**Carers prompt list for Reviews and Assessments**

**Preparing for the review / assessment – the mindset to adopt**

* Contributing to a review / assessment can be a real problem for a carer, because the process is all about deficits (what a person cannot do), and this is the opposite of what you as a carer usually do (recognising what the person can do). This is even more difficult if the person you care for is sat next to you during the discussion. They will have been used to you being positive, and now you are only talking about negatives.
* However, for the process to work as it should, you have to think all the time about what the person is like on their worst day, and what others would have to do if you were not there. This is called being ‘carer-blind’ – and it is the basis on which the process should happen every time.
* The Council’s approach is referred to as a ‘strengths-based approach’. Essentially this means that the assessor will want to know about all the informal support already in place for the person concerned. This may be appropriate, but it is vital for the person’s needs to be described **before** any existing support is listed, because as soon as a need is described as ‘met’ it is no longer on the list to be considered for support from the Council.
* The purpose of the process is to identify the impact of a person’s disability in respect of six areas of their life, drawn from the Care Act 2014. If a substantial unmet need is identified in an eligible area then the Council has a duty to provide for it – but only if it is unmet – so be sure that you are prepared to meet the need yourself before volunteering for it.

**Before the review / assessment**

* If, when the meeting is being set up, someone suggests that service users who have had a high level of support for a long time may no longer need it - BEWARE. This suggests that the main purpose of the review is to reduce a package of care, which is not compliant with the Care Act 2014.
* Challenge the need for a reassessment if there are no changes in circumstances, because it will be pointless (and demanding of your time).
* If, however, the needs of the person you care for are increasing (which is often the case) then be sure to make this clear throughout the process. Review must not mean reduction in support simply because time has passed, and people are expected to become more able. That does not apply to people with a learning disability.
* Expect the assessor to meet the person you care for before starting to plan for them.
* Request a copy of the form to be used, so that you can prepare in advance (perhaps involving somebody else to think through your intended input). Ask for the guidance that accompanies the form, and perhaps the easy-read version for the person you care for.
* Consider requesting an advocate from Carers Count to support you in the process if you are feeling anxious about it.

**At the start of the review / assessment**

* Expect to be asked if you are still willing and able to provide the current level of care to your family member, and if you are not asked then say it anyway, and be honest. You cannot be expected to carry on forever, unless you chose to do so.
* If a full reassessment is necessary, check that the person you are meeting with is qualified and able to conduct this, rather than discover half way through that somebody else needs to become involved.
* Both processes must have the person you care for at the centre, and it is their needs, not the paperwork, that takes precedence.
* Don’t put up with acronyms that you don’t understand. (CHC checklists, DST, PLA, DPs ) Always ask for them to be explained, and preferably not used at all.
* The worker concerned should check if a family member/ carer is available to act as advocate if necessary
* The tick boxes under each main heading that describe the level of support required are open to interpretation. Check at the outset with the assessor what is their understanding about the meaning of each level, because the level selected will affect the amount of support offered.
* Reviews/ assessments should be proportionate and completed within appropriate timescales: Long drawn out processes are unlikely to fit with the Care Act requirements for relevant timescales.

**During the review / assessment**

* Where information is transferred from previous documentation check that all important information has been included and is updated (eg list of family members). This should include who lives with the person being assessed so that there is an accurate record of their informal support network.
* There should be clarity about what is meant by each of the different levels of support on the form. (see above)
* The assessor must provide legally defensible evidence to support ‘tick box’ decisions about the level of support required under each main heading. Be aware that this will be important evidence in any appeal against the outcome of the process.
* There is currently a real issue about the identification of the support budget based on the assessment. The computerised system which was supposed to offer this as the assessment took place has been found to be wanting, and so far nothing has taken its place. Be sure to ask how any budget figure will be calculated, so as to be sure that it will be sufficient to meet the needs that have been identified.

**After the review / assessment**

* Do ensure that any risk assessments identified in the process as necessary, are current. All staff completing reviews and assessments should be able to complete risk assessments and should be trained appropriately.
* When you receive a copy of the completed form be sure to check that it genuinely reflects what was said and what was agreed. Also check that it has a date and a signature on it for future reference, as well as a list of who it has been sent to.
* The next stage should be the completion by the social worker of a care and support plan based on the assessment, and the release of the money agreed to be made available.
* In taking forward any plan after the assessment the emphasis can change and become more holistic, and not simply a list of deficits. Subsequent accounts should include the person’s skills, interests, and abilities, as well as their support needs and networks.