

	Integrated Joint Board 21 st June 2018			
Subject:	Carer (Scotland) Act 2016 – Eligibility, Assessment & Waiving of Charges			
Purpose:	To seek ratification on the proposed Eligibility Criteria, Assessment paperwork and Waiving of Charges Statement in order that NAHSCP meet our duties under the Act.			
Recommendation:	The Integration Joint Board are invited to note and agree the proposals in this paper which will change NAHSCP practice and promote more positive arrangements for supporting all carers.			

Glossary o	Glossary of Terms				
NAHSCP	North Ayrshire Health and Social Care Partnership				
GIRFEC	Getting it Right for Every Child				
NCO	National Carer Organisations				
Unity	Provider – Carers Centre in North Ayrshire				
ACSP	Adult Carer Support Plan (Assessment for adult carer)				
YCS	Young Carer Statement (Assessment for young carer)				
E&EY	Education & Early Years Service				
AYRshare	Multi agency client based system for children & families				
RAS	Resource Allocation System				
SSAQ	Supported Self Assessment Questionnaire (Adult Assessment for service users)				

1.	Introduction
1.1	The Carers (Scotland) Act 2016 fully commenced on April 1st, 2018. Sections 21 & 22 outline the duties on each local authority to :-
	 set local eligibility criteria (allowing local authorities to prioritise support and target resources as effectively and efficiently as possible). publish its local eligibility criteria and review of said local eligibility criteria.
1.2	This function is exercisable in relation to both adult and young carers requiring joint approval by the local authority and integration authority due to the functions agreed under the Integration Scheme.

2.	Current Position			
2.1	North Ayrshire Health & Social Care Partnership (NAHSCP) currently have eligibility criteria for young and adult service users based on (COSLA 2009) national guidance and GIRFEC performance indicators. The current position is to target support to service users who fall under substantial or critical categories of risk/impact.			
2.2	All local authorities must now set and publish a local eligibility criteria for carers. The Carers (Scotland) Act 2016 guidance proposes that all local authorities use the same suite of indicators but hold local discretion in establishing the thresholds for carers. It is suggested we adopt the National Eligibility Framework created by National Carer Organisations (NCO) and developed in response to the clear expressed views of carers (See Appendix 1). The table below shows the basic principles of the NCO Framework and what it will achieve.			
2.3	 Principles Focuses on 3 aspects; criteria + thresholds + services Embraces prevention Consistency in the way carers are treated & the support they receive Rights based approach Transparency & clarity Outcomes focused Applies to all carers with a few tweaks locally Will Achieve Portability of assessment through transition with only services varying according to locality Consistent & equitable implementation of the Act Strong framework for measuring need for, level of and uptake of services Increased clarity on who is eligible for support Better planning & budgeting for services Better definition of universal and preventative supports – Carers Services 			
3.	Proposals			
3.1	This paper proposes to adopt the NCO Framework for National Eligibility Thresholds for adult and young carers. We have applied minor changes as directed by our staff and carers (See Appendix 2).			
3.2	NAHSCP must agree and publish our criteria in order to meet our duties under the Act 2016.			
3.3	NAHSCP resources are finite and variable and should be targeted fairly at those with the greatest need. This could be achieved by using the same criteria prioritising the needs of all carers who request or require support. It is fair and appropriate to mirror our approach to service users and propose that NAHSCP support carers who fall under substantial or critical categories of risk/impact.			

3.4	Many carers in North Ayrshire might not call for health or social care intervention. Support from universal services, local community supports or preventative measures may be the most appropriate way of addressing identified need.
3.5	NAHSCP have extended our Carer Support Service contract with Unity for 1 year. This will commence July 2018 with a revised specification, to act as an anticipatory measure, in each locality, to help low/moderate requirements and potentially reduce the need for increased service. No carer should have to wait until the caring situation is broken or in crisis to receive advice/guidance/support.
3.6	All professional staff across NAHSCP have a duty to offer an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) upon identification of a person carrying out a caring role. Adult carers can complete their ACSP with or without support. Social Workers however must apply eligibility criteria, agree and record outcomes and offer the four options of Self-directed Support to determine the manner in which the carer would like their support to be delivered.
3.7	It has been agreed with Education colleagues that the Named Person (Head Teacher/Pastoral Staff) is the responsible lead for supporting young carers under 18, or having reached 18 and remaining in school, to complete their Statement. The Named Person can identify, refer for and provide support up to moderate levels of impact/risk to the young person.
3.8	A process for support on identifying critical or substantial levels of impact/risk to the young person has been established. The Named Person will securely email the Named Person Service Admin for logging/tracking and forwarding to the Team Manager (Children & Families Area Team) to allocate a Lead Professional to take forward any critical or substantial needs. The Lead Professional will open an AYRshare record adding the Named Person and both leads will maintain an integrated chronology and appropriate levels of support for the young carer.
3.9	Access to budgets for Low and Moderate or one-off support for young and adult carers would be referred to a Carer Resource Group led by Isabel Marr – Senior Manager Long Term Conditions (LTC) as lead for carers and responsible budget holder. The Resource Allocation System (RAS) therefore requires some focused attention and it is suggested that a small group develop this with Finance colleagues with a view to planning, developing, testing and implementation for April 1st, 2019.
4.	Implications
4.1	These changes will extend our opportunities to identify, recognise and support carers within their localities.

4.2	Financial
	In light of current budget difficulties there is general unease that funding allocation is still very vague and the implementation of the Act 2016 might be underfunded as we are dealing with unknown demand. Further concern surrounds the cost of waiving charges for carers. A proposed statement of intent is part of this paper for agreement (See Appendix 2).
4.3	The proposed eligibility criteria and thresholds need to be consistent with the NAHSCP current financial framework and resource allocation system. This requires some focused attention from a small working group.
4.4	<u>Legislative</u>
	The Carer (Scotland) Act 2016 is a key piece of legislation that promotes, defends and extends the rights of adult and young carers. The duties and powers under the Act are actionable from 1 st April 2018 for NAHSCP. Eligibility Criteria must be published by NAHSCP and reviewed within 3 years from that date.
4.5	The Scottish Government Business and Regulatory Impact Assessment (BRIA) concluded that the Act will not have an adverse impact on the operational business of local authorities or other delivery partners.
4.6	<u>Human Resources</u>
	There are no HR implications at this time. There will be a requirement for staff knowledge and practice to be developed. It was noted that our Learning & Development Team are not resourced to support the development and delivery. With Senior Management agreement, the Carers Team will visit each Social Work Team across Children & Adults to advise of the agreed delivery and practice. Senior Managers will then ensure adoption and adherence to the new practice in supporting carers.
4.7	Systems and Reporting
	RAS - The proposed eligibility criteria and thresholds need to be consistent with the NAHSCP current financial framework and resource allocation system. We will continue with the current resource allocation systems in place until the new one is developed, agreed and implemented.
4.8	Carefirst/Proforma for North Ayrshire Carers Centre – For the purpose of meeting our reporting requirements of the new Carers Census to the Scottish Government. There will be minimal tweaks required to the SSAQ for the Cared-for person to ensure we are meeting our duty to offer Carers Plans/Statements
4.9	We will also make minor amendments to the reporting proforma completed by the North Ayrshire Carers Centre in order that we are capturing the full complement of data required.

4.10	 Main Key Strategic Plan Priorities <u>Tackling Inequalities</u> Deliver our requirements to meet the new Carers Act Consider the allocation of resources across NA, redirecting funds and services to where they are most needed and will deliver best value of agreed outcomes. Engaging our Communities Improving mental health & wellbeing Early intervention and prevention
5.	Consultations
5.1	Consultation and tests of change were carried out and included NAHSCP Heads of Service, Education & Early Years, NAHSCP Lead Professionals, Carers Advisory Group membership and local carer groups. The Assessment paperwork and eligibility were tested with 5 adults and 5 young carers.
6.	Conclusion
6.1	In order for NAHSCP to meet our duties under the Act 2016, this paper proposes a new eligibility criteria and thresholds for adult and young carers. This works in conjunction with the new Adult Carer Support Plan and Young Carer Statement.
6.2	It is further proposed that an agreement is reached on Waiving of Charges for all carers in order that all relevant stakeholders are aware of NAHSCP position.
6.3	This will mean changes to practice, but with the continued emphasis that eligibility criteria are a way of managing demand equally and consistently across all carer groups.
6.4	A progress update of the application of the carer's assessment, eligibility criteria and guidance will be presented quarterly to SWGB for the first year – in order that Clinical and Care Governance Board and IJB are sighted on practice.

For further information please contact Kimberley Mroz, Team Manager (Self Directed Support/Unpaid Carers) on 01294 317709 or kmroz@north-ayrshire.gcsx.gov.uk



North Ayrshire Carer's Eligibility Criteria

Implementation Date: 1st April 2018

Carers Act: Statement of Intent

The Carers (Scotland) Act 2016 (fully implemented 1st April 2018) is intended to better support Scotland's adult and young carers on a more consistent basis so that they can continue to care, if they so wish, in good health, allowing them to have a life alongside caring. (See appendix one for meaning of carer)

Specifically for young carers, they should have a childhood similar to their non-carer peers and should be enabled to be children first and foremost, relieved of any inappropriate caring roles, allowing them to have a quality of life.

Carers Act: Provisions

The Act introduces the right to a new Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) (See appendices two and three for examples) encouraging meaningful conversations with people to understand their personal needs and outcomes. It will improve the access to support at all levels without any requirement for carers to provide care on a substantial or regular basis. Unity (North Ayrshire Carers Centre) are well placed to help the delivery of lower levels of support including accessible information, advice and guidance across the localities.

Engaging effectively with carers as equal partners will help empower them, providing carers and professionals with more useful information about the support that may be available in our communities. This is also reflected in the duty applied to health boards to involve carers in hospital discharge processes, ensuring support is relevant, appropriately timed and delivered in a cohesive way.

Effective delivery of support to carers will improve the physical and emotional health and wellbeing of carers in turn benefitting those being cared for and can help to sustain good caring relationships.

The North Ayrshire Carers Strategy, for carers written by carers, will be reviewed and a new plan for how we identify and support carers in their localities will be set. This will include a short break service statement again, for carers developed by carers.

An Eligibility Criteria Framework is required to be set locally to help the North Ayrshire Health & Social Care Partnership (NAHSCP) to determine levels of support based on assessed/identified need and impact/risk of the caring role.

Eligibility Criteria Framework: Why and what it achieves

Eligibility criteria ensures we have a fair and consistent system for determining how the NAHSCP targets finite public resources. It is the local authority's duty to set and apply the criteria alongside the ACSP or YCS to exchange information about caring. It means that carers with different needs will be treated equally in accessing the right level of information, advice, support and services.

The Framework covers two aspects:

- I. Levels and types of need for support
- II. The thresholds that must be met to be eligible for support

Eligibility Criteria Framework: Process

The process can be broken down into four phases:

Phase One – A carer who wishes to access support can request an ACSP/YCS from the NAHSCP. It is also the duty of NAHSCP staff to offer an ACSP/YCS on identification of someone carrying out a caring role. This leads to a joint conversation to consider their caring situation and needs, their health and general wellbeing and how they can best achieve their own outcomes. The ACSP/YCS is completed to identify and record fully each carer's individual needs, outcomes and support. Not all carers assessed will have eligible needs. However, all carers have access to information, advice, guidance, and universal preventative services.

Phase Two – The support plan or statement will identify what matters to the carer as well as the impact of caring on their life. As the conversation continues the carer and professional will consider how to achieve the things that matter to the carer.

Phase Three – The eligibility criteria framework is applied here to identify the level of support from the impact or risk of them caring. If there are outcomes that meet the eligibility threshold, it is our duty to offer and explain the four options of Self-directed Support to consider how the carer may have their support delivered along with all options of available resources.

Phase Four – When the level of support has been agreed, and the carer fully informed of all options and resources, the carer will decide how they wish their support to be arranged from the four options of Self-directed Support. The carer will be involved in each stage of the process and in all decision making. A review date will be set and recorded at this point.

Adult Carer Support Plan: Purpose & Preparation

The ACSP will identify and record each adult carer's individual needs, personal outcomes and support to be considered to meet those needs. The plan helps to find out what impact caring responsibilities are having on an adult's life. Adult carers can request a plan to be carried out. The Local Authority must offer and prepare the ACSP on identification of an adult carer, if accepted. Consideration should be given to who is best placed to support the adult carer to prepare their plan. The carer can start to complete their ACSP on their own or with the help of a person or organisation of their choice. However, it is the duty of the Local Authority to accurately capture the carers identified needs and come to a view on the carer's eligibility for support.

In all cases, the local authority must inform the carer of their eligibility and why it has reached that decision. When a carer is identified as having eligible needs for support, the local authority must discuss what these eligible needs are and outline how these might be met via the four options of Self-directed Support. The responsible authority is North Ayrshire Council with the exception of (section 28) the duty for each Health Board to involve the carer before the cared-for person is discharged. This duty applies in situations where:

- The identified carer is an adult carer or a young carer
- An individual is identified who intends to provide care to a patient post discharge
- An individual is providing or intends to provide care but does not self-identify as a carer
- Professionals consider it likely that the patient will require care from a carer following discharge
- A formal discharge process takes place

Young Carer Statement: Purpose & Preparation

The YCS will identify and record each young carer's individual needs, personal outcomes and support to be considered to meet those needs. The statement helps to ensure young carers do not take on inappropriate caring tasks or caring that is inconsistent with their age and maturity. The statement further ensures there is effective planning in place to support young carers in transition to adulthood.

The responsible authority is NHS Ayrshire & Arran for pre-school age, and the NAHSCP via the Named Person Service for school age up to the age of 18 years, or having reached 18 and still in school. Young carers can request a statement to be carried out and we must offer the YCS on identification of a young carer. The YCS should link to the Child's Plan if there is one in place. Consideration has been given to who is best placed to support the young carer to prepare their statement. The NAHSCP and Education & Early Years have agreed it will be Head Teacher/Pastoral staff until the young carer meets the eligibility thresholds of substantial or critical for one or more of their outcomes. The YCS will then be

referred to the Named Person Service for tracking and passed to the appropriate Children & Families Social Work Team for action. The outcomes cover the SHANARRI indicators of wellbeing: Safe/Health/Achieving/Nurtured/Active/Respected/Responsible/Included.

Eligibility Risk Indicators

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

No Impact	Indicates no quality of life issues as a result of their caring role. There is no risk to the carer's health & wellbeing and	
	they are able to experience a good life balance. There is no current need for information, guidance or support.	
Low Impact	Indicates there may be some quality of life issues but they are low in risk to the carer's health and wellbeing and	
	opportunities for independence. Some need for universal and/or preventative information, guidance or support.	
Moderate Impact Indicates there is some quality of life issues and they are causing enough risk to impact on the car		
	and potential for independent living. Some provision of health & social care services may be appropriate.	
Substantial Impact	Indicates there is major risk to a carer's health, wellbeing and capacity for independent living. Urgent provision of	
	health & social care services is likely.	
Critical Impact	Indicates there is a significant risk to a carer's health, wellbeing and capacity for independent living. Immediate	
	provision of health and social care services is likely.	

<u>Eligibility Thresholds</u>: This shows where eligibility sits in relation to carer support in practice and how NAHSCP can support carers. This includes examples of services, which are not intended to be exhaustive or prescriptive (individual and local circumstances will determine services).

Critical or
Substantial Impact
Local Authority duty
to support eligible carers
Integrated Authority provides for
eligible need / carer chooses SDS option

Moderate Impact

Local Authority power to support carers.

Integrated Authority commissions community supports and carer services which are provided on a preventative basis.

Services are developed according to local need. This may include services such as breaks from caring, peer support, advocacy and counselling

Eligibility threshold

Low Impact

Local Authority power to support carers.

Integrated Authority supports information and advice services for carers and other universal, community supports.

This may include access to a local carers centre, peer support, training and signposting to social and leisure opportunities

<u>Eligibility Criteria Framework:</u> This shows how criteria for reaching thresholds could be used to assess levels of need against the Carer outcomes

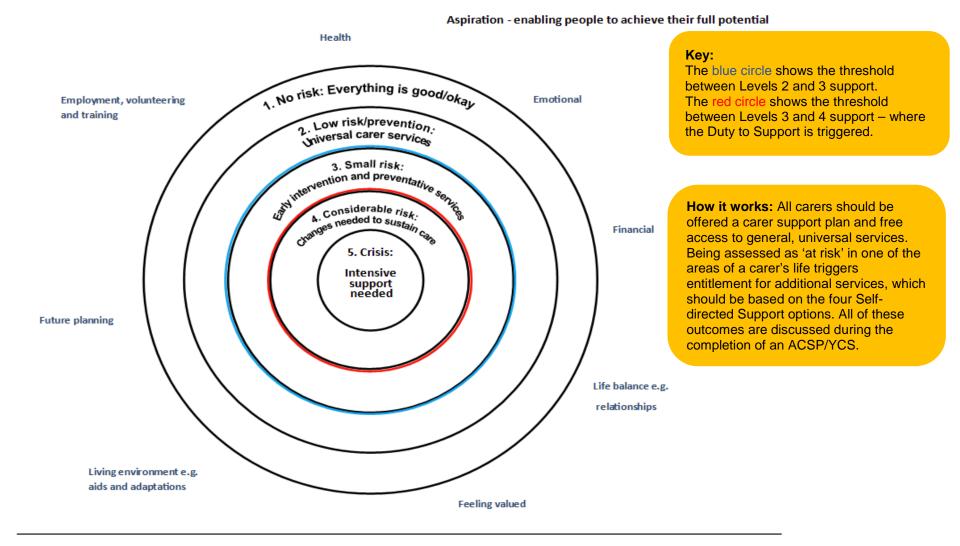


Table of Indicators – Adult Carer Support Plan

	Universal support moving to commissioned services & support (local			More targeted commissioned services &	
	authority 'power to support')			support (local authority 'duty to support')	
	Caring has no impact/no	Caring has low	Caring has clear	Caring has considerable	Evidence of critical
	risk	Impact/risk prevention	impact/small,	impact/high risk	impact/crisis
			moderate risk.		
			Response needed		
Health	Carer in good health	Carer's health beginning	Carer's health at risk	Carer's health requires	Carer's health is
		to be affected	without intervention	attention	breaking/broken down
Emotional	Carer has good emotional	Caring role beginning to	Some impact on carer's	Significant impact on	Carer's emotional
	wellbeing	have an impact on	emotional wellbeing is	carer's emotional	wellbeing is
		emotional wellbeing	evident	wellbeing	breaking/broken down
	Good relationship with				
	cared-for-person	Risk of detrimental	Some detrimental	Relationship with cared-	Relationship with
		impact on relationship	impact on relationship	for person is	cared-for person is
		with cared-for person	with cared-for person	significantly affected	breaking/broken down
Finance	Caring is not causing	Caring is causing a risk of	Caring is causing some	Caring is having a	Caring is causing severe
	financial hardship - carer	financial hardship - some	detrimental impact on	significant impact on	financial hardship e.g.
	can afford housing	difficulty meeting	finances - difficulty	finances e.g. difficulty	carer cannot afford
	cost/utilities/food/clothing	housing cost/utilities/	meeting housing cost/	meeting housing cost/	housing cost/utilities/
		food/ clothing	utilities/food/ clothing	utilities/food/ clothing	food/ clothing
Life balance	Carer has regular	Carer has some	Carer has limited	Carer has few, irregular	Carer has no
	opportunities to achieve	opportunities to achieve	opportunities to achieve	opportunities to achieve	opportunity to achieve
	the life balance they want	the life balance they	the life balance they	the life balance they	the life balance they
		want	want due to caring	want due to caring	want due to caring
	They have a broad choice				
	of breaks/activities	They have access to a	They have access to few	They have little access	They have no access to
	promoting physical,	choice of breaks/	breaks/activities	to breaks/activities	breaks/activities
	mental and emotional	activities promoting	promoting physical,	promoting physical,	promoting physical,
	wellbeing	physical, mental and	mental and emotional	mental and emotional	mental and emotional
		emotional wellbeing	wellbeing	wellbeing	wellbeing

Feeling	Carer feels their	Carer feels their	Carer increasingly feels	Carer often feels their	Carer feels their
valued	knowledge and expertise	knowledge and expertise	their knowledge and	knowledge and	knowledge and
	is always valued by health,	is sometimes valued and	expertise is not valued	expertise is not valued	expertise is never
	social care and other	consequently they	by health, social care	by health, social care	valued by health, social
	professionals.	generally feel included	and other professionals.	and other professionals.	care and other
	Consequently they feel	and empowered	Consequently they	Consequently they	professionals.
	included and empowered		sometimes feel	often feel excluded and	Consequently they
			excluded and	disempowered	always feel excluded
			disempowered		and disempowered
Future	Carer is confident about	Carer is largely confident	Carer is not confident	Carer is anxious about	Carer is very anxious
planning	the future and has no	about the future but has	about the future and	the future and has	about the future and
	concerns	minor concerns	has some concerns	significant concerns	has severe concerns
Employment	Carer has no difficulty	Carer has some difficulty	Carer has difficulty	Carer has significant	Carer has significant
	managing caring and	managing caring and	managing caring and	difficulty managing	difficulty managing
	employment/education	employment/education.	employment/education.	caring and	caring and employment
		There is a risk to	There is a risk to	employment/education.	/education. There is an
	Carer does not want to be	sustaining this in the	sustaining this in the	There is a risk to	imminent risk of giving
	in paid work or education	long term.	short term	sustaining this in the short term.	up work or education.
		Carer is not in paid work	Carer is not in paid work		Carer is not in paid
		or education - long term	or education but would	Carer is not in paid work	work or education but
			like to be - medium	or education but would	would like to be now
			term	like to be soon	
Living	Carer's living environment	Carer's living	Carer's living	Carer's living	Carer's living
environment	is suitable, posing no risk	environment is mostly	environment is	environment is	environment is
	to the physical health and	suitable but could pose a	unsuitable but poses no	unsuitable and poses an	unsuitable. There are
	safety of the carer and	risk to the health and	immediate risk	immediate risk to the	immediate and critical
	cared-for person	safety of the carer and		health and safety of the	risks to the health and
		cared-for person in the		carer and cared-for	safety of the carer and
		longer term		person	cared for person

Table of Indicators – Young Carers Statement (Based on NCO Thresholds and SHANARRI Indicators)

	Universal support moving to commissioned services and support (local authority, power to support)			More targeted, commissioned services & support services & support (Local Authority 'Duty to support')	
	No Impact	Low Impact	Moderate impact	Substantial Impact	Critical Impact
Safe/Living Environment	Young Carer free from abuse, neglect or harm at home, at school and in their community.	Young carers situation at home, at school and in their community is currently stable and manageable.	Young carers situation at home, school or in their community is not ideal and potential risk to young carer and cared for person is evident.	Young carers situation at home, school or in their community is not ideal and there are safety risks which cannot be remedied in the short term.	Young carers situation at home, school or in their community is unsuitable and there are safety risks for the young carer and the cared for person.
Health	Young carer is in good physical and mental health with no identified medical needs.	Young carer is able to manage some aspects of their caring/family/social roles and responsibilities. There is a possibility of the young carer's health being affected.	Young carer is able to manage some aspects of their caring/family/social roles and responsibilities. It is evident the young carers health is being affected.	Young carer is having difficulty in managing aspects of the caring/family/social roles and responsibilities. Young carer's mental and physical health is affected as a result.	Young carer has significant physical/mental difficulties due to the impact of their role as a carer which may cause life threatening or long term harm.
Achieving/ education	Young carer continues to access education/training and as no difficulty in managing caring role alongside.	Young carer has some difficulty managing caring alongside education/training There is a small risk to sustaining education/training in the long term.	Young carer has difficulty managing caring alongside education/training. There is a risk to sustaining education/training in the medium term.	The young carer is missing out on education/training and there is a risk of this ending in the near future due to their caring role.	The young carer is at significant risk or has had to give up education/training due to their caring role.
Nurtured/ relationships	Young carer displays positive emotional wellbeing. They have a	Young carer role beginning to have an impact on emotional	Some impact on the young carers emotional wellbeing and on their relationship	Major impact on a daily basis to the young carer's emotional wellbeing and	Relationship between the young carer and the cared-for person is

	nurturing place to live and a positive relationship with the cared for person. Young carer feels acknowledged by professionals and does not require additional help.	wellbeing and may require additional help when needed. Risk of detrimental impact on relationship with cared for person.	with the cared for person resulting in a strained relationship. Additional help needed where possible, in a suitable care setting.	therefore impacts on the cared-for person. Young carer is unable to sustain many aspects of their caring role.	broken. The young carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role. Input is needed immediately for the young carer. The young carer never feels acknowledged and therefore feels excluded.
Active/life balance	Young carer has opportunities to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has some opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has limited opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has few and irregular opportunities to take part in activities such as play, recreation and sport at home, in school and in their community. May have a negative effect on healthy growth/development.	Young carer has no opportunity to take part in activities such as play, recreation and sport at home in school and in their community. This has a negative effect on their healthy growth/development.
Respect/ Responsible	Young carer has regular opportunities to be heard and involved in decisions. They have an active and responsible role to be involved in decisions that affect them.	Young carer has some opportunities to be heard and involved in decisions and has an active and responsible role to be involved in decisions that affect them.	Young carer has limited opportunity to be heard and involved in decisions that affect them due to their caring role.	Young carer has few and irregular opportunities to be heard and involved in decisions that affect them due to their caring role.	Young carer has no opportunities to be heard and involved in decisions that affect them due to their caring role.
Included/ Finance	Young carer feels accepted in the	Young carer feels some acceptance in the	Young carer has limited acceptance in the	Young carer feels isolated and not confident in the	Young carer does not feel accepted in the

comm	unity where they	community where they	community where they live	community where they live	community where
live ar	nd learn. Young	live and learn but is	and learn, due to their	and learn.	they live and learn.
carer	has time to take	unsure how to take part	caring role.		
part ir	n community	in community activities.		Need for financial support.	Young carer's financial
activit	ies.		There is a risk of financial		position is severe and
		There is a small risk of	pressure.		there is financial
Free fi	rom financial stress.	financial stress.			hardship.

Eligibility Criteria Review

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

Documents and Policies Related to Eligibility Criteria

Carers (Scotland) Act 2016 Getting it right for every child - GIRFEC Fair Access to Community Care Services Self-Directed Support Policy Local Carers Strategy

Appendix One

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 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 because of the person's age, or
 - b) In any case to the extent that care is or would be provided, under or by virtue of a contract or as voluntary work.
- 3) The Scottish Ministers may by regulations
 - a) Provide that 'contract' in 2) b) 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 2) where the authority considers the relationship between the carer and 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 responsible authority (See section 41 (1) of the Act).

Meaning of Young Carer

- 1) 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

1) In this Act 'adult carer' means a carer who is at least 18 years old but is not a young carer.

Appendix Two - Young Carer Statement (Primary)

Do you look after or care for someone at home?

The following questions are designed to help you think about your caring role and what support you might need to make your life a little easier or help you make more time for you and the things you enjoy.

Please feel free to make notes, draw pictures or use the form in the way that is best for you.

Primary School V 0.5 April 2018

What will happen to your statement?

This is your statement and it is your way to tell an adult who you trust about how you care at home. This will help you and the adult find ways to make your life and your caring role a bit easier.

Our Agreement

Adult helping to complete:

- I will make sure you get a copy of your statement.
- If you agree I will share your statement with people your family or with individuals you have requested.
- I will let you know who I share this with, unless I am worried about your safety
- I will make sure your statement is stored securely.
- Some details from your statement might be used for monitoring purposes. This is how we check that we are working with everyone we should and in the way we should.

Young person:

- I will get a copy of my statement to keep.
- I know that if I agree my statement might get shared with other people who can help me and my family so that I don't have to explain it all over again.
- I understand what the adult supporting me might do with my statement and the information in it.

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l am	hannv	tor v	VOLL	to.	share	information	with
. all	ilappy		<i>y</i>	•	oriaro	milomiation	*****

School Nurse	NAHSCP	X	Class Teacher	X	Young Carers Service	X	Family
Other (Please specify	who)						
Signed:							
Basic information	on about	me:					
My Name: Gemima P	uddleduck.						
My Date of Birth: 10/0	2/2007						
My Gender:Female	ə						
My Ethnicity: Scottish	n White						
My Address:Pud	ldle Lane Av	enue,	Irvine,				
My Telephone numbe	r: 01234 5	56 779)				
My School: Heartlake	Primary						
My GP: Dr Drake							
Please tell us if you ne							

About my role as a carer:

The person I care for is my....













(Parents) (Friends/neighbours)

(Grandparents)

(Other family members)

I help them with....













Personal Care

Shopping, cleaning, domestic tasks



Supervision/emotional support







Financial Support Other

(Please specify) Help look after my brother.....

I help them because..















Drug & Alcohol Abuse



O	lder	Pe	op	le
_			~	

Care Duration Less than one year ☑ 1-4 years ☐ 5-9 years ☐ 10-19 years ☐ 20 years or more ☐ Not known ☐							
Care hours per week Up to 4 hours 5-19 hours 20-34 hours 35-49 hours 50+ hours Not known 50-49 hours 5							
Yes No							
If yes, who else lives at h	nome?						
Caring							
Draw or write	Tell us what you do before school, after s	school and on your evenings and weekends to					
on me	help in your caring role. What kind of things do you usually do to help? (e.g. cooking, cleaning, help with medicine, shopping, helping younger brothers or sisters, keeping an eye on the person you help, helping them to relax, cheering them up)						
	Physical	Emotional					
What are the physical things I do?	Before school I make sure my little brother is up, dressed and got his breakfast and remind mum to take her medication. After school I walk my brother home and	I try to cheer up my mum when she is feeling down and reassure her. I also listen when she is worried or upset.					
What emotional	make sure he gets changed and has a snack.						
support do I give?	I help my mum to prepare the dinner, and get my brother to help set the table and clear						
Think about the	away the dishes. I help to tidy the house, hoover and put away everyone's clothes.						
things that you like helping with	Like ©	Do not like 😊					

Think about the
things you don't like
or are difficult

- I like spending time with my mum when she is well, it nice to do things together.
- I enjoy reading my brother a story at night before bed.
- I like doing the hoovering and polishing.
- I don't like when things are cancelled because my mum is unwell, like days out or going to stay with friends.
- I don't like having to go shopping it takes too long, and is difficult with my little brother.
- I don't like doing the cooking, we always have the same dinners.

Time for me ...

Draw or write on me ...





What do you like to do for fun?

With my friends or family I enjoy ...

- Spending time with my mum when she is well.
- I enjoy staying overnight with my friends but worry about my mum and brother.

The things I enjoy for myself are ...

- Reading my book in my bed.
- Playing and learning my keyboard in my room.

How often do you do these things?

Is there anything you would like to do more of?

Why can you not do these things?

Things I would like to do but can't because of my caring role...

- I would like to stay over with my friends more at the weekend, it is fun having sleepovers.
- I would like to have someone teach me to play the keyboard, but there is not much money with mum being ill.
- Play outside with my friends when it is nice, and not having to always have my little brother there.

School/Home

Draw or write on me ...



Does your caring role affect school/home

life in any way?







If yes, please tell us what things are positive or negative and what things might help you?

- I don't always have time to do my homework and the teacher gives me in to trouble.
- Helping my mum makes me feel close to her.

Does your caring role affect you?





No

If yes, please tell us what things are positive or negative and what things might help you?

- Sometimes I am sad and don't have anyone to talk to about my mum.
- I get tired sometimes and day dream in class.

- I don't get a lot of time to myself, because I am looking after mum and my little brother.
- Sometimes I am sad and don't have anyone to talk to about my mum.
- I worry about my mum when I'm at school, it makes it difficult to concentrate

Does your teacher(s)/other staff know about your caring role?



No

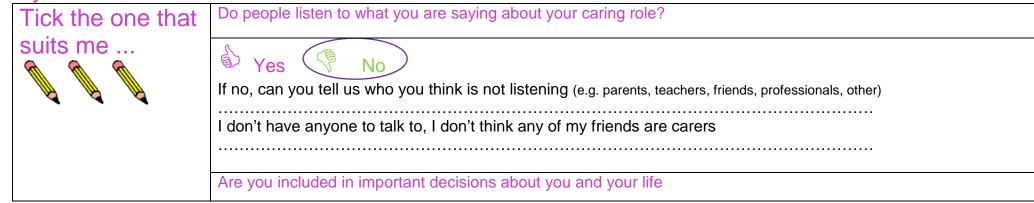
Are you happy for your teacher(s)/other staff to know you are a carer?

How I feel about my life ...

Tick the one that	Do you feel confident in and outside of school/home?						
suits me	very confident	quite confident	quite unconfident	very unconfident			
	Overall in your life just now, how happy do you feel?						
	very happy	quite happy	quite unhappy	very unhappy			

Overall in your life just now, how safe do you feel?						
Overall in your life just now, now sale do you leer!						
very safe	quite safe	quite unsafe	very unsafe			
How healthy do you feel at the moment?						
very healthy	quite healthy	quite unhealthy	very unhealthy			
How is your relationship with the person you care for?						
very positive	quite positive	quite negative	very negative			

My voice ...



	Yes No If no, can you tell us what you think would help to get your opinion heard or feel included?				
	Are you included in decisions about your caring role?				
	Yes No				
	If no, can you tell us what you think would help to included you?				
	I just do what I do to make sure everyone is okay, don't really think about it.				
	Who do you talk to about your caring role?				
	No one, it can be lonely sometimes and make me sad				
My support					
Draw or write on	Below are some things that would make a difference to my life, help with my caring and make me feel better				
me	 Not having things cancelled Not having to always cook Someone to look after my mum and brother to let me do things with my friends 				

Do you have time away from your caring role?

Yes No If no, what would a time-out look like, and what would you do?							
Sometimes I get to stay over with my friends which can be lots of fun, this doesn't happen often though.							
If you pood to soo a book	th professional (i.e Doctor/	Dontist) how easy is it to	No thic?				
very easy	easy	difficult	impossible				

My support ... how are we going to do this?

	Who might be able to help?		Level of support No Support/Low/Moderate /Substantial/Critical	Timescales
Talking about my caring role	Local Carers Centre	Through 1 to 1 with young carer staff and fortnightly group with other young carers.	M	ASAP

Getting time with my friends	Health & Social Care Partnership	Look at putting support in for mum and brother to allow young carer time with her friends.	M	ASAP
Time to do homework in quiet space	School	Suitable time and place to do homework, with support if needed.	M	ASAP
Checking on Mum during school time	School	Telephone call allowed home at lunchtime	M	ASAP
Keyboard Lessons	School	Possible music lessons provided	L	ASAP

Statement completed on	By
My statement will be reviewed on	3y

Always remember ...

Important things to do if I can no longer care or help \dots

(Think of the things that someone else would need to know, need to do, who they would contact to help and any useful contact details)

EMERGENCY & FUTURE PLANS

If an emergency unexpectedly arose what would your plan look like to meet your daily caring role. What are the practical arrangements for short-term, unplanned circumstances that would need to be put in place?

Emergency Plan:		
Who to contact How to contact What to do and how		
more in-depth than emerge involved in this plan. The wi to consider include, but are	ne longer term plans for the person you care for when you are no longe ency plans and the carer, cared for person and all other relevant family vishes and preferences of the carer and the cared-for person should be not limited to, current care and future care, living arrangements, pract y, guardianship, wills and trusts (if relevant).	members or friends should be taken into account. Some things
Future Plan:		
Who to contact How to contact What to do and how		

Where I can ask for help, advice or support ... • North Ayrshire Carers Centre on 01294 311333 or at northayrshire.carers@unity-enterprise.com North Ayrshire Health & Social Care Partnership on (local offices) NHS Direct on 111 Only in the event of an Emergency please contact • Emergency – Police, Fire or Ambulance on 999

Office Use Only

Source of referral
Date YCS requested/offered
Statement completed Statement declined
Young carers Carefirst number (if known)
Young carers CHI number (if known)
Cared for person
Name
Address (if not same as above)
Gender
Age
Ethnic Group
Carefirst number (if known)

Do you look after or care for someone at home?

The following questions are designed to help you think about your caring role and what support you might need to make your life a little easier or help you make more time for you and the things you enjoy.

Please feel free to make notes or use the form in the way that is best for you.

Secondary 1st May 2018 v.02

What will happen to your statement?

This is your statement and it is your way to tell an adult who you trust about how you care at home. This will help you and the adult find ways to make your life and your caring role a bit easier.

Our Agreement

Adult helping to complete:

- I will make sure you get a copy of your statement.
- If you agree I will share your statement with people your family or with individuals you have requested.
- I will let you know who I share this with, unless I am worried about your safety
- I will make sure your statement is stored securely.
- Some details from your statement might be used for monitoring purposes. This is how we check that we are working with
 everyone we should and in the way we should.

Signed:	

Young person:

- I will get a copy of my statement to keep.
- I know that if I agree my statement might get shared with other people who can help me and my family so that I don't have to explain it all over again.
- I understand what the adult supporting me might do with my statement and the information in it.

I am happy for you to share information with:

School Nurse	NAHSCP	Class Teacher	V	Young Carers Service	Family 🗹
Other (Please spec	cify who)				
Signed:					

Basic information about me:

My Name: Victoria Walker
My Date of Birth:21/01/2004
My Gender:Female
My Ethnicity:White Scottish
My Address:24 Greenwood Lane, Irvine
My Telephone number:12345 573836
My School:Fleeting Academy, Irvine
My GP:Dr Jones
The best way to get in touch with me is: on my mobile/text message
Do you need any help with communicating (Like an interpreter, braille, sign language, larger print)
No I don't.

About my role as a carer:

The person I care for is my... Parents
☑ Grandparents other family members Friends/neighbours I help them with ... Medication ✓ Personal Care **☑** Shopping, cleaning & domestic tasks ✓ **Transport** Supervision/emotional support ✓ Financial Support Other (Please specify)..... I have been caring for ... Less than one year 1-4 years ✓ 5-9 years 10-19 years 20 years or more not known Hours per week that I care for ... Up to 4 hours 5-19 hours 20-34 hours 35-49 🗹 Why I have to care ... (Please tell us why the person you care for needs your help. Do they have an illness, disability or condition?) My mum has MS Do you live with the person you care for? No Yes $\overline{\mathbf{V}}$ Do you have any questions about what's wrong with the person you care for? If yes, what would you like to find out? Yes Will my mum's condition get worse as she gets older, I really worry about this?

Caring ...

Caring		
Write on me	caring role. What kind of things do you usual	ol and on your evenings and weekends to help in you ly do to help? (e.g. cooking, cleaning, help with medicine, shopping, r sisters, keeping an eye on the person you help, helping them to relax,
What are the physical things I do?	Physical	Emotional
What emotional support do I give?	I get my mum up, washed and dressed and give her breakfast and medication before I go to school.	When I get home from school I spend time with my mum talking to her and telling her about my day. When she is having a bad day I try to cheer her up.
	When I get home I prepare and cook the dinner, wash the dishes and do some housework then get my mum ready for her bed and make sure she takes her tablets again.	
Think about the things that you like helping	Like	Do not like
with	I like spending time with my mum and enjoy cooking	I get embarrassed sometimes when I have to get my mum washed and dressed. I don't like doing the hoovering
Think about the things you don't like or are difficult		because the hoover is too heavy.
i	1 1	

Time for me ...

Write on me	With my friends or family I enjoy	The things I enjoy for myself are
What do I like to do for fun? How often do I do these things?	I enjoy spending time with my mum when she is feeling well. I love catching up with my friends on Snapchat.	I am learning the cello in school it is really relaxing. I really love to watch Youtube videos about makeup and hair and practising so I can get better at it.
		ctise is after school and I have to get home to help my mum. ting disco on a Friday night, then they go to McDonalds. I miss

School/College/University/Work/Home

ochool/ college/ on		
Write on me	Does your caring role affect school/home life in any way? If yes, please tell us what things are positive or negative and what things might help you	Does your caring role affect you? If yes, please tell us what things are positive or negative and what things might help you
	Yes ☑ No	Yes ☑ No
	Sometimes I get in to trouble from my year head for being late to school. Some teachers give me into trouble for not getting my homework done, especially because I have my exams this year.	I am really tired most of the time because I am up during the night with my mum and then I have to get up at 6am to make sure she takes her medication.

Does your teacher(s)/other staff/supervisor know about your caring role? Yes ☑ No

Are you happy for your teacher(s)/other staff/supervisor to know you are a carer? Yes ☑ No

How I feel about my life ...

Tick the one that	Do you feel confident in and outside of School/College/University/Work/Home?						
suits me best	very confident	quite confident	quite unconfident ☑	very unconfident			
		Overall in your life	just now, how happy do you f	feel?			
	very happy	quite happy	quite unhappy ☑	very unhappy			
	Overall in your life just now, how safe do you feel?						
	very safe	quite safe ☑	quite unsafe	very unsafe			
	How healthy do you feel at the moment?						
	very healthy	quite healthy	quite unhealthy ☑	very unhealthy			
	How is your relationship with the person you care for?						
	very positive	quite positive ☑	quite negative	very negative			

My voice	
Tick the one that	Do people listen to what you are saying about your caring role?
suits me	Yes No ☑
	If no, can you tell us who you think is not listening (e.g. parents, teachers, friends, professionals, other)
	My Year Head and also some of my teachers. Also my doctor doesn't listen to me when I go to speak to him about how I am feeling.
	Are you included in important decisions about you and your life?
	Yes No ☑
	If no, can you tell us what you think would help to get your opinion heard or feel included?
	I think if my teachers and my doctor saw what I have to do every day then they might understand me more. I would like to go to appointments with my mum but I already get into trouble from school because my attendance isn't very good.
	Are you included in decisions about your caring role?
	Yes No ☑ If no, can you tell us what you think would help to included you? I would like someone to speak to about where I could extra help to look after mum, especially when she has a bad turn.
	Who do you talk to about your caring role?
	I talk to my friends but they don't really understand.
1	

My support ...

iviy support						
Write on me	Below are some things th	at would make a difference	e to my life, help with my	caring role and make me feel better.		
	Having someone to stay	with my mum on a Friday	night so I can go out with r	ny friends.		
	Having some help to get	mum washed and dressed	1			
	Triaving some help to get	mam washed and diessed	4.			
	Having someone to talk to	o who really understands	what I have to do every da	y and how tired I am.		
	Not getting into trouble at	school for things that are	not really my fault or that	can't help.		
		Ç	, ,	·		
	Do you have time away from your caring role?					
	Yes No ☑ If no, what would a time away look like, and what would you do?					
	I don't have anyone else to look after my mum. I would like to stay at my friend's house one night and have some					
	fun and get a whole night		ould like to stay at my mei	id's nouse one night and have some		
		•				
	If you need to see a Doct	or/Dentist or other Health	Professional, how easy is	it to do this?		
			D.W. 14 🗖	inno a callela		
	very easy	easy	Difficult <a>✓	impossible		

My support ... how are we going to do this? What do you need Who might be able to How could they help? Level of support **Timescales** help with? help? /Substantial/Critical

Im	portant	things	to do	if I	can n	o long	er	care	or	help)

(Think of the things that someone else would need to know, need to do, who they would contact to help and any useful contact details)

EMERGENCY & FUTURE PLANS

If an emergency unexpectedly arose what would your plan look like to meet your daily caring role. What are the practical arrangements for short-term, unplanned circumstances that would need to be put in place?

Emergency Plan:	
Who to contact How to contact What to do and how	
more in-depth than emerger involved in this plan. The wi to consider include, but are	e longer term plans for the person you care for when you are no longer able to care. Future plans are ncy plans and the carer, cared for person and all other relevant family members or friends should be shes and preferences of the carer and the cared-for person should be taken into account. Some things not limited to, current care and future care, living arrangements, practical, legal and financial provision, guardianship, wills and trusts (if relevant).
Future Plan:	
Who to contact How to contact What to do and how	

Where I can ask for help, advice or support ...

- North Ayrshire Carers Centre on 01294 311333 or at northayrshire.carers@unity-enterprise.com
- North Ayrshire Health & Social Care Partnership on (local offices)
- NHS Direct on 111
- Police, Fire, Ambulance on 999 only in the event of an emergency

Office Use Only	
Source of referral	
Date YCS requested/offered	
Statement completed	Copy given to young carer
Cared for person	
Name	
Address (if not same as above)
Gender	
Age (If known)	
Ethnic Group	
Carefirst number	



Are you a Carer?

If yes ... your support starts here.

North Ayrshire Carer Support Plan

For carers by carers





Are you caring for someone?

Do you look after a family member, friend or neighbour who could not manage without the day to day support you give them? If yes, completing your Carers FIRST Plan is a way to find out if you are getting the help and support that you need to continue in your caring role.

As a carer you have the right to have your needs considered even if;

- ✓ You do not live with the person you care for
- ✓ The person you care for is already being assessed or is currently open to support services
- ✓ The person you care for is not open to services and/or
- ✓ Circumstances have changed, meaning you may want to complete a new Carers FIRST Plan

Where do I get my Carers FIRST Plan?

You can contact your local Health and Social Care Partnership Office (details are on page) or the North Ayrshire Carers Centre in Irvine and a member of staff will be happy to assist you to access your plan.

How do I complete my Carers FIRST plan?

Before you complete your plan, sit down and take a moment to think about your role as a carer and the things you do on a daily basis. Be honest about the effects that caring has on your life. The plan will look at the impact that caring has on your physical and emotional needs, daily life and relationships. You can then;

- Complete your plan by yourself and send it back to your local Health and Social Care Partnership Office
- Contact the North Ayrshire Carers Centre and a member of staff will be happy to assist you to complete your plan
- Contact your local health & social care partnership office and we will allocate a worker to provide information, advice and assistance to complete your plan.

What support will I get?

On identifying your needs we need to apply our local eligibility criteria for carer support to confirm the level you need. This looks at your support as a whole and has three levels:

- Low may not require a full assessment and would either have little or no impact upon your caring role. We would look at supports such as registering with the Carers Centre, finding information and advice either online or from the Carers Centre, community groups or health centres. It could also be signposting from your local health and social care partnership or community connector.
- Medium requires a fuller conversation and Carers FIRST Plan completed. Your caring role would have a clear impact on aspects of your life with possible minor

risk if some support was not available. We would look at supports such as those mentioned above with the addition of other carer services like a break from caring, carer respite, advocacy or counselling.

High will always require a full conversation and Carers FIRST Plan completed. Your caring role has a huge impact on aspects of your life with definite risk if support was not available. We would look at supports such as those mentioned above under the low and medium levels with the addition of applying selfdirected support allowing you to choose how you prefer your support to be arranged, managed and delivered.

ABOUT YOU					
Mr/Mrs/Miss/Ms					
First Name	Surname	9			
Address					
Postcode	Telephone Num	ber			
Date of Birth	Gender				
Are you the only car	er in your family?				
Yes □ No					
(Are the other carers in them from the North Ay	your family aware of their rights as a carer rshire Carers Centre?)	and the support that is available to			
WHO DO YOU C	ARE FOR?				
Do you live in the sa	ame household as the person/s you	care for?			
Yes □ No					
Please provide infor	mation below				
<u>Name</u>	<u>Address</u>	Relationship to You			
Can you tell us a bit care for?	more about the illness or disability t				
Is the person you ca Yes □ No	an for known to the Health and Socia	al Care Partnership			
Has the person you 12 months?	care for had an assessment or review	ew of their needs in the past			
Yes □ No	\square (if no, would they like more advice on h	ow to access this?) Yes □			
If yes, can you tell u for currently receive	s a bit more about the support or se s?	rvices the person you care			

YOUR CARING ACTIVITIES

Type of Care Provided

Help with Medication	n 🗆	Help with Personal (Care □	Helping with sho	pping, cleaning, d	omestic tasks]
Help with transport		Supervison/emotion	al support □	Financial suppo	rt D Other (Pleas	se Specify)	
Complete the table t	oelow					g role and which	task you may need help with
		Morning	A [·]	fternoon	Evening		Night Time
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Care Duration Less Care Hours per wee		•	•	5-9 years 10-19 20-34 hours		years or more 50+ hours	

Are there caring tasks or activities you find easier to help with?
Are there caring tasks or activities you would prefer not to help with?
Are there caring tasks or activities you would like to change?
Do you have any legal powers in place for the person you care for?
Yes □ No □ (if no, would you like more advice on how to access this?)
If yes, can you tell us which responsibilities?
Welfare Guardianship ☐ Financial Guardianship ☐ both ☐
YOUR HEALTH
Does your caring role affect your health?
Yes □ No □
If yes, can you tell us a bit more and what could help you to improve your health?
Do you worry that your health may affect your ability to continue in your caring role?
Yes □ No □
If yes, could you tell us how your caring role would be affected and what would help you to be able to continue caring?
Have you contacted your GP or other health worker about your health?
Yes □ No □ If yes, what advice or guidance were you offered?

YOUR EMOTIONAL WELLBEING

If yes, can you tell us a bit more and what could help you to improve your emotional wellbeing? Do you worry that your emotional wellbeing may affect your ability to continue in your caring role? Yes	Yes □ No □
Caring role? Yes	
Caring role? Yes	
If yes, could you tell us how your caring role would be affected and what would help you to be able to continue caring? Have you contacted your GP or other health worker about your emotional wellbeing? Yes	caring role?
Have you contacted your GP or other health worker about your emotional wellbeing? Yes	Yes □ No □
Yes □ No ☒ If yes, can you tell us a bit more and what could help you to improve your emotional wellbeing? Does your caring role have an impact on your relationship with the person you care for? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your relationship? LIFE BALANCE Does your caring role affect your life balance? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your	
Yes □ No ☒ If yes, can you tell us a bit more and what could help you to improve your emotional wellbeing? Does your caring role have an impact on your relationship with the person you care for? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your relationship? LIFE BALANCE Does your caring role affect your life balance? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your	
Does your caring role have an impact on your relationship with the person you care for? Yes	
for? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your relationship? LIFE BALANCE Does your caring role affect your life balance? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your	
If yes, can you tell us a bit more and what could help you to improve your relationship? LIFE BALANCE Does your caring role affect your life balance? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your	for?
LIFE BALANCE Does your caring role affect your life balance? Yes □ No □ If yes, can you tell us a bit more and what could help you to improve your	
Does your caring role affect your life balance? Yes	
Yes	LIFE BALANCE
If yes, can you tell us a bit more and what could help you to improve your	Does your caring role affect your life balance?
	Yes □ No □

Are you able to keep up good relationships with other family members or friends? Yes No If no, could you tell us how these relationships are affected?
Are you able to take time out or have a break to enjoy other interests?
Yes □ No □ If no, what would help you to get some time away from your caring role?
YOUR EMPLOYMENT AND EDUCATION
Does your caring role affect your ability to work?
Yes □ No □
If yes, what would help to support you in employment?
Does your caring role affect your ability to continue in education?
Yes □ No □
If yes, what would help to support you in education?
YOUR FINANCES Does your caring role impact on your finances? Yes □ No □
If yes, would you like information on maximising your income or any of the following supports?
Disability Living Allowance

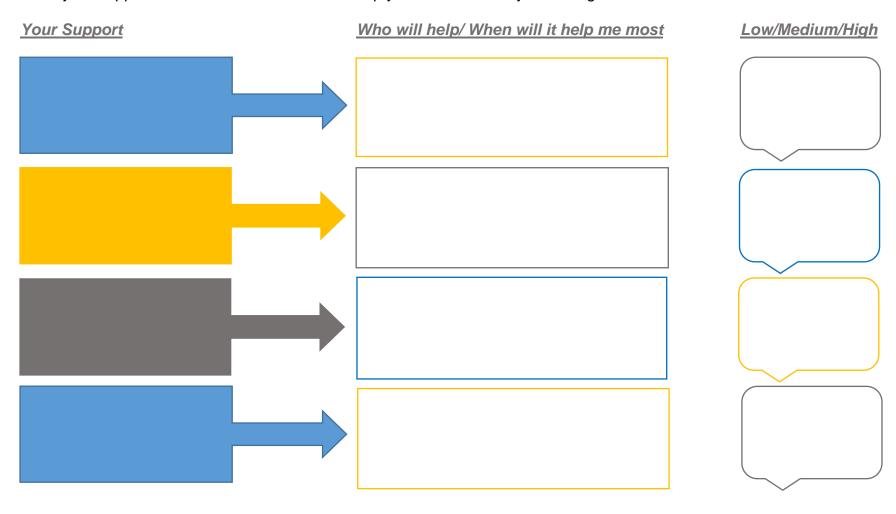
EMERGENCY & FUTURE PLANS

If an emergency unexpectedly arose what would your plan look like to meet your daily caring role. What are the practical arrangements for short-term, unplanned circumstances that would need to be put in place?

Who to contact What to do and how Future planning refers to the longer term plans for the person you care for when you are no longer able to care. Future plans are more in-depth than emergency plans and the carer, cared for person and all other relevant family members or friends should be involved in this plan. The wishes and preferences of the carer and the cared-for person should be taken into account. Some things to consider include, but are not limited to, current care and future care, living arrangements, practical, legal and financial provision including Power of Attorney, guardianship, wills and trusts (if relevant). Future Plan: Who to contact How to contact What to do and how SUMMARY OF THE CARER CONVERSATION This should be a shared joint summary agreed with all parties involved in the conversation as well as the person helping to complete your plan.	Emergency Plan:	
Future planning refers to the longer term plans for the person you care for when you are no longer able to care. Future plans are more in-depth than emergency plans and the carer, cared for person and all other relevant family members or friends should be involved in this plan. The wishes and preferences of the carer and the cared-for person should be taken into account. Some things to consider include, but are not limited to, current care and future care, living arrangements, practical, legal and financial provision including Power of Attorney, guardianship, wills and trusts (if relevant). Future Plan: Who to contact How to contact What to do and how SUMMARY OF THE CARER CONVERSATION This should be a shared joint summary agreed with all parties involved in the	Who to contact	
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	Conversation as well as the	person helping to complete your plan.

YOUR Carers FIRST PLAN

From your conversation identify and agree actions to address your support needs. Think about what will help you, who will help and when your support would be of most benefit to help you to continue in your caring role.



AGREEING YOUR Carers FIRST PLAN

- ✓ I have been actively involved in the conversation and completion of my Carers FIRST Plan. I have seen my completed plan and agree with the contents and support identified for me.
- ✓ I know who to contact if circumstances change and my support needs change.
- ✓ I understand you may need to share my information with other relevant professionals or services in order to support me in my caring role.

Carers signature Date				
Worker's signature				
REVIEWING YOU We need to review y needs of your caring	our plan to c role. The re	heck that the supview will be 6-we		
FIRST Plan and no I Date support agreed		•		
Date of review				
Type of review		6 weeks □	Annual □	Other □
Location of review				
I will contact change.				_if circumstances

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Is this a nev	v suppo	rt plan or revi	ew of a	an exis	ting pla	n?
New plan		Review 🗆				
Source of re	eferral					
Carer		social work		GP		other health/NHS □
Carers Cent	re 🗆	Other 🗆				
Date Suppo	rt plan ı	equested:				<u>-</u>
Date Suppo	rt plan o	offered:				
NORTH A	<u>YRSH</u>	IRE HEALT	<u>H & S</u>	SOCIA	L CAF	RE PARTNERSHIP LOCAL
OFFICES						
Opening ho	urs					
Mainland of 4.30pm	fices are	e open: Mond	lay to T	hursda	ay 9am	to 4.45pm and Friday 9am to
Three Town	S					
Telephone: Address: Th		310005 Hall, Counte	ess Stre	eet, Sal	tcoats,	KA21 5HW
Irvine & Kilv	vinning					
Telephone: Address: Br		310300 e House, Irvii	ne, KA′	12 8BD	ı	
North Coas	t					
Telephone: 01475 687592 Address: Brooksby Medical and Resource Centre, 31 Brisbane Road, Largs, KA30 8LH						
Garnock Va	lley					
Telephone: 01505 684551 Address: Craigton Road, Kilbirnie, KA25 6LJ						
Arran						

Telephone: 01770 600742

Address: Council Offices, Lamlash, Isle of Arran, KA27 8JY

Cumbrae

Telephone: 01475 530742

Address: Garrison House, The Garrison, Millport, Isle of Cumbrae, KA28 ODG

Cumbrae office opening hours

Monday 1pm to 5pm Tuesday 1pm to 7.30pm Wednesday and Thursday CLOSED Friday 10am to 1pm & 2pm to 5pm



North Ayrshire Health & Social Care Partnership Guidance on Waiving of Charges & Replacement Care - Unpaid Carers

Background

- 1.1 The National Carers Strategy for Scotland recognises that carers, whatever their circumstances, should be able to enjoy the same opportunities in life as other people without caring responsibilities and be able to achieve their full potential as citizens.
- 1.2 Carers should be considered as equal partners in care, where they are supported to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring.
- 1.3 Carers should be fully engaged in the planning and development of their own support and of the services for the people they care for.
- 1.4 Carers should not be disadvantaged, or discriminated against, by virtue of their caring role.
- 1.5 All of these principles should be considered in the production, implementation and delivery of charging policy.

Legislative Framework

- 2.1 Section 3 of the Self-directed Support (Scotland) Act 2013, section 22 of the Children (Scotland) Act 1995, and the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014, gave North Ayrshire Health & Social Care Partnership (NAHSCP) the power to provide all carers with support to help them continue in their caring role. Where we identified a need, applied eligibility criteria and agreed to provide support, this discharged our duty to offer all self-directed support options.
- 2.2 Similarly, the Self-directed Support (Direct Payments) (Scotland) Regulations 2014 prevent NAHSCP from means testing or requiring a contribution from a carer where carer support is being delivered by way of a Direct Payment.
- 2.3 The Carers (Scotland) Act 2016 introduces replacement Regulations encompassing all previous powers and duties to support carers under section 24(4) of the Act 2016. The requirement to waive charges for carers remains the same.

KEY MESSAGE: Charges will not be made for support provided to carers either directly by local authorities or commissioned by the local authority through other statutory, independent and third sector bodies. However, if a carer wishes to supplement and pay for support above the agreed assessed level they will receive through self-directed support, then this is a matter entirely between the individual carer and provider.

Carer Support

3.1 There are challenges in deciding how and when certain forms of support meet the needs of the carer or the person they care for, or both. It is particularly difficult when the carer lives with the person they care for. The difference is subtle but vital to the waiving of charges.



- 3.2 The Adult Carer Support Plan (ACSP) / Young Carer Statement (YCS) are the tools that give carers the opportunity to talk about the impact of caring and how able and willing they are to continue to care for someone, alongside maintaining their quality of life. These conversations along with professional judgement are fundamental to the waiving of charges.
- 3.3 Carers may also be in receipt of support or services from the Health & Social Care Partnership because of their own assessed needs. These are not considered under section 24 of the Act and normal financial assessment(s) and charging policies apply.
- 3.4 Where a carer's identified needs are met as a result of support delivered to the person they care for, this is also not support under section 24 of the Act, normal local charging policy applies.

Breaks from Caring

- 4.1 Section 25 of the Act requires NAHSCP to consider a break from caring as an option of support for the carer to enable them to continue in their caring role, if willing and able to do so.
- 4.2 A break from caring can be any form of support that helps a carer to have time away, from their normal caring responsibilities. This can be within or out with the carers home. Breaks can be taken together with the person they care for, with extra help, or they can be taken apart.

Short breaks can include time to:

- maintain friendships
- rest and recharge your batteries
- enjoy personal interests, leisure or cultural activities

A break can be:

- a regular hour to yourself
- a one-off occasion
- daytime or overnight stay(s)
- 4.3 Where a break from caring is an agreed form of support, NAHSCP must waive the charges to support the carer to take a break as detailed in their ACSP/YCS. All components of the break will be considered but there are some elements that will not be subsidised.
- 4.4 The above bulleted suggestions for type and length of break are not exhaustive. The conversation between the carer and lead professional provides an opportunity to explore different ways to meet their outcomes. The focus of the good conversation (Talking Points) approach should be to maintain the health, wellbeing and quality of life of the carer.
- 4.5 There is no set resource allocation to support carers so it needs professional judgement linked to application of eligibility criteria to inform the allocation of any formal resources, as agreed by the Service budget holder.



Replacement Care

- 5.1 When a carer's needs for support are agreed as eligible and a break from caring is an appropriate form of support, there will need to be consideration of appropriate care for the person they care for during their absence. In some cases, this will be provided by family, friends or other community supports, but there may be a need for formal replacement care.
- 5.2 Replacement care according to the Act is;
 - "Care provided to the cared-for person, which replaces care previously given by the carer and which is provided as a form of support to the carer so the carer can have a break from caring."
- 5.3 Challenges may arise in determining who will benefit from the replacement care. There are key questions to consider –: Is the care being provided to the cared-for person primarily in order to provide the carer with a break from caring? In this regard the following points need to be considered;
- 5.3.1 Is the care being provided to the cared-for person? If the answer is no, it is not replacement care.
- 5.3.2 Is the care replacing care routinely given by the carer? This will be answered in the ACSP or YCS when discussing the nature and extent of the caring role and tasks. There will be circumstances where the unpaid care usually provided by the carer cannot be exactly replicated by paid care.
- 5.3.3 Is the purpose of the care primarily for the carer to have a break? Time out for the carer can be achieved as a welcome consequence of the support. This would not constitute replacement care.
- 5.3.4 Aside from the need for a break, is the carer able and willing to resume their caring role after their break? This will be answered in the ACSP or YCS when discussing the nature and extent of the caring role and if the carer is willing and/or able to provide care. Where the carer is unable or unwilling to provide care then this is not replacement care to allow the carer to take a break. It could be if the carer is ill, in hospital or in recovery. If the carer wishes to pursue full or part-time work and will stop or reduce the care they provide. Employment is not a form of break and care provided would be to meet the cared-for persons identified needs. If some other reason results in the carer being unwilling or unable to provide the same level of care, then this would result in unmet need for the cared-for person.
- 5.3.5 For young carers, aside from the break, is it appropriate for them to continue in their caring role? This will be answered in the YCS when discussing the nature and extent of the caring role and tasks. Replacement care would not be provided in order to relieve a young carer from inappropriate caring responsibilities. This is unmet need for the cared-for person. Again it is not allowing the carer to have a break to help sustain their caring situation, instead it is to relieve them of responsibilities on a more permanent basis.



KEY MESSAGE: NAHSCP might decide to arrange replacement care for a cared-for person as part of the support which they provide to a carer under section 3 of the 2013 Act in order to give a break from caring. Where replacement care is provided as support under section 3 in order to meet the carer's needs, the local authority must waive charges for the cost of the replacement care.

Breaks with the Cared-For Person

6.1 This type of break would potentially meet both their outcomes. In these circumstances it is expected that the costs for any additional support could be included in the cared-for person's assessed needs and subsequent support package.

Links to relevant Legislation/Statutory Guidance

Self-directed Support - http://www.legislation.gov.uk/asp/2013/1/contents/enacted
Direct Payment - http://www.legislation.gov.uk/ssi/2014/25/contents/made
Carers - https://www.legislation.gov.uk/asp/2016/9/contents
NAC Charging Policy - https://www.legislation.gov.uk/asp/2016/9/contents
NAC Charging Policy - https://www.legislation.gov.uk/asp/2016/9/contents
NAC Charging Policy - https://www.north-ayrshire.gov.uk/health-and-social-care/accessing-health-social-care-services/social-services-charging-policy.aspx
Talking Points - http://www.jitscotland.org.uk/wp-content/uploads/2014/01/Talking-points-Practical-Guide-21-June-2012.pdf