

DRAFT CARE ACT REGULATION AND GUIDANCE CONSULTATION RESPONSE

CARERS WORKSTREAM RESPONSE

21 July 2014

1. INTRODUCTION

These comments form part of a suite of documents being prepared by The Local Government Association [LGA] and the Association of Directors of Adult Social Services [ADASS] in response to the Department of Health Consultation on Care Act 2014 implementation. There are three main elements to the Consultation. They are:

- The Consultation Paper with formal consultation questions.
- Draft Regulations
- Draft Statutory Guidance

The mainstreaming of carers issues within the regulations and guidance is welcomed. For the first time carers will be placed on the same footing as the person they care for. There are new provisions on assessment and on entitlements to support to meet eligible needs. Not all the content within the consultation has direct implications for Carers. This response focuses on issues for carers and, where appropriate, supplements and complements comments from other work streams. Comments on issues and potential impacts on carers are made on each document in turn. Suggestions are also made on areas for further exploration around possible non-statutory practice guidance that might be considered for the future. One area, whole family approaches, appears to have been taken up.

“Mainstreaming” at times, however, brings a slight risk that the profile of carers and the vital contribution they make to the care and support system may be lower than might otherwise be the case. Some points are identified. We see tackling this as a matter for mainly for practice materials and other learning and development resources likely to accompany implementation and the changed culture that will be needed.

We are very clear that implementation of the Care Act will require significant and sustained communications and learning and development activity. This is essential if local people, front line staff, their managers and local partners are to understand the underpinning principles in the legislation and to develop and deliver the person centred outcomes and well-being that are at the heart of the Act. This will be a considerable undertaking involving “unlearning” as well as “learning”. Local workforce and staff development strategies will need to reflect this.

Equally, local communication strategies and accessible information and advice will also be key to engagement and empowerment of local carers. Local carers’ organisations need to be seen as full partners in the process of Care Act implementation. Similarly, how local implementation of the Care Act will interface with and support delivery of the NHS England’s Commitment to Carers [2014] needs to be explicit and a two way street. The publicity surrounding the Act’s coming into force may also encourage more carers to make contact for information, advice or assessment and support. At the present time this cannot be quantified with any degree of certainty: it should be allowed for.

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1.1 Read Across – Children and Families Act 2014

Under the [Care Act 2014](#), local authorities will have a duty to consider the needs of children living in households where there is an adult who has a disability or impairment that requires help or care. Whole family assessment is provided for. When looking at an adult's needs professionals have to consider whether a child is in the household and whether any of the children may undertake any significant care and support roles in the home.

The Act also enables children to have their own carer's needs assessment carried out. It introduces a new right for young carers aged 16 to 18, who are moving to adulthood, to have their specific needs assessed in light of how their role might change.

The Care Act, alongside Sections 96 and 97 in the [Children and Families Act 2014](#), offers a joined up legal framework to identify young carers and parent carers and their support needs. Both Acts have a strong emphasis on outcomes and wellbeing.

The Care Act consultation includes, for example, draft regulations on Children's Carers, who have been assessed ahead of a child becoming 18, enabling provision of support to meet any of their needs as carers. Consultation by the Department for Education on regulations and guidance on young carers and parent carers has commenced.

Effective read-across to the Children and Families Act 2014 and joint working on Young Carers and Parent Carers will be needed. The new frameworks are simpler but again we want to stress that professionals need to understand what has been replaced and what has not. How adult social care assessment arrangements interface with established arrangements under the Children Act 1989 applying to young carers, will need to be understood.

The Department for Education has commenced work on its own approach to the preparation of regulations and statutory guidance. The Carers Policy Network [joint with ADCS] will contribute to this process. ADASS and ADCS will continue to work jointly and welcome the commitment to a joined up approach at Government level.

A good practical example of supporting read across can be seen in: **PfA Factsheet: The Links Between The Children and Families Act 2014 and The Care Act 2014, PfA, 2014**. Further resource materials would be helpful. The current model template on working together for young carers, however, will need to be reviewed.

It would be helpful to reference *whole family approaches* and identification of young carers in the sections about Prevention (Section 2) and Advice and Information (Section 4). For many preventative and information services this may be primarily about identification and signposting but it is important that these services are primed to ask about whether there are children in the household and are able to give information about sources of help for young carers. **Signposts: See me, hear me, talk to me – talk to my family as well** [ADASS/ADCS, 2011]

1.2 Equality and Diversity

It may be that the Equality Act material is felt to cover this. There are few if any references to issues arising from diversity. SG Para. 3.20 is one of the few. It feels a “silent issue” although the diverse nature of communities, people with care and support needs and carers is acknowledged at SG 3.56. It is also picked up under JSNA p.38. The needs of carers in minority communities and in “seldom heard” groups should not be assumed. The expectation that councils engage with and consult with those providing care in such parts of the community is, however, explicit. [SEE ALSO: Information and Advice Work stream response]

The guidance says little on working to overcome the potential obstacles to identification and the things that help or hinder recognition and responses and the role of information and advice in overcoming them. [See: Signposts on Young Carers – general principles hold for all groups]. See also *Caring Conversations* [2012] *Half a Million Voices – One Year On*. Indeed, a general point might be made that overcoming obstacles to identification and recognition is integral to the core aims around well-being and prevention that underpin the Act.

1.3 Read Across Care Act Work Streams

The network has seen and had an opportunity to consider comments from three other work streams. They are:

- Information and Advice
- Assessment and Eligibility
- Advocacy

The approaches within them are supported. This paper offers some supplementary comment. This we believe is consistent with the Department’s wish to hear the widest range of voices within the consultation process. Any comments should be read in conjunction with those work-stream responses.

1.4 Carers and Safeguarding

Comments on carers and safeguarding in relation to the Care Act guidance and regulations are covered within that work stream response. They are joint with this network. The need for continued clarity around carers’ issues within safeguarding is supported. A reference to the ADASS joint paper *Carers and Safeguarding Adults – Working Together for Better Outcomes* [ADASS 2011] in the listing of practice resources may be appropriate.

2. PART A - Consultation Paper Questions

The consultation paper provides an important opportunity to help shape the regulations and statutory guidance. Many areas, of course, have been tackled already as part of the inclusive process adopted for its preparation. There are, however, some eighty or so questions. The particular questions the Carers Policy Network wishes to comment upon are set out below. The absence of comments on other questions should not be taken to mean agreement as some do not directly affect carers. Others fall within the remit of other Policy Leads within the Association. The essential

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point is that we have commented on those areas where some further consideration would be helpful.

Responses to questions are made as follows:

- **Question 14 - National Eligibility Threshold –**

There are concerns. The term “significant impact” is used in relation to both adults in need and carers. It is not defined in statute. Neither is it defined in the draft regulations nor in the statutory guidance [See SG [Statutory Guidance] 6.92 -95]. Whilst it is accepted that impacts will be personal for carers and vary between individuals a consistent and transparent understanding of what is meant by “significant impact” will be needed. This may be critical to maintaining current access to care and/or support.

It is clear the issue has been discussed but there is potential for confusion and inconsistency. It would be desirable to say within the guidance that “significant” has its ordinary meaning. That is to say it is meaningful to the person and of consequence to them in their daily lives, their independence and well-being. Descriptors might include words such as important, real, visible, substantial, marked, serious, pronounced and so on. How far the impact is or is likely to be continuing needs to be clear. This is where non statutory practical examples, to show how “significant impact” is assessed, would add value. It may be that this term might be covered within a FAQs paper on up top 10 key terms within the Act.

- **Question 15 - Eligibility Regulations – Outcome focus/Thresholds**

The response of the Assessment and Eligibility work-stream is supported. The question seeks views on whether defining basic care activities as outcomes would add to clarity: it would not in every case. We offer the following supplementary comments. In the case of the person with care and support needs, as the statutory guidance [SG 6.87] recognises, even with assistance, the activity might not be achieved. What would be helpful would be practice examples showing the outcomes arising from assistance with activities that are relied upon by the supported person. For example, assistance with meal preparation would link to an outcome of being well nourished and having a balanced diet that supports health. Similarly, personal care support on skin care would support the outcome of sustained tissue viability. **See Also:** specific comments on regulations.

The position for carers is rather different and some of the circumstances in Regulation 4 would translate more easily into outcomes. Even so, this is again probably best left to practice materials. What needs to be clear is that the approach to eligibility needs to be located in the context of the duty to promote individual well-being [Section 1] and to prevention [Section 2]

- **Question 16 – Basic Care Activities**

The overall approach of the assessment and eligibility work stream is supported. By way of supplementary comment, we considered the layout in the regulations is at times easier to follow than in the guidance. Reordering the text and use of bullets would help. The regulations may not, however, provide a basis for the text at Para SG 6.87 that the list is “not exhaustive”. [See also:

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comment on regulations]. It depends on how one reads “including”. Managing continence might be added [this is wider than toileting]. There is also assistance or prompting in the “self-administration of prescribed medication” where social care support often arises. Within capacity for self-care, it may be helpful to be specific about “skin care and sustaining tissue viability” **See also:** comments on “significant impact” later in this consultation response and on draft regulations

What is important is that a holistic approach is adopted with the well-being and prevention duties kept firmly in mind in the context of personalised responses to impacts. Basic is not defined. [6.87] Impact also needs to be considered in this context. We agree, sustaining self-care generally and reducing risk of self-neglect are also relevant in this context and prevention.

- **Question 44 – Restrictions on paying family members**

This change [SG Para 12.34 – 12.38] is likely to be helpful where there are complex packages of care. Where they are considered, the family member, who may also be a carer, should receive appropriate information and support on what would be involved and their responsibilities without this being experienced as discouragement. The exclusion at SG Para 12.38 would need to be understood. Numbers tend to be small and easing the restriction is unlikely to increase take up of Direct Payments: an evidence base/financial model is needed to assess fully.

- **Question 51 – Delayed Discharges and Carers**

The current arrangements for delayed discharges are largely carried forward. Suggestions are made under the response to the draft regulations that would provide more clearly for recognition of carers as partners in hospital discharge and reduce risks of inappropriate discharge arrangements.

- **Question 52 – Hospital Discharge and Carers**

The statutory guidance focuses upon delayed discharge rather than hospital discharge as such where policy guidance exists. [See SG 15.37 et seq]. Updated statutory and/or practice guidance on hospital discharge in general is needed generally: otherwise the heading risks being misleading. This is a real issue for carers. Comments received support a strengthening of both statutory and practice guidance. The Carers Policy Network has produced three papers that illustrate issues around hospital discharge and carers and practice that facilitates timely discharge and ongoing support.

They are:

- **Carers as Partners in Hospital Discharge** [Note: links to Out of Hospital Report – Carers Trust]
- **Carers as Partners – Improving Outcomes within Cancer Survivorship** [See also: Caring Conversations – Cancer Carers]
- **Caring Conversations – Carers of Stroke Survivors** – Recognised Valued and Supported

This is also an area where we would want to see a direct link to NHS England’s Commitment to Carers within the statutory guidance rather than by regulation. In summary, we consider the Department of Health should review and reissue as appropriate existing guidance to support local good practice in hospital discharge generally; including local protocols. This should highlight good

practice on working with carers as partners. ADASS would be prepared to support this future implantation work stream.

The need for smooth interface with the NHS and integrated care and support is recognised in Chapter 15. It needs to happen strategically, operationally and individually in identifying, arranging and reviewing carer and support and support needs of carers. Again, the value for integration and partnership working between councils and the NHS and for treating carers as partners in caring is well known. It is also clear from our work that making sure this happens in surgeries, clinics and hospitals is a continuing task and one where carers tell us it needs to work better. More good practice materials showing how we can work together for carers would be helpful.

- **Question 57 – Transition to Adult Social Care “Significant Benefit”**

Section 58 of the Act uses the term “significant benefit”. This is not defined but SG Para 16.11 -14 links this to timeliness and appropriateness. We share the concerns about risk of misunderstanding here. Further clarification and practice guidance to foster a shared understanding across adult and children’s social care seems needed.

It may be that this term, like others might be covered in a FAQs non statutory paper and addresses the question directly: “What is meant by significant benefit”. This may be more accessible to front line professionals and to carers. A good example of this type of approach may be seen in the TLAP “**Social Care Jargon Buster**”. Finally, it may be helpful to cross reference this section with SG para 16.78 on continuing healthcare availability.

- **Question 58 – Transition Assessments**

This raises a potential issue for local authorities around potential demand of parent carers for young people with SEN, in particular, and the broad definition of when to undertake carers’ assessments. Proportionality will be important here as well. Some early modelling may be helpful.

Subject to what has been said above and about a rooted and shared local understanding and ownership across adult social care and children’s social care: yes. See Also: read across to Children and Families Act 2014.

3. PART B - Secondary Legislation - Draft Regulations for Consultation

On the whole the draft regulations are clear. There are several points within the draft regulations that might be looked at as they relate to carers. They support and complement other consultation work stream responses. They are:

Page	Regulation	Comment
2	2 [5]	This provides for information sharing. There may be data protection issues here [including Caldicott]. Needs to be clarified. The only detailed comment on information sharing comes under safeguarding: SG p.218.
2	3[2]	Timeliness [low profile in guidance]. Suggest insert “timely” after appropriate. Needs to be explicit rather than implicit in appropriate. Should there not be some reference to the risks and impacts – or is this covered by [c] or is it better under eligibility regulations?
3	4[2]	Should the local authority be asked to facilitate. Suggest replace advise with “offer advice and assistance”. It would also bring into line with FOIA.
7	2[3]	We support adding managing continence to the list. This is a major issue for many carers. Also, should we include assistance or prompting in the management and administration of prescribed medication; skin care sustaining self-care generally and reducing risk of self-neglect, inappropriate hoarding that presents risks to safety to the person or to others. At [g] it is suggested it is amended to read “the cleaning, safe use and maintenance of their home.” The latter would link with fire safety and falls assessments.
7	4[a]	Consider amendment to read at end “harm or deterioration”
7	4 [b]	It would be helpful if the regulations clarified “assistance” to be clear that it includes “encouragement”, “supervision” or “support” needed to undertake and complete a task satisfactorily and safely. [See Guidance]
6/7	2[1] c 3[3]ii	Significant is not defined. The issue is whether it would best be done in regulation or within the guidance [See: Notes on consultation questions and eventually at SG. 23.7-23.11] Defining “significant” in regulation or in guidance SG. 84-85 would be consistent with the definition of “substantial difficulty” at SG. P 94
9	C&S - IAS	Should there be some provision about confidentiality? Also, what about translation; although this might be covered by “competence”.

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Page	Regulation	Comment
36	Choice	This may have implications for Carers in terms of “top up” payments. The additional cost provision does not prevent providers from charging people who self-fund their care more than those on public funding for the same standard of care. This is in effect a cross subsidy and a “form of taxation” on self-funders. Preclude by regulation or in SG [e.g. Market shaping, SG. 46-47]
64	Reg 4 [a]	Joint work with carers organisations on carers and hospital discharge pointed up concerns about involvement and timeliness. This is about where care and support is not needed. We need to strengthen this regulation to frame good practice. Suggested change: “ <i>is likely to be</i> ” to be replaced by “ <i>is or is likely to be</i> ”. This is a firmer test [Alternative option - “ <i>would be</i> ”.]
64 -65	Carers’ issues	The regulations have to be read in the context of Schedule 3. Introduce more provisions in relation to carers: Regulation 3 – add “ <i>The name of any carer</i> ” Regulation 4 there is potential gap here around: “ <i>Any carer is aware of the intention to discharge, its timing and any expectations around future care and support.</i> ” Regulation 6 – add “ <i>The name of any carer</i> ” Regulation 6[f] – amend to read “ <i>the patient’s carer has been consulted and is aware</i> ” The underlying outcome sought is to reduce risk of inappropriate discharges resulting in early re-admission or damage to care and support outcomes or well-being.
70	C&S - CC	These look OK – need to ensure read across somewhere on Children and Families 2014 where regulations and guidance are now in development.
		No specific comments on remaining draft regulations as the relate to carers

4. PART C - Statutory Guidance [SG]

4.1 Introduction

The statutory guidance is over 400 pages long. The text follows the ordering of the Act. This is understandable but it is not always helpful in terms of flow. It may be helpful to break into separate volumes rather like the original Children Act materials. Some re-ordering to reflect the likely care and support and carer pathways and the things that arise along it may be helpful. In terms of accessibility, on the whole it is well written but the reader has to jump about. Some of the sentences are rather long. Additional cross referencing between sections might be helpful. The guidance

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should be clear to professionals but will need to be underpinned by learning and development implementation programmes to root firmly into awareness and practice.

It seems less certain this will be so for carers and people with care and support needs but at the same time the information must be precise and correct. It may be that a Care Act “jargon busting” paper, similar to that referred to earlier or a FAQs paper might be helpful. The current web based information materials may be helpful in this context. A “What this means for carers” might help.

There are some variations in layout and comments: for example SG Para 10.6 and 7 and then 11.5. It is not always clear that there is equal consideration of carer’s issues. This is the case especially where all the references are to “care and support”.

4.2 Statutory Guidance [SG] – Carer Specific Comments

- **Wellbeing**

This is generally good. At Page.10 we just wondered whether the rights of carers might be stated more clearly as part of the mainstreaming. Practice guidance and case studies at a future date would be helpful. This would help ensure they don’t get missed. See Also: comments on Carers and Employment forming part of this section rather than under partnership.

- **Partnership – Carers’ Organisations**

It was slightly disappointing to see the general absence of references to the valuable role of carers’ organisations in taking the Act forward and in providing information, empowerment and choice when the opposite is true. There are references to voluntary organisations. Partnership has a statutory feel to it. One example is at Paragraph SG 2.18. It can also be seen a little later at Page. 18 – 19 especially SG. Para. 2.30. Some people will go first to people like local carers advice service some of whom will work on assessments or organisations such as Age UK.

- **Carers and Prevention**

There is a specific section at page 15, at SG 2.12. It would be helpful to mention provision of information on the supported person’s condition: not everyone, for example, understands what a stroke is. [See *Caring Conversations – Carers of Stroke Survivors*]. There is also something about understanding emotional impacts on Carers and their cumulative nature with long term conditions. The statutory guidance helpfully picks up the question of information overload. This caution might appear earlier e.g.SG 2.40. The guidance needs to be firm it is not just about giving leaflets but also about discussing with carers what they need or find helpful or what the information may mean for them and how it is relevant. Carer feedback should be mentioned. This also links with Chapter 3.

It is suggested that hospital admission and discharge is seen as a key contact point: SG 3.24. It is also an opportunity for integrated working with health. [See Also: Response on Information and Advice]

Many carers have told us how information [e.g. on the condition] and advice [e.g. lifting, benefits] can reduce the need for longer term support. The NHS and GPs are often critical contact points. Very little is said in the guidance about how integrated working and information can be used. There are a

range of opportunities, some in place now, for health checks, information on the condition, advice on self-care and looking after oneself, signposting to other sources of help and support.

The links between prevention, primary care and information and advice need to be much stronger within the statutory guidance either under integrated working, prevention or guidance on information and advice. Carers organisations can and do play a role in this area and the overall aim of the guidance should be to encourage local accessible, available, appropriate and timely assistance and advice for carers. Clear links are also needed with the health prevention agenda in areas such as smoking cessation, exercise and so on.

- **Assessing Needs of Carers**

Something should be added about willingness to continue caring at SG Para 2.39. Additional wording on the inappropriateness and risks of making assumptions might be strengthened further.

- **Repetition of Information**

There is quite a bit of repetition, for example, around “**substantial difficulty**”. This first appears at Page 34 and then set out at Page.94 and then again at a later section Page143. The wording varies slightly as well. It could be done just once, perhaps along with other key terms “What does substantial difficulty mean”. Similar issues apply to lacking capacity on Page 165. Essentially this is a presentational issue. It seems to reflect the way the material was brought together through work-streams.

- **Timeliness**

There are few references to things being dealt with in a timely way. Timeliness is important generally to people and especially to those having or about to have caring responsibilities. It is wider in meaning than “right time”. It needs direct consideration specifically in relation to “significant benefit”. Case studies may be of particular value in this context. [See: SCIE work streams]

Generally timeliness links to appropriate and proportionate action. reference is at p 97 Para 3.50. It is covered at 6.24 – a good reason for factoring into the regulations and at 6.57. See Also: reference at SG Para12.6.

- **The use of “Should” and “Must”**

There are a number of points where sometimes it is **must** and then **should**. In general “**must**” seems to apply to “**what**” issues and “**should**” applies to local processes “**how**” issues. This seems right and the highlighting is helpful. On occasions, however, it is not always clear why the words change or are different. Examples, of paragraphs that might be looked at for consistency include: SG Paras 2.29, 2.30, 2.31, 2.40, 3.25, 3.26, 3.31 and 3.36, 3.55, 3.61 6.48, 6.49 8.46, 8.47, 8.48 and 8.49, 13.10, 13.11 18.3. A specific comment received illustrates this:

“A clearer understanding of the role of self-assessment and the issue of offering support to carers to complete is needed. For example, is it that the Self- Assessment is a “should do”,

and if the LA does this, the offer of support is a “Must Do” or is it, in fact that Supported Self-assessment for Carers would be a “must do” in its entirety?”

Whole Family Approaches

This is covered at Page.77-78. It is brief. It is understood there will be practice guidance that includes practical examples. This would be helpful. The approach outlined is supported.

- **Assessment - Carers**

The guidance is set out at page 71 SG paras – 6.13 – 6.15. It is brief. The potential for delegation of assessments for carers should be covered in Chapter 18 with a cross reference to Chapter 6. It may be better for information on delegated assessments all appears in Chapter 6. That final responsibility rests with the local authority needs to be clear in both places [See: para 18.4 which is clear]. The need for clarity and transparency around local delegated arrangements for assessment and how to pursue concerns needs to be covered.

The potential advantages and disadvantages of Integrated and Combined Assessments [P.80] would benefit from further clarification. At a time of restricted resources, however, there were concerns about the need for guidance to help guard against combined assessments becoming an unintended “proportional norm” to the disadvantage of carers.

The impact assessment remains to be finalised in terms of future numbers. Messaging to carers may be a critical factor in this context and in relation to the “universal offer”. Implementation activity may lead to greater awareness and additional demand. National modelling templates would be helpful.[See also: Notes of Carers Policy Network, June 2014] This raises an important consideration for local authorities around potential demand of parent carers for young people with SEN, in particular, and the broad definition of when to undertake carers’ assessments (proportionality will be important here as well).

More generally, it is extremely important that the level of change required in terms of the practice, proportionality and entitlements around assessment and support for carers is not underestimated. Financial modelling tools have been identified as a resource that would help map likely impacts and future numbers at local level.

The scope for self-assessment by carers and the availability of support for carers to do this, either through contracted providers or local authorities, might be clarified further in statutory guidance or practice guidance.

- **Care and Support and Support Plans**

This chapter relates to both people in need of care and support and to carers. The chapter heading needs to reflect this as shown above.

The heading page 182: Suggest insert “or” between “plan” and Support. It would be helpful to amend text at SG para 13.9 to confirm it includes support for carers as it appears to exclude. SG para 13.10 needs to link more clearly with SG para 13.30

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At 13.11 there is something about “continuing to meet expectations around care or support under the plan and what it is intended to achieve [outcomes]”.

The section “Considering a Review” [p.185] appears to be worded from the perspective of a person with care and support needs only.

The potential value of “self-review” might be included.

The provisions on review may require changes in culture and practice in relation to review of support arrangements for carers as they work at this time. This would include Carers of people who self-fund their care and support.

At SG para 3.17, where care workers or other health or social care professionals become aware that needs have changed and require a review it is suggested that this should be a requirement to report and not a discretion. Reporting would be undertaken in consultation with the person.

- **Carers Personal Budgets**

Guidance is given at SG Page.158 – 160. The broad approach is supported. Is it possible to cover any other issues on Carers’ personal budgets where the supported person is self-funding care?

- **Carers & Charging**

Charging for support to carers is provided for under the Act. Local authorities may not charge a carer for care and support provided directly to person they care for. Neither are local authorities required to charge a carer for their support. The general sensitivities of this issue appear to be recognised but might be strengthened further. Paragraphs 8.46 – 8.48 set out the general arrangements. There are real concerns about:

- local arrangements may vary widely between local councils resulting in a post code lottery.
- The complexities of mutual caring, often involving adults with learning disabilities, is not covered [See: **Caring Conversations, Caring, Coping and Mutual Caring, ADASS, November 2011.**]
- In some cases responses may offer joint benefits or outcomes to the supported person and the carer that may be difficult to disentangle and to apply consistently and transparently.
- Perceptions about charging for support to carers and “means testing” even if “light” would inhibit recognition and be a disincentive to carers coming forward under legislation giving an altogether different message
- the local ability to meet duties on well-being and prevention may become more difficult resulting in extra costs: this is seen as **must** not a **should** [Para 8.48]. See above.
- Support needs may arise from impacts on carers as a result of providing care and support to another person that is often long term and reduces the need for care and support from the local authority or health service.
- The position of carers of people who self-fund their care and support needs, with or without a financial assessment, might be clarified further.
- Negative impacts on portability where some Councils charge and others do not; e.g. in urban areas.

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- Some carers may be discouraged and want to give up, many are already experiencing hardship as a result of their caring

Having said this, we are clear that this must be a matter for local discretion, decision and accountability. That is where the debate needs to take place and any shifts in current practice assessed and agreed.

Finally, it appears some statutory or practice guidance may be helpful about what happens when direct caring ends, for example, upon the admission of a supported person to a care home. In many cases the carer may continue or wish to continue to provide support but faces difficulties around getting to the care setting or needs support in managing the impacts of changes admission or death have generated [e.g. loss, transition, emotional support or counselling].

- **Pooling of Budgets & Processes**

This is not new at strategic and at operational level. It helps promote integrated working. Page 158 outlines the use of pooling in individual cases. There is a slight concern that resource limitations may lead to pressure to pool resources with the potential for a lack of transparency or misunderstanding. This may be an area for practice guidance or the supply of practical examples. **See Also:** Eligibility

- **Employment**

This section is brief. This is surprising given the emphasis on its importance for well-being by the Standing Commission, organisations within the ADASS Carers Policy Network and Employers for Carers. In particular, the guidance does not cross refer to the recent Task Force report on supporting working carers. The consideration of individual employment, training and education needs is picked up at SG Para 15.81. This is welcomed.

The linking to well-being and prevention duties is welcomed. At the same time the material appears under Chapter 15. There is a case for considering whether it might be located under Chapter 1 to strengthen the links to well-being. It can then be cross referenced at chapter 15.

Further practice guidance would be helpful. It is suggested that the following are added to the list of sources:

- **Carers and Employment: Making a Difference, Realising Potential**, ADASS, Employers for Carers, Carers UK, ADASS, July 2011.
- **Supporting Working Carers: The benefits to families, business and the economy**, Final report of the Employment and Carers Task Force, HM Government, Employers for Carers and Carers UK, 2013