



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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CARERS AND DIRECT PAYMENTS ACT
(NORTHERN IRELAND) 2002

**CARERS' ASSESSMENT
& INFORMATION
GUIDANCE**

PART 1

**The Carers and Direct Payments Act
(Northern Ireland) 2002**

THE LEGISLATION

**Department of Health Social Services and Public Safety
2005**

The Carers and Direct Payments Act (Northern Ireland) 2002 should be read in conjunction with the following legislation: -

The Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by the HPSS (NI) Order 1991);

The Children (Northern Ireland) Order 1995;

The Chronically Sick and Disabled Persons Act 1978;

Health and Personal Social Services (Assessment of Resources) Regulations (NI) 1993;

The Health and Social Services Trusts (Exercise of Functions) (Amendment) Regulations (Northern Ireland) 2003;

The Carers (Services) and Direct Payments Regulations (Northern Ireland) 2003;

The Carers and Direct Payments (2002 Act) (Commencement No.1) Order (Northern Ireland) 2003;

The Personal Social Services and Children's (Direct Payments) Regulations (Northern Ireland) 2004

The Carers and Direct Payments (2002 Act) (Commencement No. 2) Order (Northern Ireland) 2004;

Account should also be taken of the requirements under Section 75 of the Northern Ireland Act 1998.

OTHER USEFUL REFERENCES: -

Good Practice in Consent - Consent for Examination, Treatment or Care: DHSS&PS March 2003

Direct Payments- Legislation and Guidance for Boards and Trusts: DHSS&PS April 2004

INTRODUCTION

This guidance has been prepared by the Department of Health, Social Services and Public Safety to assist in understanding the Act and the policy behind it.

The Act places the new responsibilities on “an authority”. This term is defined in the Act as meaning either a Health and Social Services Board (Board) or a Health and Social Services Trust (Trust) though in practice it will mean a Trust in virtually all cases. This guidance, therefore, refers throughout to assessments and services being provided by Trusts.

The Act was introduced into the Assembly as the Personal Social Services (Amendment) Bill. Following Consideration Stage the Assembly agreed that it should be henceforth referred to as the Carers and Direct Payments Act.

BACKGROUND AND POLICY OBJECTIVES

Carers do an important job in looking after those who are sick, disabled, vulnerable or frail who, without this extensive caring, would need the support of the statutory services and might need to enter a nursing or residential home or go into hospital. It is clear that carers reduce the amount of input that social services and other agencies need to make. It is estimated that there are 185,000 carers in Northern Ireland and that 11 per cent of households here contain a carer.

The Act places a requirement on Trusts to inform carers of their right to a carer's assessment and gives Trusts the power to supply services directly to carers to help the carer in their caring role. This change includes a **statutory** right to a carer's assessment which allows for an assessment to be carried out even where the person cared for has refused an assessment or the provision of personal social services.

The Act also allows Trusts to make Direct Payments:

- to carers (including 16 and 17 year old carers) for the services that meet their own assessed needs;
- to people with parental responsibility for disabled children;
- to disabled people with parental responsibility for a child; and
- to 16 and 17 year old disabled children for services that meet their own assessed needs.

See DHSSPS Direct Payments Guidance, April 2004

It is the policy of the Department to treat all children who are providing care as children first and carers second. Children under 16 should have their needs assessed, and services provided, under the provisions of the Children (Northern Ireland) Order 1995. 16 or 17 year olds may be assessed either under the Children (Northern Ireland) Order 1995 or the Carers and Direct Payments Act (Northern Ireland) 2002.

CONSULTATION

A consultation document, entitled “Proposals for a Carer’s and Disabled Children Bill” (the original title given to this Act) was issued to a wide range of interested parties in March, with a closing date for comments of 18 May 2001. Responses to the consultation indicated a broad welcome for the proposals, particularly from organisations representing carers.

OVERVIEW OF LEGISLATION

The Act has 12 sections, and is to be read in conjunction with the Health and Personal Social Services (NI) Order 1972 for the purposes of interpretation. The sections below are those specific to information, assessments and services for carers.

COMMENTARY ON SECTIONS

Section 1 - Right of carers to assessment

Section 1(1) provides that a person who is a carer has the right to have an assessment of his or her own ability to provide (and to continue to provide) care for the person cared for. This assessment will enable HSS Trusts to decide what services, if any, should be provided direct to the carer under section 2 of this Act.

Section 1(2) similarly provides for an assessment of a carer’s ability to care but, in this case, it is used to inform an HSS Trust’s decision on what, if any, personal social services should be provided to the person cared for under the Health and Personal Social Services (Northern Ireland) Order 1972.

Section 1(3) provides that the right to assessment applies only if the carer provides care on an informal basis. Also, a carer is defined in section 10(1) as an individual, aged 16 or over, who provides or intends to provide a substantial amount of care on a regular basis for the person cared for.

Section 1(6) provides that the duty to take into account the ability of a carer of a disabled person, under section 8 of the Disabled Persons (Northern Ireland) Act 1989, is disapplied provided an assessment in respect of the carer has been carried out under this Act.

Section 2 - Services for carers

Section 2(1) enables an HSS Trust, for the first time, to provide services directly to carers following a carer’s assessment under section 1. The assessment must be considered and a decision taken as to whether the carer has any needs in relation to the care that he provides for the person cared for. The HSS Trust must then decide whether or not it can provide services to meet those needs.

Section 2(2) empowers an HSS Trust to provide any services that in its view will help the carer care for the person cared for. These services may take the form of physical help, for example assistance around the house, or other forms of support such as training or counselling for the carer. Services to carers are not defined in the Act.

Section 2(3) allows for services, which, although they are provided to the carer under this Act, to be delivered to the person cared for by way of personal social services under the Health and Personal Social Services (Northern Ireland) Order 1972. Such services may be delivered to the person cared for if both the carer and the person cared for agree but may not, except in prescribed circumstances, include anything of an intimate nature.

Section 2(4) provides for what is, or is not, a service of an intimate nature to be prescribed in regulations. Such services might include help with dressing, feeding, lifting, washing, toileting or bathing the person cared for.

Section 2(5) enables charges to be made for services provided to carers.

Section 2(6) is to ensure that all assessed services to carers are provided only under this Act and not under the Health and Personal Social Services (Northern Ireland) Order 1972 or the Children (Northern Ireland) Order 1995.

Subsections (7) to (10) cover the situation where there is a need for services, which could be provided either by way of carers' services to the carers under this Act, or as personal social services to the person cared for under the Community Care Legislation. A decision must be made as to whom the services are to be provided, and that decision must be made without regard to the means of the carer or of the person cared for. This will ensure that the decision is based on assessed need. The recipient of the service is the person who will be liable for any charges, and who has the right of complaint in relation to the service in question.

Section 3 - Vouchers

This section enables the Department to make regulations that will allow HSS Trusts to issue vouchers for short-term breaks. Vouchers are defined in subsection (2) and will enable the carer or person cared for to arrange for someone to provide services for him or her, in place of the care which would otherwise have been provided to him or her by the carer (either at home or in a residential setting) while the carer takes a break from the caring role. It is intended that the regulations will include provision for vouchers expressed either in terms of money, or for the delivery of a service for a period of time, or both. The regulations will also require HSS Trusts to satisfy themselves that arrangements under which a service is provided are safe and appropriate as well as specifying the maximum period during which a service can be provided against a voucher.

Section 4 - Assessments and services for children who are carers

This section inserts a new Article 17A into the Children (NI) Order 1995 (the 1995 Order).

The new Article 17A requires an authority on request to carry out an assessment of a child carer to determine whether he is a “child in need” within the meaning of Article 17 of the 1995 Order. If he is determined to be in need, Article 18 of the 1995 Order automatically applies and will allow the authority to provide services. (Article 2(2) of the 1995 Order defines “an authority” as meaning an HSS Board, except where a function is exercisable by an HSS Trust. As with other responsibilities under this Act, those which are being inserted into the 1995 Order will, in practice, be exercised by HSS Trusts.)

As with section 1, the section applies only if the child is providing care on an informal basis.

Section 5 - Assessments: carers of disabled children

Section 5 inserts a new Article 18A into the 1995 Order.

The new Article 18A(1) requires an authority to carry out an assessment, on request, of the ability of a person with parental responsibility for a disabled child to provide (and to continue to provide) care for the child. The authority must take that assessment into account when deciding what services, if any, to provide under Article 18 of the 1995 Order.

Article 18A(2) requires an authority, when carrying out an assessment of the needs of a disabled child under the 1995 Order or section 2 of the Chronically Sick and Disabled Persons (NI) Act 1978, to carry out also, if requested by the child’s carer, an assessment of the ability of the carer to provide and continue to provide care for that child. The authority must take the assessment into account in deciding what services, if any, to provide. This paragraph only applies if the care is being provided on an informal basis.

In Article 18A, a carer is someone who provides a substantial amount of care on a regular basis for a child (paragraph (7)).

Section 6 - Vouchers for persons with parental responsibility for disabled children

Section 6 inserts a new Article 18B into the 1995 Order. The new Article provides for the Department to make regulations allowing the introduction of a voucher scheme for persons with parental responsibility for a disabled child to take a break from the caring role in the same way as for carers of adults.

Section 7 - Information for carers

Section 7(1) requires an authority to make information generally available in its area about the right of a carer to request an assessment and to take steps to ensure that carers in its area have access to such information.

Section 7(2) requires that, where the authority is aware that someone is providing care, the authority must notify the carer of his or her right to request an assessment. The duty to provide information applies not only to the right of a carer to an assessment under this Act but also under the new provisions to be inserted by this Act into the 1995 Order.

Section 7(4) makes the requisite amendment to the 1995 Order.

Sections 2(3) and (4), and section 10(5) of the Carers and Direct Payments Act (Northern Ireland) 2002 give the Department authority to define intimate services and to prescribe the circumstances in which intimate services can be provided. This has been done through the introduction of The Carers' (Services) and Direct Payments Regulations (Northern Ireland) 2003. The regulations are set out overleaf for your information.

STATUTORY RULES OF NORTHERN IRELAND

2003 No. 226

HEALTH AND PERSONAL SOCIAL SERVICES

The Carers (Services) and Direct Payments Regulations (Northern Ireland) 2003

Made

7th April 2003

Coming into operation

5th May 2003

The Department of Health, Social Services and Public Safety, in exercise of the powers conferred on it by Section 2 (3) and (4) and 10(5) of the Carers and Direct Payments Act (Northern Ireland) 2002 (a), and of all other powers enabling it in that behalf, hereby makes the following Regulations:

Citation, Commencement and interpretation

1. - (1) These Regulations may be cited as the Carers (Services) and Direct Payment Regulations 2003 and shall come into operation on 5th May 2003.

(2) In these Regulations -

“the Act” means the Carers and Direct Payments Act (Northern Ireland) 2002.

Services of an intimate nature and prescribed circumstances

2. - (1) For the purposes of section 2(3) of the Act a service delivered to the person cared for is of an intimate nature if it involves -

- (a) lifting, washing, grooming, feeding, dressing, bathing, toileting, administering medicines or otherwise having physical contact with the person cared for;

(a) 2002 c.6

- (b) assistance in connection with washing, grooming, feeding, dressing, bathing, administering medicines or using the toilet; or
- (c) supervising him whilst he is dressing, bathing or using the toilet

(2) Where a service is being delivered to the person cared for and -

- (a) during the delivery of that service the person cared for asks the person delivering the service to provide a service of an intimate nature; or
- (b) the person cared for is in a situation in which he is likely to suffer serious personal harm unless a service of an intimate nature is provided to him and
 - (i) the person cared for is unable to consent to the provision of that service, or
 - (ii) the person providing the service reasonably believes it is necessary to provide that service because the likelihood of serious personal harm to the person cared for is imminent;

a service of an intimate nature may be provided.

Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on 7th April 2003.

(L.S.)

Leslie Frew
Senior Officer of the Department of Health,
Social Services and Public Safety

EXPLANATORY NOTE

(This note is not part of the Regulations)

The Carers and Direct Payments Act (Northern Ireland) 2002 imposes a duty on authorities to assess the needs of carers in certain circumstances, and gives authorities the power to then offer services to carers to support them in their caring role. It further enables authorities to make Direct Payments to carers in lieu of the carers' services they have been assessed as needing.

Under section 2 of the Act, a service provided to a carer may be delivered to the person cared for with his agreement. A service so delivered may not include anything of an intimate nature, except in prescribed circumstances. These regulations provide for what is of an intimate nature (regulation 2(1)). They further prescribe the circumstances in which a service of an intimate nature may be delivered to the person cared for (regulation 2(2)).

PART 2

**The Carers and Direct Payments Act
(Northern Ireland) 2002**

CARERS ASSESSMENT & INFORMATION

Guidance for Boards and Trusts

**Department of Health, Social Services and Public Safety
2005**

INTRODUCTION

The purpose of this Guidance is to assist Boards and Trusts in implementing the provisions for Carers assessments and information for Carers carried in the Carers and Direct Payments Act (NI) 2002.

THIS GUIDANCE REPLACES THE ORIGINAL GUIDANCE ISSUED IN MARCH 2003.

The Carers and Direct Payments Act (NI) 2002 presents social care professionals carrying out assessments with a number of new possibilities in supporting carers:

- the ability to assess and provide for the needs of carers of adults even where the cared for person refuses an assessment of their own needs; and
- the ability to be innovative and creative in providing “carers’ services” focused on the outcomes carers want to see.

Carers’ Services refers to services provided to carers under the Carers and Direct Payments Act to allow them to continue in their caring role.

The Guidance will provide a common framework for determining eligibility for adult social care services, provided or purchased by Trusts.

There is no place for artificial divides in the assessment process. The assessor may need to involve other professionals as more complex issues arise.

Section 1. Information for carers

- 1.1 Section 7 (1) of the Act places a statutory duty on Trusts to make information generally available in its area about a carer's right to an assessment and in such a manner that carers in the Trust's area have access to that information.
- 1.2 Section 7 (2) places a statutory duty on Trusts to inform individual carers, where the Trust is aware that they are providing care, of their right to an assessment. That duty applies to assessments under this Act and under the provisions inserted at sections 17(a) and 18(a) of the Children (Northern Ireland) Order 1995.
- 1.3 Trusts might wish to consider making arrangements under which local GPs, carers' support centres or carers' voluntary organisations, may refer carers to them for assessment. These arrangements should agree that only eligible carers as defined in paragraph 2.1 would be referred for a carers' assessment. Such arrangements would assist Trusts in making information on carers' assessments more widely available. No information on carers or their circumstances should be passed to Trusts or any other organisation without the full consent of the carer.
- 1.4 General Practitioners and other primary care staff will often be the first point of contact for carers. More carers may receive services from them than from the Trust. Consequently general practitioners and other primary care staff have a key role in helping carers access the support they need.
- 1.5 A caring role often begins when the cared for person is discharged from hospital. Therefore hospital staff also have an important role to play in raising awareness of the needs of carers and of the provisions of the Act. It is important that hospital discharge staff are aware of the involvement of a carer or carers; that the carer or carers are involved in planning the discharge, and access to services after discharge, and that they are in a position to refer carers to reliable sources of information and support.

Section 2. Right of Carers to assessment

- 2.1 Trusts have a duty to inform carers, aged 16 or over, of their statutory right to an assessment of their ability to provide care and continue to provide care:
- where they provide or intend to provide a substantial amount of care on a regular basis for another individual aged 18 or over: and
 - the Trust is satisfied that the person cared for is someone for whom it may provide or arrange for the provision of personal social services.
- 2.2 This right exists even where the person cared for has refused an assessment of his or her own needs by the Trust or has refused the delivery of personal social services following assessment.
- 2.3 Where a satisfactory level of information about the carer and the person cared for is already available and the cared for person's views on contact with personal social services is well known, Trust social care professionals may wish to proceed with an assessment of that carer's needs without further enquiry. This might be because the person cared for has recently been assessed under other legislation, namely the Health and Personal Social Services (NI) Order 1972 (as amended by the HPSS (NI) Order 1991); the Children (Northern Ireland) Order 1995; and The Chronically Sick and Disabled Persons Act 1978, but has refused services following that assessment. Trust social care professionals must also make a judgment about the quality of a person's consent or refusal to have an assessment or to receive services.

See "GOOD PRACTICE IN CONSENT" issued by the Department in March 2003, in particular Part 9.

- 2.4 In circumstances where the cared for person has not been assessed, social care professionals should make reasoned judgements about whether the conditions that give rise to the right of a carer's assessment have been met. These conditions are set out at Paragraph 2.1.
- 2.5 In the first instance, Trusts must satisfy themselves that the person cared for is someone for whom it may provide, or arrange for the provision of, personal social services. Where a carer is requesting an assessment and no recent assessment of the needs of the person cared for has taken place, the Trust should, in the first instance, approach the person cared for to ascertain if they are willing to be assessed. The carer should be advised and kept informed about how the Trust intends to progress matters.
- 2.6 Where the cared for person is unwilling to be assessed in their own right, social care professionals should gather enough supported information to make a reasoned judgement on whether the right to a carer's assessment exists.

- 2.7 It is a matter of professional practice to identify the impact of the caring role on the carer, or carers, in light of, for example, the carer's age, general health and well-being, employment status, interests and other commitments.
- 2.8 There is no definition in the Act of "substantial and regular care". Assessing the impact of the caring role on the carer and whether the care provided is "substantial and regular" is based on a consideration of three key dimensions:
- factors relevant to sustaining the chosen caring role;
 - extent of the risk to the sustainability of that role; and
 - extent of the risk to the carer's own health and well-being.
- 2.9 For example, any such assessment should recognise that people caring for those with mental health problems have responsibilities that are not necessarily based on physical tasks. In addition, caring responsibilities may conflict with other family responsibilities, such as parenting or holding down a job. Any assessment of the carer's need for support has to look at the impact of the whole caring situation.
- 2.10 Key questions to identify levels of risk to the sustainability of the caring role may include:
- How long has the carer been caring?
 - How much help does the carer get? And how reliable is it?
 - How often does the carer get a full night's sleep as a result of their caring role?
 - How much physical impact does the caring role have?
 - How much emotional impact does the caring role have?
 - Does the carer understand the nature of the cared for person's condition?
 - How much time does the carer have when they feel 'off duty'?
 - How appropriate is the role for someone of the carer's age or in that particular relationship to the person cared for?
 - How appropriate is the role for someone of the carer's culture, religion or gender?
 - How many other roles (parent, brother, sister, employee, carer for someone else) impact on the carer?
 - How does the caring role impact on the carer's other relationships and community networks?
 - How far does the carer gain any sense of satisfaction/reward from caring?
 - Does the person cared for want the carer to continue in this role?
 - Does the person cared for have an understanding of the needs of the carer?
 - Is the person cared for accepting of help from others who may not be family or acquaintances?

- What is the expectation of the primary carer from other family members?
- How sustainable does the carer's role appear?

Purpose of the Carers' Assessment

- 2.11 A carers' assessment under the Carers and Direct Payments (Northern Ireland) Act 2002 is carried out, with the consent of the carer, in order:
- to determine whether the carer is eligible for support;
 - to determine the support needs of the carer (i.e. what will help the carer in their caring role and help them to maintain their own health and well-being); and
 - to see if those needs can be met.
- 2.12 Great sensitivity on the part of assessors may be required. It is important that the assessment process does not assume that the carer wants to continue to provide care, or should be expected to. Nor should it be assumed that the person cared for necessarily wants to continue to receive care from this carer.
- 2.13 Nevertheless, the assessment process can be important in itself even where additional service provision does not flow from a carers' assessment.
- 2.14 Carers say there are a number of positive outcomes for them in having an assessment even where practical services may be restricted because of financial constraints. They value:
- recognition of their role;
 - peace of mind from knowing how to make contact in the future;
 - a chance to talk through the issues and consider their own needs;
 - information about the condition of the person cared for and its likely progression;
 - information which can be provided on other support, such as carer groups and local statutory and voluntary services;
 - a sense of shared responsibility, particularly where any support offered is on a regular basis; and
 - increased confidence to take up services.

Carer-centred Assessment Process

- 2.15 In carrying out an assessment, assessors:
- should not be prescriptive but recognise the carers' knowledge and expertise;
 - should listen to what carers are saying and create an opportunity for private discussion;
 - should focus on the outcomes the carer would want to see to help them in their caring role and to maintain their health and well-being; and

- should take a holistic approach to the need for support of the person cared for and the carer, identifying the outcomes desired by both. This should be reflected in the care plan (where it is appropriate for the person cared for and the carer's issues to be dealt with together) or in a separately held carer's plan (where there is a need for confidentiality).

Focus on outcomes

- 2.16 It is very important to make a clear distinction between 'outcomes' and 'services'. For example, a carer may feel tied to the house looking after someone who cannot be left for more than an hour. If the carer identifies, as part of a holistic assessment, that the outcome they want is not to feel tied to the house, then service provision of various types may meet their needs. The service most likely to provide the desired outcome will depend on the individual circumstances.
- 2.17 While many carers may clearly be able to state from the outset what it is they want to happen to make their lives easier, others may take more time to identify their own needs. It will be for practitioners, in discussion with carers, to work out what level of assessment is required. Some assessments may be straightforward and address single issues. Others will need to address a range of ties and obligations, and practical and emotional issues. Understanding these may be crucial in negotiating any conflicts of interest that might arise. The expectations of and contributions from other family members may also be factors that need to be considered.

The process of assessment

Telling carers about carers' assessments

- 2.18 Carers will most often be identified when the cared for person is being assessed for services. In such circumstances practitioners **must always** tell carers that they have a right to an assessment of their own needs to support them in their caring role.
- 2.19 Wherever there is reason to suspect risk to the sustainability of the caring role, it will be good practice to **offer** a carer's assessment, and explain what it can achieve. Practitioners need to be clear, and be prepared to repeat how the assessment process works and why it is important.

Timing of assessment

- 2.20 A carer's assessment will often most naturally take place at the same time as the assessment of the person cared for. However, thought may need to be given to how best to allow both parties to have access to time alone with the assessor where it is requested or where confidentiality is an issue.
- 2.21 Many carers may be more open to an assessment of their own needs (as opposed to those of the person cared for) once an immediate crisis has passed, or some support has been put in place. Assessment will often not be a one-off process. It should be made clear to the carer that they can also ask for an assessment at other times.
- 2.22 It may be important that a holistic assessment is carried out at a time convenient to those being assessed. For example, where carers are working, or where children may be affected by the situation.

Preparing for the assessment

- 2.23 It is important that the carer is involved in discussions of when and how the assessment will happen.
- 2.24 It may well be helpful if the carer has time to think through issues in advance, including whether there is anything they particularly want information about, or whether there is anything they want to discuss separately. Where time to prepare is not available, carers should be told who they can contact if there are issues they want to raise following their assessment.
- 2.25 It is important for assessors to recognise that an assessment may be the first opportunity a carer has had to **focus on their needs**. This can be an emotional process, requiring time and where necessary, follow-up visits.
- 2.26 The carer should be told they can have a friend or advocate present at the assessment. In addition, interpreters or others may need to be present if there is a possibility of language, communication or comprehension difficulties.

One-off versus ongoing

- 2.27 Some people's lives are more complex and their needs change more frequently than others. Sometimes an assessment will be accumulative rather than a one-off process. Although a review date may be agreed with the carer, it should be made clear that a review can be carried out at any time should the circumstances of the carer or cared for person change.

Who should carry out the assessment?

- 2.28 Often the same person will carry out the assessment on both the person cared for and the carer.
- 2.29 In some cases, it may be important to use assessors with particular skills e.g. a particular language or cultural understanding.
- 2.30 Where there is conflict between people cared for and their carers, or where there is a specific need for carers' advocacy, it may be appropriate for another assessor to be involved. Where this arises it is important that the confidentiality of the carer and the cared for person are respected at all times.
- 2.31 Where people under the age of 18 are carrying out caring duties, children's services must be involved in the assessment. In complicated situations, a Children's Services professional will need to take part in, or lead, the assessment process. Where a range of services need to be arranged and provided, practitioners will need to be clear who has responsibility for the various aspects of the package. It may also be appropriate to agree who has lead responsibility for the care assessment. Where the person providing care is under 16 years of age, lead responsibility will always rest with Children's Services.

Confidentiality and recording the assessment

- 2.32 The carer or the cared for person may wish to discuss with the assessor information which they prefer to remain confidential from those not involved in assessing or providing care. Such information can only be shared with the consent of the person to whom the information relates.
- 2.33 The carer must always receive a copy of their assessment, which should include a statement of the carer's needs, any differences of view between carer and assessor and any issues relating to confidentiality. This should be provided in writing or in another appropriate format.

Summary of assessment and the care plan for the carer and the cared for person

- 2.34 These should be a result of professional assessment and careful discussion with the person cared for and the carer. The views of the assessment should be recorded on both care plans unless confidentiality is required. Sometimes separate files may need to be set up.
- 2.35 These documents should include a clear statement of outcomes intended for each person. This will be an important source of reference when implementing and reviewing the care plan for the person cared for and the carer.

2.36 Where differences arise these should be recorded appropriately. Maintaining a clear view of desired outcomes is important because they should be revisited at a later stage. They may represent an area for service development, where desired outcomes cannot be achieved immediately.

Content of the assessment

2.37 The most important element of the carer's assessment will be the focus on what it is that the carer wants to happen (the outcome).

2.38 It is important to remember that in many caring relationships there is a high level of interdependency. Assessors should acknowledge the positive contributions that the person cared for makes to the health and well-being of the carer. For example, the person cared for may be a key source of practical and emotional support.

2.39 The need for outcomes to be stated and agreed means that eligibility criteria and assessments must acknowledge the role of cultural and religious identification in individuals' lives. Without some shared understanding, it will be difficult for carers and assessors to agree appropriate support or a carer's plan. Trusts must ensure that their staff are culturally competent or can access relevant expertise so as not to disadvantage carers from minority ethnic communities.

2.40 What follows is a series of assessment domains that can be used by practitioners to help them identify, with the carer, what elements the assessment should contain. It is not to be seen as a tick box format. Not all domains will be appropriate to all carers.

Carer's role

- Carer's choice - does the carer feel they have a choice?
- How willing and able are they to provide care?
- How much time is taken up with caring?
- Which parts of the role does the carer actively want to do (if any)?
- Which parts of the role can the carer manage without help?
- Which parts of the role does the carer find particularly difficult?
- Which parts of the role does the carer actively not want to do?
- Does the carer understand the condition of the cared for person?
- Does the carer feel they would like training in how to manage any part of their role? (e.g. moving and handling, stress, understanding the condition).
- Does the caring role conflict with or undermine other family roles such as parent or breadwinner?
- What is the carer's perception of their situation?
- What is/are the outcomes the carer would like to see to help them in their role?

- What is the carer's view of the most important outcomes to achieve for the person they care for? Are these in conflict with the cared for person's views?
- Is the carer also a service-user or eligible for support? As a community care service-user?
- Where appropriate a weekly time sheet may help demonstrate the extent of the role/lack of sleep etc.

Breaks and social life

- Can the carer regularly get a break (*at the appropriate time of day/week*) to enable them to have time for themselves/leisure/time with friends?
- When did the carer last have a break i.e. time off for themselves rather than time to go shopping or time to go to the dentist or doctor?
- Might the carer need a degree of active encouragement to take breaks and maintain their social life, to avoid social isolation becoming a problem at a later stage?
- Can the carer get a break to deal with wider responsibilities e.g. attending a child's sports day?

Physical well being and personal safety

- Is the carer well?
- Is the carer undertaking any tasks that put them at risk?
- Is there any aspect of risk in caring for the cared for person?
- Is the carer stressed, anxious or depressed?
- Is sleep affected, if so how badly?
- Is the carer receiving any medical treatment?

Relationships and mental well being

- Is caring having a detrimental impact on relationships, either with the cared for person or other members of the family, friends etc?
- If the carer is a parent, is caring making this role harder?
- Are stress, depression or anxiety present, or likely without support? Is spirituality significant to the carer? Are they able to maintain any spiritual practices or faith-related activities that are important to them?

Care of the home/s

- Are there any issues about care of the home/s?
- Does it all fall to the carer?

Accommodation

- Are there any problems with where the cared for person lives? (long distance caring/lack of time to look after property)
- Can equipment/adaptations help?
- Is the carer's own accommodation (if different) a problem?
- Should housing authorities be involved in the assessment?

Finances

- Are finances a problem?
- Can the carer get the advice they need on benefits, managing debt, charges etc?

Work

- There should be no assumption that carers will give up work to care - how can they be supported?
- Does the carer want to stay in work or return to work - what are the options?
- Is advice available on these issues, including advice for returners on benefits, charging etc so that the carer can make informed decisions on what is best for them in all the circumstances.

Education and training

- Does the carer want to develop their skills either work-related or otherwise?
- Are they at risk of having to give up education or training because of their caring role?

Current practical and emotional support

- Who/what helps the carer at the moment?
- Is there enough of this support and/or is the carer/person cared for happy with receiving such support from these sources?
- Is the carer aware of carers' support groups/counselling services etc in the area?

Wider responsibilities

- What other wider responsibilities does the carer have - parent, childcare, other caring roles, work, volunteering etc?
- Should other workers be involved to help advise on parenting and childcare issues or about services that might help?
- Is balancing these responsibilities causing the carer stress?
- Are other roles suffering/perceived to be suffering?

Future caring role

- How does the carer see the future?
- What factors are likely to affect the willingness/ability to care long term?

Emergencies/alternative arrangements

- If the carer suddenly became ill, what would happen?
- What networks are there to support in an emergency?
- Can a contingency plan be made?
- Does the carer know who to contact in an emergency?

Access to information and advocacy

- Are carers aware of how to get more information and who from?
- Do they know about what to do if things go wrong or if they want to complain?
- Are there sources of carers' advocacy available locally?

Record of the Assessment

2.41 The carer must always receive a copy of their assessment, which should include a statement of the carer's needs, any differences of view between carer and assessor, and any issues relating to confidentiality. This should be provided in writing or in another appropriate format.

Agreed outcomes

- What are the agreed outcomes for the carer in relation to their health and well-being, quality of life, as well as the sustainability of their caring role?
- Is there conflict between the carer and cared for person's desired outcomes?
- Where is there disagreement?
- Where may there be problems in delivering the outcome?
- Where particular services are identified as the best way to deliver certain outcomes, what are the carer's preferences about the way such services might be delivered? (e.g. timing or fitting in with routine)

Complaints and challenges

- It is important for carers to know how to raise issues they are uncertain or unhappy about before they get to the stage of needing to make a complaint.
- It is important to ensure that carers and people cared for are aware of the Trust's complaints procedure.

- It is important to reassure carers that staff welcome complaints and that people will not be penalised in any way if they do make a complaint.

Review

- When will the assessment be reviewed?
- In considering timing of review - are needs likely to increase or fluctuate; is there risk to carer or person cared for?
- Who will be responsible for setting up review?

Delivering outcomes

2.42 Carers' outcomes may be delivered through carers' services under the Carers and Direct Payments (Northern Ireland) Act 2002 or through additional services for the cared for person through the provisions of The Health and Personal Social Services (Northern Ireland) Order 1972. Services may include advice and information about other services available in the community such as education, training, support from the voluntary sector, benefits etc.

2.43 Social care professionals should seek to be innovative and imaginative in using the provisions of the Carers and Direct Payments (Northern Ireland) Act 2002. Services for carers are not defined in the Act.

2.44 Carers say there are a number of positive outcomes for them in having an assessment even where practical services may be restricted because of financial constraints. They value:

- recognition of their role;
- peace of mind from knowing how to make contact in the future;
- a chance to talk through the issues and consider their own needs;
- information about the condition of the person cared for and its likely progression;
- information which can be provided on other support, such as carer groups and local statutory and voluntary services;
- a sense of shared responsibility, particularly where any support offered is on a regular basis; and
- increased confidence to take up services.

2.45 Any outcome valued by the carer may be a legitimate use of Trust resources if it will genuinely support the carer in their caring role, or help them maintain their own health and well-being.

Section 3. Assessments & Services for Carers

- 3.1 The Carers and Direct Payments Act (NI) 2002 (“the Act”) enables Trusts to offer carers support services in their own right. Services to carers are not defined. This Act does not impose on Trusts a duty to provide services; decisions on the provision of services to carers will be taken in line with other Trust priorities and which in their view meet one of two tests:
- it will support the carer in their caring role; or
 - it will help to maintain the carer’s own health and well being.
- These services may take any form, for example, assistance around the house for a carer who devotes most of his or her time to providing intimate care to the person cared for.
- 3.2 It is for the Trust to decide whether they are providing a service to support the carer’s need (a carers service) or a service to meet the care needs of the person cared for. The Trust’s decision is to be made only on the basis of the best way of meeting the assessed needs within the caring relationship. The Trust will need to consult with the carer and the person cared for respectively on the timing and nature of any services to be provided.
- 3.3 Following assessment, services provided to a person with a carer will usually be provided as personal social services much as they are provided to service users without carers. In some circumstances, Trusts may provide a carer’s service that takes the form of a service delivered to the person cared for, for example, because the person cared for has refused an assessment or the delivery of services to them in their own right. However, both the carer and the person cared for must agree that the service is to be delivered in this way and the service provided may not, except in prescribed circumstances, include anything of an intimate nature.
- 3.4 A person cared for may not be forced to accept services they do not wish to receive. However, in some circumstances, for example, where they have refused an assessment of their own needs, they may accept the provision of a non-intimate sitting service, provided as a carer’s service, to give their usual carer a short break.
- 3.5 The Carers (Services) and Direct Payments Regulations (Northern Ireland) 2003 define services of an intimate nature as including such things as:
- lifting, washing, grooming, feeding, dressing, bathing, toileting, administering medicines or otherwise having physical contact with the person cared for; or
- assistance in connection with washing, grooming, feeding, dressing, bathing, administering medicines or using the toilet; or

- supervising the cared for person whilst they are dressing, bathing, or using the toilet.
- 3.6 The purpose of defining in regulations what services of an intimate nature are, is to prevent such services being delivered to persons cared for who are unwilling to receive them. Therefore Trusts will want to ensure that the circumstances of the person cared for e.g. his or her gender, culture or religious beliefs, mental health needs, age, or family life and way of living, are taken into account and that any service they are considering providing is sensitive to these circumstances.
- 3.7 The Carers (Services) and Direct Payments Regulations (Northern Ireland) 2003 set out prescribed circumstances when the delivery of intimate services as detailed above can be delivered to a person cared for as part of a carers support service. The purpose of the flexibility set out in the regulations is to ensure that the person cared for will get help with intimate tasks if they change their mind while a carer's service is being delivered to them, or that appropriate help will be provided in emergency situations.
- 3.8 The Carers (Services) and Direct Payments Regulations (Northern Ireland) 2003 prescribe such circumstances as being where a carer's service is being delivered to the person cared for, and:
- a) during the delivery of that service, the person cared for asks the person delivering the service to provide a service of an intimate nature; or
 - b) the person cared for is in a situation in which he or she is likely to suffer serious personal harm unless a service of an intimate nature is provided to him or her; **and** the person cared for is unable to consent to the provision of that service; or
 - c) the person providing the service reasonably believes it is necessary to provide that service because the likelihood of serious personal harm to the person cared for is imminent.
- 3.9 Social care professionals who identify that service users have parenting responsibilities, will need to undertake an initial "child in need" assessment and/or involve staff from children's services to make sure the children's developmental needs are identified and addressed appropriately.

Section 4 Assessment & Services for Carers of Disabled Children

- 4.1 A person with parental responsibility for a disabled child, who provides or intends to provide a substantial amount of care on a regular basis for the child, has the right to ask the Trust for an assessment of their ability to provide (and to continue to provide) care for the child. The Trust must take that assessment into account when deciding what services, if any, to provide under Article 18 of the Children Order. When conducting an assessment, the Trust may take into account any previous assessment in so far as it is considered to be material.
- 4.2 While the Children Order requires that a child be in need before services can be made available, this does not mean that the child needs protection. Article 18 of the Children Order sets out the responsibilities of Trusts to provide services to children in need and their families to safeguard and promote their welfare. Where there is a disabled child the Trust has an obligation to assist the family if they need help in bringing up their child. This obligation is laid down in Part III of the Children Order and is the basis in law for the provision of services to disabled children and their families. It is the duty of Trusts to work in partnership with families to provide those services that will best meet the needs of the children. The provision of services that assist parents who need help in bringing up their children is often the most effective means of promoting the welfare of disabled children.
- 4.3 The stresses on parent carers of disabled children will be reduced when disabled children's social health and educational needs are met in an integrated and responsive way.

Section 5. Assessments & Services for Children who are Carers (16 & 17 year olds)

- 5.1 Trusts should seek to ensure that the person cared for is receiving sufficient services so that a young person age 16 or 17 does not have to undertake a regular and substantial load of caring responsibilities. Consequently, those considering the needs of 16 and 17 year old carers should only rarely need to use the Carers and Direct Payments (NI) Act 2002. As with all children living with disabled, vulnerable or frail older people, the Trust should ensure that such young peoples' futures and development are not adversely affected by caring responsibilities and that they are enabled to participate fully in education, training, leisure activities or work. Trusts should be aware that the undertaking by children of caring tasks particularly over a long period might have an affect on their physical and emotional well-being. There will, however, be some situations where, at their request, it is in the best interests of the 16 or 17 year old that he or she is supported to undertake a substantial caring role for a period, for example, if a parent is terminally ill. Where a Trust is satisfied that the young person's welfare can be safeguarded and promoted while he or she takes on a substantial caring role it could decide, in these rare circumstances, that it would be more helpful to a young person to be assessed and receive services under the provisions of this Act. Any such assessment of 16 and 17 year old carers should be child-centred.
- 5.2 **The policy intention is to recognise child carers and address their needs by including child carers in the Children (Northern Ireland) Order 1995. It is the policy of the Department to treat all child carers as children first and carers second.** Children should be supported to avoid them assuming responsibility for levels of caring that could impact on their health and well-being, education and development.
- 5.3 The purpose of inserting a new Article 17A in the Children (Northern Ireland) Order 1995, is to allow child carers to request an assessment. The assessment, which should be carried out at a time and place suitable to the young carer and in a language which the child can understand, will determine whether the child carer is a "child in need" for the purposes of Article 18 of the Children Order. If the child were assessed as being in need, Article 18 of the Children Order would allow the Trust to provide services. Where there is no other adult carer available, the assessment should consider the needs of each child within the family.
- 5.4 A child shall be deemed to be in need if:
- he or she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a Trust for him or her;

- his or her health or development is likely to be significantly impaired, or further impaired, without the provision for him or her of such services; or
- he or she is disabled.

5.5 This applies to all carers under age 18 and so will allow for 16 and 17 year old carers to be assessed both under this Act and under the Children Order. It is the intention that this Act should only rarely be used when looking at the needs of 16 and 17 year old carers. Support services should normally be provided to, for example, the disabled adult so as to ensure that the young person is not undertaking regular and substantial caring responsibilities. However, a young person of 16 or 17 may choose in some circumstances to assume caring responsibilities, for example, when a parent is terminally ill. In these circumstances, it would be appropriate that services could be offered to the young person to support him or her in his or her caring role.

5.6 Effective joint working with education authorities will be essential to ensure that young carers can be identified and supported appropriately by schools.

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