

East Lothian Health and Social Care Partnership

Carers Eligibility Criteria

Policy and Procedure

July 2024

Introduction to the Carers Eligibility Criteria

East Lothian Health & Social Care Partnership (ELHSCP) is committed to improving services and support available to carers in line with the *Carers (Scotland) Act 2016*. Under the requirements of the Act, we aim to promote, defend and extend the rights of adult and young (unpaid) carers and to further improve their individual outcomes.

The Act, which came into force on 1st April 2018, requires that each Local Authority drafts its own Carers Eligibility Criteria and to provide support to those carers whose needs meet that criteria.

The criteria defines the:

- Levels and types of need that require support
- The thresholds that must be met in order to be eligible for funded support

The criteria is designed to be used by carers of all ages and in all caring roles.

Definitions

A Carer is defined as someone who *“provides or intends to provide unpaid care for another individual (the “cared-for person”)*

An Adult Carer is defined as *“someone who is at least 18 years old but is not a young carer”*.

A Young Carer is defined as *“anyone who is under the age of 18, or, who has reached the age of 18 years but still remains at school”*

What our Carers Eligibility Criteria will achieve

The Carers Eligibility Criteria has been developed following consultation with carers and carer organisations and is based on the framework developed by the National Carers Organisations with added context from local carers. It is designed to ensure that preventative support is prioritised. The Criteria ensures that we:

- Make sure we help those carers most in need
- Apply the criteria fairly
- Assess everyone in the same way
- Make the best use of the support we have available
- Know what type of support would be of most help

The process for using the Criteria

The Act sets out a process to help determine whether the Local Authority has a duty (as opposed to the power) to provide support to a carer to meet their identified needs.

Carers at all levels will be eligible for services although they will initially be signposted to universal services.

Carers have the right to complete support plans, Adult Carer Support Plans will be available to adult carers and Young Carer Statements for young carers.

The Support Plans and Statements will help carers to think about how caring affects different parts of their life and should discuss:

- Health and wellbeing
- Relationships
- Living environment
- Employment and training
- Finances
- Life balance including access to breaks from caring
- Future planning

The process is as follows:

Step One:

A carer who wishes to access support will be offered an Adult Carer Support Plan (ACSP) or Young Carers Statement (YCS). This will involve conversations between the Carer Support Worker and the carer to look at the impact of caring, what matters most to the carer and how they can best achieve their personal outcomes. Not all carers who are assessed will have eligible needs, but many universal supports will still be open to these carers.

Step Two:

The ACSP can be shared with ELHSCP and the Carers Eligibility Criteria will be applied to the information contained in the ACSP/YCS to determine the eligibility for support. The carer can receive a copy of their support plan or statement.

Step Three:

The eligibility criteria will assess the impact of caring against a table of indicators (see fig.2) and use this to establish what kind of supports the carer can access at that time. Consideration should be given as to whether a review of the cared-for person's support may meet any carer needs.

Step Four:

If, following a review of the cared-for person's support, the carer continues to have remaining eligible needs, the carer will then be eligible for support in their own right. The carer will decide how they would prefer to arrange their support and choose from the four self-directed support options. Once support is in place, a review date will be set. The purpose of this is to review how supports has enabled the carer to achieve their personal outcomes.

The Carers Eligibility Criteria Threshold

The criteria has five levels to help us to determine how much their caring role is impacting the different areas of a person's life.

The five levels in the criteria are:

- **No impact** – Carers are managing well and making use of existing support networks
- **Low** – Carers are managing their caring role well but might find some advice helpful
- **Moderate** – Carers may be feeling some stress and would find some support helpful
- **Substantial** – Carers find caring is affecting their health or other important areas of their life and need support
- **Critical** – Caring is affecting many areas of their life and support is essential

In East Lothian there is a duty to provide support when the level of impact/risk is 'Critical' or 'Substantial' and a power to provide support at 'Low' or 'Moderate'.

Figure 1: Carers Eligibility Criteria

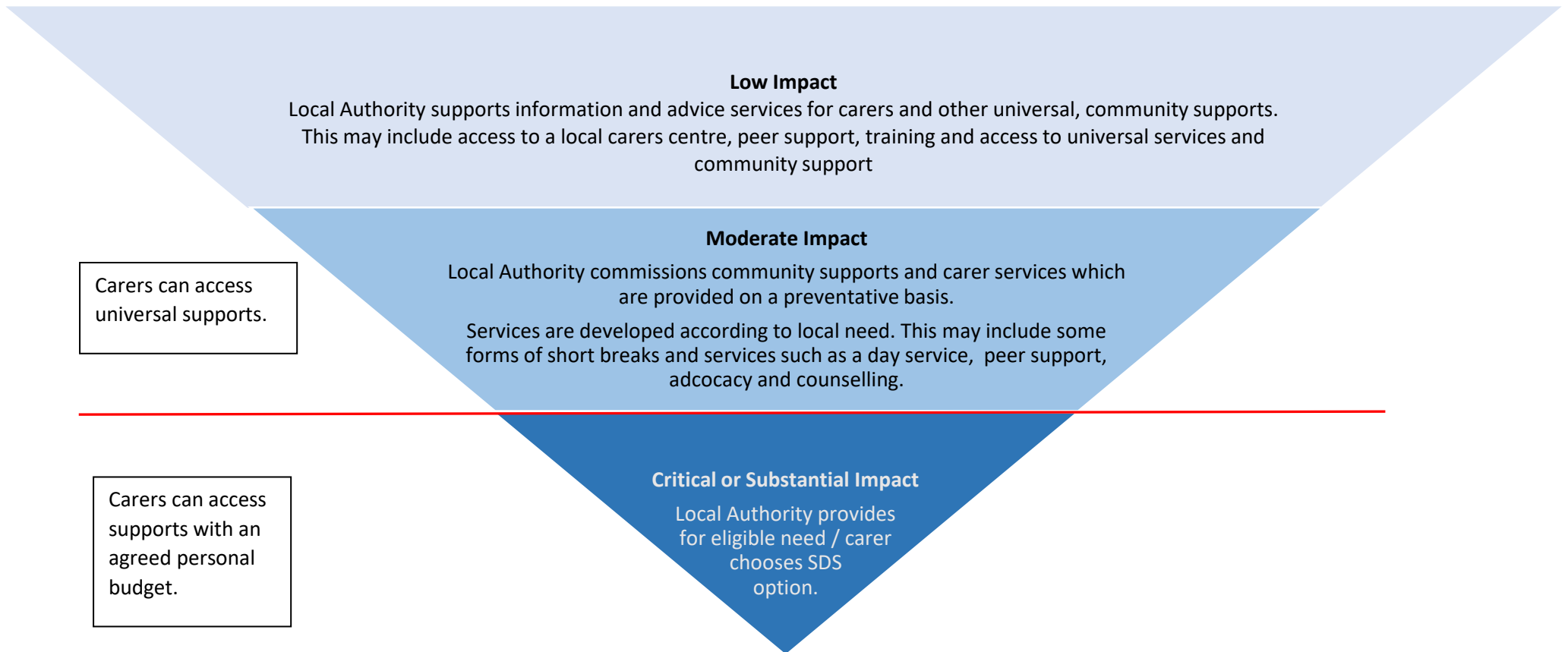


Figure 2: Table of Indicators

	Caring has no impact No Risk	Caring has low impact Low Risk	Caring has moderate impact Moderate Risk	Caring has substantial impact Substantial Risk	Caring has critical impact Critical Risk
Living Environment	Carer's living environment is suitable, posing no risk to the physical health and safety of the carer and cared for person.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person
	I have been able to move or change and adapt my home to suit our needs. Managed to convert rooms to meet my and persons needs,	No room to decompress. I have lost my personal space. My home has to be really secure to keep me and cared for safe. Loss of independence as house not suitable means I have to do more for them.	Changed layout of house to meet needs impacts relationships and puts extra strain. Moving made symptoms and condition worse. Adapting for cared for, taken over parts of the house completely. Can't socialise in my own home. Damage to property.	Entirely changed how we use the house due to challenging behaviour, home feels like a fortress. Always on eggshells. Unable to relocate, worry every day about what might happen Can't have tradesmen, make repairs because of cared for. Cared for rules house, changes whole dynamic.	Carer can't continue caring because of environment. Issues with neighbours/ council due to behaviours, tenancy at risk.
Relationships	Carer has a good relationship with the person they care for and are able to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	The carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they are no longer able to maintain relationships with other key people in their life.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and /or they have lost touch with other key people in their life.

	Family and friends supportive and spend time with carer and cared for.	Some people that the carer thought were friends have fallen away. Friends who have been there understand and support. Family feel you don't do things to help them.	Friends have fallen away, don't understand caring role. No longer invited to go out with friends. Difficult to do things/give time to other children which affects relationships. Relationship with cared for completely different. Lost my partner.	People don't visit because want to remember person as they were/ can't cope with behaviours. Others in the home impacted and relationships fractured. Protecting children from 'melt downs'. Resent cared for. Everyone else gets on with their lives, leaves you to it. Grieving for person. Lonely and isolated.	Destroyed family relationships. Would like cared for to leave but who else will do it. Relationship breakdown with partner.
Future planning	Carer is confident about the future and has no concerns	Carer is largely confident about the future but has minor concerns	Carer is not confident about the future and has some concerns	Carer is anxious about the future and has significant concerns	Carer is very anxious about the future and has severe concerns
		Retirement looks nothing like we had planned. Family can help to some extent but not long term. Moved area to care.	High impact on pension so worried about my future. How would the person live independently with care? Worried about how person will die, what support is available?	Reduced work and earning mean limited pension to support future.	No time to plan anything! Who will look after the person if something happens to me? Nobody else in the family could sustain what I do?
Health & Wellbeing	Carer in good health Carer has good emotional wellbeing.	Carer's health beginning to be affected. Caring role beginning to have an impact on emotional wellbeing.	Carer's health at risk without intervention. Some impact on carer's emotional wellbeing.	Carer has health need that requires attention. Significant impact on carer's emotional wellbeing.	Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/has broken down.

	Using coping strategies. Taking time for self and spending it doing things I enjoy. Enjoying breaks.	Loss of self-esteem. Self doubt. Can't exercise. Not eating well. Gained weight. Sleep deprived. Feeling judged.	No chance to look after myself. Ignored my own health and wellbeing. Overwhelming. First thought ALWAYS about cared for, not my own needs. Drained, helpless, anxious, sleep deprived, juggling, angry. Nervous in my own home.	Constantly on call. Can't switch off. Can't do anything without thinking about caring first. Like a zombie. On a knife edge depending on their mood.	Abuse from cared for, verbal, physical, financial.
Life balance	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life. They have no access to breaks and activities which promote physical, mental, emotional wellbeing. NO chance to have a life, changed my life completely.
	Prioritising own health and wellbeing, time for myself so I can continue caring.	Time for myself is critical for my health, can't do without it. Learned to adapt.	So much planning and agonising for a holiday, double amount of stress. Plan holidays but still caring, not a break.	Changes as illness progresses, balance gets worse and worse until no balance. Can't go on holidays.	Commitment to caring overrides everything else. No hobbies. No self care. Every moment is about planning for the other person. I gave up everything to care.
Employment & Training	Carer has no difficulty in managing caring and employment and/or education. No plans for further work or education	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.	Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.

	Carer does not want to be in paid work or education.	Carer is not in paid work or education but would like to be in the long term	Carer is not in paid work or education but would like to be in medium term	Carer is not in paid work or education but would like to be soon.	Carer is not in paid work or education but would like to be now.
	Already retired. Able to make use of flexible learning opportunities. Managed to continue to work with flexibility.	Retraining impossible without replacement care. Allowed to work part time but impacts finances. Work keeps you sane, I need work.	Not able to pursue career. No opportunities to progress. Other carer works longer as I can't, less time as a family. Still feel out of the loop/left behind. Too tired to think about training/work.	If I give up work, I'll be expected to do more caring. No choice but to reduce my hours. Had to take early retirement. Not doing what I want because I had to find a more flexible job. High cost and lack of specialist childcare meant impossible to work.	Had to give up work completely to care. Unpredictable nature of caring made it impossible to work at all. No career prospects.
Finance	Caring is not causing financial hardship, e.g. carer can afford housing costs and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments.
	Finances separate. Already retired. Critical illness cover paid out. Attendance allowance supports what I want to do. Supported by disability benefits.	Income loss so living off savings. Can't afford activities, process are huge.	Can only work part time. Activities and everything costs more. No prospect of replacing savings means moving towards poverty. Unable to work at all, benefits do not make up for loss of salary.	Cared for has capacity but makes bad financial decisions. Cared for fear of finances so whole family suffers. Equipment costs so much to run. Can't afford heating bills.	Examples difficult as people at this level of hardship not likely to attend event.

Examples of Support

Examples of Universal Services:

- Information and advice
- Emotional support
- Access to breaks from caring
- The chance to try new things and have fun
- Support from Local Carer Organisations
- Support from school
- Peer support
- Advocacy
- Community supports and groups e.g lunch clubs, bite'n'blethers, day centres, youth clubs
- Training
- Signposting to social and leisure opportunities
- Income maximisation

If, once accessing universal services and other informal supports, carers at 'Low' and 'Moderate' levels continue to have needs that have not been met, then additional support may be sourced from commissioned services.

Examples of Additional Support:

- Breaks from caring
- Replacement care
- Education and training
- Telecare, Aids and adaptations
- Supported activities, Day centres for complex needs, playschemes,
- Counselling and mental health services

Carers who meet the eligibility threshold at 'Critical' and 'Substantial' who have remaining eligible needs will be entitled to access an individual budget in their own right. The level of budget available will be determined on an individual basis and carers will be able to purchase services one of the four self-directed support options. (Often the budget is agreed to support the carers needs but will still be held in the cared for persons name as they are the one receiving the service, for example with access to replacement care).