What is the topic and why is it important?

This paper deals with the way that unpaid care and support is taken into account in the RAS calculation, and the way in which the assessment of carers takes place in the context of Self-Directed Support. Many people who need care and support will continue to receive a significant amount of it, in some cases all of it, from an unpaid carer. There is also a need to help people to sustain and build their wider informal support networks: social capital is a key element of the Personalisation agenda.

SDS does not change the current approach to take into account the contribution of carers (and other ways in which needs which would otherwise be eligible needs are met outside of statutory services). Resource calculations are reduced proportionately when a willing and able carer wishes to make a significant contribution to an individual’s support, or when the individual is able to meet their needs in other, informal ways. But the decision to contribute care is always the carer’s, not the council’s and councils should help individuals to avoid relying upon an unsustainable caring role or unpaid care that is not given willingly. Unsustainable or unhealthy caring roles generally break down and often result in the carer losing paid employment or their own health, so they are a false economy.

Although interconnected, there are three distinct ways in which the contribution of informal support provision and carers should be taken into account within the SDS Process:

- The contribution of informal support in meeting the needs and achieving the outcomes identified by Service Users.
- Support required by Carers in their own right, which enables them to maintain their caring role (if that is what they wish to do)
- Support for carers to balance their caring role with pursuing what the National Carers’ Strategy calls, “A life of their own”, as individuals in their own right.

It is important that processes are in place to consider these as distinct aspects of the SDS process. There is sometimes confusion as to whether a service is intended to benefit the individual, or their carer, and therefore about whose resource allocation is used to fund it. Councils must not use an individual’s personal budget to provide something that is mainly intended to provide their carer with a break. A personal budget or service can be offered to the carer themselves to help them access a break. However, if the break is needed because the carer wishes or needs to change their caring role, then the carer should be helped to express their choices about caring, which will then result in a change in circumstances for the individual needing care. A re-assessment of the individual’s needs may then lead to a different care package/ personal budget being put in place, which places less reliance on the carer’s contribution.

Background

Between September 2009 and April 2010 the London Joint Improvement Programme (JIP) delivered a programme of bespoke support to authorities in relation to Resource Allocations Systems. During
the delivery of this support authorities requested practical guidance on 4 common topics affecting their organisations.

This paper relates to one of these topics - Carers and other forms of unpaid support. It is 1 of 4 papers (see box 1) that offers tangible, practical and relevant guidance for London authorities. Each paper defines the topic and why it is important. It details the key issues that authorities believe are important and offers practical solutions and a way forward.

**TOPICS**

1. Financial assessment and charging
2. Carers and other forms of unpaid support
3. RAS and managing resources
4. Personalisation and the Law

Each paper was co-produced with input from London authorities with experience of the topic within a personalised system and utilises their knowledge.

**Priority areas and ways forward**

**Priority area 1: How should the Personal Needs Questionnaire designed for Service Users take into account the unpaid input from Carers and other forms of Support? How should the RAS take this input into account in the calculation of the Service User’s Indicative Allocation?**

**What are the key issues?**

- What kinds of unpaid support are relevant? What are the particular issues for those who meet the definition of “unpaid carer”?
- How should the Personal Needs Questionnaire ascertain the contribution to meeting the Service User’s needs which are met through unpaid support?
- Should the Scoring Framework associated with the Questionnaire be based on the Service User’s “gross” needs, or just those needs which are not already met via unpaid support? How should any adjustment be calculated?
- How do we make adjustments to the Indicative Allocation, based on the contribution of unpaid support, in a way that promotes choice and control for carers and those they care for, and which promotes emotionally and financially sustainable families?
- How can the Personal Needs Questionnaires address circumstances where there may be a conflict of interest between the Service User and the Carer?
- What outcomes are the Service User’s Personal Budget and support package intended to produce?
- Do we sufficiently distinguish between using the individual’s personal budget to create a support package that does not rely upon unpaid care that is not sustainable or willingly given?
- Are there any implications for the Fairer Contributions policy if some of the Service User’s Personal Budget is used to purchase Respite Provision?

**Recommended approach for London**
• Unpaid support needs to be understood in its broadest sense and can include family carers. Friends, neighbours, community groups, publicly funded services available on a universal basis.

• Personal Needs Questionnaires need to ask both what is the extent to which unpaid support is available to meet the Service User’s needs AND whether the providers of unpaid support are willing and able to continue doing so at the end of each domain in the questionnaire.

• Scoring Frameworks should include a mechanism for adjusting the score to take into account the availability of unpaid support, and willingness and ability of providers of unpaid support to continue doing so. This should be done in a way that aggregates ALL the Service User’s needs (the ‘gross’ needs), and then reducing this according to the availability of unpaid support – please see common RAs materials for a detailed explanation of how this can be done.

• The Self-Directed Support Process must be collaboratively completed and enable shared understanding about the contributions that need to be made by all parties, including family, friends and other providers of informal support, as well as the Local Authority, to enable the person to live their live with their needs met. By taking this approach, the contribution of unpaid support can be seen as a positive element in working towards the creation of a Support Plan, and not a punitive method of reducing the payment.

• Carers need to play a full part in this co-produced process, where the facilitative skill will be to listen to all stakeholders, resolve potential conflicts and arrive at a mutually agreeable plan that has taken the needs of carers into account.

• All services provided for the individual to meet their eligible needs, including short breaks, should normally be considered to be part of the Personal Budget allocated to the Service User. It is good mainstream practice to ensure that support plans for individuals take into account the needs of carers. Carers assessments should not be relied on to do this.

• Carers assessments should focus solely on the needs of the carer as an individual in their own right. This should lead to support planning that responds to the needs to carers, for example, to remain in or undertake a job.

Priority area 2: How do we meet the separate and specific needs of Carers in the context of Self-Directed Support? Should we develop a Carers RAS?

What are the key issues?

• How do we promote choice and control for carers whilst encouraging and enabling people to take on and sustain caring roles?

• What is the framework within which we should prioritise funding for Carers Support?

• What is the relationship between the Service User RAS and the Carers Assessment?

• How do we ensure that Carers are given the support and advice that they need?

• Is a Carers RAS a necessary component of Personalised Services?

• How do we define services to Carers, as distinct to support provided to the Service User (e.g. Respite Provision)

Recommended approach for London

• Authorities need clear strategies for supporting carers that target investment that enables carers to continue, willing and able to offer support. These strategies will include
  o The importance of promoting independence / quality of life for Carers
  o Valuing and positively recognising the caring role
  o Ensuring that the level of support provided by Carers remains sustainable.
How councils can build an environment of universal information, advice, advocacy and support for carers – and develop that market

These strategies need to be agreed across whole systems that include the NHS, the third sector and involving all council departments, not just adult social care.

• Authorities have a statutory obligation to offer Carers Assessments and the completion of someone’s personal needs questionnaire can be one trigger to that offer. This offer is a separate and additional offer to the assessment of needs and support planning process for individuals

• Personal needs questionnaires are not the only trigger to the offer of a carer’s assessment. Offering a statutory Carers’ Assessment is a duty upon councils wherever they believe that someone may be providing or intending to provide regular and substantial care. There should be many touch points where carers’ assessment processes can be available and offered, many outside of the adult social care system – e.g. primary care, libraries etc.

• Universal information and advice and support needs to be developed that is sensitive to the needs of carers

• Where it is appropriate to offer formal support to a carer this must be done fairly and proportionately to individual carers’ needs. A carer’s needs are not necessarily proportionate to the diagnosis or assessed level of need of the person they are caring for, so carers should not be included or excluded from access to support on that basis. The principles of choice and control over how any resources offered are used by carers should be maintained. Light touch easy to access systems that support carers in cash or kind should also be explored, as should the advantages and disadvantages of relying on the Third Sector to manage carers’ resources. Some areas are developing a separate carers’ RAS, whilst others are not. One approach yet to be fully explored, is to use the “carers’ deflator” in an area’s main RAS as the mechanism by which to allocate resources to carers which are proportionate to the extent and impact of their caring role.

Additional Recommendations for London

• Authorities operating personalised operating models must monitor, record, and analyse the impact of unpaid support, and review their approach accordingly. The collection of information may include the extent to which unpaid support impacts on ‘gross’ personal budget allocations, the way in which support plans for individuals can take into account the need to support carers, and the sorts of things that carers are saying they want and need – to stay ‘willing and able’ carers.

• If a carers RAS is not deployed then there should be clear and transparent mechanisms for publicising the amount of money available in the system to support carers, where it is currently invested and what mechanisms will be used to allow appropriate choice and control by carers over future deployment of that money.

• It is worth considering building into a ‘universal services’ offer, those supports that may have previously been viewed as ‘assessed for’ services. They then become part of a preventive infrastructure for carers that enable them and the people they are supporting to stay out of formal care arrangements.