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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Standards for Adult Social Care Support Services for Carers

June 2008

Foreword

A core objective of the Department has been the continuous improvement of services for the people of Northern Ireland. *Best Practice - Best Care* was a key document in establishing the framework for developing quality standards and improving regulation in health and social care services. Publication of the *Quality Standards for Health and Social Care*¹ and Minimum Standards² with regard to regulated services are important milestones in pursuing this core objective. At the heart of these standards are the key values of: dignity and respect; promotion of independence and of rights; equality and diversity; choice and capacity; privacy; empowerment; confidentiality; and safety for all.

Support for carers is a central policy objective for the Department and the Standards for Adult Social Care Support Services for Carers will complement the published standards with regard to practice and service provision in this important area of work.

The standards were developed through a Reference Group comprising representatives from a wide range of agencies from across Northern Ireland, including carers' organisations and carers; commissioners and providers of social care services; voluntary and community organisations; and academic and policy interests.

The standards have been informed by research, rigorously reviewed and now represent a robust set of agreed standards against which adult social care support services for carers can be benchmarked. They will provide a structure for developing quality services and they will help to improve and regulate practice ensuring that carers remain at the centre of service provision.

I wish to acknowledge the valuable contributions of the Reference Group in the development and revision of these standards. Finally, I wish to extend my thanks to all of the individuals in Boards, Trusts and the other agencies and groups for their willingness, co-operation and support throughout the inspection process; and, in particular, to the many carers and cared for persons who shared generously of their time, stories and personal experiences.

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¹ The Quality Standards for Health and Social Care Supporting Good Governance and Best Practice in the HPSS can be accessed at:

http://www.dhsspsni.gov.uk/qpi_quality_standards_for_health__social_care.pdf

² Information about Care Standards can be accessed at:

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-standards/sqsd-standards-care-standards.htm>

Standards for Adult Social Care Support Services for Carers

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INTRODUCTION

People First: Community Care in Northern Ireland in the 1990s (People First),³ established the core principles for community care policy in Northern Ireland. The policy included six central objectives, one of which was “to ensure that service providers make practical support for carers a high priority”. People First remains at the heart of community care policy with its focus on responding to the wishes of individuals to lead independent lives in the community, with appropriate support from health and social care services for both service users and carers. This support should optimise choice, promote independence and ensure fairness and equity.

Development of the standards

The Standards for Adult Social Care Support Services for Carers were initially developed in 2004/2005 to assist the inspection of social care support services for carers of older people with a particular emphasis on the impact of these services on carers and the caring role. The inspection focused on 2 dimensions of the interaction between carers and social care services, namely:

- (a) as a person in receipt of services designed to support them in their caring role; and
- (b) as a key person to be consulted in relation to the needs of the cared for person (service user) and how services are designed and delivered to meet these needs.

The overview report from this inspection, “Promoting Partnerships in Caring”⁴ was published by the Department of Health, Social Services and Public Safety (DHSSPS) in 2007. The standards were developed through a Reference Group comprising individuals and representatives from a wide range of agencies from across Northern Ireland, including carers’ organisations and carers; Health and Social Services (HSS) Boards and HSS Trusts; voluntary and community organisations, including service providers; and academic and policy interests.

The standards were also influenced by:

- a review of existing standards;

³ People First can be accessed at: http://www.dhsspsni.gov.uk/people_first.pdf

⁴ “Promoting Partnerships in Caring” can be accessed through: http://www.dhsspsni.gov.uk/index/ssi/ssi-inspection_of_social_care_support_services_for_carers_of_older_people.htm

- a review of a wide body of literature and research on carer support;⁵
- an analysis of carers' experience of services;⁶
- meetings with representatives of the Indian and Chinese communities in Northern Ireland; and
- a formal widespread consultation process with all HSS Boards, Local Health and Social Care Groups, HSS Trusts, HSS Councils, Trauma Advisory Panels, Universities and Colleges and over 80 groups and independent sector providers reflecting section 75 of the Northern Ireland Act 1998.⁷

The standards were reviewed in collaboration with the Reference Group to reflect the learning derived from the inspection and further feedback received from the HSS Boards and HSS Trusts inspected.

How the standards will be used

The standards are applicable to all Health and Social Care (HSC) organisations, regulated services and practitioners who commission, plan or provide social care services to support carers in all Adult Programmes of Care. Such services, most obviously, include:

- information, advice and counselling;
- domiciliary care, including help with personal care and domestic tasks;
- respite/breaks in the home and in appropriate residential settings;
- help with disablement equipment and home adaptations;
- meals;
- laundry;

⁵ The literature review can be accessed at:
http://www.dhsspsni.gov.uk/oss_literature_review_carers_of_old_people.pdf

⁶ The Report of the Survey of Carers of Older People in Northern Ireland, DHSSPS May 2006 can be accessed at: <http://www.dhsspsni.gov.uk/nicarerreport.pdf>

⁷ Section 75 of the Northern Ireland Act 1998 places a duty on public authorities to promote effective equality of opportunity for all and good relations between those of different religions, belief, political opinion or race. The Act can be accessed at: <http://www.opsi.gov.uk/acts/acts1998/19980047.htm>

- day care;
- help with transport;
- carer support groups and emotional support;
- rehabilitation;
- out-of-hours social work service response;
- help lines; and
- residential care.

The implementation of the standards will provide a foundation for informing best practice and assist with the planning, delivery, audit, review and inspection of social care support services for carers across the region.

The standards will be used by:

- **HSC commissioners** for the planning, commissioning, provision and review of services;
- **social care support provider organisations** for the planning, commissioning, provision and review of services; individual care planning and review; provision of information; and workforce planning, management and development;
- **carers and their representative groups** to inform them of what they can and should reasonably expect from social care support services and from the organisations and practitioners commissioning and providing them;
- **social care workers** to inform them of the requirements of care planning, service delivery and review and of what they can and should reasonably expect from the organisations employing them;
- the **Regulation and Quality Improvement Authority (RQIA)**⁸ as part of its regulatory regime, and in its clinical and social care governance reviews of social care support services; and

⁸ The RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services. Information about the RQIA can be accessed at: <http://www.rqia.org.uk/home/index.cfm>

- the **Northern Ireland Social Care Council (NISCC)**⁹ and **training providers** to ensure that professional, post-qualifying and in-service training fully prepares and equips staff to work effectively in relation to person-centred assessment, individualised care planning and review, and in partnership with carers.

The format of the standards

The 6 **standard statements** for Adult Social Care Support Services for Carers are set out under the following headings:

1. Planning, Commissioning, Delivery and Review of Social Care Services;
2. Assessment, Care Planning and Review;
3. Support Services;
4. Information for Service Users;
5. Workforce Planning, Workforce Management, Training, Supervision and Support; and
6. Human Rights and Equality.

Under each of these headings, there is a **standard statement** which explains the level of performance to be achieved. The standard statement is supported by **criteria** which provide further detail of the areas to be considered in the application of the standard to practice, service provision, governance and workforce issues.

⁹ NISCC is the regulator of the social care workforce and professional social work training in Northern Ireland. Information about NISCC can be accessed at: <http://www.niscc.info/home-1.aspx>

1. Planning, Commissioning, Delivery and Review of Social Care Services

Standard 1

Carers and/or carers' representative organisations are actively involved in the planning, commissioning and review of social care services.

Criteria

Planning and Commissioning

- 1.1 HSC Commissioners, HSC Trusts (Trusts)¹⁰ and other regulated service providers have a clear written policy for promoting carer involvement¹¹ and there is a commitment, and evidence of same, at every level in the organisation to ensure that carers are fully involved. This should be available in range of formats.
- 1.2 Carers are actively made aware of mechanisms underpinning the design, delivery and evaluation of services and they and/or their representative organisations are actively involved in planning, and commissioning, decisions with regard to the range and type of services that would meet their needs.
- 1.3 Information collected by HSC Commissioners and Trusts to identify and monitor unmet needs is informed by collating information from individual assessments, care plans and reviews. There is a mechanism to ensure that this information informs planning, service delivery and policy development at Trust, HSC Commissioner and Departmental level.
- 1.4 Carers are involved in identifying and assessing local needs.
- 1.5 Carers' needs, views and aspirations are reflected in service standards and service activity.
- 1.6 Carers benefit from service planning and commissioning processes which promote an equitable pattern of community social care support services.

¹⁰ Information about Health and Social Care Organisations in Northern Ireland can be accessed at: <http://www.hscni.net/>

¹¹ Guidance on Strengthening Personal and Public Involvement in Health and Social Care can be accessed at: http://www.dhsspsni.gov.uk/hsc__sqsd__29-07.pdf

Service Delivery and Review

- 1.7 Carers are encouraged and facilitated to develop and operate their own self-help services.
- 1.8 Carers and/or their representative organisations are actively involved in promoting service effectiveness and continuous improvement in all aspects of social care service provision.
- 1.9 Carers and/or their representative organisations are actively involved in reviews and evaluations of services conducted by HSC Commissioners and service providers.
- 1.10 Carers and/or their representative organisations receive appropriate support, training and information to assist their involvement in planning, commissioning, delivery and evaluation of services.
- 1.11 HSC Commissioners and service providers actively monitor and evaluate carer involvement and the outcomes of this involvement.
- 1.12 Public consultation is promoted and publicised widely to ensure the full participation of carers who have not yet been identified by health and social care services.

2. Assessment, Care Planning and Review

Standard 2

Carers benefit from convenient, easy to use services through effective person-centred assessment, care planning and review arrangements.

Criteria

Policies and Procedures

2.1 Policies and procedures are in place, which support best practice in relation to:

- receiving, screening and opening cases;
- assessment, care planning, review, and case closure;
- establishing the main carer and dealing with the resolution of potential conflict between different carer interests;
- record keeping and the management of records; and
- the effective management of staff workloads.

Assessment and Care Planning

2.2 Carers' independence and choice are promoted through person-centred assessment,¹² care planning and review arrangements that:

- are carried out by appropriately qualified staff;
- are timely, understandable and needs-led;
- involve carers as active participants and contributors, and provide access to independent advocacy where appropriate;
- effectively combine health and social care issues involving all relevant professionals;

¹² Information about carers' issues, including Carer's Assessment, can be accessed through: <http://www.dhsspsni.gov.uk/index/hss/ec-community-care/ec-carers.htm>

- minimise the need for carers to repeat basic information;
- recognise the diversity of carers;
- promote social inclusion;
- screen for possible entitlement to social security benefits; and
- are carried out in a time and place suited to the need of the carer.

2.3 Assessment, care planning and review procedures take account of carers' needs, including risk assessment and identification of unmet need.

2.4 Assessment and care planning records cover main areas, such as carer's role, breaks and social life, physical well-being and personal safety, relationships and mental well-being, accommodation, finances (including benefits maximisation), work, education and training, practical and emotional support, wider responsibilities, future caring role, emergencies/alternative arrangements, access to information, agreed outcomes, complaints and challenges, review and charging.

2.5 Care plans for carers are:

- comprehensive and build on the carer's strengths, identify needs as well as addressing and clarifying eligibility for services;
- clear about what is of value to carers in their lifestyle;
- acknowledge and deal with tensions that may arise between the needs of the carer and the needs of the person cared for;
- identify the elements of service required to support the carer and make clear the intended outcomes of each element; and
- include service contact arrangements in and out-of-hours.

2.6 The Trust, with other service providers, has explored ways (for example, a care plan/information sheet/diary retained in the person's home) having regard to confidentiality, which ensure effective day-to-day communication between different care workers, the carer and others as appropriate. This information should include:

- who the care workers are;

- what they are assigned to do and when, including levels of discretion if any; and
 - how they can be contacted.
- 2.7 Case records demonstrate carers' involvement in their own assessments, planning and reviews of care, for example, care plans and reviews signed by carer and case worker, record of attendance at reviews, copies of care plans and reviews given to carer.
- 2.8 There is agreement with the carer about the involvement and contribution of other agencies and professionals to the process and about the sharing of personal information.
- 2.9 The carer is provided with a copy of the care plan and the agreed plan is implemented with review dates identified and the responsibilities of other agencies agreed and clearly assigned and the carer is provided with a copy of the plan and any review or update.

Review Arrangements

- 2.10 Monitoring and review arrangements are in place, which:
- re-assess whether the type and volume of services are still maximising independence and providing the best outcomes for the carer;
 - lead to revision/confirmation of the plan with carers and all appropriate agencies/staff/professionals; and
 - ensure that information from individual reviews, including unmet need, is collated, analysed and acted upon appropriately.

3. Support Services

Standard 3

Carers have access to a range of quality services that meet their identified need.

Criteria

- 3.1 The Trust and other service providers work in partnership with carers to provide responsive and accessible support systems to meet their individual needs and ensure continuity of support.
- 3.2 Carers have the opportunity to choose from a range of services.
- 3.3 Carers have access to a range of approaches and range of services to be used by social care staff including individual support, counselling, community development and group work. This is based on person-centred approaches, for example, respite, which develops new opportunities and support for carers.
- 3.4 Appropriately skilled and competent staff deliver services and all necessary pre-employment and criminal records checks are carried out.
- 3.5 Training for carers on areas such as hygiene, moving and handling, medical conditions and administration of medication is provided. Support to facilitate participation in training is given.
- 3.6 Direct Payments¹³ are used innovatively and up-to-date procedures and information for carers/service users are in place. Carers are provided with appropriate information and supported to enable them to make use of Direct Payments.
- 3.7 Carers have access to culturally sensitive support services at times that best meet their needs, including access to interpreters, facilitators and signers.
- 3.8 Carers have access to emergency support in and out of office hours.
- 3.9 Carers are made aware of any charge for care services in a timely fashion.

¹³ Information and Guidance about Direct Payments can be accessed through:
<http://www.dhsspsni.gov.uk/index/hss/ec-community-care/directpayments-about.htm>

- 3.10 The system of charging for care services is transparent, fair and consistent and it avoids discrimination.
- 3.11 When carers want to comment about their service, there is an effective mechanism for listening to them, and they know how to access it.
- 3.12 The complaints and comments systems are clear and accessible for carers and are linked to mechanisms to support continuous service improvement.
- 3.13 Carers are provided with support at the end of the caring role or where caring responsibilities change (aftercare), including referrals to other agencies where appropriate.

4. Information for Service Users

Standard 4

Carers receive up to date comprehensive published information about social care services and other relevant information from the Trust.

Criteria

- 4.1 Information is produced and distributed in consultation with carers and based on needs identified.
- 4.2 Information published covers the nature, range and types of services provided, including services commissioned from other providers, how to access them and includes, for example:
- eligibility and prioritisation criteria;
 - response times and service standards;
 - charging policy, if any;
 - contact arrangements in and out-of-hours;
 - access to independent advocacy;
 - confidentiality and data protection; and
 - complaints resolution and comments and compliments processes.
- 4.3 The Trust has published and distributed information about the carer's right to a separate assessment and the process involved.
- 4.4 Carers are provided with information in relation to the person cared for at appropriate stages, for example, at times of change in care needs, admission to and discharge from residential, nursing or hospital care.
- 4.5 Key information is produced, as necessary, in a range of user-friendly formats and languages to ensure equal access for carers.
- 4.6 A named member of staff is responsible for ensuring that information is accessible to carers. This includes:

- developing a database of carers in the Trust area;
 - developing a profile of carers' preferred information formats, ensuring that information is produced in these preferred formats; and
 - distribution to appropriate outlets.
- 4.7 Published information about services and information delivery methods are regularly reviewed and updated as necessary to take account of new and flexible methods of communication.
- 4.8 Responsibility for review of information provided is clearly assigned and the review process includes representation from carers.
- 4.9 Carers have access to information about complementary or alternative sources of help.

5. Workforce Planning, Workforce Management, Training, Supervision and Support

Standard 5

The Trust has a strategy in place to recruit, retain, support and develop sufficient numbers of appropriately qualified and competent staff with the knowledge and expertise to deliver services to carers.

Criteria

5.1 There is a Workforce Strategy in place that ensures that:

- there is a clear organisational structure and clarity of role and function of staff at all levels;
- there are a sufficient number of staff employed to meet current and future service needs including sufficient administration staff to provide adequate back up; and
- there is a defined career structure and opportunity for continued career development for staff working with carers.

5.2 There is an effective workload management system and staff are regularly supervised in their work. This will include supervision of:

- caseloads, including the application of case opening and closure policies;
- casework intervention including line management agreeing interventions and signing of records; and
- staff appraisal including identification of training needs, continuing professional development, promotion of outcome-focused, evidence-based practice and audit.

5.3 The Trust monitors the implementation of its Workforce Strategy and workload management system and ensures that relevant information such as staffing levels and workloads inform planning and are acted upon.

- 5.4 There is an overarching training and development plan that ensures appropriate competence in the workforce including training provided on human rights, cultural sensitivity and equality.
- 5.5 The Trust complies with the Northern Ireland Social Care Council (NISCC) “Code of Practice for Employers of Social Care Workers” and supports staff to comply the NISCC “Code of Practice for Social Care Workers”.¹⁴
- 5.6 All staff working with and making decisions about services for carers complete basic awareness training in the needs of carers with particular reference to the importance of respect and multi-cultural appropriateness.
- 5.7 The Trust ensures that staff working with carers are informed about government policy and guidance related to services for carers in the Trust’s area.
- 5.8 Carers are facilitated to contribute their experience of the caring role and of services to help train staff.
- 5.9 HSC Commissioners and Trusts have an overall strategy for effective organisational audit, which involves the workforce, service planners and those who deliver services.
- 5.10 HSC Commissioners and Trusts have in place an effective strategy to monitor the organisational ability of Voluntary and Independent Sector Providers of social care services to ensure they meet the standard for Workforce Planning, Management, Training, Supervision and Support.

¹⁴ The NISCC “Codes of Practice for Social Care Workers and Employers of Social Care Workers” set out the responsibilities and standards for employers and employees in respect of providing safe, reliable and competent social care practice. The NISCC Codes of Practice can be accessed through: http://www.niscc.info/codes_of_practice-10.aspx

6. Human Rights and Equality

Standard 6:

HSC Commissioners and Trusts are fulfilling their statutory duties in respect of the requirements of the human rights and equality legislation and these principles are integrated into practice within all aspects of social care services for carers.

Criteria

- 6.1 HSC Commissioners, Trusts and other service providers promote a culture, which respects and promotes the principles of human rights and equality.
- 6.2 The carer's and cared for person's right to privacy and confidentiality is reflected in Trusts' policies, procedures and practices in keeping with NISCC's Codes of Practice, guidance on the protection and use of service user information and the Human Rights Act 1998.¹⁵
- 6.3 The dignity of the carer is respected and valued in accordance with NISCC's Codes of Practice and the requirements of the Human Rights Act 1998.
- 6.4 All relevant policies have been screened and subject to appropriate consultation in accordance with Section 75 of the Northern Ireland Act 1998.
- 6.5 Awareness training on cultural sensitivity, human rights, equality and appropriate legislation is provided to staff.
- 6.6 Services to carers are tailored to cultural need.

¹⁵ The Human Rights Act 1998 - On 23 October 1997 the Lord Chancellor introduced the Human Rights Bill 1997-98 into Parliament. It incorporates into domestic law the rights and liberties enshrined in the European Convention on Human Rights, a treaty to which the United Kingdom is signatory but which until 2000 had no application in domestic law. The Act received Royal Assent on 9 November 1998 and came into force in October 2000. The Act can be accessed at: <http://www.opsi.gov.uk/acts/acts1998/19980042.htm>

Glossary of Terms

Assessment	a process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated, undertaken with the individual, his/her carer and relevant professionals.
Care management	a process whereby an individual's needs are assessed and evaluated, eligibility for service is determined, care plans are drafted and implemented, and needs are monitored and reassessed.
Care manager	a practitioner who, as part of their role, undertakes care management.
Carers' Co-ordinator	an individual appointed to raise awareness about carers' issues, establish and support carers' networks and facilitate links between carers, carer organisations and Trusts.
Care package	a combination of services designed to meet a person's assessed needs.
Care plan	the outcome of an assessment. A description of what an individual needs and how these needs will be met.
Care planning	a process based on an assessment of an individual's need that involves ascertaining the level and type of support required to meet those needs, and the objectives and potential outcomes that can be achieved.
Care worker	a person who is paid to deliver care to an individual.
Carers	people who, without payment, provide help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability. carers can be adults caring for other adults, parents caring for ill or disabled children or young people under 18 who care for another family member. It excludes paid care workers and volunteers from voluntary organisations.

Main carer	the individual who, without payment, takes primary responsibility for providing help and support to a person who may not be able to manage at home without this help because of frailty, illness or disability.
Case worker	the individual who is usually identified by the Trust to co-ordinate the assessment of need and/or delivery of services
Direct Payments	money paid by Trusts that allows individuals to arrange for themselves the social care services required to meet their needs as assessed.
Domiciliary/home care	the range of services put in place to support a person in their own home.
Hospital discharge	the process of leaving hospital after admission as an in-patient.
Normal hours	services provided during office hours or the normal working day, usually 9:00am to 5:00pm; Monday to Friday.
Out-of-hours	services provided outside of the normal working day, but not including “night-sitting” services, live-in or 24-hour services.
Person-centred assessment	an assessment, which places the individual at the centre of the process and which responds flexibly and sensitively to his/her needs.
Respite care	temporary residential, nursing or social accommodation provided to an ill or disabled person to allow a carer a break from caring. Respite care may also be delivered in the cared for person’s own home.
Review	a planned procedure to determine whether or not the services supplied continue to meet the needs of the individual.
Screening	examining a referral to determine the level of assessment that is required.

Service user	a person who is receiving or is eligible to receive social care services. They may be individuals staying in their own homes, living in residential care or nursing homes, or being cared for in hospital.
Sitting service	a service, which provides someone to sit with a person to allow the carer to take a break.
Specialist assessment	an assessment undertaken by a clinician or other professional who specialises in a branch of medicine or care, for example, stroke, cardiac care, bereavement counselling.

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