

## **Community Care Overview**

At the heart of this picture on the state of support to carers, there are major tensions for councils in their policies to support carers. They are charged with improving efficiency and targeting resources effectively and are consequently restricting eligibility to services. But at the same time they are looking to support carers, recognising the risk that without support many carers own health and well-being may suffer and they, too, will need help in their own right. The danger, as ever, is that carers are only seen as a 'resource' and some carers continue to be socially excluded and barred from the opportunities others would expect.

CSCI (2006) *The state of social care in England 2005-6*

## **The key 'service provision' statutes**

### ***National Assistance Act 1948***

#### *s1 - the duty to provide residential accommodation*

The provisions apply to persons aged 18 or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them. The duty is owed to persons ordinarily resident in the LA area, whereas a power exists to accommodate others.

### ***Chronically Sick & Disabled Persons Act 1970***

#### *s2- the duty to provide non-accommodation services*

Section 2 places a duty on the Local Authority to provide a range of services for those owed a duty under s29 NAA 1948; the services include the provision of

#### a) practical assistance in the home

The Ombudsman has held:

- It to be maladministration for a council to have criteria which stipulate that no domestic assistance can be provided - unless accompanied by a need for personal care<sup>2</sup>
- It is maladministration for a local authority to suggest that bathing is not an "essential activity - unless there was an identified medical need"<sup>3</sup>
- That the ability to properly manage bathing / washing with dignity is the entitlement of everybody<sup>4</sup>

#### b) wireless, TV, library etc.

#### c) lectures, games outings and other recreational/educational facilities

#### d) assistance in travelling to community based care services

#### e) home adaptations

#### f) holidays

#### g) meals (at home or elsewhere)

#### h) a telephone

### ***Children Act 1989***

Section 17 Children Act 1989 enables social services departments to provide a comprehensive range of services (residential and non-residential) to promote and safeguard the interests of children in need.

<sup>2</sup> Complaint No. 01/C/17519 against Salford CC 11.12.03

<sup>3</sup> Complaint 02/A/11294 against Wycombe District Council 20th October 2004

<sup>4</sup> Complaint 02/C/8679, 8681 & 10389 against 4 Bolsover District Council 30th September 2003

## **The Community Care Assessment Duty**

### ***The duty to assess***

Section 47(1) NHS & Community Care Act 1990 obliges social services authorities to carry out a community care assessment where:

- the individual's circumstances have come to the knowledge of the authority;
- s/he appears to be someone for whom community care services can be provided;
- s/he might benefit from the provision of community care services.

### ***A 3 step process***

The assessment duty consists of three phases:

- 1. Gathering information concerning the disabled person's needs and requirements (this will include contacting significant information sources such as family, carers, GP's, housing etc.**
- 2. Deciding which of these various requirements 'call for the provision of services by the social services department'.**
- 3. Constructing a care plan to detail how these needs will be met by specified services.**

### ***Deciding on eligibility***

The second stage requires the local authority to make decisions as to who will and who will not get services. In order to do this equitably the authorities are required to construct 'eligibility criteria' which enable services to be targeted on those in most need. The guidance concerning these criteria is known in England as Fair Access to Care Services<sup>5</sup>

The decision making process requires the initial information (gathered in stage 1) to be graded into three broad themes, namely

- autonomy,
- health and safety,
- ability to manage daily routines, and
- involvement in family and wider community life

These identified risks to independence are then compared to the council's eligibility criteria. Those risks that meet the eligibility criteria must result in some service provision response from the council.

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<sup>5</sup> FACS guidance can be obtained at [www.doh.gov.uk/scg/facs/index.htm~guidance](http://www.doh.gov.uk/scg/facs/index.htm~guidance). In Wales this guidance, with relatively minor differences and emphases, is contained in the Assembly guidance 'Created a Unified & Fair System for Assessing & Managing Care' which can be accessed at [www.wales.gov.uk/subsocialpolicysocialservices/content/mangingcircular-e.htm](http://www.wales.gov.uk/subsocialpolicysocialservices/content/mangingcircular-e.htm)

All Eligibility criteria in England<sup>6</sup> must (as a minimum) contain the following list.

<b>Critical<sup>7</sup> - when</b>
life is, or will be, threatened; &/or
significant health problems have developed or will develop; &/or
there is, or will be, little or no choice & control over vital aspects of the immediate environment; &/or
serious abuse or neglect has occurred or will occur; &/or
there is, or will be, an inability to carry out vital personal care or domestic routines; &/or
vital <sup>8</sup> involvement in work, education or learning cannot or will not be sustained; &/or
vital social support systems & relationships cannot or will not be sustained; &/or
vital family & other social roles & responsibilities cannot or will not be undertaken.
<b>Substantial - when</b>
there is, or will be, only partial choice & control over the immediate environment; &/or
abuse or neglect has occurred or will occur; &/or
there is, or will be, an inability to carry out the majority of personal care or domestic routines; &/or
involvement in many aspects of work, education or learning cannot or will not be sustained; &/or
the majority of social support systems & relationships cannot or will not be sustained; &/or
the majority of family & other social roles & responsibilities cannot or will not be undertaken.
<b>Moderate - when</b>
there is, or will be, an inability to carry out several personal care or domestic routines; &/or
involvement in several aspects of work, education or learning cannot or will not be sustained; &/or
several social support systems & relationships cannot or will not be sustained; &/or
several family & other social roles & responsibilities cannot or will not be undertaken.
<b>Low - when</b>
there is, or will be, an inability to carry out one or two personal care or domestic routines; &/or
involvement in one or two aspects of work, education or learning cannot or will not be sustained; &/or
one or two social support systems & relationships cannot or will not be sustained; &/or
one or two family & other social roles & responsibilities cannot or will not be undertaken.

Councils must accept as eligible for services anyone whose needs fall into the 'critical' band. However it is up to them (having regard to their resources) to decide which other degrees of need they will deem eligible for services.

<sup>6</sup> For Wales, see footnote 4 above

<sup>7</sup> Critical means that life is threatened or individuals are at great risk of serious illness or harm (Q3.6 of the FACS practice guidance).

<sup>8</sup> Vital means that without help, individuals are at great risk of either losing their independence, possibly necessitating admission to institutional care or making very little, damaging or inappropriate contributions to family and wider community life with serious consequences for the individual and others...[however] 'what may be "vital" to one individual many not be "vital" to another' (Q3.6 of the FACS practice guidance).].

## **Carers' Rights in the Assessment Process**

### **The Carer's assessment process - in a nutshell**

When a disabled person is being assessed (either under the Community Care legislation or the Children Act) [but see para 9.2 below] and their carer requests an assessment, the process should proceed as follows.

1. The information about the 'presenting needs' of the disabled person should be gathered in the normal way - ie all those needs that s/he (and those close to him/her) identify as existing as well as those that the assessor also identifies.
2. Before the assessor decides which of the disabled person's various needs 'call for the provision' of social care services by the local authority, the carer should have their assessment.
3. The carer's assessment analyses the sustainability of the caring role - primarily whether the carers is willing and able to carry on caring and/or providing the same level of care. The risks to sustainability can include health risks to the carer, their wishes to remain in work or return to work or undertake training, education or leisure activities and so on.
4. Once the assessor has completed the carers assessment, s/he will then be in a position to decide what services should be provided to the disabled person and (if needs be) what services might be provided to the carer (ie services under the Carers and Disabled Children's Act 2000 or the Children's Act 1989)
5. The assessor should then draw up a care plan explaining how the disabled person's needs will be met (ie by identifying the services the local authority will provide) and how the carers needs will be met (either by providing additional services to the disabled person - eg a sitting service) or (less commonly) by providing actual services to the carer.

### **Assessment under the 1995 Carers Act**

Policy guidance on the Act (under Local Authority Social Services Act 1970 s7(1)) has been issued as circular LAC (96)7<sup>9</sup> as well as practice guidance (which is referred to in this section as the Practice Guidance).

Carers, in order to be eligible for an assessment under the 1995 Act, must cross four hurdles:

1. The person for whom they care must be 'being' assessed;
2. They must be providing (or intending to provide) a substantial amount of care on a regular basis;
3. They must not be under a contract to provide the care or doing so as a volunteer from a voluntary organisation; and
4. They must make a request for the carer's assessment.

#### **1. In conjunction with an assessment of the service user**

Under the 1995 Act, carers do not have a right to a 'free-standing' assessment (unless of course they are entitled to a community care assessment in their own right, by virtue of being an elderly, ill or disabled person). However this difficulty has been removed by section 1 Carers & Disabled Children Act 2000 which provides for 'free-standing' Carers Assessments (see below).

<sup>9</sup> WOC 16/96 and WHC (96)21 in Wales

## **2. Providing / intending a substantial amount of care on a regular basis**

### ***'Substantial' & 'Regular'***

The guidance issued under the 1995 Act provided very little help in defining what was meant by regular and substantial care'. However the 2000 Act uses the same phrase and the practice guidance to this Act (discussed below) is particularly helpful. At para 67-8<sup>10</sup> for instance it states:

**67** It is not only the time spent each week caring that has an impact on carers. For some, such as those caring for adults with learning disabilities, the caring role can have the additional impact of being a life long commitment. For others, such as those caring for adults with severe mental health problems, caring can be a sporadic or cyclical responsibility. The carer may not be physically or practically caring at all at certain times, but still be anxious and stressed waiting for, or actively seeking to prevent, the next crisis. In addition, caring responsibilities may conflict with other family responsibilities, such as parenting or holding down a job. Any assessment of the carer's need for support has to look at the impact of the whole caring situation.

**68** The term 'substantial and regular' is not defined in this guidance. In any given situation, the test that a practitioner should apply will relate to the impact of the caring role on the individual carer. In particular the practitioner will need to address the following questions.

- Is the caring role sustainable?
- How great is the risk of the caring role becoming unsustainable?

The English practice guidance to the 2000 Act suggests that in determining what is 'sustainable' the following four factors should be considered<sup>11</sup>, namely:

**Autonomy:** ie the extent to which the carer has choice over the tasks they will perform and over the time to which they give to their caring role.

**Health and Safety:** ie the risks to the carers own health of maintaining the caring role at its current level.

**Managing daily routines:** ie the extent to which carers are able to look after their own domestic needs and other daily routines.

**Involvement:** ie the extent to which carers have freedom to maintain relationships, employment, interests and other commitments.

The practice guidance then requires the local authority to categorise these factors of risk into 4 bands of risk, 'critical, substantial, moderate and low'. A critical risk includes (para 70) - the development of major health problems; an extensive loss of autonomy; an inability to look after one's own domestic needs and other daily routines; a risk to employment or other responsibilities; a risk to significant social support systems or relationships.

### ***'Intending to provide'***

A carer may be entitled to a carer's assessment even if s/he is presently providing no care - provided the authority is satisfied that s/he is intending to provide a substantial amount of care on a regular basis for the user (for example, when the relevant person is discharged from hospital - see LAC (96)7).

<sup>10</sup> Paragraph 4.11-12 of the Welsh Practice Guidance.

<sup>11</sup> This following two paragraphs do not appear in the Welsh Guidance. The Welsh Guidance on Carer's Assessments (see below) does however expand upon the concept to a limited degree at para.2.4.4. The English version of FAC adopts very similar wording to that which appears in the following two paragraphs.

### **3. Employed and voluntary organisations carers**

The Act excludes from consideration (at s1 (3)) persons who provide the care by virtue of a contract of employment or as a volunteer for a voluntary organisation.

Disabled people who are receiving direct payments are entitled to use their payments to employ a family member. The relevant regulations, however, restrict their ability to employ a partner/spouse or a family member who lives in the same household, to situations where the local authority is satisfied that this 'is necessary to meet satisfactorily' the disabled person's needs.<sup>12</sup> This is a relatively low threshold test albeit that some authorities maintain legally mistaken policies permitting such payments, only in 'exceptional circumstances'. Where a direct payment is being used to pay a carer, this has the potential to undermine the rights of the carer to Carer's Allowance and possibly to a carer's assessment - since the assessment right is predicted on 'the care in question' not being provided by virtue of contract of employment.<sup>13</sup> Whether the right to an assessment is lost by such an arrangement will depend on a careful appraisal of the facts in each case - particularly the amount of care and the amount of the direct payment. Thus, for example, if even taking into account the amount of paid care, the amount of the unpaid care remains substantial, the entitlement to a carer's assessment would endure. In such cases, it is probably best to approach the question from the perspective of 'good practice' rather than straining on the minutiae of legal interpretation.

### **4. The carer must request the assessment**

The English and Welsh policy guidance under the 1995 and the English policy guidance under the 2000 Act require social workers 'to inform any carer who appears to be eligible under [each] Act of their right to request an assessment' [LAC (96)7 at para 20<sup>14</sup>]. The English policy guidance under the 2000 Act additionally requires (para 9) that the 'to ensure that the carer has been made aware of this right the assessor should give the carer a copy of the Department of Health's leaflet "*How to get help in looking after someone - A carers guide to a carers assessment*".

Whilst this obligation is omitted from the Welsh policy guidance, the Welsh Guide to Assessments (see below) does (at para's 4.12 and 4.13) require potential carers' to be notified of their right to an assessment and to be handed a leaflet "*A carers guide to a carers assessment*".

### **The assessment**

The object of a carer's assessment is to identify his or her '**ability to provide and to continue to provide care**' (s1 (1) and (2) CR&SA 1995). Whilst it is generally considered that, under the 1995 Act, carers cannot be given specific services in their own right, the outcome of a carer's assessment may nevertheless be an increase in the community care services provided for the user.

The Practice Guidance to the 2000 Act (para 70) requires social services departments to grade the 'extent of risk to the sustainability of the caring role' into one of four categories - namely 'critical, substantial, Moderate and low'. The grading system is a formal determination of:

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<sup>12</sup> Regulation 6 Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003 SI No 762 (as amended) and regulation 7 Community Care, Services for Carers and Children's Services (Direct Payments) (Wales) regulations 2004 SI No 1748 (W185).

<sup>13</sup> S1 (3)(a) Carers (Recognition & Services) Act 1995 and s1(3)(a) Carers & Disabled Children Act 2000

<sup>14</sup> WOC 16/96 and WHC (96)21 in Wales.

The degree to which a carer's ability to sustain that role is compromised or threatened either in the present or in the foreseeable future by the absence of appropriate support.

Although the grading system is modelled on that which regulates disabled people's assessments the consequences of a categorisation are different. If a disabled person is assessed as having a 'critical' need, then this means that the local authority is under a duty to make services available to meet that need. However a categorisation of critical in relation to the caring relationship does not mean that the local authority is under a duty to make services available to the carer - since there is no duty under the 2000 Act to provide services (merely a 'power').

However, as a matter of public law, the categorising of a risk to the sustainability of a caring role as 'critical' brings with it an obligation by the authority to take steps to ensure that support is made available to ensure that this state of affairs did not continue (or come to pass).

Although in such a situation the local authority is not obliged to provide the carer with services it is obliged to act. It has the choice therefore of providing the necessary support either to the carer by way of a service under the 2000 Act or by way of additional support to the disabled person by provision of a community care service. The bottom line however, is that the identification of a critical risk in a Carers Act assessment triggers a local authority obligation to make an appropriate response to address this risk.

<p><b>CRITICAL</b></p> <p>Critical risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> <li>• their life may be threatened</li> <li>• major health problems have developed or will develop;</li> <li>• there is, or will be, an extensive loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role;</li> <li>• there is, or will be, an inability to look after their own domestic needs and other daily routines while sustaining their caring role;</li> <li>• involvement in employment or other responsibilities is, or will be at risk;</li> <li>• many significant social support systems and relationships are, or will be, at risk.</li> </ul>
<p><b>SUBSTANTIAL</b></p> <p>Substantial risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> <li>• significant health problems have developed or will develop;</li> <li>• there is, or will be, some significant loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role.</li> <li>• there is, or will be, an inability to look after some of their own domestic needs and other daily routines whilst sustaining their caring role;</li> <li>• involvement in some significant aspects of employment or other responsibilities is, or will be, at risk;</li> <li>• some significant social support systems and relationships are, or will be, at risk</li> </ul>
<p><b>MODERATE</b></p> <p>Moderate risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> <li>• there is, or will be, some loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role;</li> <li>• there is, or will be, some inability to look after their own domestic needs and other daily routines while sustaining their caring role;</li> <li>• several social support systems and relationships are, or will be, at risk.</li> </ul>
<p><b>LOW</b></p> <p>Low risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> <li>• there is, or will be, some inability to carry out one or two domestic tasks while sustaining their caring role;</li> <li>• one or two social support systems and relationships are, or will be, at risk</li> </ul>

## **Guidance under the 1995 Act**

LAC (96)7, particularly the Practice Guidance,<sup>15</sup> makes a number of important observations, including:

### ***Private discussion***

*9.1 The assessment is not a test for the carer. It should not be prescriptive but recognise the carer's knowledge and expertise. The assessment should listen to what they are saying and offer an opportunity for private<sup>16</sup> discussion in which carers can candidly express their views...*

### ***Not assume a willingness***

*9.8 In assessing the carer's ability to care or continue to care, care managers should not assume a willingness by the carer to continue to provide the same level of support. They will wish to bear in mind the distinction between caring about someone and caring for them. Many carers continue to care deeply about a person even though their ability to care for them may change.*

## **Carers whose care is not regular and/or substantial**

Carers who 'provide a substantial amount of care on a regular basis' have a statutory right to be involved in the assessment process. Department of Health guidance states that the views and interests of carers who do not come within this category (ie who do not provide substantial or regular care) should nevertheless be taken into account when an assessment is undertaken<sup>17</sup>.

Not infrequently, a local authority will not be able to decide upon the extent of a carer's responsibilities - without undertaking an assessment - and it is clear that where there is uncertainty an assessment should be undertaken. The Local Ombudsman has been highly critical of a local authority that refused to undertake a carer's assessment in such a high case, commenting.<sup>18</sup>

It should also have been obvious to the Council that a carer's assessment was necessary in order to see (a) how much support [the carer] could reasonably be expected to provide for his brother without placing his own health at unacceptable risk; and (b) what practical help could be provided to provide [the brother] with respite from his caring responsibilities.

## **Parent Carers**

People with parental responsibility for a disabled child are entitled to an assessment under C(RS)A 1995 s 1(2)<sup>19</sup> and CDCA 2000 s<sup>^</sup>. It is self-evident that most parent carers provide a 'substantial amount of care on a regular basis'. Neither the 1995 nor the 2000 Acts includes

<sup>15</sup> WOC 16/96 and WHC (96)21 in Wales. For adult carers at paras 9-11 and for young carers at para 16.

<sup>16</sup> Authorities will need to ensure that the carer is aware that his or her comments may be placed on the user's file and accordingly advised of the right to withhold consent to them being copied to the user.

<sup>17</sup> The DOH-commissioned report *Empowerment, Assessment, Care Management and the Skilled Worker* (HMSO 1993) uses the term 'significant others' as a separate category from 'carer'; although neither term is defined, the report accepts the importance of involving 'members of the user's networks to negotiate and sustain arrangements which integrate resources from the statutory and independent sectors with the help given through family and/or neighbourhood networks'.

<sup>18</sup> Complaint no. 02/C/08690 against Sheffield City Council 9th August 2004.

<sup>19</sup> Section 1(2) was inserted to deal with the question of parent carers; s1(1) is only activated where an assessment under s47(1) NHS&CCA 1990 is carried out and such assessments are generally limited to persons over 18; this is not however always the case, eg, if the assessment concerns a child entitled to services under Sch 8 para3 NHS Act 1977 (which is a community care service under s46 of the 1990 Act).

a stipulation (found in social security law) that the care provided to a disabled child must (for instance) be 'substantially in excess of the normal requirements of persons of his age'<sup>20</sup>.

In general however, a separate assessment under one or both of these Acts should be unnecessary - since a holistic assessment under the CA 1989 should fully address their needs<sup>21</sup>. There may, however, be instances where a parent carer might insist upon a separate carer's assessment. This might, for example occur where a local authority was proving reluctant to provide services which would enable a parent carer to return to work or placed upon the guidance which stresses the benefits of supporting parents in such situations.

The Welsh Ombudsman has held it to be maladministration for a local authority not to undertake such a separate assessment or to suggest this is merely a 'good will gesture' - when clearly it is a statutory responsibility.

The Childcare Act 2006 seeks to address this question by requiring English and Welsh Councils (sections 6 and 22) to secure, 'so far as is reasonably practicable' sufficient childcare to meet the requirements of parents in their area who require childcare in order to work or to undertake training or education to prepare for work. In relation to disabled children, the obligation extends to childcare facilities up to the 1st September after their 18th Birthday. In determining whether the provision of childcare is sufficient, councils must have regard to (amongst other things) the needs of parents for childcare eligible for the childcare element of the Working Tax Credit, and for childcare that is suitable for disabled children.

The Children and Young Persons Act 2008, section 25 amends the Children Act 1989<sup>22</sup> and creates a duty on local authorities to 'assist individuals who provide care for such children to continue to do so, or to do so more effectively, by giving them breaks from caring.': regulations (to be made by the department of health / Assembly in Wales). will provide the detail of the obligation.

### **Young carers**

The Carers Recognition and Services) Act 1995 applies to all carers irrespective of their age. Carers who are under the age of 18 are generally referred to as 'young carers'. They are eligible, in addition to the benefits detailed above, to services in their own right.

There is no legislation which specifically refers to young carers. Recent guidance concerning young carers has, however, been issued by the Social Services Inspectorate.<sup>23</sup> The guidance adopts a definition of a 'young carer' as a 'child or young person who is carrying out significant caring tasks and assuming a level of responsibility for another person, which would usually be taken by an adult'. Such duties as are owed to young carers by a social services authority are primarily contained in the Children Act 1989 and in the guidance issued by the Department of Health.<sup>24</sup>

### ***Child in need - definition***

Under Children Act 1989 s17(10) a child is 'in need' if:

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<sup>20</sup> s72(6) Social Security Contributions and Benefits Act 1992

<sup>21</sup> para 10 A Practitioner's Guide to Carers Assessments under the Carers Disabled Children Act 2000.

<sup>22</sup> By inserting a new paragraph into Schedule 2 para 6 ©.

<sup>23</sup> Guidance letter 28.4.95;CI (95)12

<sup>24</sup> Two volumes of guidance have been issued under the Children Act 1989 of relevance to young carers - Volume 2: *Family Support* and Volume 6: *Children with Disabilities* (both HMSO 1991).

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority...; or
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled.

Section 17(1) Children Act 1989 places a general duty on social services authorities to safeguard and promote the welfare of children within their area who are 'in need', and empowers authorities to provide almost unlimited services towards this goal. In relation to young carers, since they are not usually 'disabled children', it is necessary to establish that the child comes within category (a) or (b).

The policy guidance under the 1995 Act (at para 14) referred to, and adopted specific guidance SSI<sup>25</sup> which stated that:

*many young people carry out a level of caring responsibilities which prevents them from enjoying normal social opportunities and from achieving full school attendance. Many young carers with significant caring responsibilities should therefore be seen as children in need*<sup>26</sup>.

The key issue therefore is whether the young carer's caring responsibilities are 'significant'. In this respect the Practice Guidance points out (at para 15.2) that young carers should not be expected to carry out 'inappropriate' levels of caring (that is, inappropriate to their age, sex, culture etc).

The Children Act 1989 assessment procedures and service provision arrangements for young carers are the same as for any other child in need. Section 17(3) emphasises that a principal purpose for the provision of services to children in need is to promote the upbringing of such children by their families.

A local authority can of course provide services for a sibling carer even if that child is not considered to be a 'child in need'. Section 17(3) specifically provides that social services may provide services to (inter alia) such a child 'if it is provided with a view to safeguarding and promoting the welfare' of the disabled child.

The English policy guidance<sup>27</sup> (for the new Carers 2000 Act) states that

para 20 ~ 'in most circumstances the local council should ensure that the person cared for is receiving sufficient services so that a young person aged 16 or 17 is not undertaking a regular and substantial load of caring responsibilities'

<sup>25</sup> Guidance letter CI (95)12Annex A para 1.1.

<sup>26</sup> See also para 2.4 of Volume 2 Guidance which emphasises that 'the definition of "need" in the Act is deliberately wide to reinforce the emphasis on preventive support and services to families'.

<sup>27</sup> Para 2.5.1 of the Welsh guidance.