

Bristol City Council
Children and Young People's Services
Safeguarding and Specialist Services
Implementing the Integrated Children's System

Parent/Carer's Assessments?

Author: Mark Hamilton, PDM

Recommendations

1. Agree the undertaking of separate parent/carer's assessment for the parent/carer of a disabled child who meets the criteria for a service from children's services (ie. within and distinct from the child's core assessment process and record).
2. Agree that parent/carer's assessments are to be offered & undertaken by all CYPS staff when assessing a disabled child or if requested by a parent/carer of a disabled child.
3. Agree the recommendations of which level of carers needs will be met as explained in point * page 7. Approve, resource and realise the creation and addition of a relevant assessment section in PARIS to the Core Assessment record for the disabled child. This is to hold details of the parent/carer assessment (ie.identified needs and outcomes and resources required), and clearly linked to the care plan.
4. Approve and realise any necessary amendments to the Social Worker's checklist for the Core Assessment, social care procedure manual (The Source) and the drafting of suitable policy and procedure documentation as required.
6. Arrange and resource relevant briefing sessions for Team Managers and Bristol Parent Carers (parent participation programme local forum)
7. Support in principle the promotion of an integrated carer's assessment across other partners' services within the children's trust to ensure greater equity.

Summary

Following the implementation of the Bristol corporate Carers Strategy in 2008 which included an agreement to progress a priority identified for parent carer assessment, a project was instigated within CYPS for the development of an overarching whole family approach to carers, and a proposal to review parent carer assessment.

The local Parent Carer Conference and consultation event indicated at the time a preference for a separate parent carer assessment, which is for consideration within this paper, due to the impact that it may have on capacity and resources within CYPS under present circumstances. That an approach to deliver whole family holistic working practices is now emerging as the preferred option to deliver the best outcomes to a disabled child and parent carers, may indicate a preferred methodology in undertaking parent carer assessments.

Research for this paper, undertaken across available literature and with other local

authorities, suggests there is no common practice on this issue. The whole notion of parent/carer assessments, who does them and how they are resourced to meet identified needs and outcomes is very complex with practice and guidance often contradictory.

Policy

The report and guidance *Carers and their rights: the law relating to carers* (Carers UK, 2009) is taken to be the latest definitive and most comprehensive guidance and sets parent carer rights. In summary it indicates that:

'a carer is defined by reference to his or her caring role, in respect of an adult who may be entitled to services under the community care legislation or, of a disabled child, who may be entitled to services under the Children Act 1989.

There are three main acts covering the rights of carers:

- Carers (Recognition & Services) Act 1995
- Carers & Disabled Children Act 2000
- Carers (Equal Opportunities) Act 2004

Of the three Acts that deal directly with the needs of carers, the 1995 Act contains the core statutory responsibilities. It introduced the concept a 'carer's assessment'. The 2000 Act extended the rights of carers, to include the right to support services, and for these services to be made available by way of direct payments and 'vouchers'. The 2004 Act extended the obligations in relation to assessments. It introduced (1) a statutory obligation on social services to inform carers of their rights and (2) requires carers' assessments to consider whether the carer works or wishes to work and / or is undertaking, or wishes to undertake, education, training or any leisure activity.

Mark, please state is this a quote:

Whilst the views of all carers are relevant when social services or the NHS are making decisions about the needs of a disabled person, certain carers are entitled to additional assistance from social services departments. These are carers who '*provide or intend to provide a substantial amount of care on a regular basis*'. Such carers have a statutory right to a carer's assessment even if the person for whom they care is not eligible for services. Such carers can refuse an assessment – but even if they do so, the law requires that their 'ability to manage' their caring role must nevertheless be taken into account. Bristol HSC usually defines 'substantial' as over 35 hrs per week, meaning that all disabled parents automatically qualify. - *Mark please check this, do you mean all parents of disabled children?*

However, government guidance states that:

"In any given situation, the test that a practitioner should apply will relate to the impact of the caring role on the individual carer. In particular the practitioner will need to address the following questions:

- Is the caring role sustainable?*
- How great is the risk of the caring role becoming unsustainable?"*

Neither the 1995 nor the 2000 Acts includes a stipulation (found in social security benefit law), that the care provided to the disabled child must be 'substantially in excess of the

normal requirements of persons of his age'.

Mark, please move to an appendix or 'definitions':

There are some people who may be on the borderlines of the definition of 'disability', for instance children with hyperactive and attention deficit disorders or 'high functioning' autism or Asperger's syndrome. Such people do, however (if medically diagnosed as having such a condition), fall within the definition. In relation to children with ADHD / ADD, even if there is no such diagnosis, they can fall within the definition of a '*child in need*' if the impact of their impairment is sufficient to require support to them &/or the family.

The report states that in practice many local authorities have possibly unlawful policies which deny support to families caring for children with disorders such as ADHD or children with Asperger's syndrome who have average or above average IQs.

Not infrequently, a local authority will not be able to decide upon the extent of a carer's responsibilities without undertaking a carer's assessment. Where there is uncertainty an assessment should take place. The Local Ombudsman has been highly critical of local authorities that refused to undertake a carer's assessment (eg Complaint no. 02/C/08690 against Sheffield City Council 9th August 2004, and see also complaint no. 05/C/11921 (Trafford MBC) on 26 July 2007).

Consultation

Outcomes and proposals emerging from the Carer's Strategy consultation conference, priorities within the existing Carers Strategy (CYPS elements), Bristol Carers Voice meetings, now Bristol Parent Carers steering group and focus groups' priorities and conversations with managers of the Disabled Children's Service, have all contributed. Consultation was also undertaken with around 30 local authorities to ascertain how this work was managed.

Context

There is a legal duty to offer a carer's assessment, but there may be no obligation to do these entirely separately from the assessment of the disabled child within the family. Many other authorities undertake the assessment alongside (or the same time as) the family/child assessment with the Assessment Framework 2000.

Parent carers can then be assessed as part of that process because social care services will look at the needs of the family as a whole. This is often referred to as an 'holistic' assessment. Recent developments within Bristol's approach would tend to support that direction of practice development.

The assessment is a sensitive look at family strengths and difficulties as a whole, with a view to considering what support or services are needed.

An holistic assessment may meets all the needs of a parent/carer. If that is not the case, it is important to remember that parent carers can still ask for a separate assessment if they are providing care on a regular and substantial basis.

For Bristol CYPS it is proposed to combine parent carers' assessments within an holistic assessment of the disabled child in the family, promoting an holistic 'whole-family' approach to assessment of needs and provision to deliver improved outcomes. Advice from legal sections in other authorities supported the view that it was legitimate to take this approach. This assessment of the parent/carer would be clearly identified within the

holistic core assessment (and resolved with an IT solution to the current PARIS recording system for core assessments on disabled children).

Rather than use a specific assessment tool linked to adult services thresholds and access to support, as do some authorities, it is proposed to use the existing assessment framework format and make the framework requirements around assessing parental 'capacity' fit with the requirement to assess carers' health and wellbeing and ability to continue caring etc., as required in the carers' acts. Separate assessments, where they did occur, did not appear to be any more detailed. The exact style of the assessment template which will be added to the core assessment. See attached being used by duty in 2010.

In practice, it should be made clear that the child's assessment is a carers' assessment too, and how clearly services for the child and those for the parent are distinguished.

There is a big overlap with short breaks, where, although we class short breaks as a service for the child, they also meet the parents' needs: this is a recurrent tension and opportunity within the forthcoming Duty on local authorities to provide short breaks (Childcare Act 2006).

Extent of Needs to be Met

We need to be clear if we are to provide services 'solely' for the parents (Carers' guidance often suggests there may be a far wider set of provisions to be met) when assessed and identified as needs and resolved as opportunities for the carer to lead a more 'ordinary life'. 2004 Act of 'ordinary life' and seek to ensure that whatever support and/or short break arrangements are put in place that they are consistent with the notion of what such a life might look like.

Where there are disabled parents, a joint assessment should be done as per Parent's Protocol, taking into account both the disabled children's and disabled parent's needs (as carers), as well as disabled people in their own right. Such identified needs from both the child and the parent/carer can be recorded in the child's/family care plan (in the core assessment), and outcomes to be achieved can be identified, together with the potential resources to deliver them, and agreed by all.

Proposal

When a disabled child is being assessed and their carer requests an assessment, the process should be as follows:

- The information about the 'presenting needs' of the child should be gathered in the normal way.
- Before the assessor decides which of the child's various needs 'call for the provision' of social care services by the local authority, the carer should have their assessment.
- The carer's assessment analyses the sustainability of the caring role - primarily whether the carer is willing and able to carry on caring and/or providing the same level of care. The risks to sustainability can include health risks to the carer, their wishes to remain in work or return to work or undertake training, education or leisure activities and so on.
- Once the assessor has completed the carer's assessment, s/he will then be in a position to decide what services should be provided to the child and (if needs be) what services might be provided to the carer (ie services under the Carers and

Disabled Children's Act 2000 or the Children's Act 1989).

- The assessor should then draw up a care plan explaining how the disabled person's needs will be met and how the carer's needs will be met.
- While self-assessment forms can be used, they are only a preliminary measure, and are not the assessment itself. It must focus on outcomes. This means that the criteria should look to the future rather than the past – should be proactive rather than reactive. It means that a carer should not have to wait until there is a crisis before being offered assistance.

The law requires that assessments address two distinct questions.

1. The sustainability of the caring relationship
2. The assessment must specifically consider whether the carer
 - works or wishes to work; and
 - undertake, education, training or any leisure activity.

It is this area of identified needs that requires for the clarification about the extent of meeting these needs.

Mark to do further links with HSC and other areas on what needs, consider then short breaks are to be met and how this will be defined.

Other options considered

Other options considered during the consultation and discussion of this matter have included a stand alone parent/carer assessment with a separate PARIS record. This is not a preferred option due to the likelihood of requests for parent/carer assessments from people whose disabled children do not meet the criteria for a service and to avoid the creation of separate adult records within the children's recording system.

Risk assessment

The risk identified from not undertaking parent/carer assessments in any way is likely to lead to increased complaints, potential legal challenge with directions and penalties from adjudicating authorities.

Equalities impact assessment

Undertaking parent/carer assessments will ensure practice is compliant with existing carer's rights and child care legislation and equalities law.

Environmental impact assessment

No environmental impact issues have been identified.

Legal and resources implications

Section 2 Carers and Disabled Children Act 2000 enables social services departments to provide services to carers following a carer's assessment. This is understood to be a duty to assess and a power to provide. The Act does not define what is a carer's service other than to stipulate that a carer's service can be anything that could 'help the carer care for the person cared for'. In general a service to a carer under the 2000 Act cannot involve any intimate care of the person for whom they care (although there are exemptions to this). The guidance accompanying the Carers Acts give examples of the type of services that could be provided to carers.

The Combined Policy Guidance under the 2000 and 2004 Acts emphasises this point (at para 180) that 'a carer may be best supported through being given help with routine domestic chores rather than through additional community care services to the person they care for'. Social services tend to give such services low priority even if assessed as being needed by the disabled person rather than the carer. This approach is unlawful and has attracted robust criticism from the Ombudsman, who has held it to be maladministration for a council to have criteria which stipulate that no domestic assistance can be provided unless accompanied by a need for personal care.

Existing carer's legislation and equalities law indicates the obligation to undertake parent/carer assessments and therefore doing so would ensure compliance and decrease the likelihood of legal challenge. The existing council protocol on support for disabled parents and an emerging joint approach to assessment, planning and support is not affected by considerations to implement parent carer assessments for those caring for a disabled child within a family.

Appendices

Definitions - Mark H to add

Mark Hamilton July 2010

Person Details at time of viewing form	
Name:	DoB/Sex:
Address:	
Telephone:	

Header Details	
Date:	
Time Started:	Outcome:
Reason for Assessment:	
Team:	Reason for Date Change:
Carried Out by:	

People Contacted			
Contact	Date Contacted	Time Contacted	Comments

Additional Details	
Locality:	Religion:
Health Board:	Religion Status:
Electoral Area:	Nationality:
Culture:	Immigration:
Ethnicity:	How Assessed:
Ethnicity Details:	
Sexual Orientation How would you describe your sexual orientation?	

Associated People	
Contact Name	
Relationship	
Dob/Age/Sex	
Ethnicity	
Parental Responsibility?	

PR Reason	
Address	
Primary Contact	
Main Telephone	
Contact Name	
Relationship	
Dob/Age/Sex	
Ethnicity	
Parental Responsibility?	
PR Reason	
Address	
Primary Contact	
Main Telephone	
Contact Name	
Relationship	
Dob/Age/Sex	
Ethnicity	
Parental Responsibility?	
PR Reason	
Address	
Primary Contact	
Main Telephone	

Health and Mental Wellbeing

Personal Care

Important Domestic Tasks

--

Support Systems

--

Culture and Religion

--

Abuse or Neglect

--

Family Responsibilities

--

Choice and Control Over Immediate Environment

--

Involvement in Work or Education

Finance

Threat to Life

View of Service User

Invitation and Attendance

View of Carer(s) and/or Significant Other(s)

View of Service Provider(s)

Risk to Independence

HEALTH AND SAFETY - Select Level of Risk

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> CRITICAL
life is, or will be, threatened

serious abuse or neglect has or will occur

significant health problems have or will develop | <input type="checkbox"/> SUBSTANTIAL
abuse or neglect has occurred or will occur | <input type="checkbox"/> MODERATE | <input type="checkbox"/> LOW |
|---|--|--|-------------------------------------|

AUTONOMY - Select Level of Risk

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> CRITICAL
there is, or will be, little or no choice and control over vital aspects of the immediate environment

vital involvement in work, education or learning cannot or will not be sustained | <input type="checkbox"/> SUBSTANTIAL
there is, or will be, only partial choice and control over the immediate environment

involvement in many aspects of work, education or learning cannot or will not be sustained | <input type="checkbox"/> MODERATE
involvement in several aspects of work, education or learning cannot or will not be sustained | <input type="checkbox"/> LOW
involvement in one or two aspects of work, education or learning cannot or will not be sustained |
|---|---|---|---|

MANAGEMENT OF DAILY ROUTINES - Select Level of Risk

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> CRITICAL
there is, or will be, an inability to carry out vital personal care, or domestic routines | <input type="checkbox"/> SUBSTANTIAL
there is, or will be, an inability to carry out the majority of personal care or domestic routines | <input type="checkbox"/> MODERATE
there is, or will be, an inability to carry out several personal care or domestic routines | <input type="checkbox"/> LOW
there is, or will be, an inability to carry out one or two personal care or domestic routines |
|---|---|--|--|

INVOLVEMENT IN FAMILY AND WIDER COMMUNITY LIFE - Select Level of Risk

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> CRITICAL
vital social support systems and relationships cannot, or will not, be sustained

vital family and other | <input type="checkbox"/> SUBSTANTIAL
the majority of social support systems and relationships cannot, or will not, be sustained

the majority of family | <input type="checkbox"/> MODERATE
several social support systems and relationships cannot, or will not, be sustained

several family and | <input type="checkbox"/> LOW
one or two social support systems and relationships cannot, or will not, be sustained

one or two family or |
|--|---|--|--|

--

Identify manual handling equipment which is currently in use e.g. Hand rails, bath rails, stair lift and any other relevant manual handling hazard information

--

	Observed?	Description and Location	Action (if appropriate) indicate if hazard has been resolved	RA required?
Access/Premises				
Entry/Exit/Paths/Steps?				
Flooring - suitable for walking and use of equipment				
Lighting/heating - sufficient for safe working				
Hallway/stairway - changes in floor level which would affect manual handling equipment Pets/pests				
Obstructions e.g. Clutter, furniture, space restrictions for use of equipment				
Kitchen appliances				
Service User				
Mobility issues, physical or cognitive conditions that would effect movement and handling				
Behaviour issues/ violence/self neglect				
Risk to others				
Exploitation/abuse by others				
Driving				
Smoking				
Substance misuse/ sharps				
Infection control				
Other people visit household e.g. Aggressive family member, friend etc				
Noise pollution				
Service Provision				
Personal Care				
Shopping				

Laundry				
Transport of service user/ equipment				
Meal delivery				
Meal preparation and cooking				

NB: This is not a definitive list. Have all other considerations been made? Yes No	
Have you identified any hazards that require notification to your line manager for further assessment?	Yes No
Date Line Manager advised:	

<p>Health and Safety</p> <p>Have all relevant Health and Safety forms been completed</p> <p>Has a Hazard Indicator form been completed?</p> <p>Has a Corporate Risk Assessment been completed?</p> <p>If you have identified a hazard you need to consider whether it is appropriate to add the information to the corporate safety information system. If you need to refer to this to check if it is appropriate, you can find it on the intranet - go to BCC intranet and click on Corporate Safety Information System which is in the 'People' section</p>

<p>Actions</p>

<p>Authorisation Details</p> <p>Carried out by:</p> <p>Date:</p> <p>Outcome:</p> <p>Planned Review Date:</p> <p>Notes:</p>
