not proactively identifying them, they will continue to miss out on information and support that will enable to them to carry on caring longer and maintain their own health and wellbeing.

Other key issues included the lack of advocacy for carers. Carers regularly raised the issue that they had simply not heard about the new Care Act (2014) and were unaware of their rights and entitlements as carers. This included accessing independent Care Act Advocacy as defined under the Act as well as more general support where organisations may advocate on their behalf.

Time and time again carer said that what they valued was the opportunity to talk to other carers who were sharing similar experiences to their own. Yet sadly the backdrop of austerity and changes facing the social care sector meant that activities (often provided by the third sector) were having their funding cut or reduced to promote this type of peer support.

As the project progressed it became clear that different elements of the ‘carers journey’ were better developed than others. In particular, in some areas, there was a lack of clarity about what Personalisation is and what good looks like. Whilst elements like community based

support and access to universal services were being implemented, often by the third sector, access to personal budgets and truly person centred Carer Support Plans seemed less developed. Not only are many carers unaware that they might, if eligible, be entitled to a Carers Personal Budget and Support Plan but so were some professionals.

The project concluded that a greater understanding of self-directed support and the structures, which can make this happen for carers and families needed further development and work. We hope that the development of Good Practice Framework will make a contribution to this greater understanding.

The framework recognises that at a local level there is a need to engage with a broad range of ‘multifaceted’ challenges that carers face and this requires a coordinated and integrated approach to identification, assessment and support. This framework recognises the synergy between social care and health agendas, and can also be utilised to implement the Universal model of personalised care, as illustrated in this diagramme.



## How to use this framework

This Framework has been developed to co-produce the changes you want in your area so that Carers benefit fully from their rights under the Care Act. A group of relevant people need to come together to review what's happening now and identify priorities of what changes or new things need to take place.

### 1. Preparation

Consider who needs to take part in a joint conversation. The group needs to have the authority to generate ideas, make key decisions and implement strategic changes. This group needs to include:

- Local carers with different perspectives
- Local organisations/ providers who support carers
- Local authority (including carers commissioner and social workers)
- CCG commissioners (carers leads where possible) and a range of health providers
- Elected representatives

**2. Gather the information you need** to work with this group including information such as census data, carer numbers, JSNA, current funding. You may wish to survey local carers about their experiences prior to meeting, if you have not recently done so.

Where are we now? - Bring people together for a discussion- (during this you will cover the parts 2-5.) Start by discussing in each of the sections, what you do at the moment. It may be that not everyone in the group is aware of what is already available, so ensure that people who can piece together the whole situation are present. It may also be that whilst things are on offer, not everyone is accessing them. Try to enable an open and positive conversation with all present. Health Warning- self audits and plans are only as good as the honesty, openness and work put into them.

**3. What actions are necessary and possible?** In each area, have the group discuss what actions would be needed to increase the score by one step, or to reach green in that area. Consider the current context, place, and wider assets you can make use of. For instance, are there other partners or community groups who are doing relevant things that you could draw on without needing to start from scratch?

**4. What are our priorities for change?** Identify priorities of what things need to change or be put in place or commissioned. Once you have scored yourself on each of the 6 sections, and described in the box below what current practice is, summarise your scores in the table on page 17. Have a discussion about what things you should prioritise in your action plan. This may be to focus on the areas that have the lowest scores and are in the Red. It may be to focus on some quick changes you can make which will boost one or two areas. Decide as a group.

**5. Generate an Action Plan for Change** The action plan should focus on the priorities which have been identified in the discussions with carers and others key stakeholders. A template is provided at the end of this document. It is more likely to be achievable if this action plan is incorporated within local commissioning strategies, and with buy in of all concerned. We would recommend these reviews take place within the usual commissioning cycle, particularly where funded changes are required to services or community provision.

**6. Co-produce the changes and check they are happening.** Once actions have been agreed, timings for implementation actions can be implemented. Carers and key stakeholders should remain involved at the implementation phase, alongside those accountable, and with the authority and resources to implement any new approaches or services.

**7. Review what's working and not working –** The group is likely to need to come together again for this. Review each action, check it is happening and if it is leading to the changes you wanted or not. It is important to address the situation if changes aren't happening. Where does the group sit in the decision making process?



# Identifying Carers

The Care Act defines a 'carer' as an adult who provides or intends to provide care for another adult. The Care Act puts carers on an equal footing with the people they care for including the duty on local authorities to identify carers with unmet needs for care and support. Statutory guidance also recognises the duty on the NHS to cooperate, to identify carers with unmet care and support needs, and to work together with preventative aims.



- Reliance on self-identification of carers. Information only available for those who seek it.
- Lack of integrated approach and coherent inter-agency working across and within health, social care and other agencies such as education.

Score

C



- Some outreach to carers to help them identify. E.g. GP practices pick up on people carrying out or moving into a caring role and signpost to local carers organisations.
- Local carers organisations provide information in a range of places about what it means to be a carer and how they can help.
- Schools and education departments are aware of how to identify young carers and refer on for appropriate support.

Score

B



- GP practices proactively involved in identifying carers and systems in place to refer out for information and support.
- Effective joined up multi agency and inter-agency approach (across health, social care, education, voluntary sectors and others) to reach out to people to help them identify themselves as having a caring role.
- Creative use of networks across the community. Good information available in range of places on what might comprise being a carer, with signposting for further information.
- Specific outreach to target vulnerable groups e.g. young carers, older carers or carers with their own support needs. There is recognition of diversity of local population and investment in supporting carers from BAME communities or other groups who may find themselves excluded.
- The use of innovative schemes within the community such as Local incentives or benefits (e.g. a membership scheme with local shop discounts) to encourage carers to self-identify. 1-2-1 and group community conversations about what being a carer means. Work with local employer forums to raise awareness of 'carer friendly' practices. Universal Proactive information sent to all households. This may be via local authority newsletter or local press.

Score

A

**Score:**

*(circle your score)*



**Reasons for chosen score- describe current practice.**

What needs to change? Describe areas of concern

Prioritise the Actions that need to happen to improve practice.



# Information and Advice

Information is vital to enable carers to make informed choices both for themselves and the person they care for. Local authorities have a duty to provide information and advice to individuals with support needs and their carers. The NHS GP Quality Markers also highlight the role of primary care in signposting carers to advice.



- Fixed and limited topics of information are available. These are in paper or online formats only.
- There is a lack of joined up working between health, social care and community.
- Carers have few or no opportunities for face to face conversations about their caring role and support available, other than an immediate statutory carers assessment.

Score

C



- Standard information is available. This is likely to include web pages or leaflets, outlining how to reach social care services, and what groups or organisations support carers and how to get a carers assessment.
- There are opportunities for conversations and information and advice provided in this way. This is likely to be provided by the local carers centre. Signposting to services and supports including financial and benefits information.
- Not much information available is personalised or tailored to the unique individual circumstances. Queries are responded to in fixed format.

Score

B



- Localised and tailored information is available to carers. This is based on a conversation that draws out what is important to the carer in their unique situation. Information is available in flexible and multiple formats.
- There is joined up information about local community resources and services.
- Carers are supported to understand their own rights, and the rights of the person they care for. They are enabled to make their own decisions, based on the needs of their family, on what to do next.
- The health and social care workforce are able to recognise and support carers.
- Drop ins are available, where individuals seeking information and advice can have a preliminary conversation. These may be in the form of community hubs, talking points or GP surgeries.
- Local Authorities are signed up to the the digital offer from Carers UK

Score

A

**Score:**

*(circle your score)*



**Reasons for chosen score- describe current practice.**

What needs to change? Describe areas of concern

Prioritise the Actions that need to happen to improve practice.

# Preventative Community Support



The Care Act includes a duty on local authorities to provide services or take steps which it considers will contribute towards preventing, delaying or reducing needs for care and support in its area. This applies to everybody – not just those with eligible needs. This is in recognition that if you can help people maintain their wellbeing you can help prevent them from needing to use formal services, or for their caring role to break down.



- The local authority focuses primarily on its statutory role and there is little or no joined up and integrated community provision.
- There is minimal or no engagement with health or public health.
- There is a focus on duty to assess and meet needs and those eligible for support only. Little or no provision is available for social or peer support opportunities, and disinvestment has occurred where these have been previously in place.
- Education and Youth services disengaged from the Young Carers agenda and there is no partnership arrangement or MOU between adult and children services.
- Support for parent carers of younger children is not integrated into the local Carers Strategy.

**Score**

**C**



- Options exist for carers to come together in community settings, usually at carers centre.
- There is provision of some short breaks for people with support needs. This may be commissioned by health or social care, and there is a joined-up approach.
- Carers organisations are funded to offer opportunities for carers to maintain their wellbeing through peer support, training and relaxation activities.
- Use of small grants enable carers to spend on staying well emotionally and physically.
- There is a strategy and investment in supporting young carers.
- There is some joint work between Children and Adult services and community organisations to support parent carers.

**Score**

**B**



- Active promotion of wellbeing for carers takes places across all sectors. There is good carer awareness embedded in the health community, including the use of social prescribing for carers. .
- There is investment in opportunities across leisure, arts, community and voluntary sector organisations. Carers have access to learning and employment. Asset-based community approaches are used that utilise the resources of local communities. There is access to specialist support around wellbeing for those who need and want it. This may be in the form of
  - small grants
  - carer passports
  - contingency and emergency planning.
- A flexible range of short breaks is on offer.
- Children and Adult services have an integrated approach to supporting parent carers and young carers which may including a formal Memorandum. Whole Family Approaches are used.

**Score**

**A**

**Score:**

*(circle your score)*



**Reasons for chosen score- describe current practice.**

What needs to change? Describe areas of concern

Prioritise the Actions that need to happen to improve practice.



# Assessment and Eligibility

The Care Act gives carers the right to have an assessment to identify whether they are eligible for formal support from their local authority, including a support plan and personal budget. Local authorities need to ensure that the assessment process is focused on the wellbeing principle as outlined in the Care Act.



- There is a Lack of proportionate and flexible approach to assessment.
- Carers are unaware of their rights under the Act, and the links between their assessment and the support this may lead to.
- Assessments are carried out in only one place, without flexible timing and format.
- Assessments may be lengthy form-based processes.
- Eligibility has localised approach rather than national leading to “postcode lottery”.
- Long waiting list even for carers with immediate need. Undue focus on statutory assessment to establish eligibility that might not be appropriate for all carers.

Score  
**C**



- Basic assessment is provided, which may be outsourced or internal. Social workers provide carers assessments where situation is more complex.
- There are some more flexible opportunities for example for self-assessment and more proportionate caring conversations.
- The output from the assessment is usually followed by a menu-based offer. This is likely to include fixed- grants, short breaks and focused only on need and maintaining the caring role. This may wrongly be referred to as a support plan.

Score  
**B**



- The Carer assessment process is timely and proportionate.
- There is help for carers to be prepared to get the best from the process.
- Carers are made aware of the benefits of having an assessment. The carers assessment is offered as an open conversation. This is carried out by someone with relevant expertise including skills in person-centred conversations. Assessments are focused on promoting and maintaining wellbeing as well as maintaining caring role.
- A record of the assessment that is shared with carer. This takes into account assets and full family situation. Assessment recognises carers strengths rather than solely focusing on difficulties and ‘eligibility’ recognises and encourages the benefits of supported self-assessment. Increases choice and control throughout the process.

Score  
**A**

**Score:**

*(circle your score)*



**Reasons for chosen score- describe current practice.**

What needs to change? Describe areas of concern

Prioritise the Actions that need to happen to improve practice.



# Personalised Support Plan

Statutory guidance supporting the Care Act states that the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. A guiding principle is that the Support Plan will be person centred and person led and based on the outcomes to promote their wellbeing. Consideration must be given to meet the person's specific needs, rather than simply considering which service they fit into.



- A carers assessment automatically generates what is offered as a support plan. Support plans are rarely developed with carers together with their personal budget. There are only limited or prescriptive options for what support plan can include.
- Whole family approaches are not adequately developed and delivered locally

Score  
**C**



- Support plans are available to any carer with eligible needs, whether or not they choose to have a personal budget as a direct payment.
- Support planning may be form based and not fully flexible to the needs and outcomes chosen by the carer.
- The outcomes the carer is supported with are purely needs based to help them keep caring and don't yet consider their wider wellbeing, including aspirations to work or take up training opportunities.
- The wider community and network of support, and a person's strengths are not explored or part of a support plan. Advocacy for carers is unlikely to be available.

Score  
**B**



- Support plans may be available even to carers without eligible support needs.
- Carers understand what the support planning conversation will entail and can prepare. The support-planning conversation is carried out by a skilled person who focuses on the person's strengths, their needs and wishes and what will maintain their wellbeing (under the definition of the Care Act) as well as enabling them to continue caring and meet their eligible needs.
- Family focused plans are available and take into account and balance wishes and needs of all. Plans are flexible and comprehensive and recorded in ways that make sense to the person or people involved. Appropriate staff training is in place to support this approach.
- There is support available (e.g. advocacy) should the carer need this to be fully involved in putting their wishes across. It also incorporates planning for the future as well as current needs.
- Information from the support plan is backed up or shared in a carers passport.
- Regular reviews of the support plan with the carer (and or others) are person-centred and focused on outcomes from the carers perspective.

Score  
**A**

**Score:**

*(circle your score)*



**Reasons for chosen score- describe current practice.**

What needs to change? Describe areas of concern

Prioritise the Actions that need to happen to improve practice.



# Personal Budgets

A carer with eligible support needs is entitled to a carer's personal budget. This is an indicative sum of money allocated by the Local authority to help a carer with eligible needs, get the support they need. They may choose to take this as a direct payment. Carers may also be entitled to a Personal Health Budget from the NHS.



- Personal budgets (as defined by the Care Act) including those in the form of direct payments are not yet offered to Carers.
- There may be no way of calculating flexible personal budgets for carers. May or may not offer fixed grants. Carers may be unaware of their financial options.
- Personal budgets are not linked to a support plan. Offer of support may be council managed only and in the form of a menu of services, rather than personalised.

Score  
**C**



- Tiered budgets may be available for carers. Personal budgets are offered in a variety of forms including as direct payments.
- However, there may be a lack of flexibility on what it can be spent on.
- There is a lack of transparency in the way in which resources are calculated or allocated. This might lead to a carer not understanding the link between assessment, eligible need and a personal budget.
- Some development in health, of personal health budgets for carers in limited circumstances.

Score  
**B**



- Clear and accessible information about assessment/ eligibility and PB's are available to carers.
- Integrated approaches to health and social care personal budgets are in place to support carers.
- Fully flexible personal budgets are available for carers. These are available in the carers chosen format, including managed, individual service fund, or direct payments. Carers are provided with information about how the budget has been calculated.
- These recognise the difference between intense /intermittent caring and on going consistent caring. Personal/ Health/ budgets are linked to outcomes in the Support Plan.
- There is the opportunity to regularly review need and budget. There is a transparent and fair way of calculating the budget.

Score  
**A**

**Score:**

*(circle your score)*



**Reasons for chosen score- describe current practice.**

What needs to change? Describe areas of concern

Prioritise the Actions that need to happen to improve practice.

# Scoring and Actions for Change

Section	Current Score	Priority for Action (rank 1to 6)	Agreed Actions	When will these be done by?	Who will lead and who else will be involved?
Identifying Carers 					
Information & Advice 					
Preventative Community Support 					
Assessment & Eligibility 					
Personalised Support Plans 					
Personal Budgets 					

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