Carer Support

Practitioner Guide

VOCAL - Voice of Carers Across Lothian
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working *with* carers

Principles of carer support (casework)

VOCAL casework practice is based on the following key principles:

The 'three conversations' approach

This approach guides different levels of intervention with focused conversations:

Conversation 1: Carer Support Practitioners listen carefully to the carer to identify key issues, relationships and activities. This includes:

- listening to the carer's own description of their ability and willingness to provide care (and to which extent)
- seeking to connect carers to supports which will enable them to achieve a life alongside caring, based on their strengths and aspirations and those of their family and/or close social network.

Conversation 2: Carer Support Practitioners will identify with carers critical aspects of their lives, the risks they feel and the changes required to mitigate or reduce these risks, enabling them to feel safe and (re)gain control. Risks may include:

- tensions between the carer and the person cared for or other family member,
- physical and emotional impact of caring on the carer's wellbeing, e.g. exhaustion, stress, sleep deprivation, guilt and changing relationships
- financial impact caring may have on the family and, where the carer is in employment, the risk of feeling under pressure to reduce or give up paid work.

Conversation 3: Carer Support Practitioners will then identify what 'a good life' would look like for the carer:

- what interventions would make a difference to relieve the caring 'burden' and improve the caring relationship
- what personal, social and community resources can be drawn on for support
- what financial support might be accessed to support the aspirations of the carer, cared for person and wider family. This will also define the carer's preference for SDS options and include appropriate emergency plans to ensure peace of mind.

Carer led

Practitioners respond to the issues presented by carers. They work alongside the carer to resolve these and plan for the future, to the extent the carer responds and supports this. As trust builds with the carer, further key issues may well arise, so it can help to take time to determine the full action plan.

Person centred

The carer is viewed as an expert in their situation, and is supported to develop the knowledge, skills and confidence they need to more effectively manage and make informed choices about their life. A holistic view of the carer in the context of his or her family is taken, with the practitioner treating them respectfully and walking 'alongside' them, rather than doing things 'to' or 'for' them.

Asset based

The carer is supported to identify, draw upon their own personal strengths, social networks and place based (community) resources to identify solutions to their challenges. This can be powerful and affirming as it can empower people to view themselves as having agency (actions producing a particular effect) in their lives.

Outcomes focused

The carer is supported to identify what would improve their quality of life, based on what is important to them. Support is then mobilised to achieve these carer defined outcomes. These outcomes might be completely different, or may even seem insignificant, to those the practitioner would have chosen, but have meaning and relevance to the carer.

Ultimately the goal of casework is to improve the quality of life of the carer to a lesser or greater extent, as determined by the carer. For instance, the practitioner should gauge psychological readiness, or time available to the carer, when considering whether to pursue particular life improvement goals.

Defining 'simple' and 'complex' cases

One of the first tasks for the practitioner is to determine what type of case is being presented by the carer. VOCAL does not offer long term, open ended support such as befriending. The precise amount of time each case will take to deliver agreed outcomes varies. This will depend on the outcomes the carer wishes to achieve as well as the people and support required and constraints of the service.

In general, it is likely most cases can be completed within a three to four month period. Significant and meaningful life changes should be reported by the majority of carers within this period. Some cases however, particularly those dealing with increasingly complex circumstances or deteriorating health situations, may require longer term support.

Where carers are clear about the support they require and seek information, help completing a form or a referral to another service such counselling, for the sake of clarity, these more straightforward cases can be deemed 'simple'. Such cases generally progress through all phases within one, or at most, two sessions.

Complex cases usually require multiple issues to be addressed and may require more intensive support, e.g. up to ten support sessions with the carer, to determine and implement a programme of interventions, often requiring the input of several practitioners.

Complex cases will require more extensive work, for instance:

- issues requiring regular check-ins or monitoring of progress e.g. where the carer expresses low mood, relationship break-down or lack of social interactions
- learning and applying new skills e.g. use of behaviour management tools, communication strategies or emotional coping mechanisms
- substantial problem solving because the situation is multi-faceted, complicated or chaotic and the carer is motivated to engage to work to change the situation
- fundraising applications that are not straightforward and require research and support for the carer to identify a personalised solution and obtain quotes from third parties.

Phases included in casework

Each case contains a clearly defined beginning, middle and end and these phases are set out below.

Beginning phase: Contracting and planning

At this stage, the support practitioner will spend time exploring how best the service can support the carer. It involves 'contracting' with the carer to set the 'ground rules' for the relationship.

Carer contracting

Contracting enables carers to be clear about the boundaries of the service, what they can expect from the service and to understand the carer support practitioner role. Contracting is a process, rather than a one off event. Whilst you may set the parameters at the beginning of support, you may need to revisit it as the case progresses. Contracting involves the practitioner:

- being clear about the extent of confidentiality that can be offered, and when it must be breached i.e. if it is believed a child or vulnerable person is at risk of harm;
- using person centred conversational approaches to determine outcomes the carer wishes to achieve (covered below in 'producing the Adult Carer Support Plan' section);
- being clear about the types of support available and the likely nature of that support e.g. timescale, number of sessions, where the sessions will be held, when and how outcomes will be reviewed and so on;
- clarifying that if the required support goes beyond what can be delivered the carer should be supported to identify an alternative provider where these exist.

At this stage, the carer support practitioner will be developing rapport with the carer, seeking to obtain their trust and encourage honest disclosure. Determining which outcomes to work on may take longer than one session to achieve, as the initial presenting issues may not be the ones the carer really wishes to address.

Carer independence and autonomy

All support work should aim to encourage carers to be as independent as possible. During this stage practitioners should be assessing the extent to which the carer requires support to enable active participation. This may mean sourcing additional resources such as interpreting services, or assessing the ability of the carer to take self-directed action and act autonomously.

Taking self-directed action is important as it can help carers gain valuable life skills that will increase their resilience, confidence and self-worth as well as reduce future dependency on services.

The ability of carers to undertake self-directed action will partly determine the support offered. Some carers have poor motivation or confidence or may lack cognitive ability to take self-directed action. This can be for many reasons, including learning disabilities, mental health conditions, previous trauma or low self-efficacy (the belief that 'I can make changes in my life'). Such carers may require different approaches depending on the cause and impact. Solutions may include advocacy, use of motivational interviewing or confidence building techniques or a referral to counselling to help to address these factors.

Producing the Adult Carer Support Plan (ACSP)

Carer support practitioners will align to the 'three conversations' model as set out in Edinburgh's Adult Carer Support Plan template and draft Edinburgh ACSP guidance (2018), when determining with a carer what support they require. Information about the Three Conversations model can be found in the 'useful reading' section under Partners 4 Change. This consists of:

Firstly, listening hard to what carers are saying to understand what is important, and working with them to make connections and build relationships to get on with their lives independently. This will include exploring a carer's ability and willingness to provide care, and to what extent. It will also consider rights as well as choices required to access different options under self-directed support.

Secondly, identifying with carers the risks they feel and changes required to mitigate or reduce these risks, enabling them to feel safe and in control. Risks can include: tensions between the carer and the person they care for, or other family members; physical and emotional impact of caring on the carers' wellbeing e.g. exhaustion, stress, sleep deprivation, guilt or changing relationship; or the financial impact caring may having on the family or risk of feeling under pressure to reduce or give up paid work.

Thirdly, identifying what 'a good life' looks like for the carer and their family. As part of this discussion, the carer should be supported to identify what changes could be made to achieve this. This will involve identifying personal, social and community resources and mobilising necessary interventions such as short breaks, health and social care services and financial maximisation.

Identified personal outcomes which the carer wishes to achieve are recorded in the carer's ACSP. Together with actions that will be taken to achieve the desired outcomes, who will undertake them and timescales. Where support to achieve these outcomes is outwith the scope of this service, carers will be connected to other appropriate providers, building on strong established links.

Recording unmet needs

Whilst determining support to meet identified carer needs and desired outcomes, occasionally it may be the case that support cannot be sourced from the carer's resources, practitioner skills or onward referrals. It is important to record these unmet needs. These can help develop a picture over time, of carer supports that could usefully be developed in the future to fill these gaps.

Middle phase: Delivering and brokering interventions

During this phase, the Adult Carer Support Plan devised in the initial phase will be implemented – practitioners should 'walk alongside' the carer, providing a framework for action and offering reassurance and encouragement as necessary. The practitioner will deliver interventions and/or broker support during this phase.

Within this process, regular 'check in's with the carer during support sessions will allow the practitioner to ensure support work is relevant and meaningful, whilst also allowing opportunities to revisit the Adult Carer Support Plan and amend, replace or reiterate previous agreed goals and actions where necessary. They will should also more formally review the case approximately every three months (see next section).

Tools and techniques

Carer support practitioners are required to have a broad range of knowledge, tools and techniques for utilisation in their support work. An effective practitioner has knowledge of external services, opportunities and systems that can support carers, or the cared for person, and can apply brief interventions or techniques. Such knowledge and skills include:

- active listening skills
- relational skills to build rapport and trust, put people at ease etc.
- conversational techniques
- skills to encourage autonomous, self-directed action e.g. brokerage, health literacy (e.g. 'teach back' method), assertiveness
- emotional support skills e.g. empathy, validation
- tools for improving resilience, self-efficacy, motivation and anxiety/low mood
- clear understanding of professional boundaries and the ability to practice these at all times
- safeguarding practices and processes
- dependent on previous training, personal and professional experience and interests, staff will have different strengths and VOCAL will seek to complement those with continuous professional development.

Brokering support

The practitioner role often includes brokerage. Such an approach enables carers to understand and navigate, often complex, systems and processes. More information can be found in VOCAL's publication 'Brokering support for carers' but core elements of carer support at this stage can often include:

- clear, easily understood information and advice about options including self-directed support
- assistance undertaking option appraisals
- support to obtain sufficient funding
- help with the application process e.g. form filling
- making referrals
- coordinating inputs from a range of providers

When considering making a referral to another service, practitioners should firstly be aware of how referrals are made and whether the carer fits the criteria for the service. If the service takes self-referrals discussion with the carer can clarify if they wish to refer themselves or would prefer you to do so on their behalf. It is called 'signposting' when a carer is advised about a service but is left to self-refer. Whilst self-directed action is the preferred option, if it is felt the carer would benefit from extra support right now, the practitioner can offer to do this on their behalf, this is known as 'referral'. This way the practitioner will also be certain the referral has been made.

Adapting the Adult Carer Support Plan to reflect changes

Although the ACSP should be dynamic and flexible enough to adapt to the life of the carer as support progresses, it is important not to divert too much away from the original plan. Ways to 'stay on course' can include:

- identifying all relevant issues from the outset. If the practitioner finds ACSP's regularly require considerable changes as the case progresses, it may be that the plans are being prepared too early on in the case. It may require several sessions before the ACSP can fully be developed. Perhaps not all the relevant issues had been identified, so issues emerge as the case continues.
- exploring barriers and obstacles. For instance, if the carer said they would undertake action and didn't, it is worth exploring why they didn't and consider alternative ways of achieving the same goal or assisting the carer to overcome the obstacle through confidence building, giving positive reassurance or brainstorming different methods to achieve the goal.

- reprioritising agreed actions. This can help when life circumstances change so that planned work becomes less of a priority than another part of the plan which has become more urgent.
- being aware of carer co-dependency. Some carers may seek to develop an excessive emotional reliance on a practitioner, as this may be a feature of their relational style. Such carers may, often subconsciously, attempt to circumvent the work practitioners attempt to achieve to prolong support. In these cases it can help to remind the carer of the agreed plan and the original 'contract' set out with the carer in phase one.

End phase: Reviewing and evaluating

Good quality endings and closing of cases are just as important as the way in which relationships are built at the beginning of carer contact. When cases are closed in a planned manner, there is a good foundation for any future involvement with the carer, should the need arise again and the carer gets back in touch months, or even years, later.

Reviewing

The review process is an important opportunity for the carer and practitioner to reflect, not just on progress towards outcomes, but also on what has hindered and supported the carer in making that progress. As such, it can help to start every session with a brief review as this can help clarify what to avoid or do more of, thus consolidating learning and enabling a refocus on what is important.

The Adult Carer Support Plan provides the means by which to identify when casework may be drawing to a close, as it sets out carer determined outcomes, required actions and anticipated timescales. Often it can be helpful to raise the question of ending support several sessions before it actually does. To negotiate the end of support, practitioners can refer back to the 'carer contracting' that occurred earlier.

Carers are likely to benefit from a conversation around what 'enough' improvement looks like, and what would need to happen, or how they would know, support is no longer required. Given carers can return to VOCAL at any time, scaling questions could usefully be applied to ascertain how confident a carer feels going forward and what would be necessary to feel confident enough to end interaction with their support practitioner. Conversations may become more forward focused and future-oriented, addressing hopes and how learning may be applied in other scenarios by way of contingency planning for when the carer is no longer working with a practitioner.

It is important to apply an exchange model that allows for consideration of both the support practitioner and the carer's view of progress, since it cannot be assumed the carer's view on their outcomes will correspond with those of the practitioner. Carers may need prompts and facilitation to recognise their personal assets, both internal (such as coping strategies, resilience, self-management skills) and external (existing social networks and new community supports).

In a minority of cases, case closure may happen prematurely, for instance, where a carer moves permanently out of area or ceases to engage. In both these instances, the ACSP would be updated to reflect such changes.

Evaluating

Measuring the impact of casework on the carer's desired outcomes is achieved through conversations that help categorise the individual's experience, for example into: big difference, small difference, no deterioration, or worse. To do this, a cycle of questioning is undertaken to elicit what has been better, to identify with the carer what difference an intervention or service has made and discover who has noticed, and to explore which resources enabled the change.

For example, if a carer was keen to address their changing relationship to the person they care for, they may express after a receiving specific intervention they feel sufficiently supported to maintain, or even improve their relationship, and know how to access mediation where views conflict. This would then be recorded by the practitioner and a category (e.g. 'big difference') would be assigned to the outcome area and reflected back to the carer for their agreement.

Where possible, the carer's voice should be included and recorded (using quotes for instance) in feedback given on both the desired outcomes and on the delivered services themselves, i.e. the way the service was provided and how the carer was treated. Therefore, practitioners need to empower carers to give honest feedback on support they have accessed, and be prepared to hear and respond to this feedback.

A note on the limits of casework

It is worth remembering effective support work will not necessarily solve all issues a carer faces in their life, but should go a significant way to improving the quality of their life at the present time. Focusing on changes that can be made and encouraging self-directed action will help carers realise they can act effectively to improve their lives. A case may even close before all set outcomes are fully achieved, for instance, where good progress is being made and the carer knows how to carry on to meet the specified objective. Once carers see they can achieve their goals, they may well be inspired to tackle other outstanding areas of their lives without practitioner input. This is to be welcomed, as it will help carers to understand they can make positive changes to their lives in the absence of support, reinforcing their perceptions as agents of change and thus improve their self-efficacy.

Useful reading

Internal

Coalition of Carers in Scotland/VOCAL. What to expect when you make an adult carer support plan. 2018

VOCAL. Brokering support for carers: Maximising positive outcomes. 2020.

VOCAL. Practitioner standards: A framework for carer support. 2020.

External

Cook, A. and Miller, E. Talking Points Personal Outcomes Approach: A practical guide for organisations. Edinburgh, Joint Improvement Team. 2012. Available for download at: **ccpscotland.org/wp-content/uploads/2014/01/practical-guide-3-5-12.pdf**

Glasgow Centre for Population Health. Putting asset based approaches into practice: identification, mobilisation and measurement of assets. Briefing paper 10, Concepts series. Available for download at: **gcph.co.uk/publications/362_concepts_series_10-putting_asset_based_approaches_into_practice**

Health Innovation Network What is person-centred care and why is it important? 2016. Available at: **healthinnovationnetwork.com/system/ckeditor_assets/attachments/41/what_is_person-centred_care_and_why_is_it_important.pdf**

Nesta webpage - Asset-based approaches in a health and wellbeing context. **nesta.org.uk/feature/realising-value-resource-centre/asset-based-approaches-in-a-health-and-wellbeing-context/**

Partners 4 Change. The key to the door of a new way of working. Webpage. **partners4change.co.uk/the-three-conversations/**

Personal Outcomes Collaboration. Meaningful and measurable. Webpage bringing together reports and briefings. 2016. Available at: **personaloutcomescollaboration.org/meaningful-and-measurable/**