

ADULT CARER ELIGIBILITY CRITERIA

PERTH & KINROSS COUNCIL



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1. Introduction to the Adult Carer Eligibility Framework

Unpaid carers of all ages provide a vital contribution to their families and society by looking after a family member or a friend who need support due to a condition, illness, disability or old age. While often unpaid carers do not see or consider themselves a ‘carer’, but rather just a family member or friend, it is important that they can access support when needed to support them in their caring roles. Perth & Kinross Health and Social Care Partnership, which includes Perth & Kinross Council, NHS Tayside and a range of voluntary organisations, such as PKAVS Carers Centre, provide a range of support that could help carers to sustain their caring roles, improve their health and wellbeing, and assist them in achieving a better life balance.

Under the Carers (Scotland) Act 2016 that came in force on 1 April 2018, local authorities have a duty to set eligibility criteria for carer support. This provides a fair and transparent system for determining eligibility by ensuring that the level of support provided is proportionate and consistent with the level of support needs of an individual carer.

This eligibility criteria framework is for adult carers, their families and people working with adult carers. For young carers, there is a separate [framework](#), accessible at <https://bit.ly/35DWkK0>.

All adult carers have the right to have an Adult Carer Support Plan if they wish, and young carers, the right to a Young Carer Statement. These are used alongside the eligibility framework.

An Adult Carer Support Plan sets out:

1. the carer’s **support needs** and **personal outcomes** (or ‘goals’), and
2. what type of **supports** are appropriate to meet these needs and outcomes.

This eligibility framework uses a preventative approach. This means that a support plan will not only identify whether there is a current impact on the carer, but also whether there is a foreseeable and likely risk of deterioration in the carer’s health or their caring situation. If identified, steps should be taken to prevent further deterioration.

Definitions given under the Carers (Scotland) Act 2016

Meaning of “carer”

A “carer” means an individual who either currently provides care or intends to provide care for another individual. The cared-for person might be elderly or frail, have a physical or mental health illness, a disability, a long-term condition, or a substance misuse issue.

Meaning of “adult carer”

An adult carer is a carer who is at least 18 years old and is no longer in school.

Please see Appendix 1 (page 15) for the full wording of these definitions under the Carers (Scotland) Act 2016.

2. Explaining the Assessment Process

Step One: Request an Adult Carer Support Plan

A carer who wishes to access support can request an Adult Carer Support Plan. We also have a duty to offer this to identified adult carers.

Step Two: Identify carer needs and personal outcomes

We have a conversation with the carer about their needs and related outcomes, which form the Adult Carer Support Plan.

Step Three: Agree support

We will discuss, and agree, with the carer about the type of support they need to meet their needs.

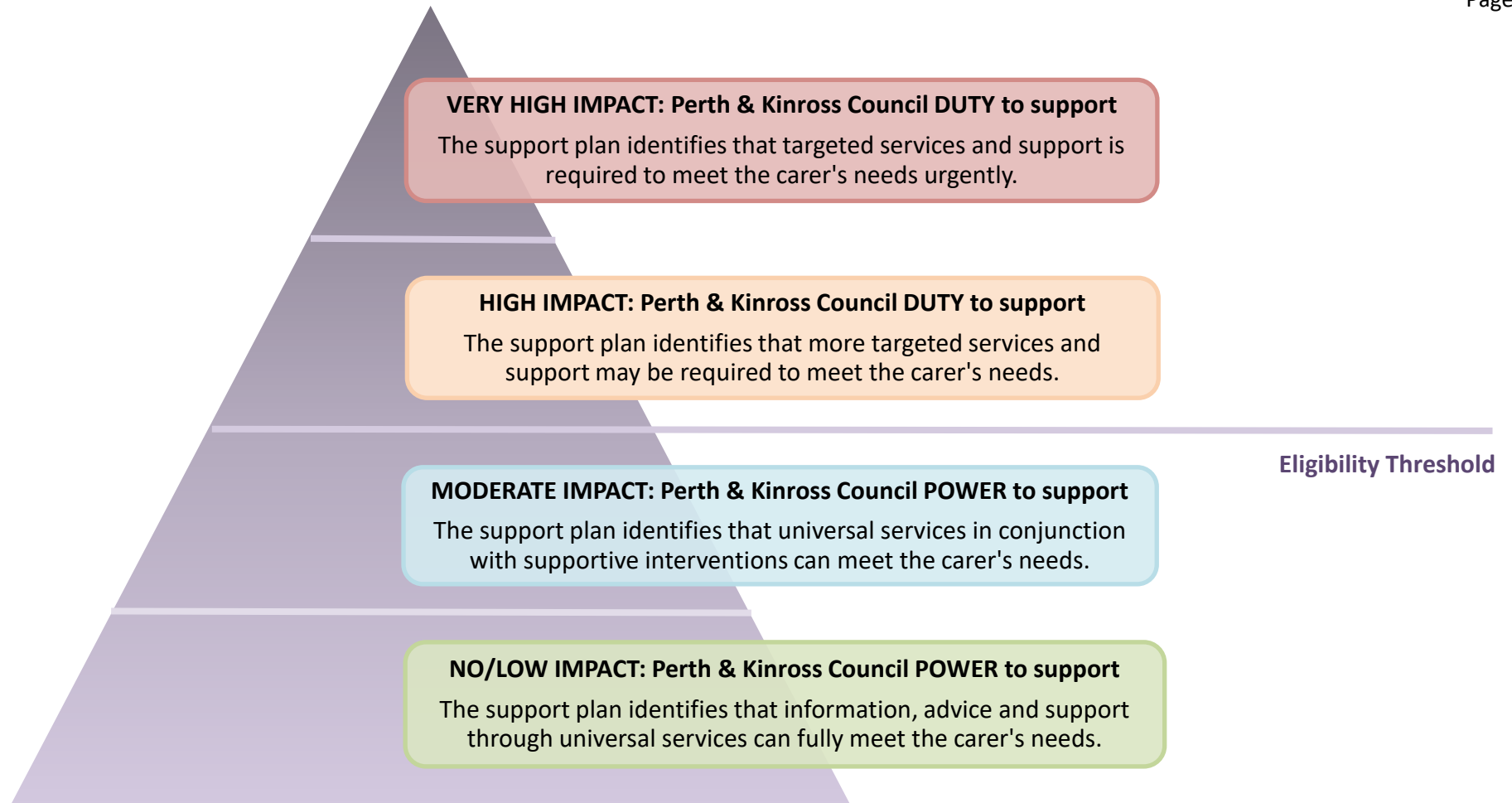
Step Four: Provide support

As a minimum, all carers will have access to information, advice and community or universal services. If the carer has a high or very high level of support needs in any area, and universal/community services or putting in support to the cared-for person(s) are unable to meet all or some of those needs, Perth & Kinross Council has a duty to provide support to meet the outstanding needs of the carer. The council has discretionary power to provide support to a carer who has low or moderate level of needs. See page 10 for more information.

Step Five: Setting a future review date of the support plan

We will normally review the support plan annually as a minimum. We will assess in the review whether the support has met the carer's outcomes, if there are changes, and, if needed, how to continue supporting the carer. Carers should notify us if there are any changes to their caring circumstances as this would allow us to assess if there are any changes that need to be made to support the carer better.

3. Eligibility Thresholds: Overview of the Assessment



See **page 10** for information about support and services.

4. Eligibility Criteria Framework

	POWER TO SUPPORT		DUTY TO SUPPORT	
	NO/LOW IMPACT	MODERATE IMPACT	HIGH IMPACT	VERY HIGH IMPACT
PHYSICAL OR MENTAL HEALTH & EMOTIONAL WELLBEING	Caring has no/little effect on carer's health or wellbeing.	Caring is beginning to have a negative effect on carer's health and wellbeing. Carer's health could be at risk of some deterioration.	Caring has a negative effect on carer's health and wellbeing. Carer's health is at risk of significant deterioration.	Caring has a very negative effect on carer's health and wellbeing. Carer may be at risk of breakdown.
RELATIONSHIP WITH CARED-FOR PERSON(S) AND FEELING VALUED BY PROFESSIONALS	Carer has a good relationship with the cared-for person. And/Or Carer mostly feels acknowledged and valued by health and social care professionals.	Carer's relationship with the cared-for person is beginning to have problems. And/Or Carer sometimes does not feel acknowledged and valued by health and social care professionals.	Carer finds some aspects of caring role difficult to sustain, and this has a negative impact on carer's relationship with the cared-for person. And/Or Carer does not feel acknowledged and valued by health and social care professionals.	Carer finds most or all aspects of caring role difficult to sustain. Carer's relationship with the cared-for person is at risk of breaking down or has already broken down. And/Or Carer feels isolated and excluded by health and social care professionals.
EMPLOYMENT, EDUCATION, AND/OR TRAINING	Carer is able to manage caring alongside work/studies. Or Carer does not want to be in paid work or education at the moment.	Carer is beginning to have difficulties managing caring with work/studies/training. Or Carer intends to be in paid work or education later.	Carer experiences difficulty in managing caring with work/studies, which is likely to be difficult to sustain. Or Carer wants to find paid work or education soon.	Carer is unable to manage caring alongside work/studies and faces an imminent risk of giving up work/studies, or has already given them up. Or Carer wants to be in paid work or in education now.

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	POWER TO SUPPORT		DUTY TO SUPPORT	
	NO/LOW IMPACT	MODERATE IMPACT	HIGH IMPACT	VERY HIGH IMPACT
FINANCES	Caring has no/little negative effect on the carer's personal or household finances.	Caring sometimes has a negative effect on the carer's finances. There is a risk that the carer might start to experience difficulties in meeting basic costs of living.	Caring has a negative effect on carer's finances. The carer is unable to meet some main basic costs of living.	Caring causes carer to have financial hardship. The carer is unable to meet basic costs of living and the risk of financial crisis is imminent.
LIVING/CARING ENVIRONMENT	Carer's living environment or the place the carer provides care is usually suitable and poses no/little risk to the health and safety of the carer and/or cared-for person.	Carer's living environment or the place the carer provides care is not always suitable and could pose a risk to the health and safety of the carer and/or cared-for person.	Carer's living environment or the place the carer provides care is mostly unsuitable, and poses a risk to the health and safety of the carer and/or cared-for person.	Carer's living environment or the place the carer provides care is very unsuitable, and poses a serious risk to the health and safety of the carer and/or cared-for person.
LIFE BALANCE AND FUTURE PLANNING	Carer is mostly satisfied with their life balance. Carer has plenty of opportunities to take breaks from caring and to take part in things they want. Carer feels supported and is able to plan their time and their future.	Carer sometimes feels they do not have life balance. Carer has some opportunities to take breaks from caring and to take part in things they want. Carer sometimes feels they lack support or people to turn to. Carer is sometimes able to plan their time but may be concerned about future plans.	Carer mostly feels they do not have life balance. Carer has few and irregular opportunities to take breaks from caring and to take part in things they want. Carer often feels unsupported, and that there is a lack of people they could turn to. Carer is often unable to plan their time or to make plans for their future.	Carer does not feel they have life balance. Carer has no opportunities to take breaks from caring and to take part in things they want. Carer feels isolated, and do not have people to turn to in their locality. Carer is unable to plan their time or to make plans for their future.

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5. Summary of Framework for Adult Carers

Very High Impact	<p>Indicates that the caring role has a very high impact on the carer and there are critical risks to the carer’s health and wellbeing. This means that the carer is finding it extremely difficult to sustain their caring role without urgent, targeted support. The carer does not have a healthy life balance.</p> <p>There is likely to be need for very urgent or immediate support to be given to the carer.</p>
High Impact	<p>Indicates that the caring role has a high impact on the carer and there is a significant risk to the carer’s health and wellbeing. This means that the carer would have difficulties in sustaining their caring role without targeted support. The carer has little life balance.</p> <p>There is likely to be need for more targeted, preventative support to be given to the carer.</p>
Moderate Impact	<p>Indicates that the caring role has a moderate impact on the carer and there are some quality of life issues. This means that the carer is starting to find some parts of their caring role difficult to sustain and would need preventative support. The carer could benefit from support to improve their life balance.</p> <p>There is likely to be need for anticipatory and preventative supports to be given to the carer.</p>
No/Low Impact	<p>Indicates that the carer feels the caring role has little or no impact on the carer. This means there is little or no impact on the carer’s ability to sustain their caring role.</p> <p>The carer may benefit from some anticipatory information and advice, or access to some universal or community support services.</p>

6. Eligibility Thresholds: Types of Services and Support

Once the adult carer support plan is completed setting out the carer's identified needs and personal outcomes, we will then consider how these needs and outcomes can be met. As a minimum, all carers can access information and advice from PKAVS Carers Centre and support from community (or 'universal') services, e.g., welfare rights, running clubs, volunteering services, libraries, leisure centres and a range of information and support services.

We can provide a range of support options depending on a carer's identified needs. Examples of these could be:

- A listening ear via a dedicated carer telephone support service that provides carers with someone to talk to about their caring role or anything else on a regular basis (depending on the carer's wishes, this could be once a week or once every few months).
- Support from a carer support worker who can help to connect them with different support and services they need, as well as peer and activity groups.
- Help to have a personalised 'break' that the carer is able to define, allowing the carer to have some time out from their caring role to do something that they enjoy or that would help to make their lives easier. Carers are encouraged to think about what type of help would help them most, particularly in improving their health, wellbeing and life balance. For more information, see our [Short Breaks Services Statement](#) and [Summary](#), both also accessible under 'Downloads' at <https://www.pkc.gov.uk/article/14241/Short-breaks-for-carers>.

The Carers (Scotland) Act 2016 provides that where a carer is impacted significantly by their caring role, having a high or very high level of support needs, and neither:

- support from community or universal services (e.g. a carers centre); nor
- support for the cared-for person,

can meet some or all those needs, local authorities have a duty to ensure that alternative support is provided to meet any outstanding eligible needs of the carer. The local authority can also consider whether discretionary power should be used to provide support where the carer has low or moderate needs in exceptional circumstances. This will be through a self-directed support (SDS) package, where the carer will have an opportunity to choose one of the four options to control how the money is spent on their support and how their support is delivered. Consideration of whether support to the carer should take the form of, or include, a break from caring applies in all situations.

Jargon Buster

Unpaid carers: Typically, people who look after a family member, relative, friend or neighbour due to an illness, disability, health condition, or because of old age. They do not receive pay under an employment or voluntary work contract. They may, however, receive welfare benefits, pensions or income from another employment.

Identified needs: These are the 'support needs' of the carer, which are any areas that the caring role has had an impact on and for which the carer would benefit from having support. These include the physical/mental health and wellbeing of the carer, relationship with the cared-for person and feeling valued by professionals, employment/education/training, finances, the caring/living environment, their life balance and future planning.

Eligible needs: Any identified needs that meet the eligibility criteria, i.e. where the carer has a high or very high level of impact.

Personal outcomes: These are goals, hopes, dreams and aspirations of the carer. These are typically related to the carer's needs, and could be anything that the carer wants to be able to achieve, do, and maintain, to improve their current situation or help to sustain their caring role.

Level of support: The level of support to be provided to a carer (i.e. under a power or duty) depends on the level of identified needs the carer has. Generally, there is a duty to support a carer with high or very high level of support needs.

Universal Services/community support: These are existing supports or services that can be accessed by anyone without a support plan. Examples include: leisure centres, day care services, libraries, community cafes, victim support services, volunteering, counselling services, bereavement support services, carer cafes and groups, social therapies, training courses, advocacy, drug and alcohol services, mental health services, information and advice services.

Power to support: Perth and Kinross Council has discretion to consider whether additional or alternative support to universal services/community support should be provided to a carer with low or moderate support needs. This would usually apply in exceptional circumstances, such as where there is a strong likelihood of rapid deterioration in the cared-for person's health and putting in place this support earlier would help the carer prepare for and manage intensive future demands.

Duty to support: Under the Carers (Scotland) Act 2016, carers have a right to receive support from Perth & Kinross Council to meet any outstanding needs of the carer who has a high or very high level of needs that are not met through universal/community services or support for the cared-for person(s).

Self-Directed Support: This is a funded package of personalised support for the carer to meet their outstanding eligible needs provided by the council to meet any outstanding eligible needs of the carer under a duty or power to support. The carer can choose how the support is delivered and to choose one of the four options to control how the money is spent. These are:

Option 1: Carer can choose to have a Direct Payment and receive money to pay for the support they need.

Option 2: Carer can choose to 'direct' how the available support is arranged and delivered.

Option 3: Carer can choose that the local authority arranges their support and arranges it on their behalf.

Option 4: Carer can choose a mixture of options 1-3 to arrange the support they receive.

Appendix 1: Definitions under the Carers (Scotland) Act 2016

1. 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)).

2. 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.