Appendix B- Assessment Function Requirements and Assessment Pathway

Purpose

The Assessment Function provides a proportionate, strengths-based approach to understanding carers' circumstances, identifying outcomes and determining the most appropriate support pathway. The Provider shall ensure assessment activity is person-centred, outcome-focused and responsive to individual circumstances, recognising that carers may require different levels of support at different stages of their caring journey.

The Assessment Function shall operate as part of an integrated service model and work closely with the Connecting Function to ensure carers can access appropriate information, advice, guidance, support and community resources without unnecessary delay. Assessment activity should promote wellbeing, resilience and the sustainability of caring relationships through early intervention, prevention and timely access to support.

Assessment Pathway

The Provider shall operate a proportionate assessment pathway that enables carers to receive the right support at the right time. Not all carers will require the same level of intervention and movement through the pathway should be determined by individual circumstances, identified outcomes and levels of need and risk.

Step 1: Initial Contact and Early Intervention

The Provider shall ensure carers can access a timely and proportionate response at the point of first contact. This initial conversation should aim to understand the carer's circumstances, identify immediate needs and determine the most appropriate next steps.

This stage may include:

- Provision of information, advice and guidance.
- Identification of existing strengths, support networks and community resources.
- Signposting or referral to preventative, universal or community-based support.
- Identification of immediate risks or safeguarding concerns.
- Consideration of emergency and contingency planning needs.
- Identification of whether a more detailed assessment is required.

Where needs can be appropriately met through information, advice, guidance, community resources or preventative support, carers should not be required to undergo unnecessary assessment processes.

Step 2: Targeted Assessment and Outcome Identification

Where additional support is required, the Provider shall undertake a more detailed assessment to identify the carer's circumstances, strengths, desired outcomes and any factors impacting on wellbeing or caring sustainability.

The assessment should explore:

- The nature and impact of the caring role.
- The carer's strengths, capabilities and support networks.
- Health and wellbeing considerations.
- Risks to caring sustainability.
- Emergency and contingency arrangements.
- Access to employment, education, training or community participation.
- The outcomes the carer wishes to achieve.

The Provider shall consider whether identified outcomes can be met through community assets, preventative support, peer support, services available through the Connecting Function or statutory services where appropriate.

Step 3: Statutory Carer's Assessment

Where a statutory assessment is required, the Provider shall undertake a Care Act 2014 compliant Carer's Assessment, ensuring the process is strengths-based, person-centred, outcome-focused and proportionate to the individual circumstances of the carer.

The Provider shall commence and complete a Carer's Assessment within 10 working days (2 weeks) of receipt of a referral, unless there are exceptional circumstances or the carer requests an alternative timescale. Priority shall be given to carers presenting with urgent needs, significant risk factors or circumstances where delays may result in a deterioration in wellbeing or caring arrangements.

The Provider shall ensure carers are fully supported to participate in assessment, support planning and review processes. As part of the assessment process, the Provider shall consider whether a carer may experience substantial difficulty in being actively involved and whether independent advocacy may be required.

The Provider shall maintain effective working arrangements with the organisation delivering the Lancashire Carers' Advocacy Service to ensure carers receive coordinated, timely and person-centred support throughout their assessment journey.

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The Provider shall maintain effective working arrangements with the organisation delivering the Lancashire Carers' Advocacy Service to ensure carers receive

coordinated, timely and person-centred support throughout their assessment journey. The Lancashire Carers' Advocacy Service is commissioned separately to this Contract but forms an integral part of Lancashire's wider support offer for unpaid carers.

Where advocacy support is required, the Provider shall make timely referrals through agreed referral pathways and ensure carers are provided with appropriate information about the advocacy support available to them. The Provider shall work collaboratively with advocacy services to support carers' involvement in assessments, support planning, reviews and decision-making processes in accordance with relevant statutory requirements and agreed timescales.

The assessment shall consider:

- The impact of caring on the carer's wellbeing, health and quality of life.
- The outcomes the carer wishes to achieve.
- The sustainability of the caring role.
- Existing strengths, assets and support networks.
- Risks to the carer's wellbeing and ability to continue caring.
- Eligibility for support in accordance with the Care Act 2014.

3. Support Planning

Where eligible needs are identified, the Provider shall work with the carer, and where appropriate their advocate, to develop a personalised Support Plan. The Support Plan shall identify agreed outcomes, actions, support arrangements and review mechanisms, and shall maximise the use of community, voluntary and preventative support alongside any formal interventions.

Support planning shall adopt a strengths-based approach and build upon the assets, resources and support networks available to the carer.

Support plans should include, where appropriate:

- Identified strengths and capabilities.
- Existing family, community and informal support networks.
- Community assets and local opportunities.
- Preventative and wellbeing-focused interventions.
- Agreed outcomes and priorities.
- Actions and responsibilities for the Provider and the carer.
- Referrals or connections to relevant services.
- Emergency and contingency arrangements.
- Review arrangements and agreed timescales.

Support planning should ensure carers are able to access appropriate support through the Connecting Function and wider community resources.

4. Reviews and Reassessment

4.1 Assessment Recording Requirements

The Provider shall ensure that all completed Carer's Assessments, support plans, reviews and associated records are accurately recorded on Lancashire County Council systems.

Completed Carer's Assessments shall be recorded on the Lancashire Adult System (LAS) within five (5) working days of the assessment being undertaken.

Where a carer does not consent to their assessment being recorded on LAS, the Provider shall maintain an alternative record of the assessment and associated documentation in accordance with applicable data protection legislation, confidentiality requirements and Lancashire County Council policies and procedures.

4.2 Reviews and Reassessment

The Provider shall undertake reviews that are proportionate to the carer's circumstances and level of need to ensure support arrangements remain effective and continue to meet identified outcomes.

An initial review shall be completed within six (6) weeks of completion of the assessment and support planning process. This review may be undertaken as a light-touch review, including by telephone or other appropriate means, and shall provide assurance that the Support Plan and any associated Carer Payment are delivering the intended outcomes for the carer.

Following the initial review, the Provider shall undertake an annual review of all active assessments and support plans. Reviews may be completed face-to-face, by telephone, online or through another method appropriate to the needs and preferences of the carer.

The review process shall be proportionate and shall not be unnecessarily complex or bureaucratic. Prior to undertaking a review, the Provider shall ensure the carer understands the purpose of the review and the areas that will be considered.

As a minimum, reviews shall consider:

- Whether the carer's circumstances, caring responsibilities or support needs have changed.
- What is working well within the Support Plan, what is not working well and whether any changes are required.
- Whether the outcomes identified within the Support Plan have been achieved.
- Whether the carer has identified any new outcomes or aspirations they wish to achieve.
- Whether improvements could be made to better support the achievement of identified outcomes.

- Any changes in the carer's personal, informal or community support networks and the impact of those changes on their wellbeing and caring role.
- Whether there are any changes in circumstances that may place the carer at risk of abuse, neglect or other safeguarding concerns.
- Where a Carer Payment or personal budget is in place, whether it continues to effectively meet the carer's assessed needs and agreed outcomes.
- The carer's satisfaction with their assessment, support arrangements and Support Plan.
- Whether reassessment is required.

Where a carer cannot be contacted for the purposes of a review, the Provider shall follow a non-contact process agreed with Lancashire County Council and maintain an audit trail of all reasonable attempts to make contact.

Where a review identifies a significant change in circumstances, needs or outcomes, the Provider shall undertake a reassessment and amend the Support Plan and any associated Carer Payment as appropriate.

The Provider shall be able to demonstrate that review activity is outcome-focused and contributes to the identification, monitoring and achievement of carers' current desired outcomes. Reviews shall be used as an opportunity to ensure support remains personalised, preventative and responsive to changing circumstances.

5. Carer Payments

Where a statutory Carer's Assessment identifies eligible needs, the Provider shall consider whether a Carer Payment is an appropriate means of meeting those needs and supporting the carer to achieve their identified outcomes.

Carer Payments shall be used to support carers in their caring role, maintain their health and wellbeing, promote independence, prevent or delay escalation of need, and enable carers to continue caring where they are willing and able to do so.

The Provider shall administer Carer Payments on behalf of Lancashire County Council in accordance with the Care Act 2014, associated regulations, local policies, procedures and guidance.

The Provider shall utilise the Lancashire County Council Resource Allocation System (RAS) to determine an indicative allocation based upon assessed eligible needs and the impact of the caring role on the carer's wellbeing. The RAS shall support consistency, transparency and equity in determining the level of financial support available to carers. The indicative allocation shall be considered alongside professional judgement, the assessed needs of the carer, identified outcomes and any exceptional circumstances.

The Provider shall:

- Assess eligibility for Carer Payments as part of the statutory Carer's Assessment process.

- Apply the approved Resource Allocation System (RAS) in accordance with Lancashire County Council policies and guidance.
- Ensure Carer Payments are linked to eligible needs and agreed outcomes identified within the Support Plan.
- Support carers to develop personalised and outcome-focused plans for the use of Carer Payments.
- Provide carers with clear information regarding the purpose, use and monitoring of Carer Payments.
- Ensure carers are supported to make informed choices about how a Carer Payment may be used to meet their assessed needs and improve their wellbeing.
- Process and administer Carer Payments in a timely manner.
- Maintain accurate records of Carer Payments awarded and their intended outcomes.
- Monitor the use and effectiveness of Carer Payments through the review process.
- Ensure public funds are used appropriately and in accordance with Lancashire County Council requirements.

Carer Payments may be used flexibly to support outcomes identified through the assessment and support planning process, provided the proposed use is lawful, represents value for money and contributes to meeting the carer's assessed needs and wellbeing outcomes.

The Provider shall review Carer Payments as part of the initial six-week review and subsequent review processes to ensure the payment continues to meet the carer's needs, supports agreed outcomes and remains an effective use of resources. Where circumstances change, the Provider shall review the RAS allocation and amend, suspend or cease Carer Payments in accordance with Lancashire County Council policies and procedures.

Where a request for a Carer Payment is declined, or where the approved amount differs from the indicative RAS allocation, the Provider shall clearly record the rationale for the decision and communicate this to the carer in an accessible manner.

The Provider shall provide monitoring information to the Authority regarding the number and value of Carer Payments awarded, the range of outcomes achieved, utilisation of RAS allocations and any emerging themes, risks or demand pressures associated with the scheme.

6. Risk Management and Escalation

The Provider shall maintain appropriate arrangements for identifying, responding to and escalating situations where there is significant concern regarding the wellbeing of the carer, the cared-for person or the sustainability of the caring role.

The Provider shall ensure that:

- Risks are identified and recorded as part of assessment and review processes.
- Appropriate safeguarding procedures are followed where concerns arise.
- Urgent support needs are escalated promptly to relevant services and agencies.
- Risks relating to carer breakdown, crisis situations or loss of caring arrangements are identified and managed appropriately.
- Carers are supported to develop emergency and contingency arrangements wherever appropriate.

The Provider shall maintain clear escalation pathways with Lancashire County Council, health partners and other relevant agencies to ensure appropriate action is taken where significant risks are identified.

6. Assessment Standards

The Provider shall ensure all assessment activity is:

- Person-centred.
- Strengths-based.
- Outcome-focused.
- Proportionate to need.
- Accessible and inclusive.
- Evidence-informed.
- Consistent and equitable.
- Recorded accurately and appropriately.
- Compliant with relevant legislation, statutory guidance and professional practice requirements.

Assessment activity should support early intervention, reduce the likelihood of crisis, empower carers to make informed decisions and help ensure carers can access the support necessary to maintain their wellbeing and the sustainability of their caring role.