

Full Review Report

Review of advice and support for carers

**Carers' Consultation**

**November 2009 to February 2010**

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# 1. Introduction

This report contains the findings and recommendations from the review of the Fair Access to Short Breaks for Carers (FASBC) policy. Carers and service users were consulted and carer champions provided advice. The formal review began in November 2009 and ended on 15<sup>th</sup> February 2010.

## 1.1 Purpose of the report

To consider lessons learned from the FASBC scheme with a view to maintaining positives and addressing negatives within the context of the new social care model of personalisation. The methodology involved:

- Development of a consultation proposal
- A consultation to inform and gather views
- Collecting views and comments to adjust the future model

These provide the evidence to support the recommendations for the 29 March 2010 Cabinet report.

## 1.2 Reason for the review

### Fair Access to Short Breaks for Carers (FASBC)

FASBC was originally conceived in 2004 and launched in 2008. It was designed to introduce a fair and equitable way of allocating short breaks to carers. A number of difficulties emerged following its launch. These were:

- Disparity in implementation across service user groups
- Legal challenges from some carers who argued that the implementation of the policy led to a reduction in the care services to the service user following a FASBC assessment
- Budgetary pressures. By May 2009, 82% of the 2009/10 budget of £1.21m had been committed. This was due to unanticipated volume and the fact that services to the service user that already provided a break to carers had not been taken into account

In June 2009, FASBC was suspended and it was decided that the policy needed to be reviewed. Interim arrangements were agreed to ensure that the council's statutory duty to carers was fulfilled during the review.

A report to Cabinet in November 2009 informed Members of the need to formally suspend FASBC and review the scheme within the framework of the personalisation agenda, and implementation of self directed support in Birmingham. The review was aligned to the transformation of adult social care and the introduction of personalisation through Individual Budgets. The plan to consult carers on the review of FASBC was agreed by Cabinet.

## 1.3 Context for change

### Personalisation

The way that adult social care is being delivered is changing in line with National Policy. Self directed support is a fundamental principle of the future social care delivery. It gives service users greater choice, flexibility and control over the services they receive. Birmingham City Council has implemented Individual Budgets (IB's) across the Adults and Communities (AC) Directorate. Newly introduced IB's enable flexible responses to needs, to be developed to both service users and carers. The aim is to build carers' assessments and care planning into the transformation model.

The self assessment process is led by the service user and focuses on the outcomes that they and their family want to achieve. With an IB the person knows the amount of money that is likely to be available to them to achieve their outcomes, before they decide how to use it. Advice and support is available to help people plan their support arrangements to achieve the agreed outcomes.

Providing support to carers through self directed support mechanisms means that both service users and carers are able to exercise choice and control in ensuring the support package meets their needs and outcomes.

#### National Carer's Strategy 2006 - 2011

The National Carers' Strategy is clear on the need to offer better choice to carers and service users. The benefits of personalisation for carers are also clear within the strategy.

#### Statutory requirements for assessment and support

Our legal responsibilities to carers include:

##### **The right to an assessment for any individual aged 16 or over (the carer) that:**

- (a) provides or intends to provide a substantial amount of care on a regular basis for another individual aged 18 or over ("the person cared for"); and
- (b) asks a local authority to carry out an assessment of his ability to provide and to continue to provide care for the person cared for.

##### **It is only following the assessment, that the local authority should then decide eligibility of services based on:**

- (a) whether the carer has needs in relation to the care which he provides or intends to provide;
- (b) if so, whether they could be satisfied (wholly or partly) by services which the local authority may provide; and
- (c) if they could be so satisfied, whether or not to provide services to the carer.

##### **The services referred to are any services which:**

- (a) the local authority sees fit to provide; and
- (b) will in the local authority's view help the carer care for the person cared for,
- (c) and may take the form of physical help or other forms of support.

##### **A service, although provided to the carer:**

- (a) may take the form of a service delivered to the person cared for if it is one which, if provided to him instead of to the carer, could fall within community care services and they both agree it is to be so delivered

#### 1.4 Time frames

The time frame of November 2009 to mid February 2010 allowed for an in-depth consultation on how carers' assessments and a replacement for FASBC could be embedded into the new social care model.

#### 1.5 Terms of reference for the review

The review of FASBC was based on three considerations. These were

- The need to ensure that support to carers be set within the context of the national Personalisation agenda

- That preliminary meeting were held with representative carers' to establish their likes and dislikes of FASBC and to include their requirements into the new model. See appendix 1
- The formal and comprehensive terms of reference for the review that were agreed between the council and carers. These are included in appendix 1

#### Action plan

An action plan for the review, establishing milestones and targets was developed. This was to ensure progress against milestones could be monitored. Service directors leading the review endorsed these. See Appendix 2.

#### Equality Needs Impact Assessment

An Equality Needs Impact Assessment (ENIA) has been completed for the proposed model. An action plan was developed to address these issues interventions include:

- Translation of materials and use of interpreters, where needed
- Use of advocacy services
- Use of person centred planning techniques
- Use of makaton (a communication technique)

Equality officers were invited to comment on the ENIA and no concerns have been raised. The points raised in the action plan will be applied in the new model.

## 2. The consultation model

### 2.1 The Proposal

The proposal was based on six key requirements

- The need for a new holistic approach that gives carers more choice and flexibility
- Separate assessments to be made available to carers
- That the differing needs of carers were reflected in the availability of services
- That all carers were kept informed and fully consulted on any new model to meet their needs
- An explanation of the new process and leaflet to be made available
- Full terms of reference – see Appendix 1

The proposal was:

- 1 To have a trigger in the service users assessment (My Carer section), to ensure the carer relationship is immediately identified and to determine the impact of caring from the outset.
2. The opportunity for the carer to be involved with the service user in joint consideration during the assessment process. This process would identify the intensity and sustainability of caring, and facilitate joint support planning to give carers more choice and control.
3. Separate carer's assessment forms that align more closely to the service user's assessment. Any additional support needs for the carer would be identified through this, for example, advice and information.
4. To consider what information should be made available in the carer's leaflet.
5. To identify any gaps in local community provision.
6. Any adverse impact on equality streams.

This proposal will look to mitigate previous implementation disparities, fulfil legal requirements and establish financial equilibrium. It also reflects key outcomes from all considerations.

Any additional issues, concerns, suggestions unexpected themes arising from the consultation will be considered in the new model.

Appendix 12 further demonstrates the process used in the consultation model.

### **3. The consultation process**

#### **3.1 Who was consulted?**

A full consultation was undertaken with carers and service users affected; those involved in the legal challenge and a broader group. This was to ensure we met with as many carers as possible. Specific forums for all service user disabled groups were arranged and undertaken. Smaller carer group meetings were attended. Numbers consulted are detailed below:

- 155 people attended the 6 large consultation events in December
- 4 attendees were at an additional main event session in January
- 50 people attended the carer forums meetings
- 58 people attended 5 disabled service user forums
- 267 were consulted in total

A total of 267 carers and service users were consulted over a 15 week period.

#### **3.2 Methodology**

To ensure consultation on the proposals was in line with Birmingham's engagement and consultation strategy, a formal application to the Research Governance Board (RGAC) was made. This included an outline of the methodology, framework, the proposals, associated materials and an interview. The board approved the application with two provisos detailed in Appendix 11.

#### **3.3 Consultation with carers good practice principles**

These were applied and are outlined in Appendix 10.

#### **3.4 Control Group**

The pre-consultation meetings to establish the likes and dislikes of FASBC, led to the establishment of a carers control focus group, to ensure consistency, quality and endorsement of all processes and documentation, for the proposed new model. This group began to be established from 22<sup>nd</sup> July 2009, were included in the formal consultation period in November 2009, and continued to the close of the consultation 15 February 2010.

This group were specifically involved in both pre and post consultation to ensure that all outcomes of the review were used to influence the proposal and that each stage was endorsed by them. This included drafting; invitation to carers for main events, a revised carers self assessment form, adjustment to the leaflet and suggested outlets, adjustments to the service users assessment to accommodate both joint consideration of needs and separate carer assessments, top ten priorities for future commissioning strategy (which partly informed the review), ideas and suggestions on both the proposals and views to shape the future.

All feedback from these meetings has been collated and will be available for cabinet in the form of a background pack.

#### **3.5 Main Consultation events**

Carers and service users were invited to the three main events on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> December 2009. These were 6 half-day sessions at 3 venues; North, Central and South Birmingham.

We ensured that we had a targeted approach by inviting people directly, whilst also keeping the invite open to anyone who wanted to attend. This included posters in various places including day centres and advertising in the Birmingham Carers Centre newsletter'.

### 3.6 Service user meetings

The Terms of Reference for the review highlighted the need to ensure the stakeholder engagement plan includes forums to reflect all disabled groups including Physical Disabilities, Learning Disabilities, Mental Health and Older Adults service users'. Consequently, five service user forums for these groups were arranged and attended.

The person centred planning team had converted the proposal into a pictorial presentation and the learning disabilities group particularly welcomed this.

There was a great deal of feedback received on issues outside the scope of the consultation including current operational concerns and particularly questions around the Individual Budgets process.

All questions and answers from these meetings have been collated and are available in the form of a background papers pack.

### 3.7 Carers Forums

Consultations were held with established carers' forums, including Carers Incorporated and the Carers Partnership Board.

There was a great deal of feedback received on issues outside the scope of the consultation including current operational concerns and particularly questions around the Individual Budgets process.

All questions and answers from these meetings have been collated and are available in the form of a background papers pack.

### 3.8 Website

This facility was established as a medium to encourage carers who had attended to continue to contribute. In addition carers who had expressed an interest in attending the event but were unable to attend had the opportunity to contribute.

Feedback from the website is incorporated into the extract of findings below, and is included in the background papers pack.

The website analysis demonstrated that of the people who contributed, there was an 84% agreement that there should be joint consideration and support planning for the carer and service user. It was agreed that both the "My Carer" section and carer's assessment forms were easy to understand and would help to establish social care needs. Finally there is an 84% agreement that the leaflet provides useful information."

An analysis is included in Appendix 9.

### 3.9 Session content

The session was set within the context of: legal requirements, self-directed support, promotion of partnership working and Individual Budgets, which all allow holistic support, choice and control.

Group work was undertaken to consider the proposal, the paperwork and future support (to inform the future commissioning strategy, publicity and any equality impacts that we would need to consider. This was established by asking five questions, facilitating group discussions and group feedback.

Consultation materials included: a revised carers assessment form, “My Carer” section of the Service User Assessment Self Assessment Questionnaire (SAQ) and Adults and Communities ‘Help and Support for Carers’ leaflet. The suggestions from the consultations have been used to update these tools and are included in appendix 5 and 6. Original documents are available in the form of a “background pack”.

The session was finalised through the completion of evaluation forms, which captured the profile of both the carer and cared for person. In addition evaluations demonstrated whether attendees had felt they were able to contribute and felt listened to; the proposed scheme would meet carer’s needs, and whether they understood the concept of choice and control within self directed support. The feedback from the evaluation forms is contained in Appendix 7.

## 4. Feedback and findings

### 4.1 Extracts of feedback

A broad sample of feedback is included in Appendix 13. This feedback was based on how relevant it was to the proposal of joint consideration and services. Full feedback is available in the background pack.

Carers' consultation November 2009 to February 2010.

#### 1. Involvement

The review involved wide consultation with both carers and service users, through existing, new forums and a website facility.

#### 2. Methodology - Questions and purpose

Seven questions were asked to establish views on the consultation proposal. These included: a holistic approach to give carers more choice and flexibility, initial identification of caring relationship and impact on carer, separate self assessments for high risk carers, availability of the range of specific carers' services and adverse impact on any particular groups.

#### 3. The questions

1. Likes and dislikes of FASBC
2. Concerns about current carer provision
3. Positives and negatives of the consultation model
4. Do the proposed carers assessment and 'My Carer' section in the service users self assessment questionnaire capture your needs?
5. What would you like to see in the leaflet?
6. What support would you like to see in your community that you are currently unable to access?
7. Do you think the new process will disadvantage any particular groups

#### 4. Feedback

A sample of feedback is attached below. These are included on the basis of their relevancy to the consultation proposal and are categorised as follows:

- Q1. Likes and dislikes of FASBC
- There were 4 key likes
  - There were 4 key dislikes. The themes of these were:  
Inequalities, inflexible, reduced allocations, implementation issues
- Q2. Concerns about current provision
- 10 concerns (that will be mitigated by the proposed model)
- Q3. Positives and negatives of the new proposal
- 33 positive comments on the consultation proposal
  - 16 negative comments on the proposal and how they will be mitigated by the new proposed model

- 10 uncertainties of the new proposal and how comments and suggestions will be used to address these

Q 4. The forms and how they capture carers' needs

- 6 agreement statements
- 7 main suggestions for improvements have been listed but all used to shape the development of the forms (additional suggestions are included in the background paper pack)
- 5 main comments, not relating to the forms, but the forms will mitigate are included

Q5 The leaflet

- 8 main suggestions for improvements have been listed but all used to shape the development of the forms (additional suggestions are included in the background paper pack)
- 15 suggested outlets, for leaflet distribution, will be used as part of the communication campaign
- 7 further signposting suggestions, which will be used to develop a more robust signposting strategy

Q6 Community based services

- 10 requests for services (that already exist). This will be used to develop a more robust signposting strategy
- 6 suggestions to “develop the market place”

Q7 Equality issue

- 6 main suggestions (that have been used to inform the equality needs impact assessment and action plan)

Full feedbacks of all comments or questions are available in the background papers pack.

## 5. Response to feedback

Not all carers wanted to see the end of FASBC. For some it had been the first opportunity to discuss their own circumstances and they wanted assurance that this would be maintained in any replacement model.

The concerns of inflexibility and implementation issues have been reflected in the tools to allow for both a prescriptive approach and flexibility for social workers to use their judgement. Holistic assessments and support planning will ensure appropriate allocations are given. Inequalities will be addressed through best assessment practice.

The 33 positive comments were welcomed and will be used to gauge successful implementation of the scheme. The 15 negative comments will be mitigated through the new model - explanations are outlined in appendix 12. Some uncertain statements are accepted as requiring change management approaches and developing confidence with the new model.

5.3 The suggestions related to the proposed carers' assessment forms have been applied with the support of the carers control group. These are in appendices 5 and 6.

5.4 The suggestions for the change in content for the leaflet have been shared with the carers control group and changes made. The suggestions for distribution outlets have been shared with the communications officer for consideration in the communications campaign.

5.5 The services, requested as part of community based question that already exist, have been considered in the conclusions, together with a plan to reflect the carers commissioning strategy called "refocusing the approach". This will ensure carer's needs are met through the use of three intervention levels.

5.6 The services that would need to be extended through further consideration by the commissioning officer e.g. development of joint working with Health, alternative to traditional services, advocacy services and extension to Carers emergency Services (CERs), have been referred onto the relevant officers and are included in the recommendations.

5.7 The equality concerns have been included in the Equality Needs Impact assessment and an action plan established.

5.8 The concerns, complaints and questions on issues outside the scope of the proposal have been passed to the Carers Steering Group and the user involvement officer for a response and will be available in a background papers pack.

It is important to note that in one of the three preliminary meetings carers identified their top 10 priorities. The first was for breaks, which is the main purpose of this consultation. The second was health, which is important to introduce at this point as health has been mentioned in the feedback and inform recommendations.

## **6. Summary of feedback**

### **6.1. Positive feedback**

Positive feedback from the consultations demonstrated that 73% of attendees agreed the proposal met carers' needs. Carers articulated through 33 positive comments that the principle of joint consideration and support planning together not in isolation was welcomed. In addition, from the web based responses there was an 84% agreement that the forms facilitating joint consideration and support planning were welcomed. Choice and control, together with the opportunity for separate assessments for specific carers' services, were cited as particular benefits. The additional questions invited suggestions and contributions to inform associated documents, amendments have been undertaken.

### **6.2 Constructive feedback**

Negative feedback relating to the proposal included; lack of proficient signposting by social workers, a need to expand outlets for the revised carer's leaflet, and communication that FASBC has ceased. A particularly interesting outcome from the question about "what support would you like to see in your community", identified a wide range of services that currently exist. This further fortifies the requirement for signposting. These will be addressed in the recommendations.

### **6.3 Carers control group response to the new model**

It was agreed at a carers control meeting in March 2010, that "in principle" the new model is what was agreed from the outset and during consultation. The only concern was risks associated with implementation.

### **6.4 Next Steps**

This document will be available to carers before Cabinet on 29<sup>th</sup> March as part of the democratic process. Copies will be distributed through an appropriate medium and be available on Birmingham City Councils website.

## 7. The replacement model

It aims to deliver on “Carers at the heart of 21st century families and communities strategy” and the vision that carers should be universally recognised and valued as being fundamental to strong families and stable communities.

This will be introduced through support being tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring. The details for this provision are outlined below.

The new model ensures that the assessment and support of carers is a robust part of the community care assessment process. The service user participates in a self assessment and together with their carer (if appropriate), defines outcomes and uses the individual budget to meet those outcomes.

One of the objectives of the new model is to ensure full consideration of the impact and intensity of caring on the carer is assessed together with the carers’ ability to continue to care. The support planning process will ensure the carer is supported.

Following consultation on a formative proposal, carers’ comments have been used to make adjustments to the new model.

1. A holistic approach, which will include a robust assessment, of both the service user and carer through joint consideration of needs and support planning
2. Joint support planning gives choice and control to service user and carers based on need and outcomes
3. We have introduced a “My Carers” section in the Service Users’ Self Assessment Questionnaire to establish the impact of caring on the carer. This will collect carers’ views, which it is recognised, form a vital component of the assessment at the start of the journey. This will accurately gauge at the outset the impact of the caring role on carers
4. The existing carers’ assessment has been revised to reflect the questions in the service user’s assessment, so responses can be jointly considered. The aim is for this to be completed together. However, if the service user or carer chooses not to be involved in the joint assessment, their needs can be gathered privately, but joint support planning will take place. The facility for private or a separate conversation with the carers will also be undertaken if the carer feels that just the service users’ support plan is not adequate to reflect their needs
5. The differing needs of carers will be recognised through appropriate targeting of services. This includes, ensuring that services are “personalised” for those carers who are providing high levels of support to service users assessed as critical and substantial, and whose caring duties have a high impact on their life. “Targeted” services are preventative and supportive measure specifically for carers. “Universal” services are, as the name suggests, for all. The summary below describes some of the associated services;
  - universal services e.g. advice, leisure, lifelong learning, fastrack grant
  - targeted services e.g. specific support, communities of interest
  - personalised service e.g. PA support, home care – carers who need more intensive support

We will make greater use of the Birmingham Carer's Centre to achieve this.

6. We are producing a new leaflet to tell carers about this new process. We will distribute and publicise this widely
7. The current arrangements of assessing the impact on carers of their caring role at the point of review or reassessment will continue. Where there is a change that requires a higher or lower level of service provision to meet needs, the individual budget will be adjusted and services negotiated to support service user and carers' outcomes, as required. Again a full risk and impact assessment will be undertaken at this point

An implementation plan has been developed to ensure the new model is effectively executed.

The new model will mitigate previous implementation disparities as the forms will be prescriptive, fulfil legal requirements as the model is based on joint consideration with the primary focus being on services for service user and time away from caring duties (with the provision for carer services to meet additional differing needs) and it should establish financial equilibrium by not having disparate financial allocations. It also reflects key outcomes from the preliminary meetings.

## 8. Conclusions

The findings demonstrate that there were few likes of FASBC and many dislikes. It is recommended that as the new model addresses previous difficulties, and gives the opportunity for carers to discuss their own circumstances, through joint consideration or separate carers' assessments, the FASBC model should be formally terminated.

The findings indicate that the majority of carers are now looking for joint consideration of needs, and more holistic support planning to facilitate choice and control of differing needs. The majority of the legal challenge carer group particularly articulated that services should be primarily allocated to the service user and carers will benefit through time away.

It can be concluded that the "My Carer" prompt in the service users' assessment would provide early identification of a relationship and the impact caring has on the carer's life. The separate carers' assessment form should be further developed to ensure suggestions from the consultation are included. In addition, the view is that the separate carer assessment form will ensure carers have privacy, when completing a separate assessment, for those providing regular or substantial care.

The findings also indicate that there is a clear need for signposting, a greater awareness of commissioned services and entitlements. It can be concluded that better use of the Carers Centre and clarity of services available to meet carer's needs are developed. The commissioning officer in Appendix 8 has suggested a model.

Carers are clear that one carer leaflet that outlines the new model should be made available in a variety of outlets but that their suggestions should be included.

Carers are looking to have more than time away and it is concluded that the carers' support plan will detail support for them in the form of advice, guidance and information. In addition carer's future aspirations can be identified in the carers' assessment.

Community services would need to be extended through further consideration by the commissioning officer; development of complementary services and joint working with Health on priorities for carers could be developed.

Carers were keen to ensure the proposal had no adverse impact and made suggestions on how any barriers could be mitigated, based on the six equality streams. To ensure all barriers to access are removed a full equality needs impact assessment has been undertaken and an action plan produced.

An additional finding makes it apparent that poor implementation could make it fail. An implementation plan has been established and would need to be overseen by operational managers, with the involvement of carers. If the process is agreed by Cabinet then there must be robust staff guidance produced

## 9. Recommendations

In the light of the conclusions, the following recommendations are made

Recommendation 1
Endorsement of the future model (outlined in Section 7 above )
This model should be endorsed; the facility for joint consideration and separate carers' assessments (for carers providing regular and substantial care) to inform joint planning and/or carer specific services is recommended to be the new model. It should be implemented from 1 <sup>st</sup> May 2010.
Recommendation 2
The formal termination of FASBC is to be agreed
Cabinet will be asked to agree the termination of the FASBC policy and carers will be considered under the future model. The annual reassessments of FASBC cases become the primary focus of assessing officers to help to cease this scheme. However, community care that people need must continue to be supported.
Recommendation 3
Health joint working
The second highest priority of health intervention (identified at preliminary meetings), the targeting of services (in the signposting model Appendix 8) and request for nursing recognition and registration with GPs require development of joint working with Health. This should be considered within the current arrangements for joint working with Health and developed in line with the commissioning strategy timeframe.
Recommendation 4
Directed services
The differing needs of carers will be recognised through directed services at three levels depending on carers needs. Those carers supporting people with higher dependency needs are to have access to a range of "personalised" carers services. Those that require specific carers' services will be directed to targeted services. The promotion and availability of Universal services will be increased. This will be promoted through greater use of the carers centre. See Appendix 8.
Recommendation 5
Leaflets and publicity
A communication campaign should be undertaken to expand outlets for the new carers leaflet. This should be implemented in line with the due delivery date on 1st May 2010.
Recommendation 6
Implementation plan
Ensure all recommendations are reflected in the implementation plan, which is to be owned by operational managers. Monitoring, control and quality is undertaken through retention of the Carers Steering group and Carers Control Group. In addition the plan needs to form part of operational performance indicators. This is to be reviewed 3 monthly.
Recommendation 7
Commissioning strategy
The request for additional community services should be developed through the carer's commissioning strategy that is due for renewal in March 2011. This would include local priorities identified in the consultation findings and national policy drivers. It is suggested that the Carers Steering group monitors the process of development as part of their 3 monthly reviews.

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## Appendices

Appendix No	Document
Appendix 1	Terms of Reference
Appendix 2	Action Plan
Appendix 3	Summary of preliminary meetings
Appendix 4	Presentation
Appendix 5	Carers Assessment and My Carers section
Appendix 6	Leaflet
Appendix 7	Evaluation form feedback
Appendix 8	Signposted and directed support based on carers needs
Appendix 9	Website Analysis
Appendix 10	Good consultation practice principles
Appendix 11	Research governance requirements
Appendix 12	Formative consultation process
Appendix 13	Extract of feedback from consultations

## Appendix 1 – Terms of Reference

### FASBC - Interim Arrangements, Scope and Timescales for the Review

#### FASBC interim arrangements

The interim arrangements will ensure that the reassessments and the reviews of the support plan take account of both service users and carers needs holistically to ensure the outcomes reflect their combined needs. This will take account of the resources available to the council as well as the impact of the caring role on carers until a further review report on 8th March 2010.

Better information, advice and signposting will be promoted for those cared-for persons who self fund, or have Individual Budgets/Direct Payments.

Carer's of service users with low or moderate needs will continue to be able to access 'fastrack' carer's grants.

#### The scope for the review of FASBC will

- Ensure any new proposals take account of the relevant legislation and statutory responsibilities in relation to both service users and carers
- Ensure the stakeholder engagement plan includes forums to reflect all disabled groups including physical disabilities, learning disabilities and Mental Health service users.
- Be overseen by the directors of service for Younger and Older Adults (in line with Transformation
- Take account of the lessons learned from stakeholder experiences of FASBC.
- Review the implementation of the scheme against the anticipated benefits
- Examine the way that any future scheme is funded and look for innovative solutions in the provision of services.
- Identify best practice in the way service user and carer assessments are undertaken.
- Scrutinise carer assessment and guidance documentation.
- Examine the potential for adapting the Individual Budget Resources Allocation Scheme (RAS) to recognise carer contributions.
- Ensure that any proposed solution takes account of the personalisation agenda.
- Study the recommendations in the revised Fair Access to Care Services guidance and implement them in any proposed solution.
- Report on the findings and make recommendations for a scheme for the future.
- The review will be set within the context of the revised Full Business Case for transformation, as signed off by Cabinet in July 2009.

#### Timescales for the formal review:

The formal review will commence in October 2009, data gathering phase due for completion in early January 2010, with a final report to Cabinet scheduled for 8th March 2010.

## Appendix 1 (continued)

### Terms of reference

Four key requirements were also identified during preliminary meetings

- A new holistic approach that gives carers more choice and flexibility
- The any new model recognises the differing needs of carers and the availability of services
- Separate assessments to be made available to carers
- Processes are fully explained in a carer leaflet (developed in conjunction with carers)
- Carers are to be kept informed of proposed changes

## Appendix 2 - Action Plan – Review of Help and support for Carer’s

Action	Process.	Involvement	Lead Officer	Timescale/dates
Implementation Plan	If Cabinet approval, begin to implement the operational plan.	Key stakeholders	Paola Rice	By 01/05/10
Review Report circulation	Report to be plain English checked and circulated to all involved or interested	Carer’s/service users and interested parties	Paola Rice	By 19/03/10
Design Authority Groups DA endorsement	Endorsement of materials, reports, review recommendations	DA Group	Paola Rice	In line with Forward Plan
DMT endorsement	Project progress Successes Barriers (issues and risks) Implementation plan Decision log	Sheila Rochester Glynis Hovell	Lucy Vaughan	January 2010 February 2010
Sub programme Board endorsement	Project progress Successes Barriers (issues and risks) Implementation plan Decision log	Sheila Rochester Glynis Hovell	Lucy Vaughan Paola Rice	22/10/09 25/11/09 15/12/09
Cabinet Report	Produce report based on internal governance including review report and implementation plan	Key stakeholders	Lucy Vaughan Paola Rice	In line with forward plan dates

Action	Process.	Involvement	Lead Officer	Timescale/dates
Future Commissioning strategy recommendations	Liaise with commissioning officer to ensure decision 3 of Cabinet report is included in Cabinet and Review Report. Consult National Carers Strategy Consider outcomes of review and priorities identified by carer's during consultation	Key Stakeholders	Lucy Vaughan Paola Rice	In line with forward plan
ENIA	Work with outcomes of consultation and focus group to ensure the proposals are considered within the ENIA.	Equalities Team	Lucy Vaughan Paola Rice	First draft by 11/12/09 Signoff by 17/12/09
Additional consultation session	Carer's unable to attend 1.2.3 December events. Undertake further formal presentation.	Carer's unable to attend 1,2,3 December sessions	Lucy Vaughan Paola Rice	11/01/10
Website	Materials available to extend engagement activity	All involved and interested carers	Lucy Vaughan Paola Rice	Site to be completed 07/12/2009 Site extended to 12/02/10
Sharing of information	Posters Other seminars e.g. Young carers on 1st December Letters of invitation	Carers Centre Control carer group Affected and interested carers	Lucy Vaughan M Ewins Paola Rice	11/11/09 Young carer's event 01/12/10 Letters of invitation 05/11/10
Pre and Post consultation carer activities	Post-consultation carer control group meetings developing outcomes and endorse review recommendations to date	Mike Ewins Original care group plus broader representation	Paola Rice	09/09/10 22/09/10 13/11/10 11/12/10 06/01/10 08/01/10 04/02/10 12/02/10 04/03/10

Action	Process.	Involvement	Lead Officer	Timescale/dates
Carer's Incorporated meeting	Inform carer group on outcomes of consultation	Mike Ewins Chair of Carers Incorporated	Lucy Vaughan Paola Rice	18/01/2010 09/11/09
Carer's partnership Board	Consultation on summary of main events.	Various carers	Lucy Vaughan Paola Rice	13/01/2010
Carer Events	Carer events at 3 venues Mailbox for carers Website for carers (if possible)	Directors Facilitators	Lucy Vaughan Paola Rice	01/02/09 02/12/09 03/12/09 11/01/10
Service User consultation	Attendance at various events for information giving and involvement Explanation of what is happening e.g. Review of FASBC in light of personalisation agenda Self directed support as part of this e.g. into Individual budgets Events in December; Carers mailbox, how to book onto main events, website information Outline of proposals for consultation including leaflet, carer's assessment, process and paperwork Review Period until mid Jan; Cabinet report 8th March	Mike Ewins Chairs of meetings	Lucy Vaughan Paola Rice	Service users may attend 1,2,3 December 2009  Search Team Steering Group – 10/12/09 PD reference group – 26/11/09 OA reference group, 8/12/09 MH group 18/1/2010 LD group 26/01/10
Admin resource plan, recruitment of administrative assistant to support the process	Produce support plan and recruit to position	Transformation Managers and Project Management Team	Paola Rice	1/11/2009
Stakeholder engagement plan (includes forums for all disabled groups)	Groups outlined in this action plan BME Carers Champion Research Governance	Shameen Aktar (Mencap) Paul Dolan	Paola Rice	11/11/10 17/11/10 12/11/2009

Action	Process.	Involvement	Lead Officer	Timescale/dates
Pre and post event endorsement meetings	Meetings with proposed consultation for endorsement to consult on. Aligning to personalisation agenda	Director leading on review	Lucy Vaughan Paola Rice	29/09/09 26/10/09 12/11/09 16/11/09 17/11/09 18/11/09
Pre event planning meetings	Preparation for facilitators, presenters and administrator Presentation documentation Group work facilitation Dress rehearsal Final endorsement	Sub Programme Manager and facilitators	Lucy Vaughan Paola Rice	18/11/09 30/11/09
Citywide Assessment & Care Management Team Managers Forum	Attendance at meetings Circulation of documentation Advice from this group on operational/application issues	Pete Rice	Lucy Vaughan Paola Rice	4/11/09
Legal Services involvement on proposals and outcomes	Meetings Email correspondence Interpretation of application of proposals	City Solicitor	Lucy Vaughan Paola Rice	01/10/09 26/10/09 12/11/09
Communications Plan	Approach for consultation	Communications Team	Lucy Vaughan Paola Rice	12/10/2009

## Appendix 3 – Summary of preliminary meetings

### Likes

- There were no likes listed during these sessions

### Negatives

- The FASBC tool was inflexible
- in most cases a considerable reduction
- We were not told what they were going to do
- The carer assessment was not explained to me
- Views on a new scheme
- Different needs from different people
- Pull the budgets all together
- **Service user attends MH day centres therefore this is a break**

### Solution not using FASBC but not “old system”

- We recommend that you (Birmingham City Council Social Worker’s measure:-
  - How much care is being provided
  - Type of care provided
  - Other care provided
  - Sole carer
  - Disturbed nights
- Motor Neuron assessment holistic assessment
- Keep all informed; Better consultation of any new solution with the carers, so they know what it is before it is rolled out
- Priority has to be service user, allocation of services should be Service user focused
- LD carer’s recognise that they benefit from the Service user’s support plan; when the SU is happy, we are happy
- **The assessment of needs should be separate from any financial assessment**
- We would like a cooling off period after the assessment. (for reflection and a chance to change their mind)
- **I want a simple explanation (of the assessment process) plus a leaflet**
- **Guide or pack for carer’s including availability of services, telephone numbers, carers assessment, to be made available once diagnosed as a carer via various outlets including**
  - Primary Care Trust’s - doctors surgery
  - **Invalid Carers Allowance - ICA– given out with Carers Allowance**

### Observations

- Recognise that FASBC was expensive not enough money-what about carer’s coming in now
- Need to consider cost to council if service user into full-time care
- My cared for person was not assessed
- When the carer has respite I get respite
- We do recognise that the cared for person going into respite or day care gives the carer a break.
- We need a break from the cared for person and they need a break from the carer.

## Appendix 4 – Presentation

Presentation – Carer's consultation 1,2,3, December 2009



### Adults and Communities:

### Supporting Carers

December 2009

ADULTS AND COMMUNITIES TRANSFORMATION



### Agenda

- **Purpose of the meeting**
- **Our responsibilities to carers**
- **Working in Partnership with carers**
- **Choice and control – The new process**
- **Your chance to let us know what you think**
- **Next Steps – this is not your only chance to feedback!**

ADULTS AND COMMUNITIES TRANSFORMATION



### Purpose of the meeting

- Inform you of our review of Fair Access to Short Breaks for Carers (FASBC)
- Inform you of the changes in social care in Birmingham and the movement to self directed support
- Get your views on how we are proposing to support carers in the future (in light of the above)
- Ensure that we are capturing your needs through the assessment process, and that we are providing carers with the right information

ADULTS AND COMMUNITIES TRANSFORMATION

## Our Legal Duty

- **The right to an assessment for any individual aged 16 or over (the carer) that:**
  - (a) provides or intends to provide a substantial amount of care on a regular basis for another individual aged 18 or over (“the person cared for”); and
  - (b) asks a local authority to carry out an assessment of his ability to provide and to continue to provide care for the person cared for,

ADULTS AND COMMUNITIES TRANSFORMATION

## Our Legal Duty

- **It is only following the assessment, that the local authority should then decide eligibility of services based on:**
  - (a) whether the carer has needs in relation to the care which he provides or intends to provide;
  - (b) if so, whether they could be satisfied (wholly or partly) by services which the local authority may provide; and
  - (c) if they could be so satisfied, whether or not to provide services to the carer.

ADULTS AND COMMUNITIES TRANSFORMATION

## Our Legal Duty

- **The services referred to are any services which:**
  - (a) the local authority sees fit to provide; and
  - (b) will in the local authority's view help the carer care for the person cared for,
  - (c) and may take the form of physical help or other forms of support.
- **A service, although provided to the carer:**
  - (a) may take the form of a service delivered to the person cared for if it is one which, if provided to him instead of to the carer, could fall within community care services and they both agree it is to be so delivered;

ADULTS AND COMMUNITIES TRANSFORMATION

## Quick Exercise

- We have already started consulting carers on their present likes and dislikes of FASBC to build into our proposals so far
- However we would like you to note down any concerns you have currently in relation to the way we are supporting carers (on paper provided)
- Then we move on to the future!!

***You have 10 minutes...***

ADULTS AND COMMUNITIES TRANSFORMATION

## Working in Partnership with carers

ADULTS AND COMMUNITIES TRANSFORMATION

## We are reviewing what we do..

- The review will be completed at the end of January a report will go to the Council's Cabinet on 8<sup>th</sup> March
- It has clear Terms of Reference agreed by carers and the Council together

The review will focus on:

- A new 'self assessment' for carers
- Ensuring social workers have the right guidance to help support carers

ADULTS AND COMMUNITIES TRANSFORMATION

## We are reviewing what we do...

- Ensuring the needs of the carer and the person they care for are looked at together
- Increasing choice and control for all to allow flexibility for carers and the person they care for
- Ensuring that the Adults and Communities information leaflet includes the right information and makes sense
- Ensuring that we capture the views of carers and service users to help us shape the support available going forward

ADULTS AND COMMUNITIES TRANSFORMATION

## Choice and Control – The ‘new process’

ADULTS AND COMMUNITIES TRANSFORMATION

### Self Directed Support (SDS)

- National Agenda driven by Service Users (Incontrol)
- About Increased choice and control – Citizens can identify Support or activities to meet assessed **needs** and **outcomes** (the things they want to achieve or change in their life)
- Citizens undertake a Self Assessment Questionnaire with the support and input of the carer, which is validated by the social worker
- If eligible for services, the service user has an Individual Budget (IB) to plan their own support
- Citizens can choose how they want to manage their Individual Budget (themselves or by the Council or a combination)

ADULTS AND COMMUNITIES TRANSFORMATION

## Capturing Carer's Needs

- The service user self assessment questionnaire (SAQ) will take into consideration the impact of caring on your life
- The services user's support plan will ensure that you are supported to continue caring by providing you with time away from your caring duties, be that with the person you care for or separately.
- You will have your own 'self' assessment' to capture your individual needs, which enables you to identify your high level outcomes
- Any needs and outcomes identified in the carer's assessment will be considered within the service users support plan
- The fast track scheme will still be available for those carers of service users who refuse an assessment or who are not eligible for services

ADULTS AND COMMUNITIES TRANSFORMATION

## Case Study – Hazel's Story

<http://www.dhcarenetworks.org.uk/Personalisation/Stories/?parent=2738&child=4544>

ADULTS AND COMMUNITIES TRANSFORMATION

## Group Discussion

ADULTS AND COMMUNITIES TRANSFORMATION

### Group Work

Please discuss the following questions in your groups:

1. What do you think are the positives and negatives of the new process?
2. Do you think the new carers self assessment and the 'My Carer' section in the services users assessment captures your needs?
3. We will be updating the leaflet 'help and support to carers'. What changes would you like to see to the leaflet?
4. What support would you like to see available in your community that you are currently unable to access ?
5. Do you think that the new process will disadvantage any particular groups of carers?

***We will ask you to feedback one key point against each of the above***

ADULTS AND COMMUNITIES TRANSFORMATION

### Next Steps

- We will take back all your feedback from today and incorporate it in our review report
- There is still a chance to feedback through our mailbox [Carers@Birmingham.gov.uk](mailto:Carers@Birmingham.gov.uk)
- There will be two other focus groups which will review the outcomes of the consultations – 11 December and 8 January
- We will look to publish feedback from the events on the Birmingham website

***THANK YOU FOR YOUR TIME!***

ADULTS AND COMMUNITIES TRANSFORMATION

## Appendix 5 – Carer Forms

### Carer's Assessment

Carefirst ID:.....

#### Who is a carer?

A carer is generally defined as someone who looks after a friend, relative or neighbour who has a long term disability, mental health problem, or is frail due to old age, and is not in formal paid employment in that role.

#### Your rights

All agencies should recognise carers as partners in the provision of care, and their contribution should not be assumed or taken for granted. All carers who provide substantial and regular care are entitled to an assessment. This Carer Assessment and Support Plan is a record of your needs.

#### Personal and assessment details (section 1-7)

You are asked to explain the care needs of the persons you care for, the type and level of care and support you and others provide and identify the areas where you need help or support. You are asked to consider the different aspects of your life and the impact your caring role has on you and your hopes and aspirations for the future. This is with the aim of achieving positive outcomes and appropriate support for you and the person you care for.

This section can be:

- Completed by you
- Completed by you and a member of staff from Social Work or Health
- Completed by you and a member of staff from the Carers Centre

If you are caring for more than one person please indicate this to your social care worker.

#### Summary of support needs, Actions and Agreements (section 8)

The information from the assessment is then summarised with details of your support needs, what action has been agreed to meet those needs and what the intended outcomes of the support plan are. We ask you to fill out this section with a social care worker.

You are asked to confirm; that you have been involved in completing the support plan and that it reflects your support needs, you have been given a leaflet explaining support available, and, that you give permission for the support plan to be shared with relevant service provider and or people supporting you. Both you and your social care worker are asked to sign and date your support plan.

If the person you care for has their own support plan then the documents will need to be looked at together so that you can determine what support package as a whole will enable you to continue your caring role. It is the person you care for's individual budget support plan that facilitates support with, and time away from, your caring duties.

#### Support with communication

If an in an interpreter, signer, advocate or information in large print, Braille or another language is needed, please give details here:

If you are completing this form by hand please use **BLOCK CAPITALS**.

## Basic information

### Information about me

### Information about the person I'm caring for

<b>Title</b>		<b>Title</b>	
<b>Forename</b>		<b>Forename</b>	
<b>Surname</b>		<b>Surname</b>	
<b>Carers I.D.</b>			
<b>Date of birth (DD/MM/YYYY)</b>		<b>Date of birth (DD/MM/YYYY)</b>	
<b>Gender</b>		<b>Gender</b>	
<b>Address</b>		<b>Address</b>	
<b>Telephone</b>		<b>I have cared for them for</b>	___ Yrs ___ Months
<b>Email address</b>		<b>Cared for persons FACS band</b>	
<b>Preferred method of contact</b>		<b>Cared for persons assessment</b>	Completed YES <input type="checkbox"/> No <input type="checkbox"/>
<b>My relationship to the person I'm caring for</b>		<b>Support Plan for cared for person already in place</b>	YES <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you a lone Parent?</b>		<b>Carefirst I.D. (cared for person)</b>	

## My caring responsibilities

Please tick one box in the “current” and “continue” sections below.

Tasks I support the person I care for with	I <u>currently</u> provide (please tick the box that applies)				I am able to <u>continue</u> to provide (please tick the box that applies)			
	All of this support	Most of this support	Some of this support	None of this support	All of this support	Most of this support	Some of this support	None of this support
<b>Managing practical aspects of daily living</b> e.g. shopping, cleaning, cooking, doing the laundry, managing money, paying the bills								
<b>Meeting personal care needs</b> e.g. support with getting washed and dressed, and going to the toilet, taking medication, changing dressings								
<b>Eating and drinking</b> e.g. support to prepare drinks and meals, and any assistance, prompting and encouragement or supervision with eating or drinking, peg feeding								

The questions are continued on the next page

## My caring responsibilities

Please tick one box in the “current” and “continue” sections below.

Tasks I support the person I care for with	I <u>currently</u> provide (please tick the box that applies)				I am able to <u>continue</u> to provide (please tick the box that applies)			
	All of this support	Most of this support	Some of this support	None of this support	All of this support	Most of this support	Some of this support	None of this support
<b>Getting in and around their home</b> e.g. getting around the essential rooms inside their home, and getting in and out of their home								
<b>People who are important to the person I care for</b> e.g. supporting them to make and keep friends								
<b>Being part of the local community</b> e.g. support to attend activities or groups, support to access local amenities								
<b>Feeling Safe</b> e.g. I support the person I care for to manage behaviour that presents a risk to themselves or others e.g. administering medication or supervising them								
<b>Work and learning</b> e.g. I support the person I am caring for to access and attend paid or voluntary work, or education								

## My Caring Situation

Please tick **one** box in each section as indicated.

### The distance I travel to provide care

Please tick **one** box below that best represents how close you live to the person you care for:

- a) I **live with** the person I care for
- b) I have to travel a **short distance** to provide support to the person I care for
- c) I have to travel a **considerable distance** to provide support to the person I care for

### The amount of care I provide

Please tick **one** box below that best represents the number of hours a week, on average, that you spend in your role as a carer:

- a) Under 10 hours per week
- b) 11 - 19 hours per week
- c) 20 - 49 hours per week
- d) 50+ hours per week

### Emergency care arrangements

Please tell us about any arrangements to cover the person you care for in case of emergencies.

Tick **one** box

- a) I **do** have emergency arrangements in place (If so please give details)
- b) I have **some** informal emergency arrangements in place i.e. with family/friends
- c) I have **no** emergency plans in place.

Please add any further information here:

## My health and wellbeing

### 4.1 General Health

Do you have any concerns about your own general health (including physical, general, how you are feeling, eating, sleeping etc)? Please tick if yes

### 4.2 Maintaining my own health and wellbeing

How do you feel your role as a carer impacts on your own health and well-being? Please tick **one** box..

- a) My role as a carer has **no** impact on my physical health and does not affect my general well-being
- b) My role as a carer means I **occasionally** don't consider my health needs this has some effect on my general well being
- c) My role as a carer means I **rarely ever** consider my own health needs.
- d) This has a **serious** effect on my general well being.

### 4.3 Emotional Support

Do you have someone/somewhere you can go to discuss your personal feelings about your caring role? Tick **one** box.

- a) I am **always** able to discuss my feelings about my caring role
- b) I am **sometimes** able to discuss my role
- c) I am **frequently** able to discuss my role
- d) I am **not able** to express my feelings about my caring role, as I have no one to talk to

### 4.4 My home environment

Is your role as a carer affecting your home environment, e.g. do you have time for your own housework, gardening etc. Tick **one** box.

- a) My caring role **does not** affect my home life
- b) My caring role means I **sometimes** can't find time to undertake tasks for myself
- c) My caring role means I **frequently** can't find time to undertake tasks for myself
- d) My caring role leaves me **no time** to undertake tasks for myself

### 4.5 Time for you to do what you want to do

Do you feel you have enough time to do what you want to do? E.g. pursuing your own interests or spending quality time with your cared for person. Tick **one** box.

- a) I am currently able to take **all** the time I need to do what I want to do
- b) I would need **some support** to take the time I need to do what I want to do
- c) I would need **regular** support to take the time I need to do what I want to do
- d) I would need **substantial** support to take the time I need to do what I want to do

Please add any further information here:

## My other responsibilities

### 5.1 Work, education and training

What is your current employment status? Tick **one** box

- a) My role as a carer means I am unable to take any other work
- b) I am in fulltime employment
- c) I am in part-time employment
- d) I am a volunteer worker
- e) I am retired
- f) I am in college/further education
- g) I am self-employed

How do you feel about your current employment or education situation? Tick **one** box:

- a) My caring role **does not** affect my current situation
- b) My caring role **sometimes** affects my employment or education situation
- c) My caring role **frequently** affects my employment or education situation
- d) My caring role **prevents me** returning to work or continuing my education

Please add any further information here:

## Information, advice and guidance

**Please tick the box (or boxes)** below that best represent what information, support or advice you may wish to access:

- a) I require additional training to help me in my caring role (for example something like attending a moving and handling or an “expert carer” course)
- b) I require nursing training to help me in my caring role (for example end of life support)
- c) I feel that I would benefit from advice on health matters for myself (for example, help with giving up smoking, or improving fitness)
- d) I feel that I would benefit from more information about the needs of the person I care for (for example, information about their condition)
- e) I feel that I would benefit from specialist advice and guidance (for example, information about Power of Attorney arrangements etc)
- f) I would like financial or benefits advice
- g) I would like information about local voluntary organisations that offer support or companionship to carers
- h) I consent to my details being shared with the Carers Centre in order for a specialist carers pack to be sent directly to me.

The City Council is committed to improving the support it provides to carers. There are opportunities for carers to be involved in this work. Would you like to know more about these opportunities?

Yes  No

Please add any further information here:

## Your Support Plan

This section is to be completed in partnership with your social care worker.

Please look at the needs you have identified in the sections above and explore with your social care worker all options/opportunities available to support you.

Outcomes that require support provided to the person you care for should be looked at through their own Individual Budget Support Plan. It is the person you care for's support plan that ensures that you have time away from, or support with, your caring duties.

Please identify whether the support need relates to:

- **Training** – actions could include moving and handling training
- **Advice** - actions could include benefits advice
- **Information/signposting**- actions could include signposting to carers centre
- **Emergency response provision** – actions could include referral to CERS
- **Additional support** - actions could include referral to fasttrack grant

Summary of support needs identified during the assessment	Intended outcomes	Actions and agreements to meet needs of the carer	When will this be done

Please let us know if there was any information, advice, guidance or support that you were unable to access following this assessment:

## Confidentiality and declaration

<b>I give permission for this completed form to be shared with relevant service providers and or people who will support me</b>	<input type="checkbox"/>
<b>I have read and understood the responsibilities of the Adult and Communities Directorate relating to the holding and sharing of personal information</b>	<input type="checkbox"/>
<b>Signature of Carer:</b>	<b>Date:</b>
<b>Signature of Support professional:</b>	<b>Date:</b>
<b>Print name and designation:</b>	

### DATA PROTECTION ACT 1998

Personal information given to Birmingham City Council (BCC) will be used to assess your needs and provide services if you are eligible. Personal information includes photographs or video / CCTV images. BCC reserves the right to share this information with external agencies who assist in the provision of services and any government departments who have a statutory right to such disclosure.

Further details on data usage is available on the BCC website – [www.birmingham.gov.uk/privacy](http://www.birmingham.gov.uk/privacy)

The Data Protection Act 1998 provides data subjects with the right to copies of their own personal information held on BCC computer systems and in written records. If you require a copy of your information, you should apply in writing to :~

Birmingham City Council, Corporate DPA Team  
ICF, 3<sup>rd</sup> Floor, 1 Lancaster Circus, Birmingham B4 7AB  
Tel: 0121 303 1909 email: [dp.contacts@birmingham.gov.uk](mailto:dp.contacts@birmingham.gov.uk)

## Monitoring Information

Please tick one of the boxes below. This information is only used to help us monitor how effective we are in providing a service to all Carers in Birmingham. It is not used for any other reason and will not affect any decisions relating to this assessment.

### Gender

Male   
 Female

### Age

Under 18   
 18 to 64   
 65 to 74   
 75+

### Ethnicity

Indian   
 Bangladeshi   
 Pakistani   
 Asian Other   
 Black African   
 Black Caribbean   
 Mixed Parentage   
 Black – Other   
 Mixed Parentage – White and Asian   
 Mixed Parentage – White & Black Caribbean   
 Gypsy   
 Irish Traveller   
 White – Irish   
 White – Other   
 Arab   
 Chinese   
 Not stated

### Language

Arabic <input type="checkbox"/>	Bengali <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Czech <input type="checkbox"/>	Deaf BSL (British Sign Language) <input type="checkbox"/>	French <input type="checkbox"/>
English <input type="checkbox"/>	Farsi <input type="checkbox"/>	Mirpuri <input type="checkbox"/>
Gujarati <input type="checkbox"/>	Hindi <input type="checkbox"/>	Polish <input type="checkbox"/>
Information not yet obtained <input type="checkbox"/>	Italian <input type="checkbox"/>	Romanian <input type="checkbox"/>
Other <input type="checkbox"/>	Pashto <input type="checkbox"/>	Somali <input type="checkbox"/>
Portuguese <input type="checkbox"/>	Punjabi <input type="checkbox"/>	Sylheti <input type="checkbox"/>
Russian <input type="checkbox"/>	Slovak <input type="checkbox"/>	
Spanish <input type="checkbox"/>	Swahili <input type="checkbox"/>	
Urdu <input type="checkbox"/>	Vietnamese <input type="checkbox"/>	

### Religion

Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>
Eastern Orthodox <input type="checkbox"/>	Muslim <input type="checkbox"/>
Jehovah's Witnesses <input type="checkbox"/>	Rastafarian <input type="checkbox"/>
Jewish <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>
Protestant <input type="checkbox"/>	Sikh <input type="checkbox"/>
Refused <input type="checkbox"/>	Information not yet obtained <input type="checkbox"/>
Seventh Day Adventist <input type="checkbox"/>	
Church of England <input type="checkbox"/>	
Christian Orthodox <input type="checkbox"/>	
Unknown <input type="checkbox"/>	
None <input type="checkbox"/>	
Other <input type="checkbox"/>	

### Disability Please tick one of the boxes.

Do you have a disability? Yes  No

## 10. Additional Information

If you have any further information you wish to add please use the page below. You will need to be clear which section this relates to in the form.

DRAFT

## My Carer

### Do any family members or friends help you with your care needs?

YES

NO

(If NO section does not need completing please move onto Section 3)

So we can you achieve your outcomes, we need to understand if any family or friends support you with your care needs. This might include helping you get up and dressed, cooking meals, shopping or helping you with your money. **If there is more than one carer, they will each need to complete a form.** Your social care worker will provide additional forms if necessary.

**This part is for your family or carer to fill in.** This is the chance for any family member or friend who supports you (including those getting carers' allowance) to say roughly how caring for you affects their own life and how much support they receive

Title:			
First name:		Last name:	
Preferred name		Date of Birth:	
Sex:			
Address and postcode:			
Ethnic origin (select from list):	<p><b>You do not have to give the information in this section, but it helps us to monitor how effective we are in providing equal opportunities to people in Birmingham. It is not used for any other reason.</b></p>		
<p><b>White UK</b> <input type="checkbox"/>            (British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any other White background <input type="checkbox"/>)  <b>Mixed Parentage</b> <input type="checkbox"/>            (White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Mixed background <input type="checkbox"/>)  <b>Asian or Asian British</b> <input type="checkbox"/>            (Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> Other Asian background <input type="checkbox"/>)  <b>Black or Black British</b> <input type="checkbox"/>            (African <input type="checkbox"/> African Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/>)  <b>Chinese or other ethnic group</b> <input type="checkbox"/>            (Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yemeni <input type="checkbox"/> Other ethnic group <input type="checkbox"/>)  <b>Refused</b> <input type="checkbox"/></p>			
Relationship with person cared for:			
Email address:			
Work phone number:		Home phone number:	
Mobile:		How best to contact:	
Language:			
<b>Carer CareFirst ID</b>			

<b>In total, how many hours of care do you provide per week?</b>	
--	--

		<b>View of Carer</b>	<b>View of Worker</b>	<b>Agreed view</b>
A	My caring responsibilities do not have <b>any</b> negative impact on my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	There is <b>some</b> impact on my lifestyle and this leads to minor stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	My caring role has a <b>substantial</b> impact on my lifestyle and my health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	My caring role has a <b>critical</b> impact on my lifestyle and my health and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any additional information you would like to give about yourself, or the level of help this person needs?

--

This assessment looks at the needs of the person you are caring for, alongside the amount of care you can continue to provide and the impact on your life of your caring duties. However you do have the opportunity to ask for your own independent assessment if you wish.

<b>Please answer 'Yes' or 'No' to the following question</b>				
Have you had a Carer's Assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you like an independent carer's assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Additional comments about family carer or the support they provide.</i>				

Appendix 6 – Leaflet

This is the content for the leaflet agreed by the carers control group– appropriate corporate design will be undertaken

Leaflet -

Advice and support for carers

## **Information for people who care for an adult relative or friend March 2010**

### **Who is a carer?**

You are a carer if you look after a relative or friend who needs help because of age, illness, disability, mental health problems or drug/alcohol misuse.

Even if you don't live in the same house as the person you care for, you may spend a lot of time visiting them, keeping in touch by phone, or doing tasks for them.

There is a range of services and support available for anyone who is a carer. You can get details from the Birmingham Carers Centre (see details below).

### **How can Adults and Communities help carers?**

If the caring you do has a negative impact on your life and your health, Adults and Communities may be able to provide support to ease the pressure on you.

Our duty to you is to ensure that you are able to continue caring in situation where you are providing regular and substantial support.

We will do this through ensuring that the impact on your life of your caring duties is considered alongside the person you care for.

If the person you care for is eligible for services, you will be able to choose support to meet both your needs and enable you to have time to do what you want to do.

If the person you are caring for is not eligible for services and you are providing regular and substantial support you will also have the opportunity to have an independent carer's assessment.

The separate carer's assessment will help identify whether there is any further advice, information, guidance or support that we can offer you.

### **How will we assess your needs?**

An assessment is the way in which we discuss with you the effect caring is having on your life, and what support may be available to help you to continue to care, if this is what you wish to do. It can be a helpful opportunity to take a step back from the day-to-day demands of caring, and concentrate on your own needs and wishes.

- Your needs should be considered at the same time as the assessment of the person you care for wherever possible
- You can ask for a separate assessment if you are providing regular or substantial care, even if the person you are caring for doesn't want an assessment
- You can ask for an assessment if you intend to care for someone in the future, for example if someone leaves hospital or is planning to come and live with you

### **How long will it take?**

The time it takes will depend on your circumstances, for example, in an emergency situation, we will aim to start the assessment and provide necessary immediate assistance within 24 hours.

Normally we aim to complete the assessment within 28 calendar days. This could be faster depending on your situation

If the person you care for is in hospital, we will discuss with you what help you will need to care for them once they come home.

### **How can I get one?**

You can ring or fax the following numbers depending on the circumstances of the person you care for.

- Older People Access Service Telephone number :0121 303 1234 - Fax 0121 303 6245 (If over 65 or under 65 with working age dementia)
- Physical Disability Telephone number 0121 303 3335 - Fax 0121 303 8877 (If over 18 and under 65)
- Learning Disability, Telephone number 0121 303 2202 – Fax 0121 303 6244 (If over 18 or under 65)
- Visual impairment team Telephone number 0121 464 9455 – Fax 0121 464 2741 Any age with visual impairment
- If Mental Health issues you can be referred by your GP to Mental Health social worker or telephone HOB 0121 685 7628, BEN 0121 685 7832, South 0121 678 2830.

If you are unsure which number to ring to contact please ring Birmingham Carers Centre, Telephone number 0121 675 8000.

### **What will happen once you have had an assessment?**

- If you are caring for someone that requires support we will consider both your and the person you care for needs together
- This can either be through joint or (if you are providing regular or substantial care) separate assessments, this will lead to joint support planning

- During joint support planning there is an option to have a separate conversation using the carers assessment (when you are providing regular or substantial carer, to identify any additional support or specific carer services that you require)
- Your social worker will ask your permission about sharing information with other people.
- However, if your social worker believes someone is in at serious risk, they may have to tell others. They will talk to you before doing this
- Your social worker will talk to you about how you are coping, and the ways in which the stress and pressure on you might be lessened
- We will listen to you, answer your questions and make sure you understand what is going on
- Your social worker will ensure all relevant information is captured within the assessment documentation

### **What will happen after your assessment?**

If following the assessment process, the person you care for is eligible for Council Services then the person you care for will have an Individual Budget (IB).

An individual budget is an allocation of money that you and the person you care for can use to plan your own support. The support you choose has to meet both your outcomes.

Outcomes are things that you and the person you care for would like to change or maintain, in your life.

If an individual budget is agreed, it can be managed three ways

1. The council can provide or arrange all services
2. The council can manage half, whilst you manage the other half
3. You and the person you carer for can arrange all services

If it is agreed that we are going to provide or arrange services, we will make a written agreement with you. This is called a support plan and we will give you a copy.

The support plan tells you and the person you care for:

- The outcomes you wish to achieve
- What support and service(s) you will receive to meet these outcomes and for how long
- Who will provide the support
- When and where the support is to be provided
- How the money is to be managed – this could be through a direct payment (cash), services arranged by the Council, or a mixture of both.
- Any charges on the Individual Budget will also be known at this point

Alongside the support plan, there is also information, advice, guidance and signposting to services that we can give you to enable you to continue caring.

### **Will I be charged for being assessed?**

The assessment process is free.

### **How does the Fairer Charging Policy effect carers?**

There is separate guidance for the Fairer Charging leaflet. Please contact the carers centre to obtain a copy.

## **Useful Health Contacts**

### **National Health Service Carers Support**

South Birmingham PCT Carers Support  
West midlands rehabilitation centre  
91 Oak Tree Lane, Selly Oak. B29 6JA  
Tel: 0121 627 8122 or 8839

Birmingham East and North PCT Carers Support  
Waterloo Road, Yardley, B25 8AE  
Tel: 0121 765 5194

Heart of Birmingham PCT Carers Support  
Riverside Lodge  
160 Hob Moor Road  
Small Heath  
B10 9JH  
Tel: 0121 465 4150

### **National Carers Helpline**

The government also provided a national helpline for carers. This is available 8am until 9pm Monday to Friday. 11 until 4pm weekends and bank holidays.

Our telephone number is 0808 8020202

Our Website address is **[www.nhs.uk/carersdirect](http://www.nhs.uk/carersdirect)**

## **Useful Carer Specific Contacts**

### **Birmingham Carers Centre**

The Centre is a 'one-stop' shop for carers, and provides a wide range of useful information and activities. Centre staff can also **sign-post** you to a range of other support services. We provide

- advise and information services
- advocacy and debt advice
- how to register to be involved in a variety of activities
- social funds, grants, information about benefits
- Leaflets and folders on related issue including Individual budgets and Fairer Charging for Services.

We are based at **130 Colmore Row, B3 3AP** (close to the Council House)

Our telephone number is **0121 675 8000**. Fax Number is **0121 675 8160**

Our Website address is [www.birminghamcarerscentre.org.uk](http://www.birminghamcarerscentre.org.uk)

Our email address is [helpline@birminghamcarerscentre.org.uk](mailto:helpline@birminghamcarerscentre.org.uk)

### **Birmingham Carers Association**

Birmingham Carers Association is run by carers for and campaigns for improvements in the help and support available to Carers. For more information see contact details below:

We are based at **130 Colmore Row, B3 3AP** (close to the Council House)

Our telephone number is **0121 675 8176** Fax Number is **0121 675 8160**

Our Website address is [www.b-c-a.org.uk](http://www.b-c-a.org.uk)

Our email address is [bhamcarers@gmail.com](mailto:bhamcarers@gmail.com).

### **Carers UK - Birmingham Branch**

This is the local branch of the main national organisation who campaign on behalf of carers. The government regularly consults Carers UK to improve policy and services for carers

We are based at **130 Colmore Row, B3 3AP** (close to the Council House)

Our telephone number is **0121 681 6086** Fax Number is **0121 675 8160**

Our Website address is

Our email address is **TBA**

### **Carers Emergency Service for Carers (CERS)**

This is an emergency service for carers by providing a free back up service to ensure the person you care for is given support in case of an emergency for up to 48 hours. You will need to register with us for this service.

We are based at **130 Colmore Row, B3 3AP** (close to the Council House)

To register our telephone number is **0845 468 1338** Fax Number is **0121 675 8160**

Our website address is: [www.cers.org.uk](http://www.cers.org.uk)

Our email address is: [info@cers.org.uk](mailto:info@cers.org.uk)

## Other useful websites

[www.adultcareinbrum.co.uk](http://www.adultcareinbrum.co.uk)

This is a central point for all adult care information in Birmingham

[www.birminghamcarers.org.uk](http://www.birminghamcarers.org.uk) This is a local website with useful links

[www.carersuk.org](http://www.carersuk.org) This is the national organisation who campaign on behalf of carers.

## Where to find us

Map to the carers centre which is the location for

Birmingham carers centre, Birmingham Carers Association. Carers UK Birmingham Branch, Carers Emergency Response Service (CERs), Opening doors for carers service.



## Appendix 7 - Evaluation form feedback

Carer's Events Nos Attended	01/12/09	02/12/09	03/12/09	11/01/09			Totals
Carer's	35	47	43	3			128
Service Users	3	3	24	1			31
							<u>159</u>

Age	-40	40-65	65-75	75+			
Totals	9	40	15	6			70

Ethnicity	White	Mixed	Asian or Asian British	Black or Black British	Other	Prefer not to say	
Totals	44	1	12	8	2	3	70

Cared for profile	Mental Health	Learning Disability	Physical Disability	Older Adult	Younger Adult		
Totals	3	3	9	40	15		70

Area of Birmingham	North	Central	South	Not stated			
Totals	25	21	22	2			70

Appendix 7 (continued)

The service users and small carer's meeting attendance rates are identified below.

Service Users Meetings	10/12/09 SEARCH (OA & PD)	26/11/09 PD Reference Group	08/12/09 OA Reference Group	19/01/2010 Mental Health group	26/01/2010 Learning Disabilities Group	
---------------------------	------------------------------	--------------------------------	--------------------------------	-----------------------------------	---	--

Numbers attended	7	7	30	5	9	58
Carers Forum Meetings	09/11/09 Carers incorporated	13/01/10 Carers Partnership Board	18/01/10 Carers Incorporated			
	20	10	20			50

Three questions were asked of attendees as part of the evaluation together with an analysis of responses

- Q1) Did you feel you were able to contribute and were listened to? **82% agreed**
- Q2) Do you feel that the proposed scheme will meet cares needs? **73% agreed**
- Q3) Do you understand what choice and control means? **75% agreed.**

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## **Appendix 8 – Levels of support based on carers needs**

### **Aligning the approach to the Carers Commissioning Strategy 2006 -2011**

The carers commissioning strategy outlines the need to ensure services are targeted appropriately. The strategy talks about 'Re-focussing the Approach' and suggests that there are three levels of intervention:

- Universal Services
- Targeted Services
- Personalised services

The recommended approach for carers, following the FASBC review, focuses on ensuring that services are personalised for those carers who are providing high levels of support, and whose caring duties have a high impact on their life. Therefore aligning support for carers with the Individual Budget process delivers on what was set out within the commissioning strategy.

The consultation process also outlined that carers would like to be clear on what support was available to them and who can access it. Therefore we are now able to outline more clearly how we are meeting the needs of wide ranging carers through targeted approaches and commissioned services. Please see the diagram below.

The commissioning strategy is due to be revised in 2011, where we will ensure that our approach is even more robust in ensuring we target support appropriately to prevent carer breakdown and enable carers to continue in their caring role.

**Personalised Services**

These could be whatever is chosen by the carer and service user together.  
E.g. Respite, PA support, homecare, day care

**Personalised Support for those carers who are providing high levels of support and need help to continue to provide support**

These are carers caring for service users who are critical and substantial.

**Targeted Services**

Commissioned provision (through the LAA Carers Grant), e.g. dementia support

Targeted information and guidance provision, e.g. communities of interest provision

Fast Track Carers Grant

[Some open access. Signposted services, with restricted access or third party referral e.g. Carers Emergency Service]

**Targeted Support for carers who are providing moderate levels of support**

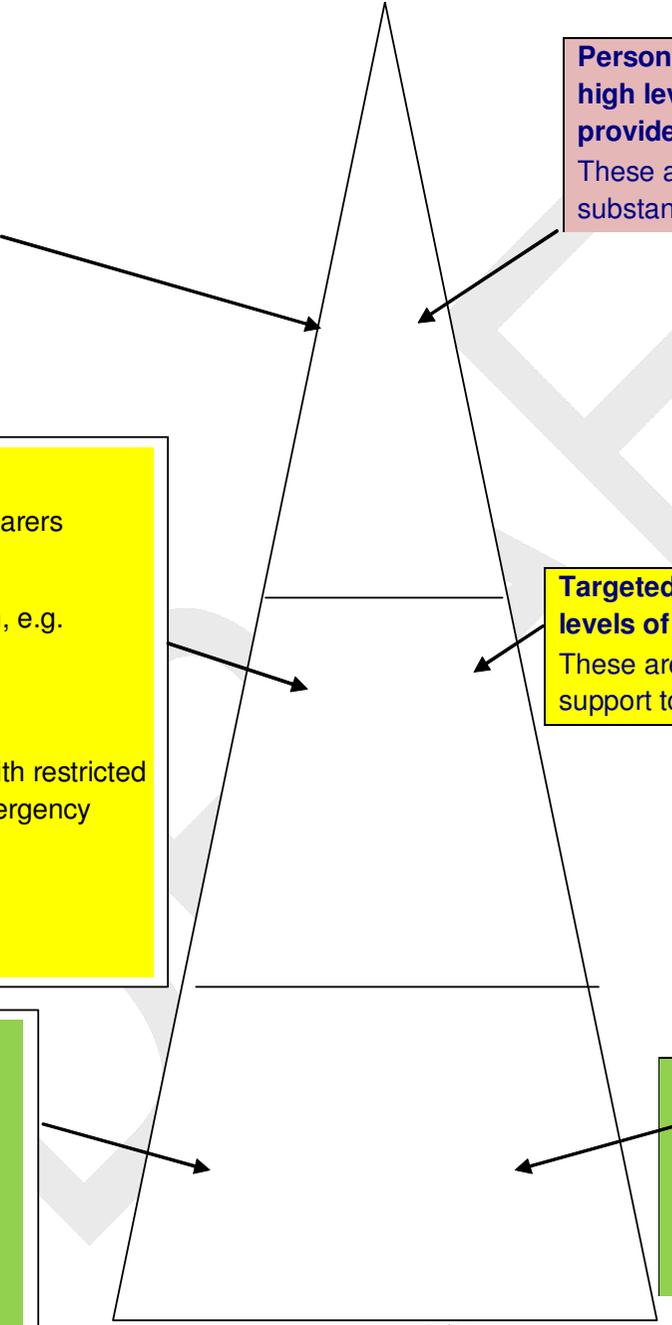
These are carers who are vulnerable and require specific support to enable them to continue in their caring role.

**Universal Services**

Community based services, including:  
Leisure, lifelong learning, employment, primary health care

**Services that promote independence and well being**

These are services accessible to all, both carers and serviced user, that help to maintain the carer's well-being, and promote independence



## Appendix 9 – Website Analysis

Analysis of questions – 84% agreed on the following questions

<b>Website analysis</b>	The needs of carers and adults they care for should be assessed together.	Care support plan needs should be planned together in one combined carer plan	Questions in the carers assessment "carers assessment" reasonable to understand	Questions in the carers assessment "carers assessment" would help to work out my social care needs	Questions in the service users assessment "My carer" reasonable to understand	Questions in the service users document "my carer" would help to work out my social care needs	The leaflet provides useful information
Strongly agree	5	5	2	3	1	1	3
Agree	1		2	2	4	4	3
Disagree	0	0	1	1	1	1	0
Strongly disagree	0	0	0	0	0	0	0
Do not have a view	0	1	1	0	0	0	0
<b>Totals</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>

### Analysis of profile

Age	40 –65	65+
	3	3
Ethnicity	White	Asian
	5	1
Gender	Female	Male
	3	3
Carer/ service user	Carer	S User
	3	2

\* One was neither

## Appendix 10 – Good practice principles

### Consultation with carers good practice principles

- Start and finish times to fit in with the needs and difficulties of carers and cared for person; started at 10.30am until 12.30pm then 2.00pm until 4.30pm
- Well planned timetable to facilitate knowledge sharing, participation and contributions; see agenda
- Choice of building with wheelchair access, hearing loops and room layout to ensure people were able to easily move within the room; the three venues were highly vetted by our Communications team to ensure this criteria was met, the facilitators re-organised each room to facilitate the latter.
- Contacting carer's who may not normally attend; through the use of posters, mailing low, moderate, critical and substantial carer impact groups and mailing carer groups in proportion with known carer profiles.
- Plan a run through of the event with all those involved; a planning session with the pack and facilitator notes on potential FAQ's was arranged two weeks before the events (18th November 2009).
- Facilitators were either qualified trainers or experienced facilitators.
- Be sensitive to cultural differences; ESOL interpreters were booked for 2 attendees and a BSL interpreter for a deaf service user and carer.
- Refreshments took account of specific dietary needs.
- Expenses including travel and care costs were paid to carers
- Taxis were booked and paid for those who required them.
- In addition
- Involving the carers control group to write the invitation letter in a style that would advocate higher attendance
- Venues were accessible by public transport and on a main road to ensure ease of access
- Employing an administrative assistant to ensure communication, event arrangements, advance information, packs, registers and logistics were organised to ensure events were successful
- A carers mailbox was established as a supplementary medium for correspondence

## Appendix 11

**1. “Prospective attendees at the proposed consultation events should be supplied in advance with the documentation they are invited to give their opinion on. The RGAC welcomed the assurance you gave to ensure that this will take place in order to enable people to consider the contents before attending the events. Obviously recipients should be encouraged to contribute their thoughts if they become unable to attend the events.”**

We adhered to this condition by mailing a confirmation letter to all who had expressed an interest with copies of all the documentation to allow consideration before the event

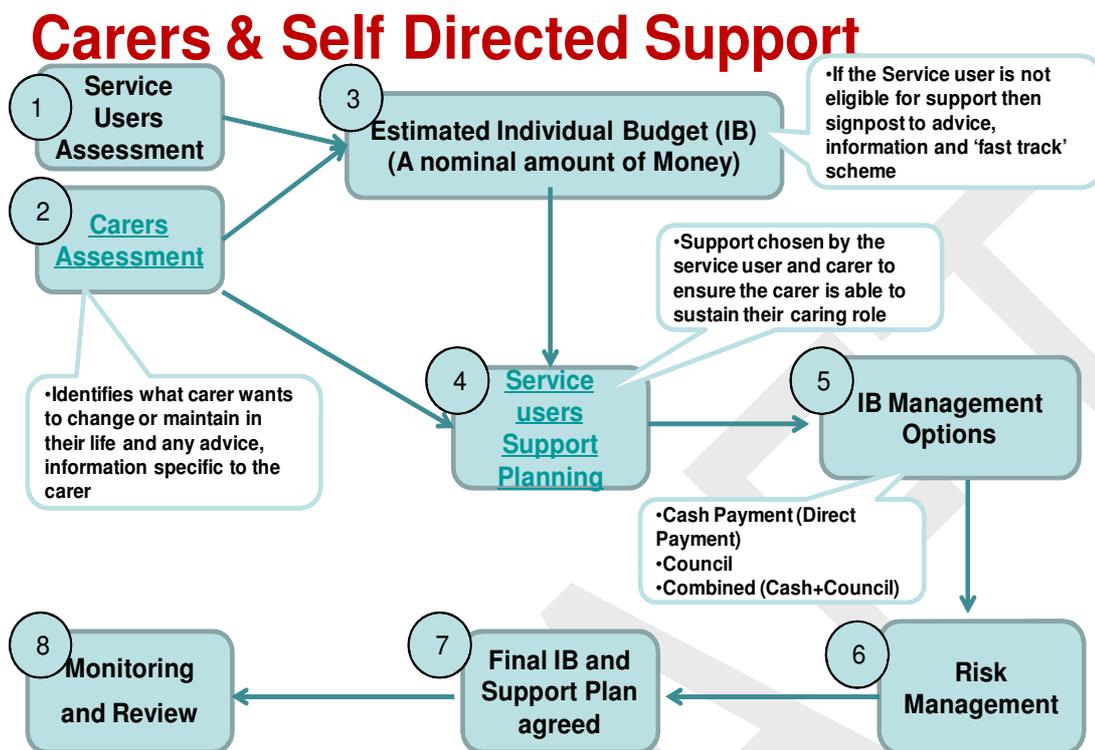
**2. “Given the ambitious timescale we strongly suggest that you keep open the possibility of further dialogue and engagement with interested carer’s and service users, especially to help consult precisely on perhaps small but difficult areas of concern that emerge in the broad consultation and information giving.”**

We adhered to this condition through:

- Large scale consultation events that were undertaken in December 2009 where carers and service users were consulted on the proposals,
- A final session in January 2010 that was undertaken to include any additional carers who had not been able to attend the December dates
- Attendance at specific forums for all profile service user disabled groups e.g. Learning disabilities, Older Adults, Mental Health disabilities and Physical disabilities
- Smaller carer led groups were consulted throughout the consultation timeframe
- Feedback and post consultation meetings with the carers focus group were used to shape the proposals into a workable and new way of delivering services to carers
- Stakeholders identified in the action plan (see Appendix 2) contributed to the proposed change to ensure it was acceptable
- A website page was established to facilitate both a broader scope for consultation and to allow carers and service users to reflect on the proposals and feedback. This was extended until mid February 2010.

## Appendix 12

The diagram and the descriptions below demonstrate the consultation model process:



### The proposal process

1. The level of care that the carer can continue to provide and the impact on the carer will be assessed through the service user assessment as a 'joint assessment' or joint consideration of needs
2. A carer can request a separate carer's assessment. This looks at the level of support the carer is providing and the impact on their life in more detail. The carer can choose to complete this assessment if they do not want to input directly into the service users assessment
3. An allocation of money is estimated initially, following the assessment of the service user's needs and the ability of the carer to continue caring. This is providing the service user is eligible based on whether they are assessed as critical and substantial under the FACS criteria.
4. The carer and the service user will then be able to plan their support together to ensure it meets both their needs and outcomes.  
The support chosen can be anything providing that it meets both the service user's needs and outcomes for both the service user and the carer.
5. The service user, with input from the carer (if agreed) can decide how they would like to manage the individual budget. This can either be taking the money as cash through a direct payment, get the council to arrange the services, or a combination of the both.
6. Enabling more choice and control over support means that greater risks may be taken. Therefore the social worker, alongside the carer and service user will look at how these risks can be managed.

7. The final amount of money will be agreed and the support plan will be signed off. The support plan will ensure that it meets the needs of the service user and carer. The carer can request a separate consideration at any stage. If the carer has an additional need not being met by the support plan, and this need does not involve arranging a service for the service user to enable the carer to take time away from their caring duties.
8. The support plan will then be reviewed annually– or more often if needed to ensure both the carer and the service user’s needs and outcomes are being met.

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**FASBC**

Q1) What are your likes and dislikes of FASBC?

<b>Likes of FASBC</b>
I really liked FASBC as I could spend it on anything e.g. pay for holidays with mum. I used my direct payment for a Saturday Club I could do with some help to pay for a friend to look after my daughter Used FASBC for driving lessons for my carer
<b>Dislikes of FASBC</b>
<u>Inequalities</u> The breaks were a let down, some carers got lots of breaks. I didn't get a break for 4 years You need to take some breaks from carers who get all the hours and give it to the carers who have none to make it fair <u>Inflexible</u> – no scope for a social workers judgement of the circumstances <u>Reduced allocations</u> compared to the previous system; in most LD cases a considerable reduction <u>Implementation issues</u> Poor explanation given by social workers We were not told what they were going to do The carer assessment was not explained to me I was assessed separately from the person I care for

## **Concerns about current provision**

Q2) Please note down any concerns you have currently in the way we are supporting carers. 10 that would be mitigated are selected.

Concerns	How the proposal mitigates these
The current assessment assumes that formal caring can and will be able to continue	The new My Carer section will specifically ask what impact caring has on you. The carer sections during joint consideration will ask your view on your ability to continue caring.
Carer's needs to be taken into account and regularly reviewed	The proposal will ensure the statutory requirements of yearly assessments is clear to staff.
Never had an assessment as a carer	The My Carer section in the service user's assessment will trigger a joint assessment.
When my mom was recently assessed the increase in help that was asked for was not provided	Under the new system your mother would get an individual budget that is sufficient to meet her needs
Individual budgets should be used for the benefit of the cared for person	The proposal will try to give services to the service user that meets both the carer and cared for persons needs e.g. not home care service at 6.30am if you don't sleep well
Training for social worker to interpret the rules	Training sessions for staff will be made available if the proposal is agreed
The previous assessments have not been holistic	This proposal will tackle this issue as the forms and process is prescriptive
I am unsure most of the time as to whom or where I should contact for help and support. I am also not being supported sufficiently as regards to bathroom adaptations for the person I care for.	When we discuss the leaflet we will ensure that it is amended to ensure you know where to go to for this kind of support.
What about lone parents	We will ensure this is reflected in the carers assessment
Carer in need of an assessment I am not aware of how to apply for fastrack	When we discuss the leaflet we will ensure that it is amended to ensure you know where to go to for this kind of support.

### **Q3 Positives of the consultation proposal**

What do you think are the positives and negatives of the consultation proposal (of joint consideration of need, holistic support planning and separate assessments for additional needs)?

There were 33 positive comments

People able to cater for individual requirements and more choices available
Freedom to meet own needs
Offers flexibility
Control of budget and choice to make decision
Offers control of budget, choice to make decision and quality of service
There will be a complete assessment for both carer and cared for
Good for certain services i.e. neighbours to sit in for emergencies and services given by non council services
IB will give more choice and flexibility if it works well
Trying to support both people at the same time e.g. service users is well supported then this reduces some of the burden on carers also like that the carer is considered for services at the same time.
Tailored to needs
Carers input valued in process
Get lump sum reviewed annually. Now aware of financial support.
Improves process in relation to time and looks at who in picture
Local differences in services which means wider choice outside of Birmingham
Offers choice
You do more of what you want
Tailored to your needs - she (the woman on the video) was able to choose how the money was spent

### **Q3 Positives of the consultation proposal (continued)**

What do you think are the positives and negatives of the consultation proposal (of joint consideration of need, holistic support planning and separate assessments for additional needs)?

There were 33 positive comments

Should give people choices?
Flexibility of spending where you want to spend it
Should give more choice
Not taking money from cared for to pay for carer is better for both
Look at whole picture could mean that it is more flexible
Combined - cash and council
Allows flexibility in how money is spent - individual needs
More freedom to meet own needs, more time for carers and carers own input valued
Personal choice and flexible
Better working together.
It saves time to consider needs together. Easier to work out one person at a time
Person needs to be aware of disabilities.
Best to have it all done together "in one."
Having it all together "mixing" means service user needs met.
Can be clear on service user needs for specific service user/carers needs
May provide a better trigger to access carers

## **Negatives of the proposal**

Q3. What do you think are the positives and negatives of the consultation proposal? (Joint consideration of need, holistic support planning and separate assessments for additional needs)?

There were 16 negative comments

Negative comments	Mitigations for negative comments
Five comments were received on paperwork and accounting e.g “Not everyone is able to cope with all the financial work”	The proposal allows the choice of a direct payment, all council arranged or 50:50 of each. Therefore you do not have to cope with the financial work
FASBC it needs to be communicated that it has ceased	This will be a recommendation to Cabinet
What if conflict and no mention of resources	If there is a conflict the social worker will facilitate negotiation. Resources will be allocated to meet your needs.
Open to abuse – needs closer monitoring	Although the reviews are yearly, you can ask for periodic reviews
Some people will find it hard to choose what to have	There will be clearer signposting plus website <a href="http://www.adultcareinbrum.co.uk">www.adultcareinbrum.co.uk</a> from which we can produce paper directories
Concerned that what happened with FASBC might happen again	This proposal has taken into account all of the lessons learned from FASBC to ensure that we do not have the same issues.
Assessments take too long	The new proposal will allow for joint consideration and if you choose this option than it should take less time
Solid backup is required if placing the onus on the carer	We agree and this is one of the reasons that we are undertaking this review, to establish a proposal that will reduce the burden

### Negatives of the proposal(continued)

Q3. What do you think are the positives and negatives of the consultation proposal? (Joint consideration of need, holistic support planning and separate assessments for additional needs)?

There were 16 negative comments

Support plan suggests that all support may not be agreed at the point of assessment is it a working document?	This has been considered since the events and the approach will be intervention levels in line with care needs and a two tiered system for access. See recommendations.
Needs to be easy to manage	The support plan will identify time away for you and if you have additional needs for service this will be on your support plan.
If you choose 100% support "same" service users have had a good experience.	There is a choice of the council providing these services, the support plan will be based on your needs so all service users should have a good experience.
Sounds impressive but this has often been the case in the past but compulsory, competitive tendering?	This will have no impact on how the Individual budget is spent - you have the choice of how you choose to spend it.

## Uncertainties of the proposal

Q3. What do you think are the positives and negatives of the consultation proposal? (Joint consideration of need, holistic support planning and separate assessments for additional needs)?

There were 10 uncertain comments

Uncertainly	Reassurance
Good to have change if it benefits	The assessment will be based on needs and support planning to meet outcomes of service users and carers. This together with specific carers' services should create the benefits you need.
There were <b>four</b> uncertainties in relation to budgetary pressures. e.g. if enough money and budgets not cut	The Individual Budget will be based on needs and adequate allocation of resources to meet them.
Loads of flexibility as far as council tax is concerned how much is actually mandatory in practice? Only help for most serious needs? Can budgets be cut?	We have to provide a service to people who meet our Fair Access to Care services (FACs) criteria. This would be services users with substantial or critical needs.
Suck it and see - proof of the pudding etc.	Accepted.
The paperwork seems complicated	We are working with you to ensure the paperwork is comprehensive but also as simple as possible.
Fear of change and too much change	Accepted but the change has been driven by service users "in-control" and challenges to FASBC
It looks good on paper - but my concern is, is it going to work in practice. We carer's keep hearing there isn't any funding and we do not have enough social workers	The needs that you identify will need to be met. There is a restructure being undertaken and social work resources will be considered as part of that.

## Carer's Forms

Q4. Do you think the new carer's self-assessment and the 'My Carer' section captures your needs?

There were 6 likes

Agreement statements included
It captures the information that it should do. Yes questions are relevant. Seems comprehensive It is good, looks at individual needs for carer Good it looks at needs of carer and service user together not as individuals Empowers carer's to be able to say they can't cope One to one assessments looking at individual needs for carer

**7 of the suggestions are listed here – all suggestions have been included**

Suggestions	How these can be addressed
Conditions are too complex to explain in one grid	Conditions or impact can be modified and made easier and will be extended into the separate carer's assessment
There should be a facility that carer's do not complete the My carer section as it interrupts the flow of the service users assessment	This will be built into the guidance for social workers. If this section is not completed then a separate carer's assessment is undertaken.
The carer's assessment looks great for new carer's, it's not robust enough for existing carer's	Social worker practice is to determine if a support plan is in place and your answers will be based on an existing or new carer situation, depending on your circumstances
Age and gender of carer and cared for	This will be included in the carers assessment
What about carer's who provide nursing care?	This is already in the service users assessment and we will also include this in the carer's assessment
Carer's MUST have the CHOICE of assessments at the same time or separately	The separate carer's assessment facilitates this. Yours answers will be included to facilitate joint support planning
There isn't a +99 hours (plus) on carer's assessment form	No, the standards and scope suggest 50 hours + and we will include this

## Carer's Forms (continued)

Q4. Do you think the new carer's self-assessment and the 'My Carer' section captures your needs?

5 Comments not related to the forms but how the new proposal will mitigate them

Comment not related to contents of forms and mitigations	
It could be if the social workers are well trained in assessing, and signposting	The proposal will have a comprehensive implementation plan to ensure staff are trained and clear on signposting
Carer's get used to doing all things for their loved ones and do not include all of the things they do for the service user	The facility for both needs to be considered during the assessment should prompt including all the things you do. In addition if you require privacy to expand there is the separate carer's assessment.
Some carer's are proud and do not want to admit they need help	The My Carer's section will act as a trigger to get carer's involved.
Presentation needs to explain "my carer" and carer assessment more clearly.	This was noted and the presentation amended to facilitate a better understanding
Shaping the market place how to feed into what is needed and what is not there	This will be fed into question 4 about what services could be available and shared with the relevant officers

## The Leaflet

Q5. What changes would you like to see to the leaflet? All suggestions have been included 8 of the main points are included below.

Changes
<p>Must mention carers emergency response service</p> <p>Just one leaflet and not lots (this was reiterated at service user groups)</p> <p>Those who are visually impaired need a different strategy</p> <p>Need email addresses and fax numbers for those who are deaf</p> <p>Information needs to be included in the leaflet regarding charging guidance</p> <p>The contents of leaflet should be in a user friendly language easy to understand.</p> <p>For partially sighted people the white on green writing is very hard to read. It should be black on white.</p> <p>Where useful contacts listed bullet points to explain what each organisation covers</p>
Outlets
<p>Job centres, GP surgeries, Libraries, schools, young carers, citizen advice bureau, supermarkets, neighbourhood offices, hospitals, third sector organisations, Faith groups, , citizen advice bureau, post offices, carer's centre</p>
Further signposting suggestions
<p>Accessibility - help lines. Need to know what is out there. Need to know what I can have</p> <p>How to get more specific information. Made simple, more information on support that is available.</p> <p>Didn't know how to access services</p> <p>Have been a carer for 13 years and didn't know where to start, am glad I came here today, have never seen a leaflet before Carer in need of an assessment – I am not aware how to apply for fastrack grant</p> <p>People that are already carer's know where to access the carers advice/support and information, what about new carers?</p> <p>Carer's need more information and we need it to be open and easily accessible – at the moment we have to be detectives</p> <p>How to contact A&amp;C and Telephone number How to get assessments</p>

## Community Based Services

Q6.What support would you like to see available in your community that you are currently unable to access?

Support that is available	How it is available
Carers who carry out tasks in care plan and hoisting, sliding sheets other tasks	Moving and handling training is available
Need a contact base to access a social worker - A local on call social worker and/or help line	There is a central Telephone number now for Older Peoples Access Service (OPAS) 303 1234. There is also an out of hours emergency response team
May not meet others in the same situation	The carers centre needs to be your main point of contact. They have activities and support groups for people in the same situation
What is available in community? To be told what we can access - list of day centre's, access to other carer's day centre's/meetings	<b>Carers Centre or <a href="http://www.adultcareinbrum.org.uk">www.adultcareinbrum.org.uk</a> site</b>
More information on support that is available	<b>Carers Centre or <a href="http://www.adultcareinbrum.org.uk">www.adultcareinbrum.org.uk</a> site</b>
There needs to be activities centres where service users can go and do interesting things and meet friends, a rest, chat and a coffee	<b>Carers Centre could advise on this, together with the leaflet, <a href="http://www.adultcareinbrum.org.uk">www.adultcareinbrum.org.uk</a> website. Third sector provision.</b>
Transport; to take to the centre to meet other service users/carer's,	Disability Living mobility Allowance or Individual budgets could be used for this
A list of registered trade people who carer's know who to contact	<b>Carers centre or <a href="http://www.adultcareinbrum.org.uk">www.adultcareinbrum.org.uk</a> site</b>
Need more social workers who are up to date	Simple information and signposting can be provided through the carer's centre
Support staff to update us with current information	The adultcareinbrum website can be sorted by local areas and support staff can provide paper versions

## Community Based Services (continued)

Comments relating to Commissioning and market place
<p>Little or no suitable community provision for Adults with learning disabilities apart from Day centres</p> <p>Advocacy Service</p> <p>Localised carer's' centres</p> <p>Free exercise on prescription</p> <p>GP's should keep a log of carer's and respite to ensure they are ok and keep a check on health of carer perhaps district nurse</p> <p>Extension to Carers emergency response service for planned breaks (CERS)</p>

### Equality issues

Q7. Do you think that the new process will disadvantage any particular groups of carer's?

The feedback was analysed into two categories – see below

Which groups	How to address
LD carer's to understand the process	Use of makaton or person centred planning
People suffering from stroke or groups with speech problems	Stroke Association support to identify needs
Individual groups with English as a 2nd language	Interpreting services Forms and guidance will be made available in different languages
People who are blind	Braille versions to be provided
Disadvantages to carer's with disabilities	Advocacy service support
Deaf people	Interpreting services