

CARERS GRANT 2008-2011

GUIDANCE

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Summary

1. The carers grant will be paid as part of the new Area Based Grant from April 2008. This is a new non-ringfenced general grant. As such local authorities are able to determine locally how best to spend the Grant in order to deliver local and national priorities in their areas. Local authorities, Voluntary Organisations and carers can identify the level of funding specifically allocated in recognition of the need for carer support in Area Based Grant on the CLG local government finance settlement website - <http://www.local.odpm.gov.uk/finance/0809/specgrant.htm>.
2. In 2008/09, the contribution to Area Based Grant for carer support will increase to £224 million. This contribution is intended to enable local authorities to continue to develop innovative and personalised outcomes reflecting the needs of their local carer population. It will rise to £240m in 2009/10 and £256m in £1010/11. These sums include £25m each year in recognition of the need to ensure councils have the means to provide emergency cover when carers are suddenly unable to care. This was first paid as a separate sum in October 2007.
3. The Area Based Grant will be paid as a non-ringfenced general grant. The contribution for carers support has been allocated using the following criteria: 20% has been allocated using the children's formula, to support parent carers and to ensure young carers do not take on an inappropriate caring role; 24% has been allocated using the adults' (18-64) Formula Spending Share (FSS) formula; and, 56% using the older people's FSS formula
4. The Area Based Grant will be paid under section 31 of the Local Government Act 2003. Local authorities will be paid in single monthly instalments from CLG, as outlined in the recently published Local Area Agreement Operational Guidance¹.
5. Whilst there are no conditions attached to the Carers Grant money for 2008/09, the CSCI Self Assessment Survey will continue to monitor the provision of services to support carers. The approach to carers set out in the Social Care Concordat 'Putting People First' should be reflected in the development of any services and policies. Therefore, the information in this guidance is important and councils should note well the contents of this circular.

¹ <http://www.communities.gov.uk/publications/localgovernment/laaoperationalguidance>

Background

6. The contribution to Area Based Grant for carer support forms part of the Government's strategy for carers, originally set out in *Caring about Carers* published in 1999. It has previously been used by councils to stimulate diversity and flexibility in provision of breaks for carers and/or direct services to carers to support them in their caring role.

Policy Intentions

7. The Government's objective is to build on the expertise achieved in commissioning carer support and encourage councils to continue developing personalised, innovative and high quality carers services in response to local needs. This should be done in partnership with carers, relevant voluntary organisations, the local NHS and other statutory agencies. In particular to:
 - set up systems to ensure carers can have immediate access to alternative support in an emergency or crisis situation. Examples of ways councils might achieve this are found at Annex A;
 - provide planned breaks for carers who provide substantial and regular care to a 'relevant adult' who lives at home. Examples of ways councils might achieve this are also found at Annex A;
 - provide planned breaks for disabled children and their families under part 3 of the Children Act 1989;
 - provide support such that young carers do not take on an inappropriate level of care
 - support children and young people (under 18) who are carers in having a break from caring;
 - fund voluntary organisations to provide breaks directly on the basis of their own assessments. Level of commissioning of voluntary organisations should be determined by local need and reflect stakeholders views.
 - facilitate carers networks and support groups
8. The definition of a breaks service can be found at Annex B.
9. In addition, councils may also seek to:
 - develop pragmatic, outcome focused approaches to the carers assessment, integrated with the development of the

Single Assessment Process and promotion of joint working with health services;

- focus on the needs of carers, which is often the most effective way to prevent loss of independence. In line with *Fair Access to Care Services*, local authorities should ensure no assumptions are made that caring roles can be sustained without assessment and the possibility of support for the carer. For further information *Quality Standards for Local Carer Support Services* was published by the Department of Health in February 2000;
- fund administration relating to local carers strategies and consultation with carers;
- agree a plan with stakeholders to ensure the grant is spent on locally agreed priorities;
- implement the provisions of the impact of the Carers (Equal Opportunities) Act 2004.

10. In addition to those services described, councils can develop other ways to respond imaginatively to requests for diversity in service provision for carers.

Carers' Services

11. It is recognised that the results of a carer's assessment will usually be the provision of community care services to the service user. Such community care services should be as flexible as possible and take the needs of both parties into account as far as possible.
12. Where sustainability of the carer's role is dependent on other factors local councils could choose to fund Carers and Disabled Children Act 2000 carers' services for carers. Examples might include driving lessons, moving and handling classes or a short holiday for the carer to enable them to have time to themselves.
13. Local authorities could also consider supporting carers' wellbeing through opportunities that might not involve a conventional breaks service. Examples might include funding courses to support carers to move on to new learning and/or work or volunteering opportunities. This might include help with confidence building and skills.
14. Local authorities must consider the Carers (Equal Opportunities) Act 2004 which came into force in April 2005. The Act seeks to give carers more choice and better opportunities to lead a more fulfilling life by ensuring that carers receive information about their

rights under the Carers and Disabled Children Act 2000. It also ensures that carers' assessments consider leisure, education, training and work activities, and provides for co-operation between local authorities and other bodies, including housing, education and health, in relation to the planning and provision of services that are relevant to carers.

15. In recognition of the need to work across health and social care boundaries councils could consider using some of the money to employ a carers' development worker. This would help to develop carers' services locally and in particular, links to the NHS. This could be done through a pooled budget arrangement, which would establish a firmer basis for partnership working. Recruitment to such a post should be done in consultation with local stakeholders.

Emergency Cover

16. This section of the guidance relates directly to the £25m made available to local authorities in England from 1 October 2007 which has been paid in addition to the Carers' Grant. This additional contribution to Area Based Grant has been allocated in recognition of the need for services to provide emergency cover for unpaid carers who, for reasons of an emergency or personal crisis are unable for a short period to continue to provide care. The policy was first signalled in *Our health, our care, our say* in January 2006 and formally announced as part of the New Deal for Carers on 21 February 2007.
17. There is considerable evidence that one of the factors that limited carers' freedom to have any life of their own was the worry about what would happen if they became ill or if they were involved in an accident. Many carers have told Carers UK they did not take unnecessary journeys and frequently missed out on attending family events because of the worry of not being able to get home on time, or of being caught up in an accident. They were worried that there would be no one to look after the person they cared for.
18. The policy intention is that short-term, home-based, emergency cover is established in each council to provide support in crisis or emergency situations. The outcome of the initiative is to provide reassurance and confidence for the carer that should anything happen to them to prevent them providing care at very short notice, then alternative care can be provided. Wherever possible, this should take place in the cared for person's home and cover the time the usual carer is unavailable or at least provide sufficient time to make alternative arrangements.
19. The guidance that follows sets out the principles which authorities may wish to take into account in building their emergency cover

provisions. It does not attempt to describe an ideal model since it will be up to each authority to establish that which best reflects the needs of the carers in their locality and fits in best with their own local service provision. However, there are four examples of good practice described below which serve to illustrate what an effective service model might look like.

20. This additional £25m was allocated in recognition of the pressures on local authorities to provide emergency cover for all carers, including parent carers and young carers. In the case of a parent who is temporarily unable to look after their disabled child, the grant may be used to provide alternative care for other children in the family during a crisis. In such circumstances the arrangements should aim at ensuring that the children remain together.

Definitions

21. As with planned support for carers, short breaks apply in the case of those providing substantial and regular care.

22. To some extent, local judgment will be needed to determine what constitutes an emergency. However, the following are clear examples of an emergency for which these provisions could apply:

- Carer's admission to hospital or other health needs which preclude him or her from continuing to provide care;
- Family emergency such as a close relative being taken ill and requiring help/attention;
- Real risk to the carer's employment on a particular occasion;
- Funeral of a close friend or relative

Core Principles

23. There should be clearly understood means of communicating with agencies in the event of an emergency of crisis. This might be a single phone number which the carer the cared for person or a health and social care professional can ring.

24. Consideration should be given to providing systems which clearly identifies when people are carers – e.g. cards which would include contact numbers in case of an emergency.

25. Planned care arrangements can be put in place at short notice which will last for at least 48 hours while longer term arrangements can be made if necessary (but emergency cover should be capable of being sustained until either the carer returns or where necessary longer term alternative arrangements can be put in place).

26. The carer, and where possible the care user, should be a full partner in the development of the care arrangement plans.
27. The care arrangement plans should be based on the needs of the carer and the person being cared for and be updated regularly, initially as part of the carers' assessment and subsequently at the review of that assessment. Assessments for emergency cover should include an assessment of risks.
28. The care arrangement plans should take account of the individual's needs as a whole including social and emotional needs as well as their medical needs, and in the case of children, their educational needs.
29. The care arrangement planning should involve all key agencies, including health and third sector partners and take account of the care that is currently being provided by those agencies.
30. Care arrangement plans should be held in a readily accessible format so that they can be put in place 24 hours a day, 7 days a week. The electronic social care record may be an appropriate place for these plans.
31. One set of contingencies may not be sufficient, particularly where the care arrangement plan involves the participation of friends and or relatives. In these circumstances it is suggested that there are three options available and the need for this is fully explained to the carer.
32. In developing the care arrangement plans for emergency cover, authorities should have regard to disability, culture, ethnicity, gender, sexuality and religious beliefs for the carers and of those for whom they care.
33. There should be no charge for the temporary cover.

Payment of the Area Based Grant

34. Communities and Local Government, as the agent for Area Based Grant, will issue a grant determination for the total Area Based Grant to be paid to local authorities. Individual authorities will then receive their payments of Area Based Grant in one single monthly payment from CLG.

Guidance and publications on carers' Issues

35. Further information, in particular, the combined Guidance on the Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004, is on the Department of Health website.

Enquiries

36. Any enquiries should be addressed to: Social Care Policy and Innovation,
Department of Health, Room 119 Wellington House, 133-155
Waterloo Road, LONDON SE1 8UG E-mail: SCPI-Enquiries
@dh.gsi.gov.uk

ANNEX A

Emergency Cover - Four examples of good practice

Sefton Carers Emergency Respite Team (CERT): Princess Royal Trust for Carers, Sefton Carers Centre

Sefton Council commissions Sefton Carers Centre to provide the Carers Emergency Respite Team. The service provides home-based respite support to carers in crisis or emergency situations for a period of up to 48 hours. During the 48 hour period the team can provide a series of 'pop in' calls or, if necessary, will arrange a total move in to support the person being cared for.

An important feature of the service is the advanced care planning which is carried out when a carer registers with the service, so that everyone in the team is clear about the individual's needs and support that would be required in an emergency. The care plan includes an exit strategy, which considers how support will continue to be provided beyond the 48 hour period if this is required. Typically, the exit strategy will include the carer's network of support, and if this is limited, the service links in with the local authority social services department.

The London Borough of Merton (Merton)

Merton provides a partnership-based solution to deliver an emergency response service. They commission Carers Support Merton, Mascott (telecare services) and Merton Crossroads – Caring for Carers, to provide the scheme.

Initial contact to the scheme is via Carers Support Merton who provide the carer's alert card. This process initiates the essential planning element required for any emergency response. The card is carried by the carer and gives the 24-hour telephone number run by Mascott. In an emergency anyone using the card can contact Mascott who keep the details of the person the carer has nominated to provide care for the cared for in this situation and contact them to alert them of the situation. The nominated person can be a relative, friend or neighbour.

However not all carers have a nominated carer or one that can attend immediately or for the whole time that the emergency exists. Merton Crossroads are therefore commissioned to provide care for the cared for in the short term during the emergency until more permanent arrangements can be made.

This short-term emergency home-based care is provided for periods up to 48hrs and during this time long-term arrangements can be developed if necessary.

Merton Crossroads provide an on call care support worker 24hours a day, seven days a week, who can in an emergency provide pop in calls, substantial care hours or a total move in for a period of 48 hours. The home-

based service is designed to either replace the carer in total or support the nominated person in their caring role. The service is an extension of the respite care service already provided by Merton Crossroads and supports carers who are unable to continue in their normal caring role due to sudden injury, illness or unplanned hospital admission.

The London Borough of Lewisham (Lewisham)

In Lewisham, the local authority and the Carers' Centre have worked in partnership to ensure that there is a comprehensive response to carers' needs both for urgent help and to deal with real emergencies.

All carers in touch with the centre are given a "Coping with Emergencies" leaflet which explains how they can get help in an emergency. There are 3 mechanisms available:

- An emergency card for carers who want to have one – this gives information about the carer and cared-for with contact details of relatives/friends who could help in an emergency.
- The Carers' Centre manages a pot of money (funded through the Carers' Grant) which staff can use flexibly to buy in occasional domiciliary care support for carers. Help can be provided at short notice where members of staff are aware of an urgent need for support.
- In emergency situations where neither of the above are applicable, the council responds by arranging appropriate care for the cared-for person – either in the home or through residential placements. This includes a responsive out of hours service – the Carers' Centre has helped raise awareness of carers' issues amongst emergency staff who receive calls.

Warwickshire County Council (WCC)

WCC has tendered out a combined emergency and planned respite service known as "In Your Place". The service is provided by Direct Health UK in the north of the county and Allied Healthcare in the south.

The emergency service can be in place within two hours and provides home-based cover for up to 72 hours. During this period the service provides a live-in support worker who aims to ensure that normal routines continue. Carers can register for the service which entails completing a comprehensive emergency care plan which includes details of the normal daily and weekly routines, visitors who may call, usual activities, pet care, etc. The service can be extended beyond 72 hours if necessary. Arrangements can be made to secure ongoing support as appropriate through direct links to WCC's Adult Social Care Teams.

The planned part of the service can be used as an alternative, or to complement, short-term residential provision. It typically provides support from 6-72 hours and has been helpful in enabling carers to access educational

courses, attend family functions, and generally take longer breaks without having to resort to residential care. An advantage of combining the two schemes is the greater level of familiarity which can be developed between the carer and cared for and the support staff which can be helpful in the event of an emergency.

Planned Support for Carers - Examples of Innovative Practice

Joint working between health and social care

Much research on carers' health shows the huge negative impact caring has on their health. Councils may wish to combine PCT funding with matched funding from the Area Based Grant and provide a practice nurse for carers who is based across a number of GP practices. GPs and health and social care professionals can all refer carers direct to the carers nurse.

A carers nurse can do much to alleviate the problems of poor physical and emotional health. They can play a role in the prevention of poor health by monitoring key indicators of health (blood pressure, weight, smoking habits, physical activity, diet and lifestyle) and arrange training for carers such as moving and handling and managing medication. Another important aspect is emotional support for carers and signposting to other agencies where this is necessary.

Extended/flexible opening hours

Extending the hours of opening of day centres at both ends of the day would enable carers who are in paid work to be able to benefit from the day centre opening before they go to work and remaining open until they return home. Clients attending these centres could have their breakfast where they arrive early and have a late tea where their carers arrange for their going home later. This service would ensure continuity of support since the clients would already be known to the staff.

Utilising existing communal spaces

Rural carers frequently have difficulty finding and accessing resources that give them a break. Existing resources, such as public houses, could host a group of cared for people which, along with a paid care worker, would enable them to have a change of scene, meet others and partake of activities whilst giving their carers a break.

Assistive technology

Carers who feel unable to go far from the home because of their caring responsibilities can benefit greatly from the use of assistive technology. Various pieces of equipment can be purchased as a carers' service which will enable them to spend some time out in the garden, or indeed a short distance from the home and still be contacted by the person they care for or alerted if their relative is in distress or difficulty.

Befriending Services

Some individuals would benefit from a group model where people with similar

needs are offered a befriender to supervise and support an activity chosen by the group whilst their carers take a break. In addition, the model identifies those people with specific needs who would also benefit from one to one support.

Carers Leads

Carers leads within assessment teams can ensure that all team members who carry out community care assessments can also assess carers. This approach can help to prioritise the carers agenda locally and give professionals the opportunity to gain knowledge and an expertise in the practice of assessing and supporting carers. Similarly, good practice can be disseminated and developed further by these staff.

ANNEX B

Definition of breaks services

A 'breaks service' is one which actually gives the carer a break from direct responsibility of supervising or caring for the relevant person by providing a service to that person.

A breaks service must always aim to provide a positive experience for the service user as well as a break for the carer.

Services provided in an emergency, such as when a carer is hospitalised, or simply to allow the carer to visit the doctor or dentist, should not be regarded as a breaks service but as a core element of supporting the cared for person and carer. Breaks should be about carers having some time for themselves.

Local councils are referred to the Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance available on the department of health website.

Young carers' breaks services

Where the carer is a child, a service which helps the child to take part in activities outside the home, so that they can truly benefit from such a break, is also a breaks service.

In line with existing guidance on young carers, breaks should be provided as part of a package of services that makes sure that:

- services are provided to parents to enhance their ability to fulfil their parenting responsibilities
- young carers are not expected to carry inappropriate levels of caring which may have an adverse impact on their development and life chances
- children do not take on similar levels of caring responsibilities to adults.

Voucher schemes

Guidance on voucher schemes is available on the Government web-site for carers (www.carers.gov.uk).