

1 Background:

Stephen was a 56 year old man with learning disabilities who had cancer. He was a tenant in shared supported living accommodation and received additional support for community activities. Stephen was a fun and very sociable man who loved buses and trains and liked to be out and about. He loved jigsaws and comedy programmes on TV and liked to make jokes. Please read the review report and the learning briefing [here](#). The review highlighted some improvements that could be made to the way that services work with carers and particularly family members which would recognise them as true partners in the delivery of care. There was also an assumption that Stephen's family held a lasting Power of Attorney for his health and welfare and therefore the legal framework for making decisions on another person's behalf was not used. This learning briefing aims to provide information and support for professionals, services providers, carers and family members.

2 Informal Carers:

Many people with care and support needs are cared for by relatives and sometimes friends or neighbours; these carers are unpaid and are often referred to as informal carers. The help and support that informal carers provide can be carried out in the person's own home, a supported living setting, a care home, other care setting or within a hospital setting. Informal carers have a vital and important role in providing person centred care and often they will know the 'cared for' person better than anyone else.

The Care Act 2014 recognised the importance of informal carers and ensure that professionals should consult and involve carers in the planning and delivery of services.

3 Involvement in the planning and delivery of care:

It is important that services recognise and value the contribution that informal carers can and do make, particularly when the 'cared for' person transfers between services. Carers are in a special position, they can often see the 'whole picture' and have expertise in the person they support. Carers know first hand what works, what has already been tried and more importantly what doesn't work. They can help services to start from the right place and advocate on behalf of the cared for person.

The needs of the carer should also be considered when planning services, Carers themselves may have support needs that range from wellbeing to emotional and practical support. The needs of both parties must often be addressed in order to deliver a service that is truly effective.

Professionals should work with carers to ensure they have a full picture, that carers are consulted and involved in decisions as far as is reasonably practical and that their contribution to supporting and keeping the cared for person safe is recognised and promoted.

4 Lasting Power of Attorney, Deputyship and Appointeeship:

A **Lasting Power of Attorney (LPA)** is donated by a person who has the mental capacity to do so to a representative of their choosing. This representative can then act on their behalf at a time when they lack the mental capacity to make decisions about their Property and Finances or Health and Welfare.

A **Deputy** is appointed by the Court of Protection to act on the behalf of a person who does not have the mental capacity to make decisions for themselves at the time that they need to be made. Generally, a Deputy will only have powers over property and finances. Personal Welfare Deputyships are very strictly limited due to the difficult nature of appointing someone to have free reign over a person's medical decisions, without knowing what the person's wishes would be.

Appointee: An application can be made to the relevant benefits office to become an appointee. This is for the right to deal with the state benefits of someone who cannot manage their own affairs because they are "mentally incapable" or severely disabled. Whilst the Court of Protection makes decisions on, for example, appointing a Deputy, it is the Office of the Public Guardian that handles their on-going administration and which applications should be made to search the registers, including for LPAs. There is a standard form to do this. Before 1 October 2007, it was possible to make an **Enduring Power of Attorney (EPA)** to manage someone's property or financial affairs. An EPA could be used before someone lost their mental capacity or after they lost their mental capacity once the EPA had been registered. Service providers are able to make their own checks through the Office of the Public Guardian to determine if service users have arrangements in place and this should be recorded for future reference.

It is no longer possible to make a new EPA. However, if an EPA was made before 1 October 2007, it can still be registered and, if it is already registered, it will still be valid.

5 Carers' have the Right to:

Be identified as a carer: This can be by social care, their GP or any other professional. Carers can also register with the Local Authority's Carer service to receive regular updates regarding support available within the area.

Have a Carer's Assessment: Carers are entitled to a [statutory assessment](#) regardless of the amount or type of care they provide and even if the 'cared for' person has never received formal support.

Receive support from their GP practice: This includes an annual flu vaccination, an annual health check, to request reasonable adjustments in how or when the support is provided, to be registered as a carer.

Request Flexible Working: after the carer has been employed for 26 weeks with the same employer. Carers can also take a reasonable amount of time off work to deal with an emergency or unforeseen matter involving the 'cared for' person.

Not be discriminated against: Carers have the right not to be discriminated against as a result of their caring role.

6 Safeguarding and Carers:

Carers have a range of roles regarding safeguarding – they can be the person who raises a safeguarding concern, be vulnerable to harm and abuse themselves, or they can be abusers. Carers may be involved in situations that require a safeguarding response, including:

- witnessing or speaking up about abuse or neglect
- experiencing intentional or unintentional harm from the adult they are trying to support or from professionals or organisations they are in contact with
- unintentionally or intentionally harming or neglecting the adult they support on their own or with others

To find out more go to www.tsab.org.uk

7 What to do now and next:

- Read the [Stephen Learning Lessons Report](#) and the associated Learning Briefing.
- Consider if your policies, procedures and practice need to be reviewed or updated. <https://www.tsab.org.uk/key-information/policies-strategies/>
- Review any leaflets, digital information, publicity materials in relation to carers.
- Look at other useful safeguarding resources and information on how to report abuse or neglect at www.tsab.org.uk and <https://www.tsab.org.uk/key-information/carers/>
- Find out more about [managing affairs for someone else](#) and consider making your own arrangements for the future.

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