

## **Appendix 1, Draft Eligibility Criteria for Approval**

**Implementation date: 1st April 2019**

### **Introduction to Eligibility Framework**

#### **Background**

Unpaid carers are the largest group of providers of care in Scotland and should be recognised as equal partners in providing vital care and support. Carers should be supported and not be worse off by caring.

Carers, and the people they support, must be at the centre of care planning. They should have the opportunity to define their contribution to the care of the person, know what to expect and be clear about the support they are entitled to.

In the case of young carers, they are entitled to be children first and foremost, and should be aware that frameworks like 'Getting it Right for Every Child' are also likely to be relevant to them.

The Carers (Scotland) Act 2016, implemented from 1 April 2018 is designed to support carers' health and wellbeing. It puts a duty on Shetland Island Health and social Care Partnership Integration Joint Board to provide support to carers, where identified needs meet agreed eligibility criteria.

To achieve this, a framework of eligibility criteria has been developed covering two aspects:

1. the definition of levels and types of need for support.
2. the thresholds that must be met to be eligible for support.

#### **What our eligibility framework will achieve**

Preventative support will be the norm and a firm part of our policies and practice. The framework creates a fair and transparent system for determining eligibility and carers with different needs will be treated equally in accessing support and services.

Assessments for support should identify steps to prevent deterioration in the carer's health or the caring situation. By defining clear personal outcomes for carers at different levels of support, the benefits from accessing both preventative and intensive support will be outcome focused. This will allow change to be measured.

Staff will work jointly with carers to complete a personal Adult Carer Support Plan or Young Carer Statement (ACSP/YCS) that identifies their individual needs and personal outcomes. These will then be assessed in line with the agreed local eligibility criteria to ensure that the right level of support is delivered at the right time

All questions about needs and outcomes will have a clear purpose for carers. The ACSP/YCP will complement and relate carers' information and advice service covering issues such as emergency and future care planning, advocacy, breaks from caring, support services for carers, ensuring carers know where to go for help, income maximisation and carers' rights.

### **Policy Statement**

The Carers (Scotland) Act (from April 1st, 2018) is designed to support carer's health and wellbeing. It places a duty on the local partnership to provide support to carers based on their identified needs, which meet the local eligibility criteria.

Shetland Islands Health and Social Car Partnership Integration Joint Board has set its own eligibility criteria framework but this must meet the national guidance and secondary legislation.

### **Definitions**

#### **Meaning of "carer"**

*(1) In this Act "carer" means an individual who provides or intends to provide care for another individual (the "cared-for person").*

*(2) But subsection (1) does not apply—*

*(a) in the case of a cared-for person under 18 years old, to the extent that the care is or would be provided by virtue of the person's age, or*

*(b) in any case, to the extent that the care is or would be provided—*

*(i) under or by virtue of a contract, or*

*(ii) as voluntary work.*

*(3) The Scottish Ministers may by regulations—*

*(a) provide that "contract" in subsection (2)(b)(i) does or, as the case may be, does not include agreements of a kind specified in the regulations,*

*(b) permit a relevant authority to disregard subsection (2)(b) where the authority considers that the relationship between the carer and the cared-for person is such that it would be appropriate to do so.*

*(4) In this Part "relevant authority" means a responsible local authority or a responsible authority (see section 41(1)).*

**Meaning of “young carer”**

*In this Act “young carer” means a carer who—*

*(a) is under 18 years old, or*

*(b) has attained the age of 18 years while a pupil at a school, and has since attaining that age remained a pupil at that or another school.*

**Meaning of “adult carer”**

*In this Act “adult carer” means a carer who is at least 18 years old but is not a young carer.*

**Our Principles****Carers**

Carers will be recognised as equal partners in providing care and support.

**Outcomes**

Good quality outcome focused assessment continues to be central to developing effective carer support plans. This aims to achieve improved outcomes with and for carers / young carers with health and social care needs

**Decision Making**

We aim to ensure consistency and transparency and timely decision making.

**Expectation & Entitlements**

Carers should not be worse off by caring and are clear about the support they are entitled to.

**Recognition and Expertise**

Unpaid carers are the largest group of providers of care in Scotland and should be recognised as equal partners in providing vital care and support.

**Equity**

Our framework creates a fair and transparent system for determining eligibility that is understood by carers

**Diversity and Equality**

Carers with different needs will be treated equally in accessing services and support.

## **Prevention**

Assessments for support should prevent deterioration in the carer's health or the caring situation.

## **Ease**

Carer's ACSP/YCS should not be burdensome. Questions about needs and outcomes will have a clear purpose for carers, not just the support system.

## **Explaining the Process**

Through the Carers (Scotland) Act we have a duty to support carers who meet eligibility criteria framework. This can be broken down into four steps:

### **Step One**

A carer who wishes to access support can request an ACSP/YCS. This will involve conversations with the carer to jointly assess their caring situation and needs and how they can best achieve their personal outcomes. Not all carers who are assessed will have an eligible need. However, many will still have access to universal and/or preventative services. Carers may also be signposted to information and advice centres, carer's organisations and projects in the city that provide carer services.

### **Step Two**

Once the assessment is complete the carer's outcomes and actions will be identified in their ACSP/YCS. The framework for eligibility criteria will identify their level of support.

### **Step Three**

Based on their eligibility, we will decide what level of support the carer is entitled to.

### **Step Four**

Once the level of support has been agreed, the carer will then decide how they would prefer to arrange their support and choose from the four self-directed support options. Carers will be involved in each stage of the process and in all decision making. A review date will be set at this point.

Eligibility for Services is decided in terms of risk to an individual. There are five indicator categories:

<b>No Impact</b>	Indicates that there are no quality of life issues resulting from the caring situation and at this moment no need for support or advice.
<b>Low Impact</b>	Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing. There may be some need for universal and/or preventative support or advice.
<b>Moderate Impact</b>	Indicates that there is some risk to a carer's capacity for independent living and health and wellbeing. This may call for provision of some health and social care services.
<b>Substantial Impact</b>	Indicates that there is major risk to a carer's capacity for independent living and health and wellbeing. Likely to require urgent provision of health and social care services.
<b>Critical Impact</b>	Indicates that there are significant risks to a carer's capacity for independent living and health and wellbeing. Likely to require immediate provision of social care services.

**Indicators: Impact on and Risk to Carer Outcomes**

<b>Universal support moving to commissioned services and support (local authority More targeted ‘power to support’)</b>	<b>More targeted commissioned services and support (local authority ‘duty to support’)</b>
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	<b>No impact</b>	<b>Low impact</b>	<b>Moderate Impact</b>	<b>Substantial Impact</b>	<b>Critical Impact</b>
<b>Health</b>	<b>Carer is in good physical and mental health with no identified medical needs</b>	<b>Carer’s health beginning to be affected. But there are no health needs identified</b>	<b>Carer is able to manage some of the aspects of family/social roles and responsibilities and social contact, that pose some risk to gaining/ sustaining independence</b>	<b>Carer able to manage some aspects of the caring/family/domestic/ social roles. Carer’s mental and physical health is affected.</b>	<b>Carer has significant physical/mental difficulties due to the impact of their role as a carer which may cause life threatening harm</b>
<b>Relationship / Emotional</b>	<b>Carer has positive emotional wellbeing. Carer has a positive relationships with the cared-for person, wider family and social networks and feels acknowledged by professionals.</b>	<b>Caring role beginning to have an impact on emotional wellbeing.  Low Impact on relationship with cared for persons, wider family and social networks and feels acknowledged by professionals</b>	<b>There is some impact on the carer’s wellbeing and on their relationship with the cared for persons wider family and social networks resulting in a strained relationship.</b>	<b>There is a major impact on a daily basis to the carer’s wellbeing and this impacts on the cared for person.  Carer is unable to sustain many aspects of their caring role.</b>	<b>There is a complete breakdown in the relationship between the person and the carer, and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.  Input is needed for the carers wellbeing and there are no positives in the relationship with the cared for person.  Carer feels isolated and overwhelmed  Carer never feels acknowledged and therefore feels excluded.</b>

<b>Finance</b>	The carer's financial position is secure and there is therefore no financial hardship. All relevant benefits are being accessed.	Caring is beginning to have an impact on the carer's finances but not causing hardship.	The caring role is impacting on the families' finances and their standard of living is being affected.	Caring is having a major impact on finances.	The carer's financial position is severe and there is financial hardship.
<b>Employment / Education / Training</b>	Carer continues to access employment, education and training or chooses to remain at home in unpaid work and has no difficulty in managing caring and employment and/or education.	Carer has some difficulty managing caring and employment, education and training.  There is a small impact on sustaining employment and/or education in the long term.	Carer has some difficulty managing caring and employment, education and training.  There is a risk to sustaining employment and/or education in the medium term.	The carer is missing employment/education and training and there is a risk of this ending in the near future.	Carer is at significant risk or has had to give up employment/education/training
<b>Living environment</b>	The living situation meets the needs of the carer and the cared for person.	Carer's living environment is mostly suitable but could have a small impact to the health and safety of the carer and the cared for person in the longer term.	The living environment is not suitable to the changing needs of the cared for person but there is no immediate risk.	Carer's living environment is unsuitable and there are safety risks which cannot be remedied in the short/medium term.	Carer's living environment is unsuitable and there are safety risks for the carer and the cared for person which cannot be remedied.
<b>Life Balance</b>	Carer has regular opportunities to achieve the balance they want in their life.	Carer has some opportunities to achieve the balance they want in their life.	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life.	Carer has few and irregular opportunities to achieve the balance they want in their life.	Carer has not opportunities to achieve the balance they want in their life.

## Young Carer Statements

### Why?

- • To ensure that young carers do not take on inappropriate caring tasks or caring that is inconsistent with their age and maturity.
- • To identify and record each young carer's individual needs, personal outcomes and support to be provided by the responsible local authority to meet those needs.
- • To ensure that there is effective planning in place to further support transition arrangements from moving from a young carer statement to an adult carer support plan.

### Preparation of young carer statement

- • The responsible authority is a health board for preschool age, and local authority for schools.
- • YCS should be offered to the young carer and the young carer can request one.
- • The YCS should link to the Child's Plan if there is one in place.
- • Consideration needs to be given to who is best placed to prepare the statement, e.g. the local authority, health professional or someone else who is suitably qualified to do so.

### Identification of outcomes and needs for support

- • In identifying a young carer's personal outcomes and needs for support, the YCS must take into account any impact that having one or more protected characteristics has on the young carer.
- • Low level needs and the support to meet those needs will be considered as part of the young carer statement process. This process will be based on the identification of personal outcomes, needs and risks.
  
- • Where there is a very young carer in the early years of primary school, caring for a family member, support provided should be directed towards removing them from that role through enhanced support for the person that they care for. There may be some scope for a young child to make a contribution to the care of their parents, but this has to be appropriate to their age and maturity amongst other factors.
- • The outcomes must cover the SHANARRI indicators of wellbeing. The SHANARRI indicators are: **S**afe, **H**ealth, **A**chieving, **N**urtured, **A**ctive, **R**espected, **R**esponsible and **I**ncluded.

**Content of young carer statement**

- • The YCS will include the nature and extent of care provided or to be provided as well as the impact of caring on the young carer's wellbeing and day-to-day life.
- • The YCS must contain information about the extent to which the young carer is able and willing to provide care for the cared-for person. Consideration should also be given to ensure that any caring being undertaken should be age appropriate.
- • It is necessary to ensure that young carers are seen as children and young people first and foremost and are protected from undertaking inappropriate care tasks or caring that is inconsistent with their age and maturity.

## Indicators: Impact on and Risk to Young Carer Outcomes

<b>Universal; support moving to Commissioned Services and support (local authority 'power to support')</b>	<b>More targeted , commissioned services and support services (local authority 'duty to support')</b>
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	<b>No impact</b>	<b>Low Impact</b>	<b>Moderate Impact</b>	<b>Substantial Impact</b>	<b>Critical Impact</b>
<b>Safe / Living environment</b>	Young carer free from abuse, neglect or harm at home, at school and in the community.	Young carer's situation at home/within the community is currently stable and manageable.	Young carer's situation at home is not ideal and there is potential risk to Young Carer and Cared for person.	Young carer's situation at home is not ideal and there are safety risks which cannot be remedied in the short term.	Young carer's situation at home is unsuitable and there are safety risks for the young Carer and the Cared for person.
<b>Health</b>	Young carer is in good physical and mental health with no identified medical needs.	Young carer is able to manage some aspects of the caring /family/social roles and responsibilities and social contacts and there is a possibility of the young carer's health being affected.	Young carer is able to manage some of the aspects of caring/family/social roles and responsibilities and social contacts but the young carer's health is being affected.	Young Carer is having difficulty in managing aspects of the caring/family/domestic /social roles and the young carer's mental health is affected as a result.	Young carer has significant physical/mental difficulties due to the impact of their role as a carer that may cause life threatening harm
<b>Achieving/ Education</b>	Young carer continues to access education and training and has no difficulty in managing caring and education.	Young carer has some difficulty caring and education/training.  There is a small risk to sustaining education in the long term.	Young carer has difficulty managing caring and education/training.  There is a risk to sustaining education in the medium term.	The young carer is missing education/training and there is a risk of this ending in the near future.	The young carer is at significant risk of has had to give up education/training.
<b>Nurtured/ Relationships</b>	Young carer has positive emotional wellbeing. Has a nurturing place to live in and does not require additional help.	Young carer role beginning to have an impact on emotional wellbeing and may require additional help when needed.	There is some impact on the young carer's wellbeing and on their relationship with the cared for person resulting in a	There is a major impact on a daily basis to the young person's wellbeing and this impacts on the cared for person.	There is a complete breakdown in the relationship between the cared for person and the young carer and the young carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.

	Young carer has a positive relationship with the cared for person and feels acknowledged by professionals	Risk of detrimental impact on relationship with cared for person.	strained relationship.  Need additional help where possible, in a suitable care setting.	Young carer is unable to sustain many aspects of their caring role.	Input is needed for the young carer's wellbeing and there are no positives in the relationship with the cared for person.  Carer never feels acknowledged and therefore feels excluded.
<b>Active/Life Balance</b>	The young carer has opportunities to take part in activities such as play, recreation and sport at home, in school and in the community.	The young carer has some opportunities to take part in activities such as play, recreation and sport at home, in school and in the community.	The young carer has limited opportunities to take part such as play, recreation and sport at home, in school and in the community.	The young carer has few and irregular opportunities to take part in activities such as play, Recreation and sport at home, in school and in the community and this may have a negative effect on healthy growth and development.	The young carer has no opportunities to take part in activities such as play, recreation and sport at home, in school and in the community and this has had a negative effect on healthy growth and development.
<b>Respect / Responsible</b>	The young carer has regular opportunities to be heard and involved in decisions and have an active and responsible role to be involved in decisions that affect them.	The young carer has some opportunities to be heard and involved in decisions and have an active and responsible role to be involved in decisions that affect them.	Due to their caring role, the young carer has limited opportunities to be heard and involved in decisions that affect them.	The young carer has few and irregular opportunities to be heard and involved in decisions that affect them.	The young carer has no opportunities to be heard and involved in decisions that affect them.
<b>Included/ Finance</b>	The young carer feels accepted as part of the community in which they live and learn. Has time to become part of community activities.  Free from financial stress.	The young carer feels some acceptance as part of the community in which they live and learn but is unsure how to become part of the community activities. There is a small risk of financial stress.	Due to their caring role, the young carer has limited acceptance as part of the community in which they live and learn.  There is a risk of financial pressure.	The young carer feels isolated and is not confident in the community in which they live.  Needing financial support	The young carer does not feel accepted as part of the community in which they live.  The young carer's financial position is severe and there is financial hardship.

## **Implementation**

### **Roles and Responsibilities**

Those carrying out plans/assessments of an individual's needs must ensure that the appropriate carer eligibility criteria is satisfied before support is provided.

In all cases, those carrying out plans/assessments should ensure that carers are encouraged, and where necessary supported, to access mainstream public services, and local community services.

We give priority to carers who are assessed as being within the critical and substantial impact categories.

Carers who are assessed as being in moderate and low impact categories may be eligible for other services such as: advice and information; advocacy; carer support, counselling services and befriending and volunteer services.

Carers' eligibility should be recorded on client record systems as appropriate.

### **Related documents**

[Carers \(Scotland\) Act 2016](#)

List all relevant statutory instruments by implementation date

### **Equalities and Impact Assessments**

Needs done if not already completed

### **Strategic Environmental Assessment**

This policy does not have any environmental implications.

### **Risk Assessment**

Decisions about who can receive ACSP/YCS are based on an assessment of need. Shetland Islands Health and social Care Partnership will give priority to carers who are at the greatest need. The carer's eligibility criteria is based on the Carers Act (Scotland) 2018. The eligibility criteria are used to identify the degree of risk to an individual carer's capacity for independent living or health and wellbeing taking account of each carer's circumstance.

### **Review**

The policy and associated procedures will be reviewed within 3 years subject to any further changes in legislation.

Monitoring procedures will be carried out 12 monthly to measure impact

## Eligibility thresholds: where eligibility sits in relation to carer support as a whole

