**Assessing Carers’ Support Needs**

**Resource A – Training Manual**

**January 2019**

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# Introduction

This training manual has been developed by the [Institute of Public Care](https://ipc.brookes.ac.uk/) (IPC) at Oxford Brookes University and was commissioned by [Social Care Wales](https://socialcare.wales/). It is one of a suite of four practice resources that have been written to assist practitioners to assess carers’ support needs.

The four resources are:

* **Resource A – Training Manual.** Guidance for trainers that provides information needed to run formal training sessions for practitioners.
* **Resource B – Training Slides.** A slide pack to assist trainers to develop training sessions.
* **Resource C – Practitioner Self-training Workbook.** A reflective workbook for practitioners, who have not received a formal training session, to read, reflect on and work through to improve their practice with carers.
* **Resource D – Practitioner Toolkit.** A number of practice tools in one place that practitioners can select and apply to practice in the context of reflection.

This training manual is designed for trainers, to guide them in training practitioners to carry out good quality carers’ assessments. More generally the manual aims to help trainers support practitioners in working *with* carers and families to get the very best support possible for them.

This table sets out how to use the four Assessing Carers’ Support Needs resources.

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| **Who** | **Resource to use?** |
| Trainers | **Resource A – Training Manual.** **Resource B – Training Slides.** **Resource D – Practitioner Toolkit.**  |
| Social workers and practitioners who carry out carers needs assessments  | **Resource C – Practitioner Self-training Workbook****Resource D – Practitioner Toolkit.\*** \*Note to practitioners – Please make sure you have read and worked through **Resource C – Practitioner Self-training Workbook** and/ or have had formal training set out in **Resource A – Training Manual** *before* applying the tools in practice set out in **Resource D**. |

This training manual (Resource A) can be used to assemble a pack of relevant learning materials for each participant to take away. There is a linked PowerPoint presentation (Resource B), which can be printed as a handout with space for learners to make notes. The linked PowerPoint presentation (Resource B) summarises the key learning points. However, this training manual provides the full PowerPoint presentation, from slide 3 onwards.

**Resource A** explores the context of carers, introduces applicable theory for social work with carers, collaborative communication, recording, and provides written and video resources to support training. Throughout, there are exercises that can be used for training and instructions, and suggestions are given for facilitation. Below is a key that is used throughout all four resources:

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|  |  |  |  |  |
| Link to video resource | Link to materials from other publications | Tools created by IPC for this resource[[1]](#footnote-1) | Reflective exercise | Case study |

The focus of ***all*** four resources in the suite is how assessments can be carried out in a way that promotes carers’ well-being, enabling them to support those they care for. Assessments are a real and powerful lever for not only improving carers and families lives but can also influence wider change.

## Carers’ engagement

Carers’ organisations across Wales helped with the development of the resources. They advised on the content and were also involved in the editing process. Practitioners were also asked to comment on the resource, so the key people who will use these resources, carers and families, and practitioners, have actively shaped them.

## Aims and learning outcomes

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| * This training explores assessing the needs of carers. By the end of the training you will:
	+ Understand the context for carers and the implications for carer support
	+ Explore the barriers to identifying carers
	+ Be clear about carers’ rights to assessment
	+ Reflect on the importance of using collaborative communication when working with carers
	+ Be aware of what needs to be recorded
	+ Understand outcomes and how to review progress
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Slide 2

# Carer context

## Definition

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| Carers – a definition*“A person who provides or intends to provide care for an adult or disabled child.”** An adult carer is a person who is aged 18 years old or over and a young carer is under 18 years old.
* If a person is caring via a contractual arrangement and/ or voluntary work they are not a carer under the Social Services and Well-being Act 2014.
* A person is not a carer if they are in prison, youth detention accommodation or have been convicted of an offense and residing in approved premises.
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Slides 3 and 4

**Facilitators’ notes**

Under the Social Services and Well-being (Wales) Act 2014 a carer is *"A person who provides or intends to provide care for an adult or disabled child."[[2]](#footnote-2)*

If a person is caring via a contractual arrangement and/ or voluntary work they are not a carer under the Social Services and Well-being Act (Wales) 2014. However, the local authority can ignore this and carry out a young carer’s need assessment if they think it would be appropriate [[3]](#footnote-3). A person is *not* a carer if they are in prison, youth detention accommodation or have been convicted of an offense and residing in approved premises.

A carer is **anyone** who provides or intends to care, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction requires support, from the carer to live their lives.

An adult carer is a person who is aged 18 years old or over and a young carer is under 18 years old.

## Adult carers

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| * There are at least 370,000 carers in Wales, but it is likely to be more because this figure is based on people self-declaring themselves as carers in the census.
* 60% of carers are aged 50+, 49% work and care, and there will be a *40% rise in the number carers by 2047.*
* Unpaid carers save the state the equivalent of £8.1 billion in Wales each year.
* Wales has the highest proportion – at 12% – of carers in the UK (more than in any one region of England), and the highest proportion of older carers and of carers providing more than 50 hours’ care a week.
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Slide 5

**Facilitators’ notes**

Families, carers and their immediate communities provide the foundation of care and support for people living at home who need support and are often (although not always) frail, sick, disabled or vulnerable. There are at least 370,000 carers in Wales, but it is likely to be more because this figure is based on people self-declaring themselves as carers in the census. 60% of carers are aged 50+, 49% work and care, and there will be a ***40% rise in the number carers by 2047****.* Unpaid carers save the state the equivalent of £8.1 billion in Wales each year[[4]](#footnote-4).

The Parliamentary Review of Health and Social Care in Wales has acknowledged the huge economic contribution that Wales’s 370,000 carers make to the Welsh health and care system[[5]](#footnote-5). Wales has the highest proportion – at 12% – of carers in the UK (more than in any one region of England), and the highest proportion of older carers and of carers providing more than 50 hours’ care a week.

## Young carers and young adult carers

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| * Estimates from the census show that there are:
	+ 7,500 young carers under 16 in Wales
	+ 21,000 young carers between 16-25 in Wales
	+ 30,000 carers under the age of 25 in Wales
* According to the 2011 census, *Wales has the highest proportion of carers under 18 in the UK.*
* Research suggests that the number of young carers aged under 16 is likely to be 4 times greater than the 7,500 figure because of under-reporting.
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Slide 6

**Facilitators’ notes**

Estimates from the census show that there are 7,500 young carers under 16 and 21,000 between 16-25 hence there are approximately 30,000 carers under the age of 25 in Wales. According to the 2011 census, ***Wales has the highest proportion of carers under 18 in the UK***. Research suggests that the number of young carers aged under 16 is likely to be four times greater than the 7,500 figure because of under-reporting. Young carers may not recognise that their role within the family is different to other children and young people, but they often carry significant physical and psychological burdens. Young carers often have little or no “me time” and can appear to lose their childhood. Young adult carers are four times more likely to drop out from Further Education (FE) and Higher Education (HE) and are two and a half times more likely to not be in employment, training or education. Young adult carers are less likely to be identified and supported than other carers and have higher rates of poor mental and physical health than the average young person.

## Policy

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| National priorities to improve the lives of carers* Supporting life alongside caring – all carers must have reasonable breaks from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring.
* Identifying and recognising carers – the need to improve carers’ recognition of their role and ensure they can access the necessary support.
* Providing information, advice and assistance – it is important that carers receive the appropriate information and advice where and when they need it.
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Slide 7

**Facilitators’ notes**

With carer representatives from health, local government, the third sector and carers themselves, Welsh Government has agreed three national priorities to improve the lives of carers. These priorities replace and build on previous work, such as the *Carers strategy for Wales (2013-2016)*.

* **Supporting life alongside caring –** All carers must have reasonable breaks from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring.
* **Identifying and recognising carers –** The need to improve carers’ recognition of their role and ensure they can access the necessary support.
* **Providing information, advice and assistance –** It is important that carers receive the appropriate information and advice where and when they need it.

The Wales Carers Alliance exists to promote the recognition and support of carers in Wales. The Alliance comprises national voluntary organisations in Wales, which have declared policies on carer support and seek to work together to work with the National Assembly for Wales, Welsh Government and other agencies to develop the legislative, policy, resource and service framework at national level to support carers in Wales.

The Alliance members of national voluntary organisations are committed to joint action:

* To improve the lives of all carers and not just the specific needs of the carers that they support through their individual organisations
* To discuss and, as far as possible, to define common policies on carer support. Where a consensus is established, Alliance members are committed to present and act upon agreed policy statements
* To act as a forum where carer issues can be discussed, and in particular, those issues that are pertinent to the work of national voluntary organisations in Wales
* To inform and lobby policy makers, planners and other key decision makers on agreed policy on carer issues
* To exchange ideas and information on the work of the member organisations
* To comment on, support or oppose proposals, papers and other documents offered for consultation
* To monitor the development and implementation of carer support policies nationally and, where possible, at local level.

To perform these functions, the Alliance meets at least four times a year for regular business, which includes discussion on specific issues, reports and the financial status and administration of the Alliance. Each Alliance member organisation pays a small fee towards the running costs of the Alliance.

## Life as a carer

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| * The scale of the caring role
* The skilled helper
* The hidden world of the carer
* Sense of loss
* Love and reward
* Mixed emotions
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Slide 8

**Facilitators’ notes**

There is a common reality for carers in terms of the tasks and roles they perform, the emotions they go through and the quality of life outcomes that they experience. Research with carers undertaken by the Institute of Public Care and the Tizard Centre (2017) identified the following common themes:

* **The Scale of the Caring Role:** Carers take on a vast range of tasks that cover every aspect of daily living. For many carers there isn’t much they don’t do either with or for the person they care for. The range of tasks and their complexity means that carers perform multiple roles for the person they care for.

For some carers the nature of their relationship with the person they care for is fundamentally changed by caring for them. It is important to remember that caring can take place in the context of relationships which may be positive, but this will not always be the case. Carers are generally linked to people by bonds of love, friendship and duty but they can also be bound by necessity, guilt and family pressure (Carers Wales, 2018). The shift in roles and the impact it can have on people’s relationships means that ‘being a carer’ affects every aspect of a carer’s life.

The scale of the caring role isn’t just the number of tasks carers are doing or the number of hours they care for. The scale of the caring role is related to the *range* of roles a carer does for the person they care for and the impact this has on the relationship. The enormity of the caring role, the complexity of the tasks involved and the emotional toll of wearing so many hats is exhausting.

* **The Skilled Helper:** The nature of the relationship between the carer and their loved one, means that the carer naturally becomes the skilled helper. This is because they tend to be the person who knows the person being cared for the best. They know the person’s likes, dislikes, what’s important to them, how they like to do things, etc. The knowledge they have about the person they care for makes them very skilled carers. Quite often in the eyes of the person being cared for and professionals the skilled helper is the preferred care option.

The role of the skilled helper can often take-over from everything else resulting in a loss of identity. Being the one skilled enough to help, demands availability at a moment’s notice. For many carers becoming the skilled helper means that they are very restricted in what they can do and when they can do it which results in a further loss of identity. In summary becoming the skilled helper is less of a choice and more of a default position that can result in the loss of other roles and a loss of identity.

* **The Hidden World of the Carer:** No one really knows what a carer does because most of it occurs behind closed doors, in the family home. Not only are the tasks a carer performs undertaken out of sight, but carers are often over-looked by professionals to the point that they feel invisible. This can mean that the feelings carers experience remain hidden because no one seems be able to really listen to or understand them:

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| *“It’s just such a dark world, you know, the carer’s world is such a dark world because people think they understand but actually until you’re put in that position day in, day out, they have no idea what it’s like to apply yourself in the same situation over and over again.”* |

This can result in the life of a carer becoming increasingly hidden as they isolate themselves more and more:

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| *“You isolate yourself because other people don’t understand.”* |

As the world of the carer becomes smaller and more isolating so can their feelings of desperation increase and there can be a loss of hope for the future:

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| *“…you can’t necessarily see an end point, it’s not like, oh well I’ve only got this for a couple of months and then it will all be okay.”* |

There are also particular ways that the lives of young carers can be affected:

* Missing school or not having time to do homework
* Not going to college or university because they feel they can’t leave home
* Not being able to have friends around
* Not having enough time to enjoy leisure and social activities
* Being bullied at school
* Feeling lonely and cut off from other children and young people
* Not having time to enjoy being young.

It is also important to remember that families are unique set-ups with their own norms, values, beliefs, expectations and way of doing things. Added to this complexity is that family members will also have their own unique way of seeing their family and will interact with the rest of their family in their own individual way. It follows then that not *every* person who provides a caring role, within their family, will *identify* as a carer and instead simply see themselves as a ‘mother’, ‘father’, ‘sister’ ‘brother’ or, ‘child’, etc.

* **Sense of Loss:**

Initial reactions of parents to the knowledge that their child has a developmental disability often include shock, disbelief, anger, denial and guilt. These emotions are reflected in the initial reactions of families to the knowledge that a loved one has been diagnosed with a long-term chronic condition or terminal illness. These feelings have been described as manifestations of grieving[[6]](#footnote-6). When working with parent carers, there is a balance to be struck between avoiding taking a position in relation to disability that is negative and encouraging parents to approach parenting their child positively without minimising the difficulties that they and their child face. Identifying both the factors which can create difficulties and the services and other support arrangements that alleviate the strain and unlock positive experiences is the key. For carers of people with dementia, MS, mental health conditions or survivors of stroke it is often the loss of the person they once knew, loss of the person’s potential, loss of the shared relationship or lifestyle they previously had. Carers also describe a loss of meaning in life due in part to the disconnection between how they expected and wanted life to be versus how it has turned out. This fits with the assumptive world theory model of grief that suggests we each have a life narrative, a personal world. Grieving can turn our personal world and assumptions of what would be in the future, upside down[[7]](#footnote-7).

This grieving process may be experienced as cyclic with symptoms of grief being reactivated with specific triggers and at key moments. Many parents of adult disabled children state this can occur at key transition points in their child’s life. The concept of ongoing grieving is something other carers also report, for example carers of people with Motor Neurone Disease describe it as: “*a series of losses”.*

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| *“You live with grief, you know and although that gets easier over time it’s always there because you’ve got to mourn the child that isn’t what they should of been or if it’s an acquired you know caring needs that you’ve got you know you mourn for the whole person that you’ve lost and that’s ongoing because you can’t put it to bed and say goodbye because they’re there with you every, every day of your life…”* |

* **Love and Reward:** Until recently, caring was thought to result in negative emotions only. However, recent research has started to recognise that caring is not only associated with negative consequences, but that carers also experience positive gains and emotions. Carers state that caring can increase their feelings of pride in their ability to meet challenges, improve their sense of self-worth, lead to greater closeness in relationships, and provide an enhanced sense of meaning about life and relationships.
* **Mixed Emotions:** It is clear from the research that carers feel a mix of emotions at any one time and live through positive and negative experiences on a regular basis.

*“It was not that they did not grieve the loss of the individual or relationship they once had, their focus had simply moved from thinking of what was lost, to cherishing what remained[[8]](#footnote-8).”*

*“The positive impact of a disabled child on family members occurs concurrently with, and is independent of, any negative impact[[9]](#footnote-9).”*

This fits with Lois Tonkin’s (2007) Circles Model of grief. Her model of grief suggests that the grief does not always diminish, that it can stay the same forever. The loss becomes part of who the person is, but they also grow round their grief, finding new strength of character, understanding and self-esteem[[10]](#footnote-10).

The available evidence suggests that caring has different effects on different people, and there is variability in the type and intensity of positive and negative emotions experienced by carers.

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| **Video resource** |
| For more information about carers (including young carers and young adult carers) and a PowerPoint with video clips about how carers feel, [click here](https://socialcare.wales/hub/hub-resource-sub-categories/young-carers-and-young-adult-carers). |

## Carer journey

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| **The carer journey**Ending and moving onDoing itAdopting the roleDawning realisationStruggling with itAdapting it |

Slide 9

**Facilitators’ notes**

Coming to terms with a caring role can be a long and painful process that requires a huge emotional adjustment. There is a need for a ***detailed understanding of the way caring changes over time, in order that services can provide the appropriate support at the most appropriate time****.*There are a few models that attempt to describe a carer’s journey (Prussell, 1994; Cavaye, 2006). The one above is based on Cavaye’s model that originally had nine steps but for the purposes of this toolkit the journey has been condensed into six steps[[11]](#footnote-11).

This model reflects the evolutionary process of family caregiving. Some stages overlap with each other and the time taken to reach a specific stage varies depending on individual circumstances. Similarly, the time spent in any one stage varies, and in some cases, carers may bypass a particular stage altogether. It is also important to remember that the mix of positive and negative emotions at every stage will vary for every carer.

* Dawning realisation refers to the process by which carers gradually become aware of how the caring role either is or is going to impact on their own lives. For some this happens gradually and in sync with a gradual increasing awareness of their relative that they need support. For others, whose caring role may begin very suddenly, dawning realisation tends to happen after an initial period of shock.
* Adopting the carer role refers to the carer’s approach to the caring role depending upon how willing and able they are to undertake the variety of tasks that the role encompasses. This is the point at which carers often need good support to help them talk through what aspects of the carer role they do feel willing and able to do, and which aspects they don’t.
* In many cases carers at the start of the doing it stage are often unsupported by formal service provision and are often hidden from service providers. This is because even when carers acknowledge a need for assistance they do not necessarily want to perceive themselves, or be perceived as someone who needed, sought and received assistance. During this stage carers often become competent and proficient in caring for their family member because they are doing it, largely alone.
* Struggling with it captures the ebb and flow in carers’ perceptions of whether they are coping or not coping with the demands of caring. It is often during this stage that carers finally seek assistance and attempt to access support, often prompted by a crisis of some sort.
* Adapting it reflects the stage in which carers once again adapt their own roles and behaviours to meet the needs of the person they are caring for thus allowing them to continue caring. It should be noted that carers can go around the cycle of doing it, struggling with it, adapting it for some time, possibly years.
* Ending and moving on refers to the stage when carers, for whatever reasons, are no longer providing care. In this final stage of the carer journey, carers experience a mixture of emotions. Feelings of sadness are often tinged with relief but interspersed with guilt at feeling relieved. Others experience overwhelming grief, and for many, the end of caregiving leaves a huge void in their life that they struggle to move on from.

## Implications for carer support

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| **Implications for carer support[[12]](#footnote-12)** |

Slide 10

**Facilitators’ notes**

The support carers say they need is varied and diverse and reflects the range and diversity of the caring role and the people who perform it. Every carer, their relationship with the care recipient and their situation is *entirely* unique. However, recurring themes raised by all carers relate to:

* Rights to be seen, listened to, heard, understood and respected by all
* The need for a good and meaningful assessment
* Adequate information
* The lack of provision of suitable respite care
* The negative impact of caring on work and finances[[13]](#footnote-13).

Evidence shows that good practice in relation to commissioning (at a practitioner and strategic level) can reduce admissions to hospitals and residential care, and delayed transfers of care[[14]](#footnote-14). It can also reduce carers’ needs to access primary care and improve both carers’ health and the health of the people they care for[[15]](#footnote-15).

In a time of austerity, smart practitioners will pay close attention to carers, exploring how to sustain caring roles by providing access to support that minimises the burden and maximises the well-being of this population. IPC and the University of Kent have worked with carers and carer centres to develop a Carers Model of Support.

* **Support to navigate the ever-changing relationship with the person they care for**.

The caring role is time consuming and exhausting. The nature of the tasks and roles a carer must play and the need to be on permanent standby can be overwhelming. This coupled with any behaviour issues can result in a poor relationship between the carer and the person they care for. As time goes on, the nature of the relationship between the carer and the care recipient can also change or may need to change. Navigating these changes for any carer can be tricky as there are often battles with the care recipient along the way. *Carers are often left with feelings of resentment and dislike alongside feelings of love, guilt and sometimes even despair which all affect the emotional well-being of the carer.*

* **Support to manage and cope with the condition(s) the care recipient has and the symptoms they display**.

Different conditions result in different symptoms, behaviours and complexities. Different carers will cope with different symptoms, behaviours and complexities to lesser or greater degrees depending on their context, family dynamics and individual personalities. *Learning what the symptoms, behaviours and complexities are likely to be and potential ways of managing them can be a useful way for carers to increase their ability to cope.*

* **Support to maintain other roles and their sense of identity past that of carer.**

The overwhelming nature of the caring role and the time it often takes means that many carers have to stop doing other activities. This means that the roles they engage in outside of caring reduce. The more their world shrinks, the more isolated they become and the more roles they give up the harder it is to hold on to their own sense of identity past that of carer. Losing other identities is one of the key reasons for reduced emotional well-being. *Enabling carers to engage in roles outside of their carer role is therefore one of the key ingredients to maintaining their well-being and ability to cope****.***

* **Empowered to have equal relationships with professionals**

If carers do not feel listened to or involved in the decision making this can have a negative impact on their resilience and ability to cope with the caring role. Definitions of resilience highlight the fact that resilience is not a personal characteristic. The ability to navigate one’s way to resources and support that helps, and the willingness of organisations to provide such help and resources, has a major impact on a carer’s well-being and ability to cope. *When carers do not get access to the things that they state will help, their well-being and ability to cope is undermined.*

* **Support to navigate and manage the changing dynamics with family and friends.**

Caring for a family member can put many pressures on family dynamics. The wider family can be a source of support ***or*** stress as can friends. In many cases carers increasingly isolate themselves particularly at times of stress if they do not have family and friends who listen to them, accept their emotions and their opinion of what will make a difference and are willing to help facilitate this. *How supportive a carers’ family and friends network is, will impact on the carer’s emotional well-being and ability to cope.*

* **Support to ensure the community they live, work and socialise in does not discriminate against them.**

Carers want a community that facilitates access to the things they need to keep caring. A community that values their expertise as a carer and recognises that they are often the person who knows the care recipient best. A community that sees them as a person beyond their caring role and supports them in a holistic way to engage in a life that is meaningful to them. A community that supports them to adapt to their ever-changing relationship with the person they care for. *Creating such communities requires investment in raising the awareness of the issues and challenges carers face.*

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| **Support example: Contact ‘Brighter Beginnings’** Brighter Beginnings is Contact’s programme of early years’ workshops and supports families of young disabled children through dedicated advice, information and resources. It seeks to build parents’ skills, knowledge and support networks, to ensure that more families are able to focus on what’s most important – being together and growing as a family. Funded initially by a philanthropic donation, Contact launched the testing and pilot phase for what has become Brighter Beginnings in September 2016. The Development Officer & Parent Advisor worked with families in Wales and the North West of England, to develop and pilot this new series of workshops dedicated to the particular challenges and opportunities of disabled children aged 09. The workshops were developed by Contact and an internal working group of Contact’s parent advisers across the country. Workshops have now been delivered across Wales and all English regions. The project has evolved since its inception, and now comprises of a set programme of six workshops that cover the following topics:* a welcome session and introduction to sources of support
* understanding sleep
* building parental confidence
* encouraging positive behaviour
* money matters
* support for you.

It has become clear that families benefit hugely from the additional information, trust and networks they build up by attending a series of meetings with the same group of parents. One example is two mums who over the course of the sessions both acknowledged their guilt at not leaving abusive relationships while pregnant and their fears that this had contributed to their child’s condition. The relief both mums felt at sharing their fears, knowing they weren’t alone and being reassured by Contact’s parent adviser was invaluable and may not have been achieved without the opportunity to build trusting relationships by attending a number of sessions rather than one off events.Ongoing support, advice and information is available after the workshop series has ended via Contact’s Freephone Helpline, online guides and factsheets, and a Helpful Guide which provides ongoing advice and signposting to families with disabled children. In addition, Contact encourage parents who have built relationships during the course to maintain contact with each other. This can include establishing new peer support groups in the area.  |

# Identifying carers

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| * [Film](https://www.youtube.com/watch?v=PucZMauWmMo) – Muhammed, a gentleman talking about his role as a carer and how long he was a carer before identifying himself as one.
* [Film](http://www.tide.uk.net/join_tide/experiences-stories/rachaels-reflections-story/) – A young carer talking about her Nan with dementia who she cared for without realising she was a young carer.
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Slides 11 and 12

**Facilitators’ notes**

Part of the challenge of identifying carers is that they don’t always identify with the label carer and often go through a period of ‘dawning realisation’. Without exception, carers can recall the events which lead to them becoming a carer. This stage is characterised by carers’ realisation that their relative is unable to do things for themselves and needs more help than usual. This realisation can happen either suddenly or gradually depending on the nature of events leading up to the dawning realisation.

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| **Video resource** |
| This [film](https://www.youtube.com/watch?v=PucZMauWmMo) shows Muhammed, a gentleman talking about his role as a carer. From Carers Leeds, it illustrates how long he was a carer before identifying himself as one and the amount of care he carried out and still carries out for his family. |

The transition between dawning realisation and adopting the role involves carers experiencing a fundamental change in their relationship. Sometimes this involves a reversal of roles such as children caring for parents. In other cases, there is a shift towards a less equal partnership for example spousal carers needing to make decisions on their own, pick up the majority of the household chores and undertake the caring tasks.

Most carers state that the transition from dawning realisation to adopting the role is not a choice but a default position they find themselves in. Even carers who do access services at this stage do not find themselves in a position where they are no longer a carer. Some of the caring tasks may be undertaken by others (most typically personal care tasks) but the scale of the caring role means that carers continue to undertake many caring tasks and continue to play many roles for the care recipient. Carers report that ending their caring role at this stage would require them to end the relationship. The bonds of love, friendship and duty mean that few carers choose to do this.

Some carers will also remain hidden because of a sense of shame and a wish to keep their business private. This has shown to be particularly true in relation to older carers (those over 80 years old) looking after a spouse or partner, BME carers, LGBT+ carers and carers of people with dementia or mental health issues[[16]](#footnote-16).

Some communities do not recognise the term ‘carer’ which can make identifying carers particularly difficult[[17]](#footnote-17). Furthermore, some people might think, because others may do more caring, that their role doesn’t count.

Young carers can often remain ‘under the radar’ from official agencies as many young carers come from hidden and marginalised groups, including children caring for family members with mental illness or a substance dependency[[18]](#footnote-18). They remain hidden for reasons associated with family loyalty, shame and stigma, fear of bullying and not knowing who may be able to help them or offer them support.

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| **Video resources** |
| This [film](http://www.tide.uk.net/join_tide/experiences-stories/rachaels-reflections-story/) is on a young carer talking about her Nan with dementia who she cared for without realising she was a young carer.In this [film](https://www.youtube.com/watch?v=gAQ9k58fGLg), a group of young carers are in a choir singing about being young carers behind closed doors. |

Local authorities *must* take “reasonable steps” to identify carers in their area and find out if they have needs for support but it is clear to see that identification of carers is a real issue for local authorities and their partners. Recent statistics reveal that it takes a significant time for people to identify as carers, for example, in Wales 55% of carers took more than a year to see themselves as a carer and another 24% took five years. Moreover, carers in rural areas in Wales have specific problems with social isolation, poverty, lack of transport and inaccessibility which makes it more difficult to identify and support people who may need help with their caring roles[[19]](#footnote-19).

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| **Toolkit – page 5** |
| Adult Carer Identification Resources |

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| **Toolkit – page 5** |
| Young Carer Identification Tool[[20]](#footnote-20) |

# Carers’ rights to assessment

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| * Local councils must offer an assessment to any carer where it appears to the authority that the carer may have needs for support.
* The duty to assess a carer’s needs is irrespective of the level of support the carer needs or the financial resources they have or the financial resources of the person needing care.
* The carers’ needs assessment must include an assessment of the extent to which the carer is able and willing to provide (and continue providing) the care.
* The assessment must consider the outcomes the carer wishes to achieve.
* If a child is a carer the assessment has to assess the outcomes that the people with parenting responsibility for the child carer wish to achieve for the child.
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Slides 13, 14 and 15

**Facilitators’ notes**

Local councils now **must offer** an assessment to any carer where it appears to the authority that the carer may have needs for support. The duty to assess a carer’s needs is irrespective of the level of support the carer needs or the financial resources they have or the financial resources of the person needing care.

This is important, as previously a carer could only request a carer’s assessment. This change under the Social Services and Well-being (Wales) Act 2014 requires practitioners to be mindful and be aware of those individuals that maybe providing care but might not see themselves as a carer.

The carers’ needs assessment must include an assessment of the extent to which the carer is **able and willing** to not only provide the care but also to continue to provide the care. There should be no assumption that a carer is able or willing to care, a carers’ assessment explores this with the *carer* as part of the assessment process

The carers’ needs assessment must consider the outcomes the carer wishes to achieve for themselves. If a child is a carer the assessment has to assess the outcomes that the people with parenting responsibility for the child carer wish to achieve for the child. *The local authority must involve the carer and where feasible the person for whom the carer provides or intends to provide care in the assessment[[21]](#footnote-21).*

A carers’ needs assessment must also consider whether the carer works or wishes to work and whether they wish to participate in education, training or leisure. Carers have a right to live full lives, where their well-being is promoted, and personal outcomes achieved. For children carers an assessment must regard their developmental needs and the extent to which it is appropriate to them to provide care*. This should lead to consideration by the local authority of whether a child carer is actually a child with care and support needs in his or her own right and who therefore should be assessed under section 21 of the Act[[22]](#footnote-22)*

A carers’ needs assessment for young carers between 16 and 25 must include and take into account any current or future transitions the carer may make in further and/ or higher education, employment and training. Also, to have due regard to what they may wish to participate in so that they have equal opportunities with their non-carer peers to lead full lives.

An assessment is a *process* that establishes, with the carer and relevant others (such as possibly their family and/or advocates) their needs for support, how their well-being can be promoted, and outcomes met. It is usually face-to-face and depending on the situation and individuals involved may take place over a number of visits of time. The assessment form is a *product* of this process. The assessment form should result in an agreed understanding of what the situation is and how well-being can be promoted. Furthermore, a carers’ needs assessment should start from the presumption that an adult is the best placed to judge their own well-being[[23]](#footnote-23).

A carers’ needs assessment starts from the first conversation with a carer and spans across all conversations to establish how well-being can be promoted. If a carer’s needs are deemed eligible they will have a support plan put in place that sets out how their well-being will be promoted as a carer.

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| *Assessment looks at what I can do, and what I can do with the help of friends and family, then arranges support for me to do what I can’t. If the assessment confirms I have ‘eligible needs’, I am entitled to my own support plan which sets out what the local authority will do to meet my needs[[24]](#footnote-24).* |

## A note about young carers

Young carers should be protected and prevented from inappropriate and excessive caring by the local authority so that they are enabled to fulfil their potential. Early identification and access to support is crucial in preventing caring roles that can have significant and long term negative implications on a young person’s life. The care and support needs of the person being cared for must be adequately met to enable young carers to participate in education, training, and employment so that they are enabled to fulfil their potential.

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| **Toolkit**  |
| Right to assessment resource. See [Social Services and Well-being (Wales) Act 2014 Part 3 Code of Practice (assessing the needs of individuals)](https://gov.wales/docs/dhss/publications/151218part3en.pdf) |

## Helping carers to prepare

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| **Helping carers to prepare – what should they know prior to an assessment visit*** What an assessment is and the principles of a what matters conversation
* Understand and reflect on the well-being areas for adults/children and apply them in their own lives. How their caring roles and responsibilities are impacting on these areas in their lives
* Know the practicalities of assessment such as timescales/formats, etc.
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Slide 16

**Facilitators’ notes**

It’s good practice to help carers prepare for an assessment. When we talked with carers and carer organisations, as part of the engagement for this toolkit, this was discussed on many occasions. Carers were often overwhelmed when it came to assessment visits and it was felt that they needed more access to information and advice about what a carer’s assessment is, what it entails and how they can reflect and plan for the meetings themselves to maximise its usefulness. Councils may also wish to consider that some carers respond negatively to the word ‘assessment’ because for them the word has scary or simply onerous connotations. It is important to be mindful of this when communicating to carers, for example explaining that an assessment is about *‘talking to you see how things are going and how we might be able to support you in your caring role’.*

If an assessment is going to be effective it has to be an opportunity to be genuinely listened to and to mutually explore possible options and solutions to current issues. If practitioners and carers are to genuinely collaborate and work together the carer must be supported and encourage to prepare for the meeting.

For practitioners, it is important to think about how they can facilitate this knowledge for carers prior to an assessment visit. For example, communicating what a carer’s needs assessment is and the principles that underpin the conversation – ‘a what matters conversation’. This could be achieved through a ‘heads-up’ phone call prior to a visit or some information compiled for the carer, so they can reflect and prepare for the visit.

Importantly, helping carers prepare for a carer’s needs assessment visit can also be facilitated by helping the carers *reflect.* Asking the carers to think about themselves and their situation prior to a visit through giving them some reflective prompts can be very helpful.

Whether you are working with a young carer or adult carers the practitioner should convey the message that *“It would be really helpful for you to think about how caring is impacting on your life and impacting on your well-being.”* The success of a conversation will be in how the ***well-being goals*** for young carers and adult carers are made understandable to them in ***their own lives****.* For example: the well-being goal for children ‘education, training, recreation’ would translate to school/ college or hobbies.

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| **Toolkit – page 7** |
| Helping Carers Prepare Resource |

It might be that teams/local authorities could develop their own checklists. Good practice suggest examples should be clear, be appropriate for young carers and adult carers, be in different mediums for disabled people, as relevant, and translations should be available. The following areas should be covered:

* Practitioner/local authority duties to promote well-being
* Explain what an assessment is
* Demonstrate areas of well-being for children/adults as set out in law
* Reflective questions/prompts shaped around the well-being goals
* Be advised to record/draw/video these so the carer has them to hand for every interaction with the practitioner
* Set out the practicalities of the process such as timescales and activities.

## What Matters Conversation

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| **What Matters Conversation*****A what matters conversation*** refers to a skilled practitioner conversation that starts right at the very beginning of ***any interaction with the carer****.*From the front door right to the closure stage. |

Slide 17

**Facilitators’ notes**

These resources regard the “what matters” conversation as a skilled conversation, as part of the assessment process. It refers to a *skilled way of working* with carers and their loved ones to establish the situation, their current well-being, what can be done to support them in their caring role and what can be done to promote their well-being and resilience for the better. It is *not* an assessment in itself, it is a way of carrying out the assessment, having the *right type of conversation* with carers and families to establish how you can work with them to support them in good and meaningful ways. A “what matters” conversation is a co-produced interaction between the carer and the practitioner(s) to establish a shared understanding of the situation.

We will consider how you *craft* a skilled conversation before, during and after an assessment so you can then move on to what can be done in terms of meeting needs and outcomes by putting in place arrangements to promote well-being such as services and/or other arrangements.

To be clear, a what matters conversation IS a skilled conversation that occurs throughout the assessment process. Let’s look at what a good skilled conversation looks like and conversely what a not-so-good skilled conversation looks like.

A skilled conversation (a what matters conversation) which forms part of the assessment SHOULD:

* Recognise that every person and situation is unique
* Seek to help the carer think and reflect on what ***changes*** may need to happen to promote their well-being
* Be about ***real listening*** and ***reflection***
* Be filled with ***good intent, respect*** and ***kindness***
* Craft good questions and helps the carer explore possibilities
* Explore ***all the areas of well-being***
* Draw on ***people's strengths and capabilities***
* Consider and work through ***barriers and risks*** in a positive way
* *May* range from one to several conversations and over time.

A skilled conversation (a what matters conversation), which forms part of the assessment SHOULD NOT:

* Be a way of finding out about a person's ability to care
* It is NOT a financial assessment
* It is NOT a vague conversation it MUST be a skilled conversation and result in an agreed understanding of what the ***situation is and how well-being can be promoted***
* It is NOT a gateway to a fixed menu of services or a gateway to ‘no further action’ (NFA) it is an ***agreement of how well-being can be promoted*** (regardless of how well-being outcomes may be met)

Responsibility for well-being must be shared with carers who need support. Persons exercising functions under the Act must empower people to contribute to achieving their own well-being with the appropriate level of support and service. Agencies and organisations cannot deliver a personal outcome for a person, but they can support them to achieve that outcome. Working in partnership with people will be key to securing their well-being and preventing the development of people’s needs for care and support.[[25]](#footnote-25)

## Advocacy

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| Can they be better supported to enable them to overcome barriers? [Reasonable adjustments under the Equality Act 2010] Might this person experience barriers in participating fully?**🗹** Provide support and make adjustmentsYesYes**🗹** Agree ‘appropriate individual’Is there an ‘appropriate individual’ – a carer, friend or relative – that can support them to participate fully?YesDo they still experience barriers in participating fully? **🗹** Duty to arrange for independent professional advocateYesNo |

Slide 19

**Facilitators’ notes**

Each caring arrangement is unique, and practitioners should be aware of the possible barriers, that carers may face, to full engagement in their assessment and consequent planning. The Social Services and Well-being (Wales) Act 2014 sets out four areas where people may struggle with being fully involved:

* Understanding relevant information
* Retaining information
* Using and weighing up the information
* Communicating their views, wishes and feelings.

Central to a good quality carers’ needs assessments is the practitioner being aware of these possible barriers and to minimise them as far as possible. So despite possible barriers *all* carers should be *fully* involved, be helped to express their wishes and feelings and be supported to reflect and weigh up information, options and consequent decisions. A really helpful tool for practice is a flow chart to assist the practitioner in establishing what support a carer might need to be fully involved[[26]](#footnote-26).

For most carers, barriers to participation can be assuaged through reasonable adjustments under the Equality Act 2010. For example, it might be that the carer has never attended to their hearing even though they suspect it might be a problem; it might be that a carer can’t hear fully. They can fully participate if they can hear what is being discussed. A reasonable adjustment might be for the purposes of the assessment to ensure practitioner nuances their communication so they can be heard or it may be supporting the carer to get a hearing aid(s) so they can fully be engaged and in the ‘driving seat’ of their own life and decisions about it. Alternatively, a carer may suffer from extreme stiffness in the morning due to Osteoarthritis and their needs will fluctuate. In these times this carer may be hindered by participation barriers however when they are feeling well and no longer in pain they may be able to be fully engaged and involved. A reasonable adjustment in this scenario might be to be directed by the carer when a ‘good time’ to visit will be and be flexible with duration of visits. It might be that a number of visits over time will be a reasonable adjustment.

However, if reasonable adjustments are still not removing some barriers to full participation then the practitioner has to consider other ways to involve them fully. For example, does the carer have an ‘appropriate individual’ that can help and support them to be central to the assessment and planning process. An appropriate individual could be a parent, another carer, friend, neighbour or relative. An example could be a carer who has some cognitive impairment from a past head injury – it might be that this carer has a son or daughter or neighbour that may advocate for them on their behalf and with them as far as possible so they become the appropriate individual. For other carers this might not be enough support. When there is no appropriate individual (for whatever reason) the practitioner has a *duty* to arrange for an independent advocate.

Practitioners may well be working with adult carers (and those carers who 16 or 17) who may appear to lack capacity about some decisions of either their life or the person they may care for. In these cases it is *fundamental* that the practitioner knows and evidences in practice the Mental Capacity Act 2015 (MCA 2015), showing they have understood the MCA 2015 principles; understand supported decision making and the importance of considering the last restrictive interventions; understand the nature of capacity and how capacity assessments are made and what deprivation of liberty is. The most important thing for a practitioner is to promote well-being and reach agreed carer outcomes with a positive risk mindset and evidenced practice. Practitioners have to be really careful not to make assumptions about a carer with mental health problems – despite mental health issues they may still likely be the skilled helper and the best person to be the cared for persons carer - but they may need support to do this. Knowledge of the Mental Capacity Act 2015 (MCA 2015) is your friend in helping practitioners work through this complexity.

When working with young carers every effort should be made to ensure their voices are heard and for them to communicate what they think should happen. Young carers should be provided with an independent professional voice or advocate so that their feelings and thoughts on decisions are *central* to the assessment and planning of their support. Practitioners and organisations need to know and reflect on The Children and Young Peoples Participation Standards and apply these in practice when working with young carers.

## Active Offer

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| **Active Offer** |

Slide 21

**Facilitators’ notes**

Practitioners who engage with any carer or family must be aware of and practice the Active Offer. This means that practitioners must actively offer and deliver Welsh language services to the same standard as English language care services. In practice this means actively promoting Welsh speaking services and interventions across the care and support system. A carer right at the very beginning of any engagement with a care and support service must have the opportunity to have assessments and all consequent planning in Welsh – for this to be actively offered. This is fundamental to working *with* people to promote well-being and work towards achieving personal outcomes. Ensuring carers are able to express what genuinely matters to them in a language and way that is most natural and comfortable to them is fundamental to getting carers needs assessments right. This is not only true of Welsh and English but all other languages that a carer may speak. Practitioners need to ensure carers can be understood in their preferred language.

## Preparing for an assessment as a practitioner

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| **It starts with me…** |

Slide 22

**Facilitators’ notes**

Practitioners often have very busy and emotionally difficult caseloads, tricky systems and processes to navigate as part of their job and they are also people with their own lives, that have their own share of ups and downs. A “what matters” conversation is an interaction not just between a professional and a carer, but between two human beings. A practitioner should represent the values and skills sets of their profession, but they are not robots. Despite kindness, empathy and good will, practitioners can still bring their own feelings, prejudices and stories, even on a subconscious level, to an interaction which is why ***preparation*** is so important. It is also important to prepare emotionally, physically and practically for an assessment, given its importance, in the carer’s life.

### It starts with me – Betari Box

There is a very straight forward model called the The Betari Box[[27]](#footnote-27), that is used in other sectors and in business that highlights the need to start from a ‘good place’. It’s based on the theory that your attitude will affectyour behaviour, this will in turn affect other people's attitudes and will affect their behaviour. So, a **virtuous cycle** can develop or conversely a **negative cycle**. Of course, we all want to be in a virtuous cycle because that's when things go well. A virtuous cycle is conducive to well-being. The great thing about this is that the practitioner can, right at the beginning of any interaction, *influence* this interaction positively.

For example, if a social worker has actively reflected and worked towards having a relaxed, confident, empathetic, kind and helpful *attitude* at the *very beginning* of the assessment process this will affect their behaviour as they will *act* more relaxed, confident, empathetic, kind and helpful. This will in turn make the carer feel more relaxed and confident or more positive than they might have otherwise been. For example, we know that, often, when carers seek help it is because the situation is reaching or is at crisis point. So, if a practitioner acts relaxed and empathetic from the start it can set the relationship on to a constructive path, despite the difficulties and challenges that the path may have.

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| **LightbulbExercise** |
| **This reflection exercise can be done privately by practitioners. As a trainer you can facilitate this exercise by allowing about 15-30 minutes on each scenario. The longer you give the reflection, the more powerful it tends to be for practitioner learning**Suggest to the group to have some quiet thinking time by themselves. Emphasise to the group that honesty with themselves is important and to try and ‘sit and be’ with the emotions or feelings that may arise during this private reflection. Explain to the group that it can be quite powerful to write or record their reflections, so they can see it in black and white and can also look back on it at a later time. Taking it out of the mind makes the reflection more real and practical to *apply* in practice. However, remind them to keep things confidential!Write the below, positive and negative scenario questions, on a flip chart/ power point, so people do not forget the questions.Practitioners may at first feel awkward sitting and reflecting privately. Use your discretion and skills as a trainer to decide how to make the group and individuals feel comfortable enough to do this.After the reflection, thank the practitioners for their private reflections and remind them to hold this in their minds when they engage with carers and families, in particular, over the next two weeks in practice. These reflections are private and not to be shared with the group.**Positive scenario*** Think about a time when you felt positive about engaging with a carer/or family?
* What was your attitude?
* How did it affect your behaviour?
* How do you think it impacted or influenced the carer feelings?
* How did it affect their behaviour?
* Do you think it helped with the quality of the supportive/ helping relationship?
* In what ways?
* How could you repeat the success with other carers?
* Anything you’d do differently in the same type of situation?

**Negative scenario*** Think about a time when you felt negative about engaging with a carer/ or family?
* What were your attitudes?
* How do you think they affected your behaviour?
* Do you think it may have impacted or influenced the carer feelings?
* Do you think it may have affected their behaviour?
* Do you think it hampered the quality of the supportive/ helping relationship?
* In what ways?
* What did you learn from this situation?
* How could you avoid a negative cycle developing in the future?
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### Preparation checklist for practitioners

Getting the “what matters” conversation right is so crucial given the importance of the assessment to the carer in terms of their *well-being*.

The following, pre-assessment readiness tool, you may find useful, as a practitioner, to use in practice. It has been developed by IPC by bringing together good practice and research. You don’t need to fill in the checklist if you do not wish to but simply use it as a tool to *think and reflect* on to give you some headspace before you enter a complex and skilled conversation whether this be via the phone or a visit(s).

Some of these questions may seem basic but looking after your *own* well-being is about giving yourself permission to attend to the basics. For example, regarding physical readiness think about how many times you have put off going to the toilet because you are busy juggling several tasks all at once. How many times have you skipped on drinking water, drinking too many coffees to ‘keep you going’ rather than being hydrated? How many times have you skipped a nutritious lunch for a hand grab of the chocolate or biscuits in the staff room?

The checklist is not going to magically give you time however it can be used as a pre-assessment framework to centre your mind, help you focus and save time in the long run. It can help you ‘step back, to be mindful of your emotional and physical well-being and the practice activities that can keep you centred and more in control of your role and task. It's also a reminder to look after yourself.

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| *“It’s no fun being in someone’s living room feeling hungry or light headed and needing to have a challenging conversation that requires your full focus”.[[28]](#footnote-28)* |

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| Daily Calendar**Toolkit page 8** |
| IPC pre-assessment readiness tool |

The checklist is also useful when you are working with a carer who may not want to engage – they could be verbally aggressive, very emotional or on the other end of the spectrum very withdrawn and guarded. In particular, it can be useful when working with challenging families or ‘involuntary service users’ – it helps you look after your basic needs and can put a ‘check’ on your own possible projections such as apprehensions or reluctance that may occur with some carers/or families.

### Professional readiness referral questions

To help you with practitioner readiness, the following questions are useful to ask other **relevant members of the multidisciplinary team (MDT),** at the stage of referral – so from the start you are focusing on outcomes conversations, exploring strengths and change.

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| Daily Calendar**Toolkit page 9** |
| Examples of possible questions to ask at referral for professional readiness |

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| **Exercise** |
| This exercise is a compare and contrast activity.You will need the ‘referral for professional readiness tool’, in the toolkit, page 9.Ask practitioners to write down what type of questions they ask at the referral stage. It does not matter who the referral comes from within the multi-disciplinary team – it could be from the GP, Carers Centre or from Duty. Practitioners should work in small groups.Please ask the groups:*“If a carer is referred what are the type of questions you ask? Please write them down.”* Give the groups 10-15 minutes to produce a list of questions.After this, trainers are to give each group a copy of the ‘referral for professional readiness tool’. Ask them to read it. Then ask them to compare and contrast with their own list of questions. 30 minutes.* What are the similarities?
* What are the differences?
* What do you notice about the differences?
* What does this mean?
* How can you improve your current list of questions by using the ‘referral for professional readiness tool’?

Then facilitate a full group discussion to share thinking. It might be that the whole group can agree a list of questions to use in practice. New questions should be around exploring strengths and change ***rather*** than only needs and possible services.Remind the group if we start off the social work enquiry like this – ‘we start positively and as we mean to go on’. |

# Collaborative communication

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| **Collaborative Communication** |

Slide 23

**Facilitators’ notes**

To be able to genuinely work alongside and *with* carers, practitioners need to develop collaborative communication values, knowledge and skills.

## Values

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| **Values** |

Slide 25

**Facilitators’ notes**

Empathy should underpin our work with carers and families. Evidence based practice, experience and research show us that adopting an empathetic approach during our conversations result in less resistance, and more disclosure. Having empathy enables us to:

* Notice people for the problems they face not just the problems they may cause
* Notice people's abilities to alter their course
* Focus on their hopes and aspirations
* Notice the ability people have to offset their own risk and concerns
* Notice the strengths of families/groups/units and support what's important to them building on their resilience.

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| **Exercise** |
| This is a simple exercise but quite powerful. Show the word cloud on PowerPoint. Explain to the group that there is a collection of words that relate to practice values. Ask the group:Can you think of any others? How do these values support you to demonstrate empathy?A group discussion can be facilitated around these questions.It’s good practice to write down key responses from the group on flip chart or on the computer in real time. Ensure after the session that they have a copy of their group work for future reference. |

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| **Video resource** |
| This [film](https://www.youtube.com/watch?v=d8TgG6KvqI0), is about a community project, which is called *Walk a mile in my shoes* and it encourages members of the public to be empathetic with others in our communities. |

## Knowledge

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| **Change Curve** |

Slide 27

**Facilitators’ notes**

As practitioners, when we work with carers, we will be supporting them through change to promote well-being and achieve outcomes. Change theory and models are becoming increasingly used in practice to help you be *alongside* the carer and their family. To be with them, understand, work through and support agreed changes.

The Change Curve Model (1969) explores the process of change and the possible emotions that may arise at these curves of change. The theory says that change is an inevitable part of life, and that sitting with this truth and planning around possible change can produce good outcomes.

The practitioner’s role is to recognise the change curve and how it relates to the carer journey, the possible emotions change may bring and to help the carer move through these curves of change, thus acknowledging that:

* Carers lives are dynamic and changing
* That carers will experience strong emotions through change.

For example, if someone is at the beginning of the dawning realisation stage they are likely to be in shock. Shock and denial can last for some time during which the practitioner can effectively support the carer by accepting that and recognising it for what it is. During this stage a good practitioner will simply remind a carer that they are here for them. At this stage a practitioner would not rush in with loads of questions but be tentative, respectful and acknowledge this as a very difficult stage for the carer. Once a carer has worked though these stages they may move to adopting the role and doing it where they will be more experimental, in which case more questions would be explored, and the practitioner could support the carer to engage in experiential reflection.

As the carer journey continues it is likely that the carer will reach a point of struggling perhaps because the care recipient’s condition has worsened. The carer will once again move through the change curve.

What is so useful about this theory and model is that it understands that change can be ***influenced and supported through a good relationship between practitioner and carer***. A practitioner that can picture where the carer may be in the cycle of change, how they may be able to shape their interaction to help steer the conversation about how change can be made, so well-being may be promoted, and outcomes achieved for the carer.

To work with carers, so that they may change/adapt, in ways that will promote their well-being, practitioners and carers *both* need to recognise the advantages of change, the importance of self-worth, where practitioners believe in themselves to change practice and help carers to think ‘I deserve better’. Furthermore, it means that both practitioners and carers need to have knowledge of alternative behaviours.

Central to change is the idea of **ambivalence.** Ambivalence is where the carer may have mixed feelings or contradictory feelings about change. For example, it may be that a young carer would like to go to the local college of further education but feels guilty about leaving his mum to have more formal help. It might be that a young mother would like to have a break from caring for her disabled daughter but does not want to admit this in case she is judged and she is also very experienced in her role as ‘carer and mum’ so she does not trust anyone else to care for her daughter to the standard she would. The practitioner should ‘be there’ for the carer - to ‘hold space’ through this ambivalence so the carer can try and resolve these dilemmas with support. The practitioner’s role is to work with the carer to help them clarify their ambivalence, reflect on what motivates and drives it and how the carer may overcome and resolve their dilemma. Working with carer’s ambivalence is about facilitating them to do the thinking, reflecting and resolving which means avoiding taking sides or taking your own position on the dilemma.

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| **Video resource** |
| This is a [film](https://www.youtube.com/watch?v=dt2gzW-VSSQ&feature=youtu.be) about a lady who was involved in a change process moving from double carers to one. Things in her home would have to change to accommodate one carer but the trade-off was more flexible care. Change was not easy but the change to a single carer arrangement eventually paid off for her and a ‘good enough’ outcome reached. |

The **new world of social care is complex** and requires practitioners and their organisations to change the way we work. There are different approaches in social work that are now being re-visited such as ***motivational interviewing,*** ***solutions focussed practice, narrative social work*** and ***signs of safety***. It’s really worthwhile for practitioners to get to know these different ways of practice because they all offer theories, behaviours, skills and activities that you will be able to draw on, in a bespoke manner to suit who you are working with.

What and how you use knowledge will be down to your professional judgement and in line with the uniqueness of the carers’ lives and change that may need to occur to promote well-being and outcomes. These approaches are in the resources section with relevant links for you to look into and reflect upon to improve practice.

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| **Exercise** |
| This exercise is a case study reflection.You will need copies of the **Case Study Example: Carer Journey, Rhydian** (refer to section 10 Case Studies). This activity should take approx. 30 minutes.Ask the group to work in pairs. Ask them to read the case study, reflect on change theory such as the Change Curve Model 1969) and Carer Journey Model. Ask them to reflect and answer the following questions.* Where do you think Rhydian might be on the change curve and carer journey?
* How might you approach the whole family, in particular, Rhydian?
* What *values* will you need to draw on as a social worker to work with this family to improve outcomes and well-being?
* What social work *skills* will you need to use to work with this family to improve outcomes and well-being?
* How might you look after your own well-being when working with this family?
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## Skills

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| **Five stages of a good conversation** |

Slide 29

**Facilitators’ notes**

Good conversations as part of a carer’s assessment take real practice skill. It requires the practitioner to conceptualise a conversation, think about what skills they need to employ to ensure the carer has ownership of the process and eventual outcomes.

### Five stages of a good conversation

The five stages of a good conversation model have been taken from Social Care Wales materials and are used for conversations in information, advice and assistance services[[29]](#footnote-29). This model can equally be applied by practitioners when carrying out a carers’ assessment. It sets out the high-level stages of a collaborative and skilled conversation and then further explores these stages, showing good conversational practice skills and techniques. Five stages of the conversation in more detail:

**Stage 1: Open, engaging (not leading) questions**

For example: “Tell me a bit about what’s happening?”

Rather than a **leading question:** “What’s the problem and how can I help?”

Many of us are already aware of how effective this opening statement can be and many staff already use this approach. We are giving people the opportunity to make a qualitative statement rather than a simple information-based statement with no context.

**Stage 2: Active listening and the power of reflection**

If you are reflecting effectively, you are focussing on someone’s world, their thoughts and their dilemmas as opposed to solely asking questions designed/needed by the system, which may or may not be relevant or meaningful at that time or to that person.

**Making suggestions or offering advice too soon often leads us down a service response road or a ‘sorry but you’re not eligible’ response.** Active listening and reflection help both you and the individual reach more intuitive understanding of a situation AND it helps develop empathy and start to build trust. You should find yourself reflecting back what you’ve heard at appropriate intervals. This ensures you are not misinterpreting what is important. You might also ask for some clarity if you’re unsure.

**Stage 3: Asking questions, some basic rules**

* Open, not closed
* Simple, not multiple
* Not leading
* Avoid ‘Why’
* Strategic key questions

If you’ve been talking at the person for one minute… it’s too long!

**Stage 4: Information exchange**

We need to be mindful that systems require information but be considered when we ask for information. There is nothing worse than knowing the person you’re asking for help is talking from a script; it doesn’t make you feel valued or that the person is genuinely interested in you. For example:

* Would you like me to give you a bit more information?
* Could I ask you for a little more information?

**Stage 5: Summarising**

Create an empowering summary for people. It will often give somebody the belief they can start to take control and make a difference even if it’s a small step along a much longer journey.

* Focus and summarise key issues
* Include the strengths/skills and motivators you have noticed
* Play back what actions they and you have decided to take
* ‘What next’ should include agreed timescales if appropriate
* Leave the door open for them to come back if things don’t work out.

There are three main skills that the practitioner needs to be able to carry out and form part of quality practice:

* Asking questions
* Listening
* Reflecting.

### Asking questions

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| **Open questions*** Open questions will ask **how you feel?** *not* **what do you feel?** which is a closed question.
* **Can you?** (open question) rather than **where?** (closed question).
* **Tell me** (open question) as opposed to **‘Why?’** (closed question).
* **What do you think?** (open question) instead of **do you?**
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Slide 31

**Facilitators’ notes**

Open questions are questions that encourage reflection and thoughtful responses as opposed to closed questions. Closed questions, are questions that can be simply answered by a ‘yes’ and ‘no’. Too many closed questions mean that a conversation can end promptly and engagement often ends in a conversational cul-de-sac.

The open questions tool provides some more examples of open-ended questions. Again, it’s worth putting this in your tool box, to use as a guide to your questions during an assessment. Which ones you choose will be a professional judgement responding to the uniqueness of the situation.

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| **Toolkit – page 11**  |
| Open Questions Tool |

Try to avoid rescuing, advising, telling or *doing to* rather than *with.*

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| Conversational traps to avoid[[30]](#footnote-30)* Expert trap
* Power trap
* Problem solving trap
* Question and answer trap
* Yes – but trap
* Labelling trap
* Confrontational trap
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Slide 32

Skilled practitioners are mindful of the following conversational traps:

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| **Toolkit – page 12** |
| Conversational traps to avoid[[31]](#footnote-31) |

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| **Exercise** |
| This is an exercise that gives practitioners the opportunity to practice open questions. You will need copies of the **Case Study Example: A recently bereaved carer Claire** (refer to case studies in section 10) and **Open Questions Tool** (Toolkit page 11). This activity should take approximately 60 minutes.Part 1: Ask the group to work in pairs. One person to read the case study and be ready to role-play Claire. The other person in the pair to read the open questions and be ready to role-play the practitioner.The person playing the practitioner will start the conversation and practice the open questions. These are not to be done in order but are prompts for the conversation and how they are applied. How they applied will be the judgement of the practitioner and what occurs in the conversation with Claire.The person playing Claire, will need to try and emphasise what her life is like currently and how she may respond to questions.Role play for 20 minutes. Then for the pair to swop roles (for another 20 minutes).Part 2: Bring the whole group together and facilitate a conversation based on the following steer (another 20 minutes):* How did that feel?
* What do you think worked well about it?
* What could have been improved?
* How might you apply open questions in practice?
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### Listening

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| * Listening to ‘argue’[[32]](#footnote-32)
* Listening to ‘think about your next question’
* Listening to ‘demonstrate you are listening’
* Listening ‘actively’
* Listening to ‘understand’
* Listening to ‘help the speaker to understand themselves’
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Slide 33

**Facilitators’ notes**

Listening is a real skill and is needed in every interaction with a carer or family. Our engagement with carers and the carer representatives consistently said that being listened to was really important. Listening was described by carers as:

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| *“You know that you have been listened to when people repeat back to you what has been said – this helps to ensure that their understanding is correct.”**“Professionals need to keep you informed. It helps if they summarise afterwards and give you feedback.”* |

For some carers, they felt they were not genuinely listened to.

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| “*You often don’t know if you have been listened to until you push the point then discover that you haven’t been listened to at all. Sometimes, you might not realise this until you have received a copy of the typed-up assessment afterwards.**“Professionals sometimes give the impression they have already made their mind up and they know best. Listen to the carer and keep an open mind”.**“I know I wasn’t being listened to by the providers for my Nana because they kept saying the same thing back to me and they were being defensive when I had other ideas.”* |

Listening can build trust, increases disclosure, reduces defensive behaviour and decrease ‘hidden harm’ because it potentially keeps the door ajar to the carer/family which might otherwise remain shut.

### Attendance

At crucial or dramatic moments in life sometimes we just want someone there with us, just being there can make a difference even if conversation is impossible. Similarly, just being with a bereaved friend can be very comforting to him or her, even if little is said. So, part of good listening is simply attending to the carer, just being there and listening. This means attending to the way you present to the carer, physically and psychologically. It is about influencing and enabling a safe place and presence.

Social Care Wales expand on this further[[33]](#footnote-33):

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| * If we start the conversation with a series of questions, how are we making people feel? – confused, under pressure, feeling they might fail the ‘assessment’, and that they have to exaggerate the issue in order in to get a service?
* If we start the conversation simply by **listening** and **empathising** and **reflecting**, we can get alongside somebody. People value being heard.
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### Non-verbal micro-skills

Non-verbal micro-skills refer to those tiny but powerful adjustments you make as a practitioner to make the carer feel at ease for example sitting squarely towards the carer or if this is too threatening sitting at an angled position. The message to be conveyed to the carer is ‘I am here with you’. Adopting an open posture and arms uncrossed to show that you are open and available to listen. Responding flexibly such as leaning in at points (although not too much) to show you are interested and responsive to what the carer has to say. Maintaining good eye contact (not staring or looking away) this shows ‘I am here with you, I want to hear what you have to say’ and conveying a relaxed presence. For example, not fidgeting and using your body to show “you can talk to me, I will not judge you, I am here to work with you and help support you”.

### Active listening

This involves the practitioner observing and reading the carer’s nonverbal behaviour, listening to and understanding the carer’s verbal messages; listening to the context – taking on board the wider social system that the carer is part of and listening and understanding what the carer is expressing, even if you feel challenged by their opinions or insights.

Active listening is also about reflecting on where a carer may be in the change process, what their ambivalence is, what is important to them, their confidence levels and strengths. Active listening can help the practitioner use the right type, level and focus of questions to help the carer work through issues and ambivalence.

There are many useful tools to help focus your listening skills. The 6 levels of listening in social work is one such tool and can help you reflect on what level you are listening at.

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| **Toolkit page 13** |
| The 6 Levels of Listening |

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| **Exercise** |
| This is an exercise that gives practitioners the opportunity to reflect on their listening skills. You will need copies of **The 6 Levels of Listening Tool** (refer to Toolkit page 13) This activity should take approximately 40 minutes.Part 1: Ask the group to work in pairs and ask them to read *The 6 levels of listening tool* in the toolkit and ask them to reflect on the following (25 minutes):* Think of when you were operating at each level.
* How does this make you feel?
* What does this mean?
* What needs to happen to move towards level 6?

For example, sometimes a practitioner may feel that they operate at level 2 because they feel that they have a series of questions they must ask and they are thinking about a service that might be able to fit the carer. Whereas the ideal situation would be to listen at level 6 to explore impacts of caring on well-being and what outcomes the carer may want to achieve to promote their well-being. Part 2: Bring the group together. Facilitate a group conversation so people can share their thoughts and reflections on how well they currently listen and what they may need to do to improve listening (15 minutes). |

### Reflecting

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| **Objective** | The practitioner builds up a picture of the situation of the carer and cared for – this includes factual evidence, sensory impressions and objective information. |
| **Reflective** | The practitioner explores with the carer their emotional and intuitive responses to the situation. The practitioner also reflects on their personal reactions, associations they make with the situation, emotions that come to the surface and images in their own mind. |
| **Interpretative** | How the practitioner makes sense of their observations and reflections with the carer – trying to reach a shared awareness and meaning with the carer, looking at possible options and possibilities. |
| **Decisional** | Developing a shared opinion on the situation and deciding ways forward – resolution, action and future next steps/action plan. |

Slide 35

**Facilitators’ notes**

Reflection produces thoughts, ideas, connections and insights into what is happening, what the situation is, what is working well, what’s not working so well and why; what can be done differently, and how. Helping carers reflect in this way can enable them to think differently, explore insights into underlying feelings, meanings and ambivalence. Helping a carer reflect requires the practitioner to facilitate a thinking and safe space for them. It enables the carer to be at the centre of thinking and any changes they may wish to make.

The ORID reflection model[[34]](#footnote-34)stands for the process of being objective, reflective, interpretive and decisional. The tool below gives some examples of the types of questions carers could ask themselves prior, during and in between assessment(s) visits to prompt their own reflection. There are also some questions that the practitioner can use to help the carer reflect. They are not meant to be an exhaustive list, just some suggestions that you may use and add to your toolbox.

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| **Toolkit – page 15** |
| ORID Reflective questions and prompts |

Reflections can be mirrored back to the carer as statements – to help the carer reflect if that is what they mean and is a good check for validity.

Reflective statements, along with open questions can ‘open the door’ to the possibility of change.

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| **Case study example: Open questions and reflective statements**  |
| Carer *“... everyone tells me I must look after myself and take more of a back seat with Jim…”*Practitioner: *“… it’s not easy for you to take a step back from your role.”* [reflecting]Carer: *“It really isn’t, I know the worry is not good for me and it keeps me awake at night worrying, what would happen to him if anything happened to me…? I am not in great health you know…”*Practitioner: *“You can feel the effect on not taking a step back and it’s really worrying to you…”* [reflecting]Carer: *“That’s right but it’s so hard to let go after all these years…”*Practitioner: *“It’s difficult for you to imagine not always being there for him…”* [reflecting]Carer: *“That’s right…”*Practitioner: *“I am wondering what would be helpful to you… would you mind if together we thought more about this?”* [seeking permission] Carer: *“I just don’t know… I really don’t…”*Practitioner: *“How important for you at the moment do you think it is that you take a step back…”* [open question, starting reflection on possible change]Carer: *“I feel so tired and being around all the time really wears me down…”*Practitioner: *“On a scale of 1 -10 (10 being very important – 1 being not important) where might you place the importance of possibly slowing down or as you mentioned ‘taking a back seat’...?”* [open question, starting reflection on possible change]Carer: *“Goodness I am not sure – maybe an 8?”*Practitioner: *“Okay – so about an 8?”* [summarising]Carer: *“I suppose that is quite important isn’t it?”* |

The below table illustrates the same carer and practitioner – this time the practitioner is asking closed questions, advising, confronting and directing.

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| **Case study example: Closed question** |
| Practitioner: *“Are you a carer?”* [closed question]Carer: *“Well… I think I am. I have looked after him for years…”*Practitioner: *“How many hours a day do you provide care?”* [closed question]Carer: *“I don’t really know… I pretty much do everything.”*Practitioner: *“With your health problems you are going to get worse, if you can’t take a step back… you can’t continue like this… it’s making you ill.”*  [confronting]Carer: *“Yes I know but I can’t help feeling this way. I’ve always looked after him.”*Practitioner: *“But if you carry on like this it’s going to make you really ill and you may not be able to care for him like you have done in the past.”* [confronting]Carer: *“Yes, I’ll try…”*Practitioner: *“Well we’ve got some good care agencies that can help you.”* [advising and directing]Carer: *“Yes okay thanks, I’ll give it some thought, thank you.”* |

The difference between the two conversations is stark reading. The first conversation opens up the possibilities of change by skilfully using open questions that encourage reflection. The second shuts down reflection, is directive and prescriptive.

### Affirmations

Affirmations are also a useful technique to use in a reflective conversation. It shows that you have appreciated and understood the carer’s strengths and resources, it can build confidence and empower the carers. It also improves and strengthens the working relationship between the practitioner and carer:

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| *“I was so pleased that I met with the dietician; she told me I was doing everything right in sorting out the food for my mum and that I was doing a good job buying the right foods, mashing them up and taking time to feed mum. This meant so much to me especially when the care home was telling me my mum needed one of those peg feeds. The social worker agreed with the dietician and this meant so much to me. It made me feel like I was supported and doing a good job and my mum did not have the trauma of having one of those tube things.”* |

Affirmations are not simply praising – they are positive observations of the carer and recognition of the expertise they bring to the table.

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| **Exercise** |
| This is an exercise that gives practitioners the opportunity to reflect on one or two current carers that they are working with and practice both verbal and written affirmations. You will need approximately 50 minutes to encourage adequate reflection.Part 1: Ask them to read and reflect *individually* for 10 minutes on the following questions:* Think of some carers you have recently worked with.
* What were their strengths and resources?

Part 2: In small groups (no more than four members) ask them to think about how they would affirm and recognise the carers strengths and expertise both verbally and in the written form? Ask them to write on a flip chart how they would write affirmations (20 minutes).Part 3: Each group to share with the wider group (20 minutes).For example:Verbal – I think it’s lovely that you and your mum can both stay up at watch films if you want to together. You were right all along that the care agency visits were getting in the way of your evenings together.Written – Mary has a very close relationship to her mother, she enjoys her mums company and arranges to have film nights. Mary is very supportive of her mother and brings real positivity to her mum’s evenings.If trainers wish to they can play the video below which is a positive carer story. |

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| **Video resource** |
| Watch this short [film](https://www.youtube.com/watch?v=GAUcDOZBEh4&feature=youtu.be) about Margaret and Susan (mum and daughter relationship – with daughter as the carer) |

### Summarising

Assessment conversations with a carer can happen over hours or weeks – the importance of regular pauses for summarising where you have both got to with the conversation is important. Summarising is a really good way to keep the carer engaged and hooked in to the conversation(s). Summarising will need to happen *within* a conversation and *between* different conversations, so the carer is always at the heart of the assessment. A summary should involve a focus on the key issues, the strengths, skills and motivations that you have observed as a practitioner. Summaries should also include what actions the carer has decided on and, like affirmations, summaries, should be empowering and positive.

# Assessment

## Assessment and well-being

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| **Assessment and well-being** |

Slides 36,37 and 38

**Facilitators’ notes**

For most carers the stakes are very high when having an assessment. For example, it could mean the difference between a loved-one being able to stay in their own home if the carer is supported; it could mean that a carer is thinking about giving up work or studying to care; it might be that a carer is on the brink of physical and mental exhaustion – the potential scenarios are infinite. What is evident is that the ***stakes are high, opinions will vary, and emotions will, more than likely, run strong.***

The purpose of an assessment is to work with an individual, carer and family to understand their capacity and resources and the personal outcomes they want to achieve, as well as the barriers preventing them achieving the outcomes, and what contribution the individual and their family or the wider community can make to achieving those outcomes.

Assessments must therefore use an analysis structured around the five elements of assessment.

The process of assessment requires that practitioners must have discussions with people to identify ‘what matters to them’ and the personal outcomes they wish to achieve.

Before the Social Services and Well-being (Wales) Act 2014 practitioners would have explored deficits and problems and tried to meet these needs with services. Now practitioners are to promote well-being, explore the impacts of caring and what a carer wants to achieve (personal outcomes) ***because of and despite*** their caring role. For example, a young carer may wish to continue helping her mum get ready for bed three nights of the week, but two nights she would like to see her friends and in the future go to college. Well-being that matters to her is:

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| *“I would like to continue my education as it has been neglected since mum got ill.”**“I really miss having a laugh with my friends – I would like to spend more time with them.”* |

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| **Exercise** |
|  **Adults Children**This is an exercise that gives practitioners the space to think further on what well-being can actually mean for individual carers. You will need approximately 60 minutes for this activity. Part 1: Ask the group to have a look at the relevant well-being domains for children or adults. Ask them to work on table as a group. Give each group several well-being domains to consider. Ask the group to think about:* How they can make these well-being domains understood and made sense of by children/adult carers.
* What could these well-being domains mean for a carer?

For example, **‘domestic, family and personal relationships’** *could mean* = the relationships that the carer has with family members, friends; what relationships they currently have. For example, **‘contribution’ made to society** *could mean =* the tasks or activities a carer does for their community; such as gymnastics club treasurer, PTA member, lay-person at church, long standing WI member, captain of a pubs dart team, a member of the community choir, etc).Ask the groups to write them down on flip chart paper (20 minutes)Part 2: Ask them to swop their groups written interpretation of the well-being domains with their neighbour’s group. Ask them to add to each other's work – so they both work on interpreting at least *two* sets of well-being domains (20 minutes).Part 3: Each group share with the rest of the team/ wider group the contents of their flip chart. This is really useful information as it helps practitioners visualise what well-being may look like for a carer, it enables practitioners to explain what they mean by promoting well-being and what areas will be covered in the assessment. It makes well-being become ***real*** rather than ***‘abstract’ or ‘jargonistic’***. |

## Eligibility

### Adult Carers

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| Their need is one that arises as a result of providing care for either a disabled child or an adult who has needs arising from physical or mental ill-health, age, disability, dependence on alcohol or drugs or other similar circumstances* Ability to carry out self-care or domestic routines
* Ability to *communicate*
* *Protection from abuse or neglect*
* Involvement in work, education, learning or in leisure activities
* Maintenance or development of family or other significant personal relationships
* Development and maintenance of social relationships and involvement in the community
* For an adult carer, fulfilment of caring responsibilities for a child
* For a child, achieving developmental goals

As a result, the carer cannot meet the need alone, or with support of willing others, or with assistance of services in the community**As a consequence, they are unlikely to achieve one or more personal outcomes unless the local authority provides or arranges support for the carer or care for the cared for person** |

Slide 40

**Facilitators’ notes**

Following an assessment an eligibility decision will be made to decide whether support will be facilitated by social services.

### Young carers

Where a young carer’s eligible needs are identified as requiring support, local councils must provide support directly to the young carer or evidence that the ‘cared for persons’ has adequate care and does not require inappropriate care provided by the young carer. If the young person has been identified as a carer and has needs, a plan should be in place for the young carer.

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| **Exercise** |
| This exercise is designed for practitioners to critically evaluate their council’s carers needs assessment forms. The carers needs assessments can be initial assessments as well as full assessments. This is *not* to criticise the council but to identify what is good about the carers needs assessment form and what improvements could be made. When practitioners agree improvements, they themselves can try and incorporate them in their own assessments and sphere of influence. This exercise can also be carried out between practitioners, strategic staff and management (a working group) and can directly influence positive change. Team managers, if they wish to improve the quality of carers needs assessments in their team, they may benefit from doing this exercise as a team.This exercise will require at least 1.5 hours.Some examples of other assessments forms (refer to 5.3 in Toolkit page 19).Both copies of both **Adult and Children Assessment Content List** (see slides or toolkit pages 19-20).Also copies of relevant local assessment forms.Ask the group to work in small working groups on their table. Make sure practitioners who work in adult teams work with others from adult teams and children teams work together. Put in either adult or children groupsPart 1: Ask them to read and reflect on assessment examples given in this resource. They should discuss and agree as a group what good assessment form should look like (30 mins). Ask the group to write down what they have agreed constitutes.Part 2: Ask them then to read the assessment form they currently use in practice. Ask them to systematically go through the below questions (30 mins).* “Given what you have learnt about good assessments; what are the good things in the one you currently use?”
* “What not so good?”
* “Are there any gaps?”
* “Is their repetition?”
* “What could be done to improve the assessment form?”
* “When you use the current assessment form, given what you have learnt. What might you do differently?

Part 3: Ask the groups to write on a flip chart their answers to the last question – “When you use the current assessment form, given what you have learnt. What might you do differently?” (10 mins)Part 4: Groups present answers to the wider group in turn. Facilitator take note of the whole groups contribution and make sure they have a copy of *all the group’s* answers. Remind them they can then take these suggestions forward to improve their own practice. They might also want to share findings with relevant managers or champions (20 minutes).\*Note to trainer: There should be discussions within groups about how strengths can be recorded, positive risk choices, how outcomes can be recorded, how a skilled conversation that forms the process of assessment can be written and encapsulated in the assessment forms. Are the forms age appropriate? Are they user-friendly? Is the Welsh core data set being adhered to? Are the written in the first person such as ‘I’ statements. Encourage a wide and deep analysis and debate within the group. |

## Assessment document

### Adult carers

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| **Assessment document – Adult carers*** Basic contact information and other key contacts (core data set)
* Impact of the caring role on life and well-being
* Carer’s health – physical, mental and emotional
* What the carer does – the tasks and roles they undertake as a carer
* What is important to them
* What support is needed
* Carers feelings and choices about caring
* Whether the carer works or wishes to do so
* Whether the carer is participating in or wishes to participate in education, training or any leisure activity
* Extent to which the carer is currently able and willing to be a carer and whether they will continue to be able and willing to be a carer
* Carers relationships
* Carer’s housing situation
* Emergency/contingency planning
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Slides 41, 42 and 43

**Facilitators’ notes**

 “Assessment should begin with the presumption that the **adult** is best placed to judge their own well-being.”

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| **Toolkit – page 19** |
| Adult Carers Needs Assessment Resource |

### Young carers

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| **Assessment document – Young carers*** Basic contact information and other key contacts (Core data set)
* Role as a carer and information about the cared for
* What caring involves and impacts on well-being
* Parent and other family relationships to the young carer. Young carer’s quality of relationships to other key people
* The things that the young carer does in their role of being a carer
* Impacts of caring on well-being
* How they feel about their caring role (feeling and choices - ‘being heard’)
* Wider information, assistance and advice that may support the carer
* Strengths, interests, hobbies and relationships
* Positive approaches to risk
* If the child is in need of care and support
* What's happening next
* Conclusion/ practitioner statement
* Practitioner and carer signature
 |

Slides 44, 45 and 46

**Facilitators’ notes**

The starting point of a young carers needs assessment will be that children are children first and foremost not carers.

Young carers needs assessments should consider; if the cared for is a parent or has parenting responsibilities, how their health impacts on their capacity to meet children's needs. Taking on board the impact of past experiences on their ability to understand and respond to the young carer’s needs. Their ability to recognise difficulties and accept any help and their capacity to change.

The assessment should also explore whether the young carers tasks are ‘inappropriate’ – this *could* be personal care (bathing and toileting), heavy physical caring, administering medication, managing the family budget, providing complex emotional support or providing excessive care.

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| **Toolkit – page 19** |
| Young carers needs assessment resource. |

## Proportionate assessments

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| **Proportionate assessments**Assessment should be appropriate and proportionate:* To be appropriate assessments should meet the person’s communication and cultural needs
* To be proportionate assessments should consider fully the assets and barriers identified during the conversation
* Talking to carers separately
* Combined assessments
 |

Slide 47

**Facilitators’ notes**

The practitioner should undertake an assessment that is *proportionate* to the carers needs and circumstances. A proportionate assessment requires the practitioner to be person centred, ensuring the assessment is flexible and adapted to the carer. For example, there may be times such as during times of crisis where assessments maybe more complex and/or specialist and other times when a carer’s main concern might be to want to reflect and discuss future training opportunities and reduce some caring hours. Both situations will require an assessment, but they will differ in detail and scope.

Nonetheless, a carer’s needs assessment, as a minimum, should record the core data set, this is important because, if done right, it can smooth the way for carers navigating a tricky system and avoid repetition of information, contacts and services. The assessment must also explore and consider the five elements to determine eligibility. The five inter-related elements of assessment are personal circumstances, personal outcomes, barriers to meeting outcomes, risks in not meeting personal outcomes and strengths and capabilities.

Recording of assessments must also be proportionate to the carer being assessed, be in an accessible format (including easy read if appropriate) that will be understood by the young carer or adult carer.

*Personal outcomes must be identified through the process of proportionate assessment, and although individual to each person, will relate to the national outcomes set out in the well-being statement, which have been defined against the definition of well-being in the Act. [[35]](#footnote-35)*

### Talking to carers separately

Most carers will have some feelings of ambiguity about their caring role. Given this it is really important to engage carers on their own so they can reflect and consider options. The practitioner will need to facilitate private discussions as well as joint discussions with the carer and cared for. Practitioners should take the lead from the carer as to how this might be done – for example the carer might want to meet in a public space, talk in a different room or catch up on the phone when the person they care for is napping – the options are numerous. What the practitioner wants to avoid is a hurried conversation with the carer at the front door – out of ear shot of cared for dad – on an assessment visit - panicking ‘saying I can’t do this’ or ‘what dad says isn’t quite right…’. Set a time and space with the carer to talk individually and give them time. Sometimes it might be as straight forward as the practitioner offering a private conversation with both on the same visit and being open and honest about why they are doing this. For other situations this might not be appropriate – the key is to facilitate the time and space for a carer to explore ambiguity.

### Combined assessment

Adult carers can also have a combined assessment with the person they care for; if they *both* decide that this is a better way of understanding their situation and planning for them both. A better way to promote well-being and outcomes. For children carers under the age of 16 an assessment can also be combined *if* the council is satisfied that this would be consistent with the child’s well-being and beneficial to them. Each carer situation is unique combined assessments will not be appropriate for some carers but will be appropriate for others. The practitioner will only know what is the best way to assess when they have engaged and have started working *with* carers in a skilled way employing skilled conversations as part of the assessment process – there is no one size fits all.

## Understanding outcomes

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| **Understanding outcomes**

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|  | **Well-being domains** | **Personal outcomes** | **Link to carer model of support** |
| Adult carer | * Participation in work
* Physical, mental and emotional health
 | * I want to continue to work in paid employment
* I want to be able to support my husband to move around our house without injuring my back
 | * Support to have other roles and identities past that of carer
* Support to manage the condition and symptoms
 |
| Young carer | * Education, Training and recreation
* Domestic, family and personal relationships
 | * I want to go to my dance class with my friends every week
* I want to enjoy doing fun things with my Mum not just look after her
 | * Support to access the community
* Support to have a positive relationship with the care recipient
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Slide 49

**Facilitators’ notes**

Developing personal outcomes with the carer is a way of creating actionable, measurable targets on the journey towards well-being. It is useful to think about the overlaps between the well-being diagrams and the model of carer support diagram. Below is an example of the type of outcomes that might be relevant to carers.

Outcomes should be recorded according to SMART principles. SMART principles have been used in a variety of settings and they can work very well in any social care planning context that involve personal outcomes.

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| *“Although the SMART principles provide a good framework, they should be applied in a way that is responsive to each individual’s needs. Above all, goals must be person-centred and developed with as much participation as possible by the individual”[[36]](#footnote-36).* |

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| **Toolkit – page 18** |
| Outcomes tool: SMART principles |

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| **Exercise** |
| This is an exercise that helps practitioners to think about how they may record outcomes, using the SMART principles. It helps them begin to think about recording outcomes and using the SMART tool to help them. You will need (60 minutes). You will need to **Outcomes tool: SMART principles** (refer to toolkit page 18).Part 1: Ask the practitioners to individually recall and reflect on a case they are very familiar with and one where they have recorded outcomes that the carer wishes to be achieved. Ask the practitioners, from memory, to write down the carer outcomes in accordance to SMART principles. Memory does not have to be perfect but to simply recall what were the themes and outcomes they wanted to achieve as a carer. Ask them to look at each outcome and start with S and work through to T to shape and craft the individual outcomes (40 minutes).Part 2: Ask the practitioners to look at what the outcomes look like written in this way and reflect on the following as a whole group (20 minutes):* How are they different from the usual recording of outcomes?
* How might practitioners use the SMART principles in practice?
 |

In a traditional model of a carer’s assessment, the assessor might think of *one* carer, caring for one person with support needs. However often people’s situation are more complex than this as the carer is part of a family network that is providing care and support. For example, mutual caring is where the carer and person being cared for rely on each other for support and care. Many carers care for more than one person at a time, for example sandwich carers, where middle aged/older women will look after a parent who is significantly older but also care for grandchildren. Some carers will not live with or near the person with care needs and care at a distance, such as telephoning, using the internet, giving vital support, checking and reassurance and visiting when they can. The assessor should consider the wider family and friends; what roles are people playing; what does everyone in this family need?

## After an assessment

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| **After an assessment***At a minimum, social services must provide all carers – including those not considered eligible for support – with information and advice on local services to prevent their needs from developing further.* |

Slide 50

**Facilitators’ notes**

After an assessment, depending on the eligibility decision, there may be no further action or it may proceed on to a support plan. If there is no further action, the carer should still be given information and advice to support them in their caring role.

If the eligible needs are agreed, a practitioner will act as a key worker to put a plan in place outlining how the carer’s outcomes can be met and how their well-being can be promoted thus supporting them in their caring role.

Remember this is *not a plan that sets out needs and services*. It is a plan that *states outcomes to promote well-being and support.*

# Support planning

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| **Support planning resource** |

Slide 52

**Facilitators’ notes**

Support to achieve outcomes may come from a variety of places – it might be an employer agreeing to reduce shifts or hours, so their employee can provide care for a loved one; it might mean that another member of the family will support the carer for example becoming attorney for finances. Or it could come from more usual sources such as respite and day centre.

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| **Case study** |
| Mrs M would like her mother, Mrs S to have a good quality of life, to stay in her extra care housing (ECH) for life, despite a low Bartel and MTS score ***(Quality of life [well-being] cared for person)***. This means that Mrs S, will require carer visits throughout the day and a hoist amongst other arrangements. Mrs M wants to support her mother but also wants a ‘life of her own’ for example continue going to the Women's Institute (WI) monthly and going to her daughters once a week ***(quality of life [well-being] for the carer)***. Mrs M, with the social worker have agreed that Mrs M will provide certain times for care in between care package visits (she will have an OT and dietician visit to explain how to help mum at meal times). She will have a Wednesday evening out of every month to go to the WI and will visit her daughter weekly – the care package will put in extra visits for these times. Mrs M is also in telephone contact with the local carers centre and the details of support are included in a support plan, with other key telephone numbers and a contingency plan in place ***(Managing the caring role)***. The practitioner and Mrs M agree to see ‘how it goes’ over the next few weeks – Mrs M feels comfortable that she is recognised as a carer, her knowledge and expertise is respected and feels confident to be open and honest with the practitioners ***(process)***. |

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| **Video resource** |
| This [film](https://www.youtube.com/watch?v=5CUaAzBmp24&feature=youtu.be) on Mr and Mrs Drake shows how a good support plan for a loved one can meet carer outcomes and positively manage risk. |

Plans resulting from an assessment (for both adult and young carers) will vary in terms of:

* What they are called
* What they look like
* Where they may sit within the social care pathway of other assessments and plans

Nonetheless a good plan should ***state outcomes*** to be achieved, and outcomes should be written in the ***carer’s own words/first person***. For young carers, plans should include:

* What is in place to support them in all areas of well-being
* Who will look after them (who will maintain their routines, who will look after siblings and pets, etc)
* Who their contact is at school
* What the young carer would like their parent to do for them
* What their strengths and resources are and how can these be nurtured to promote well-being
* Plans should also cover how risk is to be positively managed and contingency plans should be in situ

Plans need to be clear, meaningful, effective and supporting. It should set out check-in points, how these will be carried out (text, phone or a visit) and how the plan will be reviewed. They should be easily understood by the carer and any professional who may work with the person along their pathway.

The 7 Cs of communication is a good checklist for practitioners to use when writing plans. These are:

* Clear
* Concise
* Concrete
* Correct
* Coherent
* Complete
* Courteous

*(Note, that this checklist can be used by practitioners to reflect on the quality of all their communication; written and verbal).*

To help practitioners check the quality of their support planning we have created a Carer Support Plan Self Audit tool. The audit is based on good practice knowledge, research on support planning and based on the engagement with carers as part of this project – Assessing Carers Support Needs. It also encompasses the well-being domains. It covers both adults and children carers.

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| **Daily CalendarToolkit – page 21** |
| Support plan self-assessment tool [[37]](#footnote-37) |

Social Care Wales have developed a tool called ‘Capturing the heart of the matter’. It is a summary sheet for all who are deemed eligible as a result of an assessment, including young and adult carers. It is a summary of the plan in place that can be read and understood by whichever practitioner may be involved.

It is designed to give an immediate snapshot of the situation rather than having to trawl through files (files are there for more detail if necessary). It shows an overview of the family outcome and within this, relevant personal outcomes that may be different or at odds with the family outcome. It situates the carer in a context of family and relationships and gives a picture of the carer in a wider nexus (eco-social system).

It pulls out the strengths of the carer and relevant others, such as family and social network, so these can be built upon rather than being ignored/bypassed, for example by a duty worker who may not know the carer. It summarises priority risks that impact on well-being, any contingency plans, it sets out the direction in which the carer wishes to move, where they are now and where they may wish to be in the future.

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| **Toolkit – page 27** |
| Support planning resource |

The resource recognises that carers are on a ***journey of change*** and that this needs to be respected and supported as far as possible. It also makes this explicit to practitioners who may become involved and it ***reminds them to respect the carer journey and support them in this.*** Depending on what may happen to the carer the message is clear – to support them to stay on track as far as possible – so well-being is promoted and outcomes met. If ‘Capturing the heart of the matter’ document is in place prior to a reassessment it helps the practitioner go in with a good and meaningful summary.

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| **Exercise** |
| This is an exercise that helps practitioners reflect on the quality of support plans and planning arrangements. You will need the **Support plan self-audit tool** (Toolkit page 21) and, if appropriate, the practitioner should bring along a redacted carer support plan from practice. This can be done in training or in a team meeting or supervision. However, the instructions below are for training or team event. You will need approximately two hours. Part 1: Practitioners to work individually, read the support plan they have brought with them, and then audit it against the Support plan audit tool.Part 2: Individual reflection on the following questions:* Where do I score well?
* What can I build upon?
* Where do I score low?
* Why do I think I am scoring low and how does it make me feel?
* What can I do to improve practice?

Part 1 and 2 to take approximately one hour.Part 3: Share with a partner both of your reflections and agree ways to improve practice.Part 4: Each partnership write on a flip chart – three top tips to improve practice and present to the wider group.Exercise 2This is an exercise for practitioners to practice writing good *positive* case summaries. You will need the **‘Capturing the Heart of the Matter’** (Support planning resource – page 27 in Toolkit document). This can be done as a training exercise, carried out in a team meeting, supervision or in any peer learning activities. You will need about 60-90 minutes.Part 1: Ask practitioners to think of a complex case they are currently working on and reflect on the seven elements of ‘Capturing the heart of the matter’ tool. Ask them to fill out the tool so a good summary of the case is presented (60 minutes).Part 2: Swop your filled in tool with a colleague. Read through and give feedback around the following questions (30 minutes):* Is the summary clear and understandable?
* Given what you have learnt in this resource, what works well about the summary?
* What not so well?
* Agree together on improvements to be made.
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# Direct payments

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| **Direct payments** |

Slide 54

**Facilitators’ notes**

If a carer has eligible needs for care and support they are entitled, if they wish, to have a direct payment in place. This can be used instead of services commissioned by the local authority or the support plan might be a mixture of both. Direct payments should be offered and support given to the carer so they can set-up manage their direct payment.

Direct payments give real opportunities for individualised and meaningful support for carers. Carers can use direct payments to achieve personal outcomes set out on their support plan – the advantages of direct payments is that carers can flexibly spend money on promoting their *own* well-being to support them in their caring role. Lucy’s carer story illustrates this.

Lucy is a carer to her mother-in-law, Mary, and is supported with a direct payment which she uses to look after her own well-being so she can continue to provide support for Mary.

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| **Lucy’s story as a carer with a direct payment** |
| My name is Lucy and I am carer to my mother-in-law, Mary. She has had a stroke and has some cognitive impairment. The left side of her body is weak and her walking can be very unsteady and struggles moving around indoors. I go and visit Mary every day from Tuesday to Friday, 9am to 4pm, then come back and look after my teenage children and husband. Mary has carers on the Monday and weekend and my husband and his sister visit her on Saturday afternoons. When Mary’s support plan was being reviewed and we had a meeting with her social worker I was advised to get a carers assessment. I wasn’t sure at first, but I agreed to have one and I am so glad I did. I didn’t really think about how much I was doing to be honest, but talking with the social worker made me think about me – what about me? lt helped me think about my own life not just everyone else’s. I think also I was getting depressed as I did nothing for myself. Before I looked after Mary I use to really enjoy swimming and going to aerobics. I used to have a job in the newsagents which was only two days a week but it was a good laugh and I use to see so many people who I knew. However, all that changed when Mary had her stroke and I just felt that I had to look after her – it just felt the right thing to do. But after a while I was losing weight, getting low and irritable with my boys. The assessment said I could have some help from social services and the social worker (called Theresa – who is lovely) talked to me about direct payments. To cut a long story short I decided to have the Monday free of caring so it gives me a long weekend. I was given a direct payment which I spend on monthly membership on Nordic Walking so I can keep well both in my head and body! I also use my direct payment to go to college on the Monday night where I am learning book keeping – I get pretty tense in my shoulders and back looking after Mary and I can even use my direct payment for a message every six weeks or so. My life has improved so much and I feel I am supported to look after Mary. For the moment this works out but your never know what’s around the corner – so I just take each day as it comes and try and look after myself now as well as everyone else! |

The following film is about Linda who needs care as a cared for mum and uses a direct payment to pay her friends to care to lessen the pressure on her children as carers

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| **Video resource** |
| This [film](https://www.scie.org.uk/socialcaretv/video-player.asp?guid=ee39ff86-6125-45a9-b620-ae3fb10abb4f) is about Linda who uses her direct payment to pay for her friends to care for her. |

# Reviews

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| **Review tool[[38]](#footnote-38)**The questions below provide a structure for review conversations.* Question: How are things going?
* Question: What is the most difficult thing?
* Question: What strength are you drawing on to deal with that?
* Question: What's the best thing about what you’ve achieved?

After each response from the carer, the practitioner should reflect back to the carer what they said and provide a level of affirmation. |

Slide 55

**Facilitators’ notes**

Any plan that results from a carer’s assessment must be reviewed. At the review the practitioner, relevant other professionals, *with* carers are able to check whether the planned changes are working and that outcomes are either being met or being worked towards on agreed timescales.

Reviews should afford time and a safe space for cares to reflect on how their plan has gone. For example, it will be a time for a carer to reflect on what they have agreed to do in either their caring role *and* outside of their caring role. For example, it may be that a carer wishes to reflect on how her new task of feeding mum has gone. It may be that a young carer is reflecting on how well college is going?

Reviews can be used for reassuring carers, where they can honestly talk about good and bad days and be reminded that sometimes progress is ‘taking one step forward and two steps back’ but that the direction they are heading is on plan with their personal outcomes.

Reviews are an opportunity to be attentive and listen to carer's concerns, ideas and aspirations and support the carer to work through these. For example, it might be that a young carer is worried about forthcoming GCSEs because she does not have much time to study, not only looking after her mum but also her siblings. Since the last time the practitioner saw her, this worry has got more pronounced. The review is an opportunity to prevent the worry becoming worse and work with the carer to think of strategies that may support her during this time.

Review documentation should include space for open text and be written as the first person. Scales are useful to measure ‘distance travelled’ – this type of measurement gives a quantitative snap shot of progress and when analysed along with qualitative information gives the practitioner a richer picture/and information to reflect on when reviewing a support plan. Scales can be numbers, happy/neutral/unhappy faces or thumb up or down emojis – enough information to give a picture, *amongst* other evidence of whether the support in place is doing what it should do to promote well-being and personal outcomes.

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| **Toolkit – page 27** |
| Review Tool[[39]](#footnote-39) |

New outcomes agreed during the review must be driven by the aspirations of the carer. The outcomes should also be[[40]](#footnote-40):

* Realistic
* Achievable
* Behaviourally described (what behaviours will happen to meet outcomes)
* Meaningful, addresses their real dilemmas and concerns
* Inclusive of families
* Sustainable over time

The person facilitating the review should seek to understand whether everyone is in agreement and whether there is anyone who is not present at the review meeting whose view should be sought?

A review is not necessarily an end of a process. It may be that a practitioner no longer needs to be involved as a key worker and the no further action is taken. However, the carers’ lives still go on and will be subject to ups and downs such as death, illness, hospital admissions and, of course, the positive things in life such as starting college, school, pursuing a career, weddings, births, etc. It may be that at some point the carer may need to come back to the local authority for a reassessment and this pathway should be clear and accessible to all family carers.

Within the context of reviews it is important to:

* Mark endings – be clear and straight about what will now happen and future plans.
* Celebrate achievements – reflecting on positive progress and appreciating the things that have been achieved.
* Note strengths – affirmation of strengths and for these to be celebrated and drawn further upon by the carer as they continue onwards.
* Leave the door open – give the message that ‘we are here for you should you need to speak to us and so are others’.

Reviews also can provide invaluable information to the practitioner and relevant organisations to develop and improve practice. For example, the reviews can be a time when the practitioner reflects on their approaches or interventions – did they seem helpful, if so what was helpful, if not, what were the problems and what might be done differently the next time? Reviews have real power to be transformative reflections for both the carer and practitioner and can lead to empowering change.

Information from reviews can also help commissioners with strategic planning, shaping markets and communities. Samples of reviews can be aggregated and analysed and help with the business of ensuring the *right level* and the *right* servicesare in place in communities by having a better understanding of national population assessments and planning accordingly. This is not just what local authorities can provide or even commission – it is about facilitating the wider community resource and local/regional markets. The Outcomes Circuit model developed by Talking Points shows how reviews can steer a continuous cycle of improvement; linking the individual carer outcomes to service and strategic level outcomes.

## Outcomes circuit

**Recording**

**Improvement**

**Analysis**

**Monitoring**

**Recording**

Slide 56

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| **Exercise** |
| This exercise helps practitioners to understand the ‘golden-thread’ that runs from the outcomes identified in the assessment, to support planning and review and how they should link to National well-being outcomes. The example also illustrates how SMART principles can be applied when writing outcomes.You will need copies of **Terry and Gethin’s case study** (see section 10 case studies) a copy of Welsh Governments [**Well-being statement for people who need care and support and carers who need support.**](https://gov.wales/docs/dhss/publications/160831well-being-statementen.pdf)Also a copy of a Gethin’s personal outcomes directly below . |
| **Example of Gethin’s personal outcomes**As **assessment outcom**e might be:*“[Gethin] I would like to continue my education and will enrol in college. I would like to do this in Sept 2018, I have always enjoyed learning and have really missed it being carer to my dad. A part-time course is more realistic given my current caring role. By July I will enrol on the course”***Support plan outcome:***“I will be a part-time student in September 2018 and for these hours we have arranged for my dad to have increased care and a visit from the carers support worker (see dads support plan). I will discuss with my tutor at college that I am a carer and discuss possible impacts on me being a student”***Review outcome:***“My college course is going well. I have passed my first assignment. However, my dad became ill early October and we had to re-gig the carer hours around (see dads support plan). This was managed well by the carer agency. However recently my dad is getting fed up me being away as much as I am, and he is not sleeping or eating well. This makes me feel guilty and I am not sure how best to manage this. He is also complaining to the carers – I would like some advice on this.”*An action on this outcome might be to refer the carer for a weekly conversation and ‘check-in’ with a carer support worker at the local carers centre and referral to GP for Terry, with his permission. Gethin may also use the well-being service at the university for support. |
| Ask practitioners to read **Terry and Gethin’s case study** and **Gethin’s personal outcome example** that is threaded through from assessment, support planning and review. Then ask them to match and link the review outcome to the following:* [National well-being outcome](https://gov.wales/docs/dhss/publications/160831well-being-statementen.pdf) (page 2)
* What can you use as evidence that Gethin’s personal outcome is met?
* Using the case study, can you think of other possible outcomes to be supported, reviewed and measured?

Example answer:  |
| Well-being | National well-being outcomes | What to measure |
| Education, training and recreation | *“I can learn and develop to my full potential”**“I do the things that matter to me”**Gethin: “My college course is going well. I have passed my first assignment”* | *Adult learner outcomes and qualifications.**Whether people are able to do the things that matter to them.**Gethin is on his way to passing the course if we continue to provide support for him, as a carer and student.**Gethin has said on a number of occasions he feels he has picked up his ‘life again’ and is engaging in education again, which really matters to him.* |

# Case studies

Below are a series of case studies that can be used throughout the training.

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| **Case study example: Identifying as a carer[[41]](#footnote-41)** |
| **Mary**Mary has been caring for her husband with Parkinson’s, and her son who has mental health issues for around 10 years, but only identified herself reluctantly as a carer more than eight years ago when her son was first hospitalised and health professionals referred her. She just saw herself as a wife and mother. Caring has been challenging and stressful at times and she had to give up work as a supply teacher – a job she loved. *“As a supply teacher, I got to choose my hours. But when caring became more demanding and stressful, I turned down work because I just couldn’t get enough sleep or I needed to travel to health appointments.* *“Only after a particularly bad episode eight years ago when my son Andrew was in hospital did health professionals identify me as a carer and refer me for support.” Caring leaves little time for me so having access to a carers support group and counselling has really made a difference to me.* |

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| **Case study example: Carer journey** |
| **Rhydian**Rhydian is 12 years old and lives with his mother and younger sister. Rhydian’s mother, Alison, has Multiple Sclerosis (MS) which means that some days she cannot walk and throughout the day she can become very fatigued and be barely able to move. Rhydian carries out some caring responsibilities for his mother but he gets fed up and wants his younger sister, Cerys, who is seven years old, to do more. He feels that he has to look after Cerys, making sure she’s had breakfast and gets to school. He gets fed up having to play with her and watch her TV programmes.Rhydian’s caring duties include some daily household jobs like filling and emptying the dish washer, emptying and taking out the bins, laundry and cooking. He also carries out personal tasks such as helping his mum go to bed earlier if she is having a ‘bad day’ and to use the toilet and change incontinence pads. His mum’s needs can fluctuate in the day and over days and weeks. Alison calls these regular episodes ‘going downhill’ and gets very low and frustrated. She feels very guilty about the help that Rhydian has to give her, but she has said that social services will only give her two toileting visits a day and a visit in the morning to help getting out of bed and dressed. Recently Alison’s low moods and feelings of helplessness have been more pronounced and are longer lasting than in the past and can last for weeks. Rhydian takes out some of his frustration with the situation on his teachers and can be verbally and physically aggressive – he has been warned he might get excluded. He has also told Alison that he does not have friends at school and that they call him a ‘freak, ‘weirdo’ and ‘psycho’. Rhydian can become very tearful when he discusses this and can lash out, throwing things around in the house. Recently he has been shouting at his mum and sister. |

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| **Case study example: Sandwich carer** |
| **Mrs M**Mrs M is daughter and carer to her mother, Mrs S, who is 92. Mrs S has late stages of Alzheimer’s and Polymyalgia. Mrs M would like her mother, Mrs S to have a good quality of life, to stay in her extra care housing (ECH) for life, despite a low Bartel and MTS (Mental Test Score) ***(Quality of life [well-being] cared for person)***. This means that Mrs S, will require carer visits throughout the day and a hoist amongst other arrangements. Mrs M wants to support her mother but also wants a ‘life of her own’ for example continue going to the Women's Institute (WI) monthly and going to her daughters once a week ***(quality of life [well-being] for the carer)***. Mrs M, with the social worker have agreed that Mrs M will provide certain times for care in between care package visits (she will have an OT and dietician visit to explain how to help mum at meal times). She will have a Wednesday evening out of every month to go to the WI and will visit her daughter weekly – the care package will put in extra visits for these times. Mrs M is also in telephone contact with the local carers centre and the details of support are included in a support plan, with other key telephone numbers and a contingency plan in place ***(Managing the caring role)***. The practitioner and Mrs M agree to see ‘how it goes’ over the next few weeks – Mrs M feels comfortable that she is recognised as a carer, her knowledge and expertise is respected and feels confident to be open and honest with the practitioners ***(process)***. |

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| **Case study – Carer parent[[42]](#footnote-42)** |
| **Kate** Kate is a parent carer to her son who is ten years old. He was born with a number of health issues, the primary one being a rare genetic disorder, along with learning disabilities, ADHD, speech, language and sensory issues.Kate lives with her partner, son and seven-year-old daughter. Her son attends a mainstream primary school but with dedicated one to one teaching support at all times.Being a parent carer has had a huge impact upon Kate’s life. Due to her son’s needs Kate is unable to work in paid employment as she needs to be flexible. As a family they have had to adapt the way in which they live to suit their son’s needs and have very little time as a couple, as specialist childcare is needed.Kate says, *“As a parent carer I always feel as if I am fighting for something. There is constantly something that you need to fight for, for your child. Life is a struggle, it’s hard on relationships, my partner and I often argue about how best to meet our son’s needs, or about strategies for best managing his behaviour.”**“My wish list as a carer is for there to be less red tape, shorter waiting times for assistance or assessments and more resources for children with care needs. I volunteer in a parent liaison role with the ‘We love carers’ group’ to help other parent carers to understand their rights and to work with organisations to improve services for carers.”* |

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| **Case study – Carer of a son and wife[[43]](#footnote-43)** |
| **Philip** Philip Wright is a carer and here is his carer story:*“I have four sons. My 17-year-old, Aaron, is severely disabled with quadriplegic cerebral palsy. My wife Michelle, who shared responsibility with me, nearly died in**2011 with a brain aneurysm and a heart valve replacement. It has affected her left side and she is unable to look after our son Aaron any more. So my 19-year-old helps to look after her.**“Aaron needs 24-hour care. I am up most nights and I get no sleep whatsoever. My 19-year-old son looks after Aaron on Wednesday nights so I can get at least one night's sleep a week.**“School holidays can be hell. Aaron doesn't like too much sun so we tend to stay indoors a lot. I'd like to take my boys out for the day but it's just not possible and I can't expect my eldest son to look after everyone else.**“Please don't get me wrong, I get a lot of happiness from my family so don't think it's all bad, but there are some very, very hard times.**“I love my family to bits and would do all I can but when you get no time to yourself and never get chance to socialise anymore it has become very stressful and lonely.**“I think these tests [screening for signs of depression] would make me feel that my welfare is being looked after which I would like. But what would really help is someone coming to the house to help me and to give me a break.”* |

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| **Case study – A recently bereaved carer** |
| **Claire**Claire is 66 and was caring for her husband, Colin, who had early on-set dementia. Colin has recently died from the disease. Claire, was a nurse, and took early retirement to look after Colin. Towards the end of Colin’s life, he required 24-hour nursing care. This was provided in their home with a large care package of two carers visiting four times a day and equipment such as hospital bed and hoist. She was heavily involved in his care and did everything for her husband outside of these carer visits. Before Colin needed 24-hour care Claire was involved with the local carer groups and was involved in council consultations about caring. However, for the last 18 months her time has largely been spent in their home, only getting out when her daughter visited and when the carers came in, she would walk around the block. Although times have been difficult she actively advocated for Colin to have a support plan at home and for her to take on a huge amount of the caring role. Claire, since the death of Colin, has become very depressed and has developed agoraphobia and is finding it very difficult to leave the home. Her daughter is very concerned for her and reports that her mum says “*I’ve lost my husband and my role in life – this home has been my universe for years – I don’t know what to do anymore…”* |

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| **Case study – Carer looking after someone with mental and physical health issues** |
| **Terry and Gethin**Terry, has recently been diagnosed with heart failure (CHF) and Clinical depression. Terry is a widower and has one son, Gethin. Before Terry’s heart failure was diagnosed he had been recovering from bowel cancer and radiotherapy. His depression has been long standing and was triggered by the death of his wife five years ago, who had breast cancer. Terry is not known to mental health services but is on anti-depressants. Gethin lives with his dad and became his main carer during the cancer. He provided personal care and help with domestic activities of daily living such as house cleaning, cooking and laundry, etc. They also had a support package in place with carer and district nurse visits. Gethin is 21 years old and wants to pick up his education again that he ‘put on hold’ during his mum and dad’s illness. Terry is supportive of this but is also anxious that he will have to depend on others. His CHF is causing him pain, severe breathlessness, poor mobility and compounding his clinical depression. Gethin, wants to continue to support his dad but also ‘have a life of his own’. |

# Further reading and useful resources

## Websites

[Carers Centre](https://www.carerscentre.com/about-carers-centre.php)

An online resource for carers, offering information and advice about benefit entitlements and financial issues. Useful for practitioners to read and sign post to carers.

[Carers Trust Wales](https://carers.org/country/carers-trust-wales-cymru)

National website of the Carers Trust Wales.

[Carers Wales](https://www.carersuk.org/wales)

National Carers UK Wales website.

[Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)](https://www.ncb.org.uk/what-we-do/our-priorities/vulnerable-children/training-social-care%22%20%5Co%20%22View%20item)

Identifies and coordinates local, regional and national evidence of 'what works' in the effective practice in delivering children's services. This includes the narrowing the gap programme. The website has many useful reports and toolkits to support work in children's services.

[Cerebra](https://www.cerebra.org.uk/)

Charity dedicated to supporting families with brain conditions – plenty of specific information and research for carers.

[Children in Wales](http://www.childreninwales.org.uk/resources/social-care/%22%20%5Co%20%22View%20item)

Children in Wales is the national umbrella body for organisations and individuals who work with children, young people and their families in Wales. The organisation carries out several activities such as research, producing and disseminating information.

[Free Social Work Tools and Resources for Direct Work with Children and Adults by Social Workers](http://www.socialworkerstoolbox.com/%22%20%5Co%20%22for%20Direct%20Work%20with%20Children%20and%20Adults%20by%20Social%20Workers)

A web resource packed full of social work practice tools. Worth practitioners having a look at the different tools and if useful, add them to your tool box.

[Health in Wales](http://www.wales.nhs.uk/%22%20%5Co%20%22View%20item)

Information from the NHS in Wales and its partner organisations, about the health of the population of Wales, and health and social care services provided by NHS Wales.

[In Control](http://www.in-control.org.uk/what-we-do/people-families/social-care-future.aspx)

Website of the programme which aims to change the organisation of social care in England so that people can take better control of their own lives – self-directed support. Although policy approaches are not identical in Wales some of the good practice here is more generally applicable. In-Control has developed a whole system for self-directed support, with policies and procedures for resource allocation, support planning, supported decision making etc.

[Mental Health UK](https://www.mentalhealth-uk.org/who-we-are/)

A website promoting information and resources, so people can support their own mental health. Useful for practitioners to signpost to carers.

[Mind Tools](https://www.mindtools.com/)

Is a website dedicated to good leadership and management. It is a huge resource for anyone wishing to reflect, learn and build on positive relationships to meet desired outcomes in the work place and wider relationships.

[Research in Practice](https://www.rip.org.uk/%22%20%5Co%20%22View%20item)

Research in practice is the largest children and families research implementation organisation in England and Wales. The website is a very valuable resource on evidence informed practice with children and young people and a wide range of publications are available.

[Research in practice for adults.](https://carers.ripfa.org.uk/)

Offers news and policy updates, details of learning events and of several 'change projects' plus a resource bank. Its 'evidence clusters' provide a good overview of the issues, e.g. organisational change for health and social care integration – impact on frontline staff.

[Rhydians Social Welfare Law website.](http://www.lukeclements.co.uk/rhydian-social-welfare-law-in-wales/)

Really useful information and resources to assist the public and professionals to interpret and apply guidance and legislation in Wales and England.

[Signs of Safety](https://www.signsofsafety.net/)

A large resource on the signs of safety approach.

[Social Care Online](https://www.scie-socialcareonline.org.uk/%22%20%5Co%20%22View%20item)

Social Care Online is a free service from the Social Care Institute for Excellence which provides a range of information, materials and research on all aspects of social care. It has a wide range of materials including; good practice guidance; research reports and briefings; policy documents; training materials and journal articles.

[Social Care Wales](https://socialcare.wales/)

National organisation that sets standards for the care and support workforce. Many resources, good practice guidance and information available on the website.

[Think Local Act Personal](https://www.thinklocalactpersonal.org.uk/)

Think Local Act Personal (TLAP) is a partnership of more than 30 organisations committed to transforming health and care through personalisation and community-based support. TLAP has produced quality assurance briefings in relation to driving up quality in adult social care.

[Veteran NHS Wales](https://www.veteranswales.co.uk/)

A website for veterans and carers. Information on the veteran therapist service with links and resources available. A key resource for practitioners working with carers of people having served in the armed forces.

## Practice text books

Critical Thinking & Professional Judgement in Social Work (2015) Rutter, L. and Brown, K. SAGE.

A comprehensive text book on how to do critical thinking to inform good practice judgement for students and practitioners in social work

Developing emotional resilience in social work (2014) Grant, L., and Kinman, G. Community Care Reform.

Grounded in both theory and practice, this book explores how resilience theory and techniques can be applied to help social workers manage the complexities and challenges they face in everyday practice.

Evidence-based Practice in Social Work (2011) Matthews, I. and Crawford, K. Learning Matters Ltd.

An easy to read and thought-provoking text book on skills to develop around critical thinking and reflective evidence-based practice.

Narrative social work: Theory and application (2013) Baldwin, C. Policy Press

Comprehensive text book exploring the theory of narrative social work and how it can be applied in social work practice. A good introduction to this way of practice.

The Emotionally Intelligent Social Worker (2008) Howe, D. Red Globe Press.

Howe makes a case for the importance of understanding and managing emotions for good social work practice. Written for both students and social care practitioners.

The Skilled Helper. A client-centred approach (2017) Egan, G. Cengage Learning

A detailed text book that looks, in detail, at the micro-skills and practice skills required to be a skilled helper.

The Strengths Perspective in Social Work Practice: International Edition (2013) Pearson A text book exploring both theory and practice of strengths-based practice.

Writing Analytical Assessments In Social Work. Critical Skills For Social Work. Dyke, C. (2016) Critical Publishing

A good text book exploring critical skills for social work. Looking at chronologies, genograms and ecomaps, planning reporting, writing and analysis.

## Useful publications

[A Carer’s Life: Implications and Considerations for Commissioning.](https://ipc.brookes.ac.uk/publications/A_carers_life.html)  Institute of Public Care June 2017.

This paper discusses the implications for commissioning of a study conducted by Sarah Broadhurst at IPC that explored the reality for carers, their quality of life outcomes and the emotional dimensions of their lives. The study looked across all adult carer groups to see if there are common themes that are relevant to all carers and commissioners.

[An integrated approach to identifying and assessing Carer health and wellbeing.](https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf) NHS England, Carers UK. Carers Trust, The Children’s Society and Adult Directors of Social Services (ADASS) (May 2016)

This report addresses changes to the way in which carer health and well-being need is identified, assessed and supported due to the Care Act 2014 and the Children and Families Act 2014. Though it describes English legislation it is still useful in considering the themes of integrated working when identifying and assessing young carers.

[Care and support in Wales: national population assessment report.](https://socialcare.wales/cms_assets/file-uploads/SCW-NPAR-ENG.PDF) Social Care Wales (November 2017).

This report provides the regional population reports for care and support in Wales. It looks at common factors identified in these reports and provides summary of findings.

[Care and support is changing](https://gov.wales/docs/dhss/publications/160330carerinfoen.pdf) Welsh Government

Service user friendly leaflet explaining changes in the law with the Social Services and Well-being (Wales) Act 2014. Was published at the time of the Act, however it is still useful for a summary of carers rights under the Social Services and Well-being (Wales) Act 2014

[Carer support and involvement in secure mental health A Toolkit.](https://www.england.nhs.uk/publication/carer-support-and-involvement-in-secure-mental-health-services/)  NHS England. Uclan (June 2018)

This toolkit provides clear information for carers, service users, service providers and commissioners about how carers of people who use secure mental health services can be engaged, supported, involved and empowered.

[Children and Young People](https://gov.wales/topics/people-and-communities/people/children-and-young-people/?lang=en) Welsh Government website

Welsh Government information and resources based on delivering the core aims of the United Nations Convention on the Rights of the Child.

Collaborative communication skills (Power Point). Achieving Sustainable Change (ASC Ltd) and Social Services Improvement Agency (SSIA). Rhoda Emlyn-Jones and Cathryn Thomas.

Training slides on collaborative communication for practitioners in social care.

[Critical social work practice a narrative approach.](http://collections.crest.ac.uk/119/1/fulltext.pdf) International Journal of Narrative Practice, 1(1), 9-18. Roscoe, K. D. & Madoc, I. (2009).

Demonstrating care skills to Carers Training Pack. Resource 1. Social Care Wales.

Developing emotional resilience in social work (2014) Grant, L. and Kinman, G. Community Care Reform

A good article that explores theories and thinking on emotional literacy and reflective thinking; looking at how emotional intelligence can be developed as part of self-efficacy.

[Do You Care? Making identification and support for carers a priority](https://www.macmillan.org.uk/_images/DoyouCareHelpinghealthprofessionalstoidentifyandsupportcarers_tcm9-271232.pdf). Macmillan Cancer Support.

A concise article setting out how practitioners can improve identification and support of carers for people with cancer.

[Engaging with involuntary service users in social work.](http://www.socialwork.ed.ac.uk/__data/assets/pdf_file/0020/62273/Good-Practice-Guide.pdf)  Good practice guide (January 2010)

This guide is based on a research project at The University of Edinburgh. It’s a really interesting article on how to understand and work with involuntary service users. Practice based and easily applicable in the work place.

[Good Practice in working with parents of disabled children](https://amazesussex.org.uk/wp-content/uploads/2013/03/Disabled_Children_Handbook2.pdf/). National Academy for Parenting Practitioners.

[Hidden from view: The experiences of young carers in England.](https://www.childrenssociety.org.uk/sites/default/files/tcs/report_hidden-from-view_young-carers_final.pdf) The children’s Society (May 2013)

A large-scale study of pupils aged between 13 and 14 in England. It examines how many of these young people were carers. It provides a picture of the scale of caring, the nature of caring and impacts of daily lives and provides recommendations.

[In Poor Health, the impact of caring on health](http://static.carers.org/files/in-poor-health-carers-uk-report-1674.pdf)  Carers UK (June 2004)

A report on the health of carers across the UK. It is now quite an old article but still interesting reading when thinking of the caring role and possible impacts on health.

[In Sickness and in Health.](https://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health) Carers UK et al. (June 2012)

Based on a survey of over 3,000 carers, this report illustrates that many carers postpone their own medical treatment because of their caring responsibilities. It also looks at other impacts which influence abilities to look after their own medical needs.

[Looking after someone – Information and support for carers](https://www.carersuk.org/wales/help-and-advice/factsheets-carers-wales/looking-after-someone). Carers Trust Wales 2018.

A national guide for anyone caring for family or friends. The guide outlines carers rights as a carer and gives an overview of the practical and financial support available.

[Missing out. The identification challenge.](https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge) Carers UK (November 2016)

Report of findings from Carers UK’s State of Caring Survey 2016, this research explores the time it took people to become identified as carers and some of the challenges regarding early identification.

[National Commissioning Board Wales. Good Practice Guidance for Regional Partnership Boards on the Integrated Commissioning of Services for Families, Children and Young People with complex needs Toolkit.](https://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=1766) Institute of Public Care (September 2018).

Good practice guidance and tool for regional partnership boards, to reflect and assess their integrated commissioning arrangements.

[No wrong doors: working together to support young carers and their families.](https://www.local.gov.uk/sites/default/files/documents/no-wrong-doors-working-to-27d.pdf) The Children’s Society, adass, ADCS and Carers Trust (March 2015).

A template resource to help promote better working between adults’ and children’s social care services and enhanced partnership working with health and third sector partners.

[Practice guidance.](https://socialcare.wales/basic-content-page/practice-guidance) Social Care Wales (2018)

Practice guidance for social care workers

[Preventative support for adult carers in Wales: rapid review.](https://socialcare.wales/resources/preventative-support-for-adult-carers-in-wales-a-rapid-review) Social Care Wales and Social Care Institute for excellence (2018)

A rapid review of preventative support for adult carers in Wales. Provides overview of relevant research and reports about good practice, new models and innovation. It was written by the Social Care Institute for Excellence (SCIE) for Social Care Wales.

[Resource pack for managers: ‘Better Conversations’ in Information, Advice and Assistance Services.](https://socialcare.wales/hub/hub-resource-sub-categories/better-conversations) Getting in on the Act. Social Care Wales (2017).

A set of comprehensive slides and notes on how to have better conversations in Information, Advice and Assistance services. However, these collaborative approaches can be applied in any social care interaction. There are two packs; one for operational and management staff and the other for strategic and planning staff.

[Rights for young carers and young adult carers in the Children and Families Act The Carers Trust](https://professionals.carers.org/sites/default/files/children_and_families_act_briefing.pdf)

A helpful briefing on changes to legislation and impacts on rights of young and adult carers.

[Solutions -focused practice A toolkit for working with children and young children NSPCC.](https://www.onestopsocial.co.uk/wp-content/uploads/2018/01/solution-focused-practice-toolkit.pdf)

A good tool-kit setting out what solutions focussed practice is, the elements and methods of approach and user-friendly assessment tools. This is useful as it is very much practice focussed.

[Step 9: Identifying, Assessing and Supporting Young Carers and their Families.](https://professionals.carers.org/step-step-guide-identifying-assessing-and-supporting-young-carers-schools) Cares Trust Professionals. Carers Trust (February 2017)

A tool-kit for professionals to help identify, assess and support young carers. Useful practice tools and training guides.

[Strengths-based social work practice with adults.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652773/Strengths-based_social_work_practice_with_adults.pdf)  Department of Health (2017).

Roundtable report on strength based social work practice, sets out definitions, evidence base, research and explores good practice using case studies.

[Supporting Carers Guidance and case studies](https://www.local.gov.uk/supporting-carers-guidance-and-case-studies) Local Government Association (December 2018)

[Talking Points: Personal Outcomes Approach. A Practical Guide for Organisations.](http://www.ccpscotland.org/wp-content/uploads/2014/01/practical-guide-3-5-12.pdf) Cook, A and Miller, E. (2012)

Report of a ground-breaking study and programme of personal outcomes in Scotland.

[The Economic Case for Supporting Young Carers for Surrey Young Carers.](https://uk.ecorys.com/news/ecorys-cost-benefit-analysis-shows-value-supporting-young-carers) Whitley, J. ECORYS (May 2017)

Interesting report looking at the economic benefits for supporting young carers. It provides a possible evidence base for similar interventions elsewhere.

[Track the Act, Briefings](https://www.carersuk.org/wales/news-campaigns/track-the-act/track-the-act-survey-briefings) Carers Wales (2018)

Comprehensive briefings that track how local government is delivering on new duties set out in the Social Services and Well-being (Wales) Act 2014. Three reports have been written since implementation and are revealing about the progress of reform across Wales.

[Where are you now – self assessment Supporting carers self-assessment tool](https://www.skillsforcare.org.uk/Document-library/Skills/Carers/CMEB-files/self_assessment_tool_v2.pdf) Skills for Care (May 2012)

Assessment tool for organisations and teams to establish how well they are responding to the new duties in the Social Services and Well-being (Wales) Act 2014.

[Young Carer Assessment Tools.](https://professionals.carers.org/young-carer-assessment-tools) Cares Trust Professionals. Carers Trust (September 2015)

Website pages that have several practice tools that can be used when assessing young carers. Very useful to have a look through, reflect how you may use them in practice and add to your own professional toolbox.

[Young Carers In Schools - A Toolkit for Local Authorities](https://professionals.carers.org/type-professionals/toolkit) [Carers Trust professionals](https://professionals.carers.org/). Carers Trust (November 2018).

Another comprehensive tool and resource from the Carers Trust regarding identifying and supporting young carers in schools.

[Young Carers’ Needs Assessment.](https://www.local.gov.uk/sites/default/files/documents/Young%20Carers%20needs%20assessment.pdf)  The Children’s Society, adass, ADCS and Carers Trust.

This covers the Care Act 2014 and the Children and Families Act 2014. Although it discusses the Care Act 2014, which is English Law, it is useful to read about the Children’s and Families Act and the relevant agencies responsibilities towards assessment of young carers.

[Young Carers toolkit.](https://gov.wales/topics/health/socialcare/young-carers-toolkit/?lang=en)  Welsh Government (September 2017).

Tool-kit resource to support training for health, education, social services professionals, young carers and young adult carers on issues and practice regarding young carers.

Your Good Health! A Toolkit for Family Carers.  NHS

A guide specifically aimed at family carers of loved ones with learning disabilities. A concise yet comprehensive resource. A great resource for practitioners to read and to signpost to carers.

## Legislation and guidance

[Social Services and Well-being (Wales) Act 2014.](http://www.legislation.gov.uk/anaw/2014/4/contents/enacted)

The legislation in full.

[The Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted)

The legislation in full.

[The Equalities Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)

The legislation in full.

[Social Care Wales – Social Services and Well-being (Wales) Act 2014.](https://socialcare.wales/hub/home)

This is a central hub that sets out the legal framework of practice under the Social Services and Well-being (Wales) Act 2014. It also sets out regulation and inspection and learning resources, that include carers and other groups of people who may need support and care. This is an important resource which practitioners should be accessing as part of their practice.

1. Tools created or adapted by IPC unless referenced otherwise. [↑](#footnote-ref-1)
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3. Carers Trust: Rights for young carers and young adult carers in the Children and Families Act 2014: page 2. [↑](#footnote-ref-3)
4. Carers Wales, (2015) [↑](#footnote-ref-4)
5. Welsh Government (2017). [↑](#footnote-ref-5)
6. Wilson, J. (2014) *Supporting People through Loss and Grief.* London: Jessica Kingsley Publishers. Page 33. [↑](#footnote-ref-6)
7. Parkes, C. (2006) *Love and Loss: The Roots of Grief and its Complications.* Hove: Routledge. Page 30. [↑](#footnote-ref-7)
8. Shim, B., Barroso, J., and Davis, L. (2012) A comparative qualitative analysis of stories of spousal caregivers of people with dementia: negative, ambivalent, and positive experiences. *International Journal of Nursing Studies 49 p220-229* [↑](#footnote-ref-8)
9. Griffith, G., Hastings, R., Oliver, C., Howlin, P., Moss, J., Petty, J., and Tunnicliffe, P. (2011) Psychological well-being in parents of children with Angelman, Cornelia de Lange and Cri du Chat syndromes. *Journal of Intellectual Disability Research 55(4) p397-410* [↑](#footnote-ref-9)
10. Tonkin, L. (2007) *Certificate in Grief Support: Extending Your Skills in Working With Grieving Adults.* Christchurch, New Zealand: Port Hills Press. [↑](#footnote-ref-10)
11. Cavaye, J. (2006) *Hidden Carers* Edinburgh: Dunedin Academic Press. [↑](#footnote-ref-11)
12. Broadhurst,S. (2019) *Understanding Resilience in Family Carers* (University of Kent: Unpublished). [↑](#footnote-ref-12)
13. Carers Wales (2015) <https://carers.org/country/carers-trust-wales-cymru> [↑](#footnote-ref-13)
14. Institute of Public Care (2014) *Commissioning for Health and Social Care* London: Sage Publications [↑](#footnote-ref-14)
15. Carers Trust Wales (2016) <https://carers.org/country/carers-trust-wales-cymru> [↑](#footnote-ref-15)
16. Social Care Wales and Social Care Institute for Excellence (2018) *Preventative support for adult carers in Wales: rapid review.* Page 7 [↑](#footnote-ref-16)
17. Carers Trust and Skills for Care (2014) *Assessing carers needs. A short guide to taking account of everyone in the family who cares.* Page 2 [↑](#footnote-ref-17)
18. The Children’s Society (2013) *Hidden from View: The experiences of young carers in England* [↑](#footnote-ref-18)
19. Social Care Wales and Social Care Institute for Excellence (2018) *Preventative support for adult carers in Wales: rapid review* [↑](#footnote-ref-19)
20. IPC adapted Module 2: slides <https://professionals.carers.org/type-professionals/toolkit>). [↑](#footnote-ref-20)
21. Welsh Government – Social Services and Well-being (Wales) Act 2014 Part 3 Code of Practice (assessing the needs of individuals) paragraph 15 page 7) [↑](#footnote-ref-21)
22. Welsh Government – Social Services and Well-being (Wales) Act 2014 Part 3 Code of Practice (assessing the needs of individuals) (paragraph 15, page 7) [↑](#footnote-ref-22)
23. Welsh Government – Social Services and Well-being (Wales) Act 2014 Part 3 Code of Practice (assessing the needs of individuals) [↑](#footnote-ref-23)
24. Welsh Government. Care and Support is Wales is Changing [gov.wales/docs/dhss/publications/160330carerinfoen.pdf](https://gov.wales/docs/dhss/publications/160330carerinfoen.pdf). [↑](#footnote-ref-24)
25. Welsh Government (2014) Social Services and Well-being (Wales) Act Part 2 Code of Practice (General Functions) p.8 para 29. [↑](#footnote-ref-25)
26. Social Care Legislation – Information and Learning Hub. Introduction and general functions (March 2017). Level B – Training Module – Introduction and General Functions.

[socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions) [↑](#footnote-ref-26)
27. Mind Tools Website, *The Betari Box*, [www.mindtools.com/pages/article/newCS\_82.htm](http://www.mindtools.com/pages/article/newCS_82.htm) [↑](#footnote-ref-27)
28. Dyke, C. (2018) *Writing Analytical Assessments In Social Work*. Page 47 [↑](#footnote-ref-28)
29. Social Care Wales – Skills-based resource pack for managers: ‘Better Conversations’ in Information, Advice and Assistance Services’. [↑](#footnote-ref-29)
30. Emlyn-Jones, R and Thomas, C – Collaborative communication skills (Power Point). Achieving Sustainable Change (ASC Ltd) and Social Services Improvement Agency (SSIA). [↑](#footnote-ref-30)
31. IPC adapted Emlyn-Jones, R and Thomas, C – Collaborative communication skills (Power Point). Achieving Sustainable Change (ASC Ltd) and Social Services Improvement Agency (SSIA). [↑](#footnote-ref-31)
32. Worth Learning Consultancy – Coaching Training materials. [↑](#footnote-ref-32)
33. Social Care Wales – Skills based resource pack for managers: ‘Better Conversations’ in Information, Advice and Assistance Services’. [↑](#footnote-ref-33)
34. The Institute of Cultural Affairs – ORID Model. [www.ica-international.org/](http://www.ica-international.org/) [↑](#footnote-ref-34)
35. Social Services and Well-being (Wales) Act 2014 – Part 3 Code of Practice (assessing the needs of individuals) [↑](#footnote-ref-35)
36. SCIE Maximising the potential of reablement – The importance of goal-setting Overview [↑](#footnote-ref-36)
37. Adapted by IPC from Skills for Care *Care and support planning self-assessment tool*, Care Act Learning and Development Materials. [↑](#footnote-ref-37)
38. Emlyn-Jones, R and Thomas, C – Collaborative communication skills (Power Point). Achieving Sustainable Change (ASC Ltd) and Social Services Improvement Agency (SSIA). [↑](#footnote-ref-38)
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41. This is a case study example taken directly from:

Carers UK – Missing out. The identification challenge. Report of findings from Carers UK State of Caring Survey (November 2016: page 9). [↑](#footnote-ref-41)
42. This is a case study example taken directly from the website of:

Dudley Carers Alliance – Being a Carer webpage

[www.dudleycarersalliance.org.uk/carers-stories.html](http://www.dudleycarersalliance.org.uk/carers-stories.html) [↑](#footnote-ref-42)
43. This is a case study example taken directly from:

BBC news website article ‘I was in tears’: Carers tell their stories.

[www.bbc.co.uk/news/health-22493627](http://www.bbc.co.uk/news/health-22493627) [↑](#footnote-ref-43)