

Top Tips for Providers Supporting Carers

**Supporting
older carers and
ageing parent
carers to plan for
a future when
they are less able
or unable to care**

This resource is one of a suite of resources developed alongside a report, No Longer Able to Care: Supporting older carers and ageing parent carers to plan for a future when they are less able or unable to care.

All the resources can be found at carers.org/resources/all-resources/105-no-longer-able-to-care.

Most unpaid carers will need support at some point in their caring journey. There will come a point in most carers' lives where they will be less able or unable to care. Carers must be supported at this stage to make sure the best possible outcomes are achieved for them and the people they care for.

This resource will help you support carers to plan for a future when they are less able or unable to care. It gives suggestions on what you can do as providers to make sure you can provide this support.

You can use this alongside our Top Tips for Carers resource to enable carers to think about a future when they are less able or unable to care.

Early identification and support of carers are vital. Without this, subsequent support to plan for a future when carers are less able or unable to care becomes more difficult.

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- Working in partnership with local authorities, health partners and voluntary, community and social enterprise sector (VCSE) organisations will help you more effectively identify and support carers.
- Links between these organisations should be made on a strategic and operational level.
- Approach other organisations who work in your area.
- You can contact your local Council for Voluntary Service (local umbrella group) to make links with local charities
- Make sure there are referral pathways between organisations. This means carers can move between organisations and get the support they need at the time they need it. This should be a dynamic relationship where all organisations can refer carers to each other.

Once a carer is identified, the support plan that is developed for the carer should set out trigger points where a carer will receive support when they are less able or unable to care.

- Once a carer is identified and there is support in place, it is important you consider how to develop the opportunity to talk to them about planning, including for a future when they are less able to care.
- This does not necessarily mean that planning for the future when they are less able or unable to care will be in the first support plan, but trigger points should be on your radar and should be considered as time goes on.

- This goes beyond contingency planning, and you may be talking about a situation that will not happen for years to come.
- The support you provide should be tailored to the needs and circumstances of the individual carer.
- These triggers should be understood as changes in a carer's life which mean they are less able or unable to care. The impact of these changes is likely to be gradual which increases the importance of early dialogue and regular conversations about these different stages of a carer's journey.

The triggers will include:

- A change in the condition of the person they care for meaning carers are less able or unable to care.
 - Carers' own health declining.
 - Carers' own age.
 - Carers becoming physically unable to care.
- Have regular conversations with carers about their needs. When the trigger points you identified are approaching, staff can open up conversations about planning for the future.
 - These conversations could be formal assessments or they might take a different format – the aim is to allow carers space and time to talk about their own support needs and put support in place at the time it is needed.

Providers should also be aware of co-caring situations that could develop whereby the person with care and support needs is also caring for an ageing carer.

- Encourage carers to attend their **NHS Health Check. (See who's eligible).**
- Work with carers to complete their **Mid Life MOT.**

Subsequent assessments should revisit these

- The Care Act stipulates that carers should get an assessment if their circumstances change. These changes in circumstance may be changes to the carer's life or changes to the condition of the person they care for.
- Support for carers that you provide should ensure that this happens. Carers who are approaching trigger points or changes in their carer journey should expect to have support in becoming less able or unable to care.

Supporting a carer cycle



Planning must take into account the carers' individual needs and circumstances. Plans should also take into account the views and needs of the person with care needs.

- The services you provide to support carers should include support for carers to plan for the future when they are less able or unable to care.
- Assessments for when carers' circumstances change should be a core part of the support carers receive.
- Services in your area should work to identify carers early and refer them for specialist support.
- The views, needs and aspirations of the person or people with care and support needs should also be jointly included in this planning, combined with carers' voices as expert partners in care. This should be enabled through co-planning between services, carers and the person with support needs.

Resources

- **Think Local Act Personal (TLAP) - Making it Real.**
- **Example checklist used by Oxfordshire Family Support Network (OxFSN).**
- **West Yorkshire & Harrogate Health and Care Partnership's 'My Coronavirus Plan B'.**
- **Sense - Decisions to Make, Steps to Take.**
- **Top Tips for Carers.**

This planning will sometimes involve another member of the family taking on more, or all of the caring responsibilities. If this is the case that carer must be identified and supported for their own needs.

- As a provider, it may be your role to facilitate conversations between the carer who is giving up caring, and the individual or individuals who are picking up more caring responsibilities.
- This is also a chance to talk to the new carer about their needs as a carer, ensuring they get that early support.
- However, it is important to remember that caring is a choice and you should not assume that another family member or friend will take up more or all of the caring role.
- Some communities who face additional barriers may prefer support from specialist organisations.
- It is important to work in partnership with other local organisations and refer carers who do need, or may benefit from, specialist support to organisations which can provide that.

Work with service users to develop and design your services.

- Recognise that service users and front line staff working with them can play an important role when designing services.
- Offer carers the chance to be part of designing the services they access. This will need to be done in co-operation with your commissioners.

Resources

- **SCIE's guide to co-production and co-design.**
- **Think Local Act Personal (TLAP) – Making it Real.**

What a pathway could look like

Once a carer is identified and referred for support for their caring role, the pathway to supporting them plan for the future could follow the below path:

The carer is identified and referred for support in their caring role

- Support is put in place to support carer in the day to day challenges.



As part of support – trigger points for longer term planning are identified by carer and frontline providers

- Providers should talk to carers about why these trigger points are being identified, and why long term planning is important.
- The carer is asked if they would like support from other organisations once which might specialise in supporting people and carers from the community the carer identifies



Further conversations and reassessments happen to make sure carer needs are documented

- These can be formal statutory reassessments under the Care Act, or more informal assessments carried out by providers.
- The important outcome is that providers are keeping track of carer needs and wishes.



Once trigger points are approaching – planning begins

- Conversations with carers.
- Conversations with the person or people with support needs.
- Conversations with other family members.



Create a support plan

- Create an action plan relating to the specific needs and wishes of the carer, person with support needs, and other family members who have been involved.
- Outline what the actions are and how – and by who – the support is going to be put in place.
- Working with other organisations, a support plan is put in place to ensure carers get the support they need.
- Include any referrals to other organisations that will take place and a lead contact.



Store, record and revisit if necessary

- As this plan will be put in place ideally before it is needed, keep it as a 'live' document.
- Revisit it periodically to ensure it is up to date and still in line with everyone's wishes.
- Share information in line with confidentiality rules.

About Carers Trust

Carers Trust is a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with a UK wide network of quality assured independent partners and through the provision of grants to help carers get the extra help they need to live their own lives. With these locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

Our vision is that unpaid carers count and can access the help they need to live their lives.

Carers Trust
Unit 101
164-180 Union Street
London SE1 0LH.
Tel: 0300 772 9600
Email: policy@carers.org
Carers.org



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