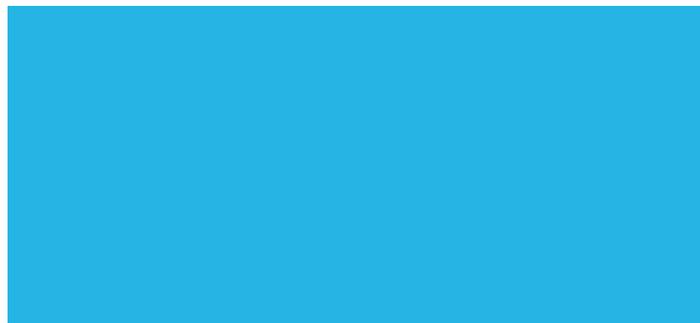


# Local Eligibility Criteria for Provision of Support to Adult Carers

June 2021



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## Duties under the Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 came into effect on 1st April 2018. The aim of the legislation is to ensure unpaid carers are well supported to continue to care, if they so wish, with support to maintain their own health and wellbeing and to have a life alongside their caring responsibilities.

The Act defines a carer as:

***“An individual who provides or intends to provide care for another individual”***  
and an Adult Carer is ***“a carer who is 18 years old or over and does not meet the definition of a Young Carer (i.e. someone who is over 18 but is still at school).”***

The Act introduces new rights for carers and specific duties for Local Authorities and or the Integration Joint Board.

From April 2018, local authorities and or integration authorities must:

- Prepare an Adult Carer Support Plan (ACSP) to identify a carer’s needs for support to achieve their personal outcomes
- Provide support to the carer based on their identified needs which meet local eligibility criteria
- Have an information and advice service for carers which provides information and advice on advocacy, carers’ rights, income maximisation and emergency or future planning

## Local Eligibility Criteria for Adult Carers to Access Social Care Services

Under the legislation, all adult carers have a right to an Adult Carer Support Plan. Through this, carers will identify their need for support to meet their personal outcomes.

Locally within Aberdeenshire, from 1st April 2018, carers will be supported by our commissioned Carer Support Service to complete their ACSP. A carer’s personal outcomes are the goals, which if achieved, will enable the carer to provide or continue to provide care for someone.

During preparation of the ACSP, there will be an opportunity to discuss the caring situation and consider the impact caring has on a number of areas in a carer’s life and the risk of the carer not being able to continue in that role.

These areas, or quality of life indicators form the framework for an eligibility criteria for carers to access social care services and have been agreed nationally as:

- Health and Wellbeing
- Relationships
- Living Environment
- Employment and Training
- Finance
- Life Balance
- Future Planning

**Health and Wellbeing** – The impact could be on the carer’s mental or physical health or wellbeing and could range from them feeling a bit worried about things to depression; from a general feeling of tiredness to serious joint and or muscle damage from perhaps having to assist with lifting and moving the cared-for person.

**Relationships** – Caring for a loved one can often be upsetting particularly if the person is physically deteriorating or their personality is changing. This can affect the carer’s emotions and in some cases their experience can be similar to grief or feeling bereaved. Relationships with family and friends can become strained.

**Living Environment** – In some cases a carer may have to adapt their home to accommodate the needs of the cared-for person. This fundamentally changes their own living experience. Other carers do not live with the person that they care for but their living environment can still be impacted upon.

**Employment and Training** – Caring can affect the carer’s ability to work and access training opportunities. It can also affect the carer’s choice as to what type of employment or training they undertake, where they work and how many hours they do or where or what course they study. Carers may be forced to delay starting work or training, have to give up work or a course, take early retirement, or reduce their working hours as a result of their caring role. They may not be able to focus on career development or apply for promoted posts and may be restricted to particular jobs in certain areas that allow them to continue to provide care.

**Finance** – The caring role can affect the carer’s ability to work which in turn can affect their finances. The act of caring can incur additional expenses with the cost of transport or parking whilst attending medical appointments. Having to buy specialist equipment or products, replacing clothing, turning up the heating or doing more laundry all bring added expense. If the cared-for person was the main earner and their condition has meant that they have had to give up work this affects the overall household income.

**Life Balance** – Dedicating time to caring can mean that the carer often cannot find time to socialise or even just have some “me time” to do things that they want to do for themselves. Often they put the needs of the cared-for person first and don’t have the time or the energy to fully consider their own needs leading to these being neglected.

**Future Planning** (including emergency planning) – In some situations it can be difficult for the carer to make any plans whether they are short, medium or long term. This can be in any area of their life from their career, their education and development, or even their social life. Even a simple invitation to a night out at the weekend may be impossible to accept. For some, future planning may include ensuring care will continue for the cared-for person should the time come when the carer is no longer around to do it themselves.

In determining a carer’s eligibility for funded services, it is important to recognise that the eligibility indicators listed above will not always exist in isolation from one another. It is appropriate and desirable that indicators should be explored in relation to one another, as there may be a ‘multiplier’ effect when two or more indicators overlap or interact. For example, it would be appropriate to discuss the impact of insufficient household income in relation to the effect financial hardship can have on the emotional health and wellbeing

of a carer. Similarly, some indicators may be overarching, such as the ability to have a life alongside caring, which may be affected by the cumulative impact of the caring role in several areas of a carer's life.

The Act also provides for a discretionary power to provide support even if the eligibility criteria is not met. Not all support offered to carers will be subject to the eligibility criteria and, if a carer's needs are below the threshold for funded support, a variety of information, advice and support will still be available. This could range from discussions with professionals (from both health and social care teams and third sector organisations) to signposting to benefits advice or community groups.

The Act sets a duty on each local authority or partnership to set local eligibility criteria to apply in its area. Local eligibility criteria is the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs.

Social care resources are finite and variable and should be targeted fairly and on those with the greatest need, by using the same criteria for prioritising the needs of everyone who requests or requires a service. It is recognised that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring.

The threshold has been set in line with the current local eligibility criteria for all social care service users. Once we have identified the impact of the caring role with the carer, we will determine the level of support required and whether the carer is eligible for support based on the following:



Our priority is to focus on carers with a significant caring responsibility and the highest level of need.

In Aberdeenshire, the threshold for eligibility is set between moderate and substantial impact. This means that carers assessed with needs which have a substantial or critical impact or risk in any of the quality of life indicators will be eligible for further support. The framework for eligibility criteria for adult carers is detailed in Appendix 1.

We will review our eligibility criteria as a minimum every three years.

## **Process to Determine Duty to Provide Support to an Adult Carer**

### **1. Identification and Request for Support**

The process begins either when a carer is identified from involvement with the cared for person or when a carer comes forward seeking help. This identification could be made by a variety of people working in health and social care services, whether directly employed by the NHS or the Health and Social Care Partnership, part of a commissioned service or working independently in the private or third sector. Whether a carer is identified, or they come forward themselves, the first step is for a conversation to take place between them and the commissioned Carer Support Service.

During this conversation the carer's rights under the Carers (Scotland) Act 2016 will be explained and the carer will be encouraged to tell their story, describe their caring role, the support they already have in place, the impact the caring role is having on their life currently and whether they can foresee this improving or deteriorating in the future. This allows an overall general assessment to be made in relation to the level of impact or risk from the caring role on the individual and therefore the appropriate route for the next stage of the process should the individual wish to engage.

Of course, it is always possible that even if someone is identified as a carer, they do not wish to see themselves as such or to share any of the detail in relation to their caring role and any impact this is having. This could be for a variety of reasons from not seeing the caring role as being separate to the role as a relative or friend, to not wishing to have any involvement with "formal" services. Should the carer not wish to engage this should be recorded and no further action taken although, if deemed necessary, the situation could be marked to be kept under review.

If the carer does wish to engage the next step is to refer them on for an ACSP to be completed.

## 2. Adult Carer Support Plan (ACSP)

The next stage of the process is the completion of an ACSP (see flowchart in Appendix 2). This contains the following information: -

### Summary of Caring Situation

- The nature and extent of the caring role
- Details of the cared-for person
- The carer's current willingness and ability to provide care
- Any relevant information in relation to foreseeable changes to the caring role
- Specific circumstances which may indicate fluctuating needs
- Specific detail on future and emergency planning

### Impact and Risks

- The impact of the caring role on the carer (using each of the eligibility indicators as a prompt to consider that impact)
- The risks associated with the carer continuing in their caring role carer (using each of the eligibility indicators as a prompt to consider that risk)

### Eligibility

- Whether Eligibility Criteria is met or not
- Confirmation that carer has been advised of the eligibility decision
- Whether the discretionary power to provide support is invoked or not (and if so who made that decision, when, and what the rationale for it was)

### Identified Needs and Personal Outcomes

- A carer's identified needs (if any)
- A carer's identified personal outcomes
- Specific requirements in relation to the requirement for a break from caring for the carer

### Support Provided

- Record of whether support is to be provided to the cared-for person
- Record of whether carer is signposted to existing services, community or family support
- Reference to any existing support under a previous plan and the impact this had on outcomes
- Details of funded support (if any) to be provided to meet the identified needs and personal outcomes
- Confirmation of four options under Self-directed Support (SDS) offered or reasons why not. See Appendix 3 for more information on Self-directed Support (SDS).

### Review Arrangements

- i.e. the circumstances in which the plan should be reviewed and the arrangements and timescale for that

### Whether a copy of the plan was requested by and provided to the carer

## Approach to Adult Carer Support Planning

A proportionate approach will be taken to adult carer support planning. Whilst the ACSP template will be comprehensive and available for use in multiple situations, consideration will be given to each individual carer's wishes and preferences.

Equality will be considered in the support planning process. Protected characteristics will be taken into account and appropriate support will be made available to assist the carer through the planning process where required.

The timing of the support planning process will also be considered recognising that an individual who has just begun a caring role will not necessarily be in a position to contribute fully and knowledgeably to the planning process particularly if their caring role has come about suddenly as a result of a traumatic incident involving a loved one which they are still coming to terms with.

## Support Available and Provided

During the planning stage, consideration will be given as to whether the identified needs and personal outcomes could be met through services or assistance provided to the cared-for person (other than replacement care to provide a break from caring) or services and support that are already available and accessible in the area (i.e. by information and advice and or various types of community, family networks and support). If so, this should be recorded on the plan and the cared-for person's allocated worker advised and the carer signposted to the relevant services or community support. The situation should be monitored so the timescale set for review should also be noted on the plan. When considering funded support, there needs to be a cross referencing between the ACSP and the cared-for person's support plan. The two need to be considered in conjunction with each other to give allocated workers and other relevant decision makers the full picture in relation to the caring situation.

If the carer's identified needs and personal outcomes are met only in part, or not at all, by services or assistance provided to the cared-for person or services that are already available and accessible in the area, then, if the eligibility criteria is met, consideration must be given to providing funded support and this must be detailed in the plan. When considering any type of support provision, the individual carer's own resources and strengths will be taken into account in an asset based approach.

## Other Considerations

The carer is entitled to have a copy of their ACSP and again their wishes should be recorded on the plan with confirmation that the carer has a copy of the plan.

If the carer lives out with Aberdeenshire, we will liaise with the relevant authority to ensure current information about local support is available.

### 3. Application of Eligibility Criteria

If any of the impacts or risks are in the substantial or critical category, this engages the legal duty of Aberdeenshire Health and Social Care Partnership to provide funded support. If the impacts and risks are all either none, low or moderate, the eligibility criteria is not met.

However, there still needs to be a consideration as to whether the discretionary power to provide support should be used. Each individual situation will be considered on its own merit however, one example where the discretionary power might be used is where someone is caring for a terminally ill person where the current situation is not having a major impact or posing immediate risks but where it can be foreseen that the demands on the carer will increase dramatically in a short space of time and that providing support early will help the carer prepare for and manage that future impact. Another example is where a carer has fluctuating eligibility such as regular instances where they feel in crisis, then, when things are calm, they feel like they are more able to cope with their caring role.

### 4. Support Arrangements

Once the decision is made to provide support, the necessary arrangements should be made to put this in place. The carer must have as much involvement as they wish in relation to the provision of support or services, a collaborative approach is required. Reasonable steps must be taken to ensure that the right to dignity of the carer is respected. The carer must be given the opportunity to choose from the four options provided for in the Social Care (Self-directed Support) (Scotland) Act 2013, unless they are deemed to be ineligible under the terms of the legislation.

Examples of how carers may use these options to meet their eligible needs are detailed in Appendices 4 and 5.

There is a duty under section 24(4)(a) of the Act to provide or arrange "Replacement Care." This is based on the carer's needs whether or not the cared-for person has eligible social care needs in their own right.

In determining the support to be provided for both eligible and non-eligible needs, the carer's own strengths and capabilities along with their wider support network, community, cultural and spiritual networks will be taken into account.

Carers will not be charged for any proportion of funded support provided to meet substantial and critical identified needs and personal outcomes. Where the carers needs or personal outcomes are already being met through support provided to the person they care for, individuals will be reviewed on a case by case basis and a decision made as to whether any of these charges will be waived as part of support to the carer.

Should a carer wish to appeal any decision in relation to the decision on whether their needs meet the eligibility criteria, they should make use of Aberdeenshire Council's 'Have Your Say' process:

<http://www.aberdeenshire.gov.uk/contact-us/have-your-say/>

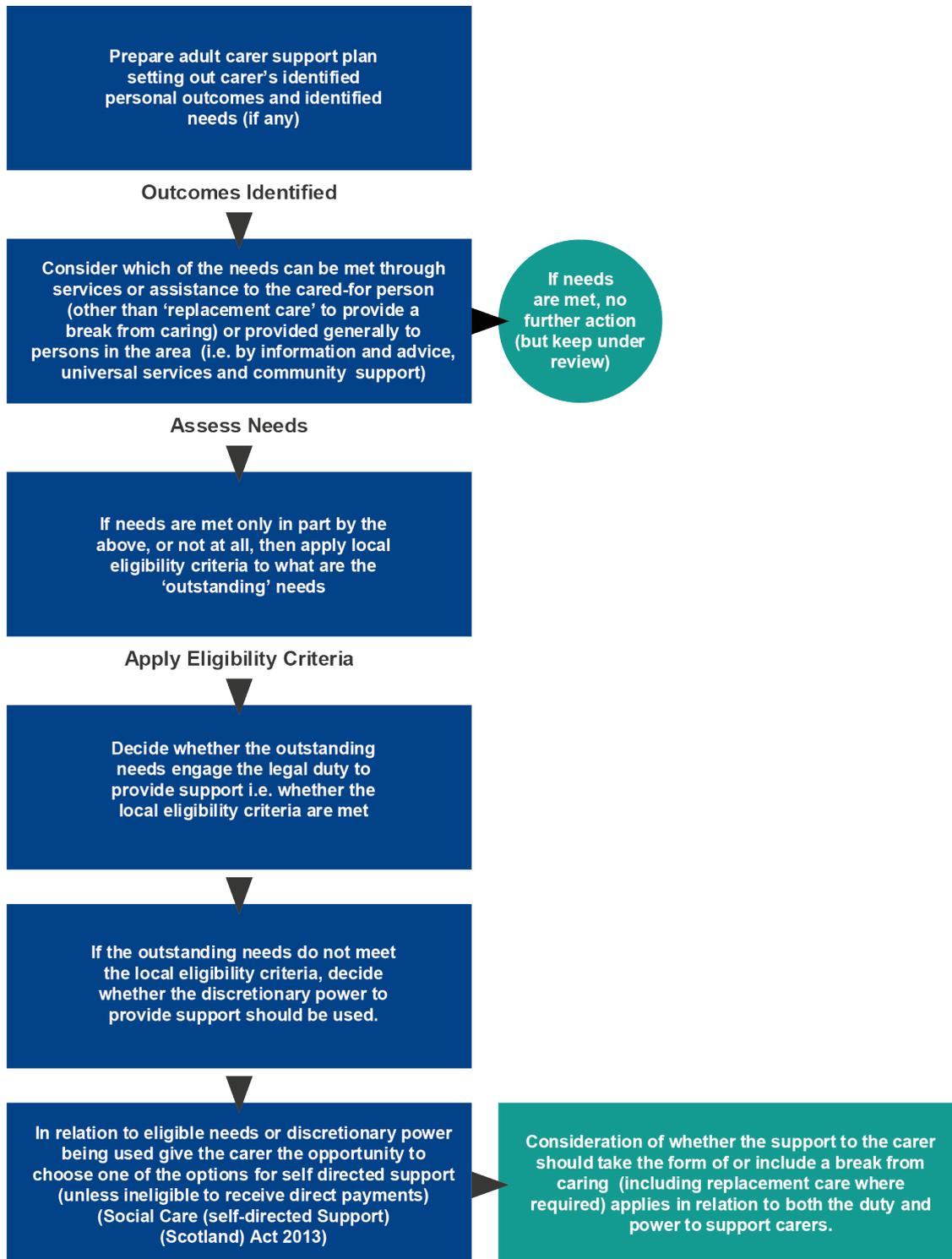
## Appendix 1: Eligibility Criteria Framework for Adult Carers

	Carer can receive support through carers support service and more general services (Health and Social Care Partnership has no duty to support)			Health and Social Care Partnership duty to support through Self Directed Support options (in addition to support from carers support service and general services)	
Indicators	Caring has no impact and is sustainable <b>NO RISK</b>	Caring has low impact and is sustainable <b>LOW RISK</b>	Caring has moderate impact and is sustainable <b>MODERATE RISK</b>	Caring has substantial impact and limited sustainability <b>SUBSTANTIAL RISK</b>	Caring has critical impact and is not sustainable <b>CRITICAL RISK</b>
Health & Wellbeing	Carer is in good health. Carer has good emotional wellbeing.	Carer's health is beginning to be affected. Caring role is beginning to have an impact on emotional wellbeing.	Carer's health is at risk without intervention. Some impact on the carer's emotional wellbeing.	Carer has health need(s) that require(s) attention. Significant impact on the carer's emotional wellbeing.	Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/has broken down.
Relationships	Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.

Carer can receive support through carers support service and more general services (Health and Social Care Partnership has no duty to support)				Health and Social Care Partnership duty to support through Self Directed Support options (in addition to support from carers support service and general services)	
<b>Living Environment</b>	Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.
<b>Employment &amp; Training</b>	Carer has no difficulty in managing caring and employment and/or education.  Carer does not want to be in paid work or education.	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.  Carer is not in paid work or education but would like to be in the long term.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.  Carer is not in paid work or education but would like to be in the medium term.	Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.  Carer is not in paid work or education but would like to be soon.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.  Carer is not in paid work or education but would like to be now.
<b>Finance</b>	Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments.

	Carer can receive support through carers support service and more general services (Health and Social Care Partnership has no duty to support)			Health and Social Care Partnership duty to support through Self Directed Support options (in addition to support from carers support service and general services)	
<b>Life Balance</b>	<p>Carer has regular opportunities to achieve the balance they want in their life.</p> <p>They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Carer has some opportunities to achieve the balance they want in their life.</p> <p>They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life.</p> <p>They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life.</p> <p>They have little access to breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Due to their caring role, the carer has no opportunities to achieve the balance they want in their life.</p> <p>They have no access to breaks and activities which promote physical, mental, emotional wellbeing.</p>
<b>Future Planning</b>	<p>Carer is confident about planning for the future and has no concerns about managing caring.</p>	<p>Carer is largely confident about planning for the future but has minor concerns about managing caring.</p>	<p>Carer is not confident about planning for the future and has some concerns about managing caring.</p>	<p>Carer is anxious about planning for the future and has significant concerns about managing caring.</p>	<p>Carer is very anxious about planning for the future and has severe concerns about managing caring.</p>

## Appendix 2: Adult Carer Process as Detailed in Statutory Guidance for Carers (Scotland) Act 2016



## Appendix 3: Self-directed Support Information

### What is Self-directed Support (SDS)?

With Self-directed Support you're in control of your own budget. So you can choose how your support is provided, making it a more personal package that's more suited to your life.

### Who is it for?

It's for you! SDS is for anyone who needs help and support to live as independently as possible in their own community.

### How do I apply for SDS?

If you're eligible for support services as a carer, you will have your needs assessed.

An individual budget will then be identified based on your individual needs.

You'll be supported to identify your own skills and resources, and will work with everyone involved to look at different ways to improve your life.

A support plan will outline the actions to achieve the desired outcomes using the resources identified and the individual budget.

Once all this is agreed, you can choose from four options as to how much control and responsibility you want to take.

- 1. A Direct Payment (a cash payment) where you choose how the budget is used and you manage the money.**
- 2. You direct how the budget is used, but the money is managed by someone else (sometimes called an Individual Service Fund).**
- 3. You ask the council to choose and arrange services for you.**
- 4. You can choose a mix of these options for different types of support.**

You will have a dedicated worker to provide ongoing advice and guidance, and your local council will have a responsibility to make sure you are safe and well supported. They will also make sure your budget is being used as planned to achieve the agreed outcomes.

For more information on self-directed support, you can contact **Cornerstone SDS** who provide a self-directed support service in Aberdeenshire on **01467 530520** or by emailing **aberdeenshire@cornerstonesds.org.uk**.

## Appendix 4: Examples of How to Meet a Carer’s Identified Needs

Type of support	Illustrative Examples
Services or assistance to the cared-for person (except ‘replacement care’).	<ul style="list-style-type: none"> <li>■ care at home</li> <li>■ technology enabled care</li> <li>■ equipment and adaptations</li> <li>■ mental health services</li> <li>■ medicine management</li> <li>■ support to access activities for siblings with additional support needs or disabilities</li> </ul>
<p>General services – information and advice.</p> <p>Other general services – available universally in the community or in particular neighbourhoods.</p>	<p><b>Information and or advice on:</b></p> <ul style="list-style-type: none"> <li>■ carers’ rights</li> <li>■ education and training (e.g. on support at school, advice on Further and Higher Education)</li> <li>■ income maximisation</li> <li>■ carer advocacy</li> <li>■ health and wellbeing</li> <li>■ bereavement support</li> <li>■ emergency care planning and future care planning</li>   <li>■ leisure centres</li> <li>■ libraries</li> <li>■ art galleries</li> <li>■ community transport</li> <li>■ lunch clubs</li> <li>■ youth clubs</li> <li>■ education services</li> <li>■ gardening clubs</li> <li>■ walking clubs</li> <li>■ local support groups</li> </ul>

A carer’s identified needs - both eligible or non-eligible needs - might be met in whole or in part by any combination of services or assistance for the cared for person or general services above.

Under both the duty and discretionary power to support carers the responsible local authority must give the carer the opportunity to choose one of the options for Self-directed support (unless the local authority considers that the carer is ineligible to receive direct payments).

## Appendix 5: Examples of Self-directed Support Options for Carers

2013 Act option	Example
<p><b>Option 1</b> Direct payment</p>	<p><b>Example 1</b> An adult carer who lives in a remote rural area is feeling increasingly isolated and depressed. She has no friends or family living nearby and her nearest carers' centre is miles away. The carer uses a direct payment to pay for the installation of broadband and for a tablet computer. This means she can keep in touch with her family and friends through video-calls and email, particularly her grandchildren who live overseas. She has also made friends with other carers on an online forum and now feels more connected and supported.</p> <p><b>Example 2</b> A young carer who cares for his mother expresses that he has not been able to have the same opportunities as his peers. Whilst all his friends are learning to drive, he cannot because his mother cannot afford the cost and because of his caring role he cannot take on a part-time job in order to earn extra money. He thinks that having a driving licence would be useful as the family could get a Motability car, which would help with a lot of the tasks around his caring role such as shopping and taking his mum to places. He also thinks that being able to drive would open up more job opportunities. The young carer uses his direct payment to pay for several driving lessons and the cost of the driving tests.</p>
<p><b>Option 2</b> Directing the available support</p>	<p><b>Example 1</b> A carer has never had a break from caring. He would like to have a break of an afternoon each week to have a rest where he doesn't have to worry about the safety of the person he cares for. The carer receives a carer's short break voucher and he uses this to purchase a short break.</p> <p><b>Example 2</b> The authority arranges for an Individual Service Fund (ISF) to be set up to support the carer. This carer has always been very house-proud, but her husband has had a stroke and the level of care that she has to provide means that she is falling behind with housework and laundry, which is making her feel increasingly tired and depressed. The carer uses the individual service fund to purchase domestic help from an agency so that someone can come in and help with cleaning, ironing and other domestic tasks. The carer also uses the ISF to pay for a fortnightly visit from a care worker so that she can meet her daughter for lunch and have a break from caring.</p>

2013 Act option	Example
<p><b>Option 3</b> <b>Arranged services</b></p>	<p><b>Example 1</b> After the death of his father, a carer is finding caring for his mother, who has dementia, emotionally draining and he is becoming very depressed. He is on a waiting list for NHS counselling services but has been told it may take a long time and his local carers centre does not offer this service. The authority arranges for the carer to attend a private counsellor to help him manage issues of bereavement and caring.</p> <p><b>Example 2</b> A carer talks about missing out on making new friends as she never has time because of her caring role. She expresses an interest in attending an art class in a local authority community centre. The authority arranges for the carer to attend the class and arranges replacement care for the person she cares for once a week.</p> <p>NB: The art class would be categorised under the Carers Act as general services and enabling the carer to attend this class would be providing general services, i.e. meeting non-eligible needs. The provision of replacement care would be either under the power or duty to support the carer (depending on whether her needs met the local eligibility criteria) and would be non-chargeable.</p>

**This publication is also available in large print, and other formats and languages can be supplied on request. Please email:**

[carersupport@aberdeenshire.gov.uk](mailto:carersupport@aberdeenshire.gov.uk)

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