

## Learning Outcome

1. Understand the current framework for care within the UK

1.1 Explain the current legislation, guidance and Code of Practice which govern care within the UK.

1.2 Evaluate the impact that the current national framework has upon service users

## The Care Act (2014): Transcript

What is the care act, and why is it important in the field of health and social care? This short presentation will give you a brief introduction to this important legislation. Other learning material throughout your course will look at certain aspects in more detail. AtNZ96cdA32e

### Introduction

The Care Act is a piece of government legislation, written in 2014 and enacted in 2015 which consolidates multiple previous laws and rulings about the provision of care to adults into one policy. This aims to increase transparency and convenience, and also to reform some outdated approaches. The Care Act of 2014 only applies to England, and there are separate policies in other parts of the United Kingdom.

The purpose of the Care Act is to give guidance about the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; and how local authorities should charge for both residential care and community care. One of the changes brought about by the act is more freedom for individual local authorities to manage these decisions.

### Background

The Care Act builds on, reforms and consolidates many previous laws. Its roots are in the National Assistance Act of 1948, which came about as part of the creation of the Welfare State after World War 2. (*timeline shown on screen, but not described in detail here*). On its launch in 2014, the department of health described the Care Act as "the most significant reform of care and support in more than 60 years". There is a separate video where we will look at the complete timeline of support and care legislation, so we won't go into too much detail here.

### Principles

The fundamental principle of the Care Act is that local authorities must prioritise and promote the wellbeing of the individual. Furthermore, the Act expects that each individual service user knows best about their own wellbeing. This is an example of a "client-led" or "person-centred" approach to care. So the person receiving care should always have as much involvement as possible in decisions that affect them, and their wishes, beliefs and feelings will always be considered. It can be described as a "bottom-up" approach, in that the Act uses the needs of service-users as a starting point to ask what local authorities should provide, rather than these authorities providing a set list of services which users are sometimes shoehorned into.

So, if one of the core principles of the Care Act is "wellbeing", how do we define what "wellbeing" is? It is considered to be more than just good physical and mental health. "Wellbeing" in the Care Act also incorporates factors such as dignity, protection from abuse, autonomy, economic security, safe housing and the ability to participate in and contribute to society. (*key terms here to be shown on screen, either as a complete list, or scrolling one a time*)



Later, we'll look at some brief examples of the experiences of carers, care-workers and service users, and you can consider how individual wellbeing is preserved and promoted in those cases.

### Individual Care-Assessment

The Care Act aims to level the playing field in terms of how the needs of both carers and those receiving care are assessed and measured. Previously, there was no official recognition of the needs of unpaid carers, such as relatives. Furthermore, different local councils used to have different thresholds to determine when and how support services were offered, resulting in something of a postcode lottery. Now, these thresholds have been standardised across all of England, and are generally lower than before. Individual local authorities have the freedom to choose who carries out these assessments on their behalf, and some may use local charities or private companies to do this. Overall, the Care Act has brought in more support and more rights to service users, as well as both paid and unpaid carers.

Another crucial policy is the introduction of a financial cap on how much of the cost of care any one individual would be liable for. This is calculated by a financial means test and outstanding costs above a personal cap are borne by the local authority.

### A Preventative Approach

As well as individual wellbeing, another essential philosophy of the Care Act is that of prevention. By lowering the assessment thresholds, increasing the diversity of services offered, and empowering both local authorities and service users, the hope is that people's needs are identified as early as possible, and the long-term need for greater care and support is reduced. This puts the onus on local authorities to consider a range of factors to meet the needs of users and carers. For example, a council must look at what services, facilities and resources are already available in their area, including voluntary groups, and provide investment where needed. They also need to be proactive in identifying carers and service users in their area whose needs might not be met, and bridge those gaps wherever possible. For instance, this could be done by commissioning agencies or charities to run community groups in that area or by putting on transport so they can access support where it exists. As well as improving the experience for all involved in the here and now, this also works towards the long-term goals of reducing, delaying or preventing the need for further care.

### Examples of the Care Act in Use

Let's consider an example of how some of the policies of the Care Act could help an individual service-user. A service user with mobility issues would be entitled to a holistic assessment that would incorporate support from a multi-disciplinary team. This could include assessment by an occupational therapist to provide mobility aids in the property including a commode, raised toilet seat, bath seat and grab rails to aid independence in personal care. The carer could also be supported by occupational therapy adaptations for things such as hoists if required to aid their ability to move the service user for caring responsibilities. If the carer expresses that they need time for themselves to maintain mental health and wellbeing, respite time could be given, including sitting calls for the service user so the carer is able to have a break. Prior to the Care Act, service users were also offered services such as home-adaptations, but the carer would not have had so much support, and neither the carer nor the service user would have been so actively involved in the decision-making to come up with a customised solution.

This example should demonstrate some of the benefits of the Care Act, and how it is implemented considering the support needs of service users. It ensures needs-assessments are appropriate and focused on the lived experience of the service user relating to their care and support needs. This

enables the creation and implementation of care and support packages that are truly personalised and integrate well into the lives of service users. The provision within the Care Act to assess and meet the needs of adult informal carers allows service users to be truly supported by those around them who know them best, maintaining familiarity by supporting them to remain cared for by their loved ones. Supporting the needs of the carer allows them to feel valued as an individual, without becoming overwhelmed and enables them to continue to meet the needs of the service user with the appropriate support and resources.

### Citing and referencing

Finally, remember that you will need to cite and reference this act during your assignments and assessments. Here's a quick reminder of how to do that.

If you are writing in-text about the act as a whole, you need to put the name of the act, including the year, in brackets. You should also write this in italics. Because the year is included as part of the name, you don't need to use a comma.

For example: ...protected by recent government legislation (*Care Act 2014*).

But if you are referring to one specific piece of information from within the act, you should use the chapter number. You can find this on the government website, [legislation.gov.uk](http://legislation.gov.uk).

For example: ...specifies how the needs of an adult service-user can be assessed (*Care Act 2014*, c 9).

And when you write your reference list at the end of your paper, you need to include the chapter number, website URL, and the date when you looked at it. Note the use of italics and brackets here.

For example: *Care Act 2014*, c11. Available at <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> (Accessed 27 January 2021)

### References

- <https://www.carersuk.org/help-and-advice/practical-support/getting-care-and-support/care-act-faq>
- <https://www.skillsforcare.org.uk/Documents/Standards-legislation/Care-Act/Guide-to-the-Care-Act-2014-learning-and-development-programme.pdf>
- <https://www.skillsforcare.org.uk/Documents/Standards-legislation/Care-Act/Learning-materials/Introduction-and-overview/Introduction-and-overview-slide-pack.pptx>
- <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/wellbeing>
- <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>