THE CARE ACT 2014
Perspectives from social work practice

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Summary

- What’s good about the Care Act
- What’s challenging to implement
- How is implementation being supported?
My credentials

- Freelance workforce development consultant and trainer
- Background of social worker, trainer, manager and policy developer
- Currently specialising in Care Act training
How much do you know?

- Nothing
- Read some of the Act
- Read some of the Statutory Guidance
- Read articles in a professional magazine
- Undertaken training
What’s supposed to be good about the Care Act

- Consolidates and modernises the framework of care and support law
- New rights for service users and carers
- It aims to:
  - be **clearer** and **fairer**
  - promote people’s **wellbeing**
  - enable people to **prevent and delay** the need for care and support, and carers to maintain their caring role
  - put **people in control** of their lives so they can pursue opportunities to realise their potential
What are social workers hoping for?

- “The act can make a real difference”
  - Enhanced duties placed on councils to provide information and advice should make it easier for people who access care in what can be a complex system.
  - Emphasis on early intervention and prevention should assist in providing support before people reach a crisis.

- “A unique opportunity to energise the profession”
  - Use it as a springboard to genuinely look towards models of devolving power back to people that we serve who have become more disenfranchised as austerity has bitten

- “Social workers will have to adapt their practice”
  - The design of more person-centred care and support with greater control in the hands of the individual will see social workers adapting to ensure they get it right for people.

What do social workers think – post implementation*

- Eligibility criteria are much clearer
- New forms and implementation of the guidance is good
- Quality of training very variable

*BASW seminar
Consolidation

- Repeals many previous laws relating to care and support and replaces them with this Act e.g.
  - National Assistance Act 1948
  - Chronically Sick & Disabled Persons Act 1970
  - NHS and Community Care Act 1990

- Revokes secondary legislation and cancels statutory guidance such as:
  - The Delayed Discharges (England) Regulations 2003
  - Health and Social Services and Social Security Act 1983.

- Better integration with the Mental Capacity Act
Codifying good practice

• **Focus on outcomes**
  
  “The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life”

• **Person-centred approach**
  
  “Considering the person’s views and wishes is critical to a person-centred system… Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these should be taken into account.”
Clearer and Fairer

Meeting the national eligibility threshold is determined by:

A. whether the person has needs due to a physical or mental impairment or illness
B. whether those needs mean that they are unable to achieve two or more specified outcomes
C. as a consequence there is, or is likely to be, a significant impact on wellbeing.

Interpretation of consequential significant impact

“The term ‘significant’ is not defined by the regulations, and must therefore be understood to have its everyday meaning”

“In making this judgement, local authorities should look to understand the adult’s needs in the context of what is important to him or her”

SCIE: The level of risk should be considered in relation to understanding their impact on wellbeing
Putting people in control

- Information and advice is fundamental to …
  - enabling people to take control of, and make well-informed choices about, their care and support
  - and how they fund it
- It is also a vital component of preventing or delaying people’s need for care and support
- Duty to appoint an independent advocate where a person is experiencing “substantial difficulty” e.g. in understanding the information provided
New rights

- **Carers**
  - now a legal requirement that all carers must have an assessment, if it appears they may have needs for support

- **Prisoners**
  - all adults in custody should expect the same level of care and support as the rest of the population

- **Self-funders**
  - there is a duty to assess regardless of a person’s financial situation

- **Self-assessment**
  - a supported self-assessment must be offered
The challenges of what’s new

- Changes in culture
- Prevention
- Sufficiency of the personal budget
- Developing good practice
Changes in culture

- Applying revised concepts e.g. people no longer eligible for services
- Applying new concepts e.g. consequential significant impact
- Overcoming ingrained antipathy to self-funders
- Using the new language e.g. personal budget
Prevention

- At every interaction with a person, a local authority should consider whether or how the person’s needs could be **reduced**
- or other needs could be **prevented** or **delayed from arising**

- “the local authority must consider whether the person concerned would benefit from the preventative services, facilities or resources regardless of …. whether, in fact, the adult or carer is assessed as having any care and support needs or support needs”.
Some Prevention Challenges

- How should the tension be managed between:
  a) the duty to consider prevention for people who do not have care and support needs
  b) the requirement to undertake an assessment where there is the “appearance of need”
  e.g. at the point of first contact, should people who appear to have low level care and support needs be encouraged to access preventative services before being considered for an assessment?

- How should “would benefit” be interpreted?
‘Sufficiency’ of the personal budget

- The personal budget must:
  - always be sufficient to meet those needs the local authority is required to meet
  - reflect the cost to the local authority of meeting the person’s needs

- Direct payments are not intended to be less than is required to purchase care and support on the local market
Interpreting the Act - Homelessness

- The ‘care and support’ function is envisaged as encompassing activities which were once in the domain of the Supporting People Programme, e.g:
  “Enabling individuals to recognise their own skills, ambitions and priorities and developing personal and community connections in relation to housing needs”.

- Does the Care Act provide opportunities that have been diminishing since the removal of the Supporting People ring fence in 2009?

http://eprints.lse.ac.uk/61135/
Why is there so little debate about interpretation and implementation?

- Some legal interpretation (Belinda Schwehr and Luke Clements)

- Community Care (30 articles printed in since April) - all have focused on either the logistics of implementation or repackaging what the Act and guidance says into a more digestible form

- BASW’s PSW – couple or articles pre-April, since then a survey and one article. Intention is to push for more debate and to publish more in PSW.

- SCIE has started to put forward some modest clarifications e.g. assessments to be conducted in such a way that they can establish causal links between the individual’s needs and their desired outcomes, the eligibility outcomes and the impact these have on the person’s wellbeing

- Local Government Association is working on it.
LGA sharing local practice
- first contact and identifying needs

http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6721354/ARTICLE
LGA plans for this financial year

- Establishing ‘local learning networks’
- These groups are likely to focus on support for interpretation and implementation of:
  - eligibility criteria
  - the asset-based and whole-family approaches to assessment
Thank you for listening