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**St Helena
Government**

‘Policy for Home Care and Support for Adults and Children with care needs’

Contents

1.1 Project Context

1.2 Background - *Changing circumstances in St Helena*

1.3 Who is the home care for?

1.4 Personalisation of Home support

1.5 What do we want to achieve?

1.6 The Home care and support package

2.1 Substantial support category

2.2 Critical Support Category

3.1 Children with care needs

4.1 Meeting High and/or complex needs

5.1 Carer Support

6.1 Respite care

7.1 Keeping your information safe

8.1 Working together with other agencies

1.1 Project Context

St Helena Government currently operates a Home Support Policy which dates back to November 2010, which offers home care for those living at home and in the Community. After a comprehensive assessment of need, care is provided for adults and children if they are in need of:

- a) Home support in order to remain living safely at home;
- b) Substantial support with activities of daily living;
- c) Critical support whereby they require someone to live with them to provide ongoing support to ensure their safety and well-being.

All key stakeholders, particularly those who use the policy on a daily basis, agree that this policy is in need of review because it no longer fits the needs of those who live at home. Both the Adult and Older Persons Services' teams have encountered difficulties for several years in trying to make the policy fit needs and vice versa. Likewise there is agreement that whilst some 'personalisation' strategies have been informally applied, this needs to be clearly outlined in policy to ensure that the service user's individual needs are foremost in any decision-making around support needs and planning.

1.2 Background - *Changing circumstances in St Helena*

In making provision for home care and support for adults and children, an understanding of the island's socio-cultural circumstances and traditions is imperative. It is important to note that people's needs have differed over recent decades. Demand for social care has increased especially as we live amongst an ever aging population. 'The 2016 Census has shown that one-in-five of the population is aged 65 years or older, a third of these people being older than 75, giving St Helena one of the highest aged dependency ratios in the world (the ratio of people aged 65 years or older to those of working age). Population projections showing that this aged dependency ratio will increase dramatically within the next ten years as a further 15 % (650) people reach the age of retirement. An aging population is a welcome reflection of increasing life expectancy but care services must adapt to meet the short to medium challenges of an increasing burden of care'¹. Current health trends indicate a consistent prevalence of diabetes and obesity and the terminal ravages of increased cases of cancer which consequently triggers increased demands on care². Since 2013, the discovery rates of cancer have increased and palliative care for terminal illness is in high demand. The first few cases of HIV have been diagnosed and thought must also be given for this type of long-term care.

¹ Provisional Demographics of the St Helenian Resident Population- 2016 Population and Housing Census, *Dr Paula McLeod, Statistician, 21st April 2016*

² Cancer in St Helena 2006-2013, The prevalence of cancer, Senior Medical Officer Attila Frigyesi, March 2014

With many of the working age population joining the global job market and working off-shore, St Helena's care chain is severely affected. Whilst there are families who take their care responsibilities seriously, the role of caring for older people and disabled relatives that was once ingrained in family values has fragmented, in many cases because of the change in the family unit to transnational.

1.3 Who is home care for?

Home care will meet the needs of service users living at home who have needs that cannot be reasonably met by family or other informal community resources, or when family are unable or unwilling to meet these needs. This policy recognises St Helena has some established support for some of its most vulnerable individuals, there is much evidence of the development of more inclusive communities and we want even more opportunities for the people we support in order to help them to have choice, control and inclusion in their daily lives. It is not the aim of this policy to replace valuable informal support systems already in place such as family support, community support etc.

This policy includes providing support to adults and children with care needs to enable them to live at home safely with choice and control. In providing this support the Directorate will focus on the below areas;

- Promotion of overall wellbeing including physical and emotional.
- Community relations and support;
- Focus on creating and/or sustaining informal support;
- Treating people with dignity and respect;
- Focusing on person-centred care and support;
- Joined up approaches with other key agencies;
- Increased independence and reduced demand for health and social care services.

1.4 What do we want to achieve?

1. Support community and family efforts to care for people at home by facilitating the right support for the assessed individual.
2. Introduce and embed person-centred ways of working.
3. Improve efficiency.
4. Encourage independent living in people's own homes.
5. Focus on planning for the future in order to reduce the number of persons requiring additional support.

1.5 Referral, assessment, care/support planning and review

The assistance we provide will follow the four key pathways outlined below, this process forms the basis of eligibility for home care and support.



Referral

A referral can be made to any of the Safeguarding Directorate's departments, from the individual concerned, a family member, friend or from the public. A referral will be made to the Children's, Adults or Older Person's services and recorded on the generic referral form. Referrals can also be taken by telephone and staff will complete the referral form. The Team Manager of these services will screen the referral and decide on what action is required. If further action is proposed and agreed by the service user, the next step would be a social care assessment.

Assessment

The Team Manager shall allocate the assessment to the appropriate Social Worker/Social Care Officer. This assessment will let us know what support the service user may need and should be completed in partnership with the individual and those who they choose to be involved (where appropriate).

We hugely value informal support that carers (such as friends and family members) provide and recognise its significance on an island such as St Helena with limited resources. We

respect the rights of carers and the invaluable input they have, and as such we will offer carer support as part of our assessment process.

Care/support planning

Assessed social care needs that are determined from the assessment are used to produce a care and support plan. This written care/support plan is developed with the service user and their advocate (where appropriate) by the social care staff. It must incorporate the service user's needs and wishes, the impact on their well-being and the individual's desired outcomes.

The service user shall be at the heart of the process, what does their support look like to them? The care plan shall focus on and embrace community or other informal support already available. Sometimes care can be met by one person, often family or next of kin, but there may be cases where non-family carers must be employed. Sometimes when the care needs are multiple and complex, additional carers and services may be required.

The care/support plan will, as far as possible, holistically cover the care and support needs of the service user. This plan will try and look at your life as a whole and should include what is most important to the service user and what's not as important, what the service user's community means to them and what they would like to happen.

Review

A timeline for a review will be attached to each care plan. The review will generally be 3 months, 6 months or annually and is conducted by Social Care Officers. The care plan may also need adjusting according to need. Should needs or circumstances change, the pathway may be revisited as part of an unscheduled review.

2.1 Home Support Worker Category

For this category, the maximum hours of home support that a service user falling within the home support category can receive is 30 hours per week.

The service user will have the choice of using the monies allocated for care hours for other services if they feel this will better suit their assessed needs. For example, a service user may decide to pay a cleaner rather than a carer, or may need resources to pay for travel expenses. Flexibility and creativity is encouraged here, however it should be clearly recorded in terms of *how the allocated resource has achieved the assessed outcome*. It is expected carers will be chosen by the service user e.g. friends or relatives, however adult social care do hold a

database of available carers and will help where possible. Carers pay and conditions are being reviewed at the time of writing.

The social care needs assessment will consider the following areas of an individual's life where they might need some support. The maximum hours that can be provided by a home support worker over a one-week period for specific activities are also shown below:

Personal tasks:

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| Personal hygiene – bathing, grooming, dressing | 7 hours |
| Toileting – assistance to use the toilet, change incontinence pads, additional personal hygiene needs | 7 hours |
| Medication supervision | 2 hours |

Domestic tasks:

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| Meal preparation – preparing and cooking food, serving and washing up | 7 hours |
| Shopping | 1 hours |
| House cleaning | 2 hours |
| Laundry | 2 hours |

2.2 Full time care category

To be considered eligible within the '**full time care category**', the service user must have significant health problems, impairment or disability, which impairs their ability to live independently without significant support (assessed needs require over **30 hours** support per week). In terms of meeting assessed need, there are a number of different scenarios which fit within this category as below;

Leaving full time employment to care

If a carer is a close friend/family member and has left her/his full time employment (30 hours or more) in order to provide care and meet assessed needs of the service users then they would be eligible to receive £80.50 per week.

Still in employment and providing care

If there is a carer supporting the individual with assessed care needs who is in paid employment for more than 30 hours per week, a carers allowance will be calculated at £40.25 per week. In such cases a Home Support Worker may where appropriate be utilised where

required e.g. when the carer is in work, where appropriate carers allowance can also be shared e.g. £40.25 x 2 persons.

Employing a carer to meet 'full time care support' assessed needs

If a service user is assessed as meeting the criteria for 'full time care support' (i.e. over 30 hours per week) and lives with family members who work full time then a Home Support Worker from outside the household can be paid the 'full time care support' weekly payment of £80.50 to provide full time support.

Meeting needs for more than one service user

If a couple living together both require personal and domestic home support, personal support can be given to both persons as required. Domestic support will only be given for one of the couple to cover the entire household's domestic needs.

The Safeguarding Directorate is passionate about promoting independence and reducing the admissions into institutional care. As such any cases which fall outside of the above policy guidelines can be forwarded to a pre-arranged panel/or Director who will consider applications on a 'case by case' basis. In the event of the service user being hospitalised, all payments for home support will cease for the duration of the hospital stay if longer than 7 days and will remain suspended until the service user returns home.

3.1 Children with care needs

Parents of a disabled child aged under 18 can be assessed by the Children's Services section of the Safeguarding Directorate. All disabled children are deemed to be Children in Need under the Welfare of Children Ordinance 2008 under Part V, 30. (2) C. This provides the Directorate with a duty to *'take such steps as appear to it to be appropriate to safeguard and promote the welfare of children who are suffering, or likely to suffer, significant harm.'*

4.1 Meeting high and/or Complex Needs

Where the service user is assessed as having high and/or complex needs that cannot be met through the above policy guidelines, a more specific and focused assessment will be conducted by the appropriate team/s. To reinforce the assessment, a risk assessment may also be conducted to ensure that the service user's needs can be met safely in the home. Some examples may be:

- Accessing the appropriate expertise or professionals to support the service user e.g. community nurses, GP, physiotherapist, police, education.

- Creative use of care planning e.g. implementing the care of more than one carer for a particular or cluster of needs, thus splitting the allowance proportionately between two carers or any other support that is required.
- Meeting the needs of more than one adult/child in the same home.
- Providing for the care of two people living together who are both in need of support and require a joint assessment and 'combined plan of care', that draws on different services and people.

In such cases the overview and final decisions will be made by a suitable panel to ensure that the service users and the carer's needs are met. All information from assessments and any other information will be submitted to the panel and a collective decision will be made.

The Multi-Disciplinary Team may consist of:

Medical/Health personnel;

Social worker from appropriate team(s);

Occupational therapist;

Physiotherapist;

Any other relevant specialist involved with the service user or family.

The Chair will be the Manager of Children's, Adult or Older Persons services, Senior Social Worker as appropriate.

5.1 Carer support

Carers are vitally important in the work that we do and will be supported as far as possible. There are cases where carers have given up their employment locally or abroad to care for their relatives, thus undergoing significant lifestyle changes. Therefore in addition to offering financial assistance, holistic support may also be required in order to support carers as they need and this should form part of the assessment process. There will be certain specific expectations on those who agree to undertake caring roles, many of these will be discussed and agreed with the service user and/or their advocate and formal agreement reached.

Carers will usually be over the age of 18. However, in certain circumstances those under the age of 18 can be carers. An assessment of the young carer's ability to care will be undertaken by Children's Services and will address specific criteria. The child's own care and safety needs will be taken into account as part of this assessment to ensure that if they are to be a carer, that they are not being exploited and that they can manage the tasks expected of them.

All newly enrolled carers/home support workers will need to present an up to date full police criminal check. If they are coming from outside St Helena they will need to provide an enhanced Disclosure and Barring Certificate (or the equivalent).

5.2 Respite care

The Safeguarding Directorate acknowledge how vital it is to support informal arrangements around supporting an individual with needs and challenging these roles can be. Alongside of the carer's allowance and home support policy, respite care can be offered as part of the care/support plan. Informal respite support from family or friends shall be considered in the first instance. This may be a family member sitting with the service user for a few hours during the day or sleeping over to take on the night care whilst the primary carer goes out or gets an undisturbed night's rest. Once the family have explored all avenues, and all other options have been exhausted or if the family is unable or unwilling to provide respite Safeguarding Directorate will support where possible, The needs of carers shall be discussed during the assessment process when the individual care/support plan is being created. A respite care package can be agreed upon according to the assessment outcome. Respite **may** take the following forms;

- a service user who is taken out of the home for either day or overnight respite care or
- A formal carer visiting the home to give the informal carer a break
- an alternative carer who goes into the home to assist with a service user.

6.1 Appeals

Decisions made about the care and support provided or not by the Safeguarding Directorate for any service user may be appealed by the service user or advocate by;

1. Contacting the Team Manager of either Adults or Older Persons Services of the Safeguarding Directorate to lodge the appeal.
2. The Team Manager will discuss the grievance with the person within 5 working days of receiving the notice, and try to resolve the matter. The issue may be resolved through a re-assessment.
3. A person who remains dissatisfied by this reviewed decision, they may within 14 days of being informed of that decision, appeal to the Director of the Safeguarding who will review the decision making process before making a final decision.

7.1 Keeping your information safe

The Safeguarding Directorate understand confidentiality and the need to ensure that an individual's private information is kept safe and follows the guidance of Data Protection Act (1998 UK) and Section 13(1) of the Saint Helena Constitution, we are aware that people have a right to private family life, home and correspondence and we respect these. If we need to share your personal information with anyone else we will seek your permission before doing so. If personal information is required to be shared to avoid a significant risk to a vulnerable adult or member of the public we may not be able to seek such permissions, in such a case information provided would be proportionate and on a strict 'need to know basis'.

8.1 Working together with other agencies

An island such as St Helena with limited resources requires that health and social care professionals/agencies work closely with each other to ensure they pull together all appropriate resources and expertise. The Adult Social Care Team will challenge poor practice and work to achieve best practice on your behalf, however this will be done in a supportive and constructive way, for us, it is about learning and improving practice and service not looking for someone to blame. If necessary, where concerns arise in relation to any aspect of the standard or quality of services received, the Adult Social Care Team can assist you with lodging a complaint in confidence.

