



# **Agenda Item 8**

## **Implementation of Carers (Scotland) Act 2016**

**Falkirk Council**

**Title:** Implementation of Carers (Scotland) Act 2016  
**Meeting:** Executive  
**Date:** 13 March 2018  
**Submitted By:** Director of Children's Services

**1. Purpose of Report**

- 1.1 This report advises the Executive of the implications of the Carers (Scotland) Act 2016 and seeks approval for proposed implementation in Children's Services.

**2. Recommendations**

**2.1 The Executive is asked to:-**

- (1) agree the plans for implementation of the Act in Children's Services;**
- (2) note the lead role undertaken by the Integration Joint Board;**
- (3) approve the proposals for assessment and provision of Young Carers Statements, and how identified needs are met;**
- (4) request an update on implementation in Spring 2019.**

**3. Background**

- 3.1 The Carers (Scotland) Act 2016 (the Act) comes into force on 1 April 2018, and introduces new duties on Scottish Government and Local Authorities to assess and meet the needs of informal carers. These duties include:-
- Preparation and publication by Scottish Government of a 'Carers Charter'.
  - Support for carers to develop Adult Carer Support Plans or Young Carers' Statements.
  - Setting a local Eligibility Criteria to determine which carers are eligible for support and what aspects of this support should be funded. Support must be given to meet assessed eligible needs.
  - Making information available about the range of short breaks available.
  - Involving carers in the planning and development of carers' services.
  - Involving carers in hospital discharge planning for the person they care for.
  - Maintaining an information and advice service for carers covering rights, income maximisation, education and training, advocacy, health and wellbeing, bereavement support, emergency and future care planning.
  - Preparation of a local Carers Strategy.

- 3.2 Local Authorities already have a duty to assess the needs of carers. The aim of the new legislation is to provide better and more consistent support to carers. It extends eligibility for a carer assessment, and introduces the right to a separate carers support plan. Identified eligible needs must be met in line with Self Directed Support legislation. There is a specific duty in relation to young carers and their right to a Young Carers Statement.
- 3.3 A multi-agency Falkirk Carers Implementation Group was established in Spring 2017 to oversee preparation for implementation of the Act. The group is led by the Falkirk Health and Social Care Partnership. An implementation plan has been developed, including engagement and communication processes. From January 2018, stakeholder engagement sessions are being held to ensure carers involvement in decisions and criteria, and these are informing the development of the local Carers Strategy. The Implementation Group reports regularly to the Integration Joint Board. Information and updates have been provided to the Children's Commission and Children's Services Senior Leadership Team.
- 3.4 Given the volume of work required to be ready for implementation of the Act by April 2018, the Integration Joint Board agreed that a post be developed to co-ordinate implementation. This has been graded and the recruitment process is underway. Additionally, two posts will be established in the Falkirk Carers Centre to co-ordinate initial enquiries and assessments. These are financed from implementation money provided by the Scottish Government and are initially for two years.
- 3.5 While most carers are adults, there are also many carers who are children and young people (known as young carers). Young carers may care for a sibling or an adult, and have other needs requiring support.
- 3.6 A young carer sub group has been established to respond to these specific aspects.

### **Demographic Information**

- 3.7 Scotland's Carers Report (2015), published by Scottish Government, estimates that 17% of the adult population (16+) and 4% of children aged 4-15 as the number of carers in Scotland. In Falkirk this equates to over 22,000 adults and 864 young carers. Based on the number of already identified carers, this would mean there are around 8,000 'hidden' carers not currently known to services.
- 3.8 Numbers of young carers currently identified by schools is low, and the young carer role for adults with a disability or mental health issue may not be known to services. Under existing legislation, during 2016/17, 171 young carer assessments were undertaken by the Carers Centre, and additional carers' assessments completed as part of assessments of children's needs by social work staff in our Children with a Disability Team.
- 3.9 Many factors impact on demand and there are indications that the cared for population in Falkirk is likely to grow. Falkirk's elderly population is expected to increase considerably and the number of individuals with long term conditions such as dementia, physical disability and stroke are also projected to increase. Additionally, the number of children with complex health care needs is increasing. Thus the potential for the number of people, including young people, providing unpaid care is likely to increase along with the number requiring help and support.

- 3.10 The 2011 census also noted a correlation between living in a deprived area of Falkirk and being a carer. A greater proportion of the population in the most deprived areas in Falkirk reported caring responsibilities with the highest number of carers and proportion of the population providing unpaid care in the East locality.

## **4. Considerations**

### **4.1 Awareness Raising**

Exact numbers of young carers in any Council area is difficult to establish. Research indicates that young carers tend to be a hidden group. They will often not identify themselves as a carer, nor wish to acknowledge their caring role with school staff or others. Consequently, it is crucial to raise awareness amongst those who work directly with children, as well as with children and their families. Training for staff from both Adult and Children's Services is required. Sessions will take place in March 2018 and material is being developed for schools, young people and staff.

### **4.2 Eligibility Criteria**

Local Authorities and Integration Joint Boards must develop eligibility criteria to determine which aspects of assessed support may be funded (Appendix 1). This is a particular issue for Children's Services where access to services is based on a holistic assessment of need, and the concept of eligibility for services is not established in the same way as it is in Adult Services.

To ensure that processes are as similar as possible for all carers, the Social Work Adult Services eligibility criteria has been adapted for Children's Services. Funded care will be provided to those assessed as meeting Critical or Substantial levels of need. The definition of critical and substantial need is being developed in consultation with young people.

Where lower levels of need exist these needs will be met by accessing universal or early intervention services such as those provided by the Carers Centre.

- 4.3 With some minor adjustment, the current Child's Plan Framework used across Health, Education, Social Work and the voluntary sector is suitable for assessing the needs of young carers and developing a Young Carers Statement. Young carers have provided their views on the format of the Young Carers Statement.

It is proposed that the Carers Centre is the central point for co-ordinating assessments; they will identify which service is most appropriate to undertake the carer assessment. The Implementation Group will scrutinise this approach as it embeds and amendments will be made as appropriate. This will ensure that assessments and processes are improved as the result of actual experience and service user feedback, and will additionally provide a co-ordinated approach which measures need and demand. Sample case studies are attached as Appendix 2.

The Implementation Group have agreed that new situations and requests for assessment will be prioritised, and that development of support plans for carers with existing involvement with services will be picked up as they or their cared for person's sample standard review comes up.

#### **4.4 Governance**

Due to the fact that Children's Services are not in scope for the Integration Joint Board, they are unable to agree implementation of the proposals for children but are doing so for adult carer implementation.

The Implementation Group and Children's Sub-Group have agreed that the principle of having the same process across both Adult and Children's Services is important given the cross-over between those who are cared for and carers circumstances. Implementation plans require to be agreed at both the Integration Joint Board (adults) and Executive (children).

### **5. Consultation**

- 5.1 It is a statutory requirement that carers are involved in developing eligibility criteria, development of the range of respite provision and of the local strategy. Consultation sessions have been undertaken over late 2017 with others taking place over February and March 2018. The Carers Centre has assisted with consultation with young carers.
- 5.2 Feedback from these sessions highlighted that young carers want their assessments, plans and provision to be clear, age appropriate and developed by them. They have commented on the categories of care, eligibility criteria and consent and these views are informing the amendments to the current paperwork and eligibility criteria.
- 5.3 Key stakeholders are members of the Implementation Group and children have been fully involved in the consultation process, development of criteria and how assessments are undertaken, reviewed and monitored.

### **6. Implications**

#### **Financial**

- 6.1 The lack of absolute certainty on the likely level of demand for assessment and support, the extent of eligible need means the financial implications will remain uncertain until after the Act has been in place for at least a year.

£2m of additional funding was provided on a national basis for 2017/18 to support the preparation for implementation of the Act. The Falkirk Integration Joint Board share was £57,000.

For 2018/19 the Scottish Government has nationally committed a further £66m and Falkirk's share of this is £1.89m. In addition to covering work to bring the Carers Act into force, this funding is also to support delivery of the Living Wage commitment to social care workers, and an increase in payments for free personal care. The funding will be provided to the Council for transfer to the Integration Joint Board. The Scottish Government has indicated that where Children's Services are not part of the Integration Scheme, the children's portion of this funding should be deducted prior to transfer.

Adult Services have an existing charging policy which allows some carers to contribute to their support packages. Under the Act, no charge may be levied for eligible support for carers

## **Resources**

- 6.2 The Carers (Scotland) Act 2016 places additional demands on Adult and Children's Services. Staff in both Services already undertake carer assessments but the new legislation requires a specific separate assessment and support plan. Scottish Government funding has been allocated to the Carers Centre for two additional staff, to co-ordinate assessments allowing the level of demand and need for additional resources to be more accurately determined.

## **Legal**

- 6.3 There are no legal implications in relation to the recommendations of this report.

## **Risk**

- 6.4 There are no risk implications arising for the recommendation of this report.

## **Equalities**

- 6.5 An Equality and Poverty Impact Assessment is being undertaken across services and will particularly inform developments in relation to hospital discharge, workforce planning and communication planning.

## **Sustainability/Environmental Impact**

- 6.6 No sustainability assessment has been completed as part of compiling this report.

## **7. Conclusions**

- 7.1 While the Integration Joint Board lead on the implementation of the Carers (Scotland) Act 2016, Children's Services are not devolved to the integration authority. As such, it is necessary for the Executive to consider the implications for Children's Services and agree proposals for implementation of the Act in Children's Services.

This report outlines proposals for how the new duties are taken forward noting that the extent of demand will become clearer over time. Review and adjustment of the approach in the light of actual experience is an important aspect of the implementation plan.

Author: Vivien Thomson, Service Manager, 01324 608704, [vivien.thomson@falkirk.gov.uk](mailto:vivien.thomson@falkirk.gov.uk)

Date: 5 March 2018

## **Appendix**

Appendix 1 - Draft Falkirk Council Young Carers Eligibility Criteria

Appendix 2 - Young Carer Impact Examples

### **List of Background Papers:**

None.

**Falkirk Council**

**Young Carers Eligibility Criteria**

***Getting It Right For Young Carers***

**Applicable from 1 April 2018**



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## Introduction

### Background

The Carers (Scotland) Act 2016 gives more rights to unpaid carers. Falkirk Council and Falkirk Health and Social Care Partnership have worked together with carers to develop a Carers Strategy which outlines how we will make sure this happens, and how we will know that we are making a difference.

The Act places a duty on Falkirk Council to provide support to young carers where their needs meet agreed eligibility criteria.

This paper sets out the eligibility criteria for young carers support. The criteria are in line with the national outcomes the Act seeks to achieve, which includes supporting and empowering carers, enabling them to manage their caring role and to have a life out with caring, be involved in planning services, be free from discrimination and having their role valued and recognised. It also meets the principles of Getting It Right For every Child, (GIRFEC) the national framework for children. In the Act a carer is defined as:

*‘a person of any age who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the carer’s help due to frailty, illness, disability or addiction’.*

Young carers are those under the age of 18, or over 18 but still at school. Young carers are children first. It is therefore important to ensure that they are not taking on caring tasks that are inappropriate or inconsistent with their age and level of maturity. Children and young people have an established set of rights laid out in the United Nations Convention of the Rights of the Child, on which GIRFEC is based, with the wellbeing of children and young people being measured against an agreed set of indicators.

This eligibility criteria is based on those wellbeing indicators and aims to ensure that young carers are **Safe, Active, Healthy, Achieving, Nurtured, Achieving, Respected, Responsible and Included**.

### What will eligibility criteria do?

The eligibility criteria will:

- Make sure the right support is given at the right time
- Clearly show how young carers needs will be agreed and what support can be provided.
- Lay out the thresholds that must be met to be eligible for funded support.

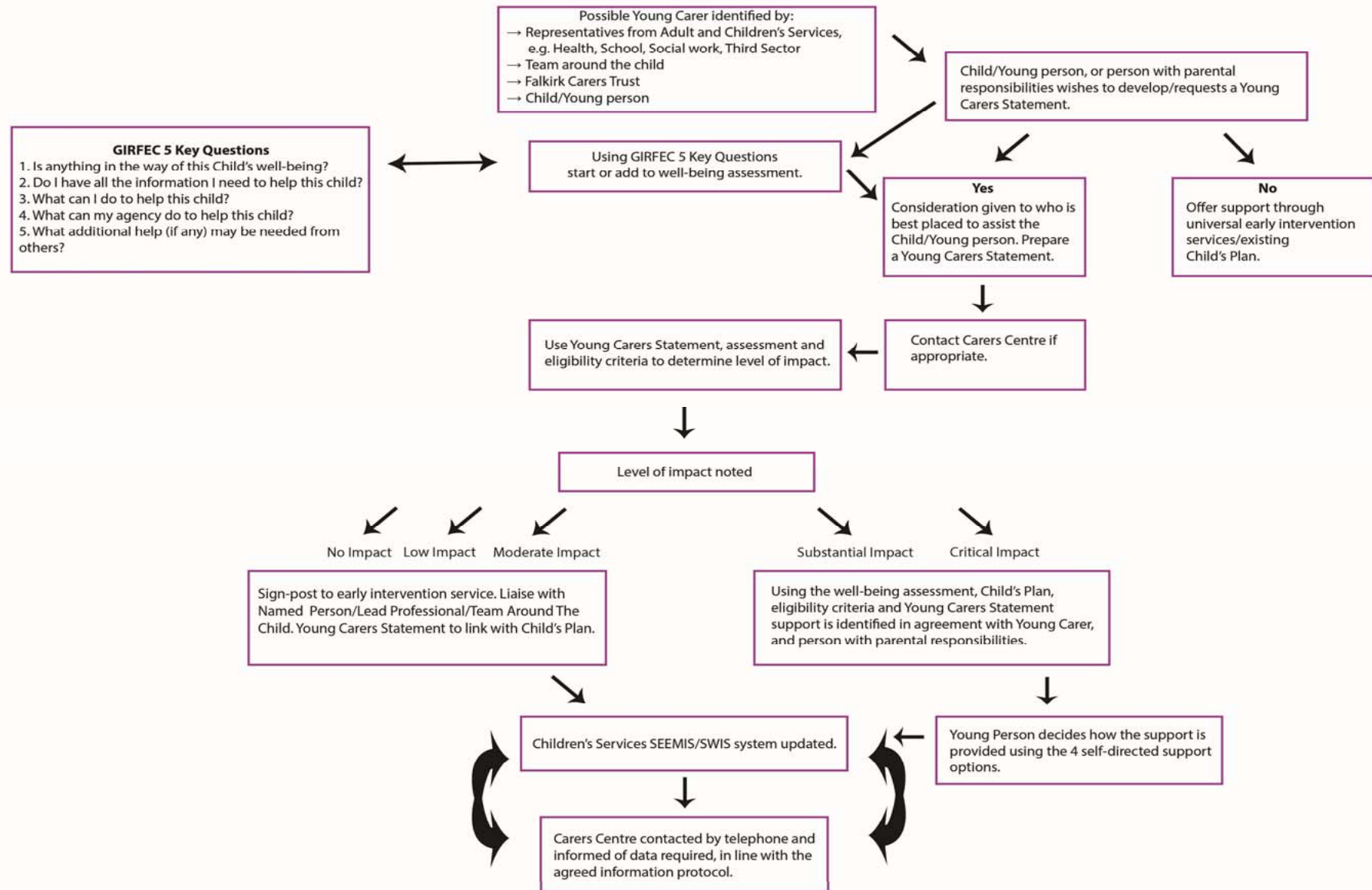
Some young carers will be able to have their caring needs met by accessing universal or community services. Others will have a higher level of need. The eligibility criteria determines what level of need exists and who is best to meet this need. All children receive an education and existing provision in schools, community groups and carers' centres will continue to be available to young carers.

Assessments and Young Carer Statements will be jointly developed with the young people using the Child's Plan paperwork, used across all services. The Young Carers Statement will then be assessed against the eligibility criteria to decide who is best placed to provide the support.

Where a young carer is identified, a decision will be taken about who is best placed to undertake the development of the Young Carers' Statement. In many cases, this will be the agency working with the cared for person. The decision should be made in the best interests of the child/young person.

Young carers are at the heart of each stage of the process and in all decision making. The person with parental responsibilities will also be included in the above process

# Getting It Right For Young Carers in Falkirk



There are five indicator categories in terms of eligibility. Guidance on what would constitute each categories is contained in Appendix 1

<b>No Impact</b>	There are no quality of life issues resulting from the caring situation and no need for support or advice at this point.
<b>Low Impact</b>	There may be some quality of life issues but low risk to the young carer's capacity for independence or health and wellbeing. There may be some need for universal and/or preventative support or advice.
<b>Moderate Impact</b>	There is some risk to a young carer's capacity for independent living and health and wellbeing. Some health and social care services may be required.
<b>Substantial Impact</b>	There is major risk to a young carer's capacity for independent living and health and wellbeing. Urgent provision or health and social care services are required to mitigate this.
<b>Critical Impact</b>	There are significant risks to a carer's capacity for independent living and health and wellbeing. Critical health and social care services required.

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## Young Carer Statements

The responsible authority is the health board for preschool children, and local authority for school aged children and young people. The Statement should link in to the Child's Plan, where this is already in place. The responsible authority may choose to ask someone else to prepare the Statements on their behalf if this is appropriate. Anyone undertaking this task should be appropriately qualified.

Where there is a very young child caring for a family member support should be directed towards removing them from that role as much as possible through enhanced support for the person they care for. There may be some scope for a young child to make a contribution to the care but this should be appropriate to their age and maturity.

The Young Carer Statement should include:

- The nature and extent of care provided or to be provided as well as the impact of caring on the young carer's wellbeing and day-to-day life.
- Information about the extent to which the young carer is able and willing to provide care for the cared-for person.

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

	Universal support moving to commissioned services and support (local authority “power to support”)			More targeted, commissioned services and support services and support (local authority “duty to support”)	
	No impact	Low Impact	Moderate Impact	Substantial Impact	Critical Impact
<b>Safe/ Living Environment</b>	Young Carer free from abuse, neglect or harm at home, at school and in the community.	Young carer’s situation at home/within community is currently stable and manageable.	Young carer’s situation at home is not ideal and there is potential risk to Young Carer and Cared for person.	Young carer’s situation at home is not ideal and there are safety risks which cannot be remedied in the short term.	Young carer’s situation at home is unsuitable and there are safety risks for the Young Carer and the Cared for person.
<b>Health</b>	Young Carer is in good physical and mental health with no identified medical needs.	Young Carer is able to manage the caring/ family roles and responsibilities but there is a possibility of their health being affected.	Young Carer is able to manage some of the aspects of caring/ Family/social roles and responsibilities and social contact, but the Young Carer’s health is impacted.	Young Carer is having difficulty in managing aspects of the caring/family/ domestic/social roles and the 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 lift threatening or severe harm.
<b>Achieving/ Education</b>	Young Carer continues to access education and training and has no difficulty in managing caring and education.	Young Carer has some difficulty managing caring and education/training. There is a small risk to sustaining education in the long term.	Young Carer has difficulty managing caring and education/ training. There is a risk to sustaining education in the long term.	The Young Carer is missing education/ training and there is a risk of education/ training ending in the near future.	The Young Carer is at significant risk. Their education or training is significantly affected or they have given up education/training.

	Universal support moving to commissioned services and support (local authority “power to support”)			More targeted, commissioned services and support services and support (local authority “duty to support”)	
	No impact	Low Impact	Moderate Impact	Substantial Impact	Critical Impact
<b>Nurtured/ Relationships</b>	<p>Young Carer has positive emotional wellbeing. Has a nurturing place to live in and does not require additional help.</p> <p>Young Carer has a positive relationship with the cared-for person and feels acknowledged by professionals.</p>	<p>Young Caring role beginning to have an impact on emotional wellbeing and may require additional help when needed.</p> <p>Risk of detrimental Impact on relationship with cared for person.</p>	<p>There is some impact on the Young Carer’s wellbeing and on their relationship with the cared for person resulting in a strained relationship.</p> <p>Need additional help where possible, in a suitable care setting.</p>	<p>There is a major impact on a daily basis to the young carer’s wellbeing and this impacts on the cared for person.</p> <p>Young Carer is unable to sustain many aspects of their caring role.</p>	<p>There is a complete breakdown in the relationship between the person and the carer, and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.</p> <p>Input is needed for the carers wellbeing and there are few positives in the relationship with the cared for person.</p>
<b>Active/ Life Balance</b>	<p>The young carer has opportunities to take part in activities such as play, recreation and sport at home, in school and in the community.</p>	<p>The young Carer has some opportunities to take part in activities such as play, recreation and sport at home, in school and in the community.</p>	<p>The young Carer has limited opportunities to take part in activities such as play, recreation and sport at home, in school and in the community.</p>	<p>The young Carer has few and irregular opportunities to take part in activities such as play, recreation and sport at home, in school and in the community and this may have a negative effect to healthy growth and development.</p>	<p>The young Carer has no or very few opportunities to take part in activities such as play, recreation and sport at home, in school and in the community and this has had a negative effect to health growth and development.</p>

	Universal support moving to commissioned services and support (local authority “power to support”)			More targeted, commissioned services and support services and support (local authority “duty to support”)	
	No impact	Low Impact	Moderate Impact	Substantial Impact	Critical Impact
<b>Respect/ Responsible</b>	The young carer has regular opportunities to be heard and involved in decisions and have an active and responsible role to be involved in decisions that affect them.	The young carer has some opportunities to be heard and involved in decisions and have an active and responsible role to be involved in decisions that affect them.	Due to their caring role, the young carer has limited opportunities to be heard and involved in decisions that affect them.	The young carer has few and irregular opportunities to be heard and involved in decisions that affect them.	The young carer has no opportunities to be heard and involved in decisions that affect them.
<b>Included</b>	<p>The young carer feels accepted as part of the community in which they live and learn. Has time to become part of community activities.</p> <p>The young carer has no financial stress/ enough finance.</p>	<p>The young carer feels some acceptance as part of the community in which they live and learn but is unsure how to become part of community activities.</p> <p>Small risk or financial hardship.</p>	<p>Due to their caring role, the young carer has limited acceptance as part of the community in which they live and learn.</p> <p>There is a risk of financial pressure.</p>	<p>The young carer feels isolated and not confident in the community in which they live in.</p> <p>Needing financial support.</p>	<p>The young carer does not feel accepted as part of the community which they live in.</p> <p>The carer is experiencing severe financial hardship.</p>



## Implementation

### Roles and Responsibilities

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

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

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

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

Carers' eligibility must be recorded on client record systems.

### Related documents

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

[Scottish Parliament - Carers \(Scotland\) Bill](#)

## Young Carer Impact Examples

### Example 1

Jack is in Primary 7 at a local school and lives with his Mum and his 22 year older brother, Ryan. Ryan has a full-time job and had been granted short-term leave by his employers. The family home is a 5 minute walk from school. Jack did not attend school for 2 days. Efforts were made to contact home by telephone and by visiting the house, with no success. There were previous concerns about Jack's attendance.

On the third day, Jack arrived at school to inform his class teacher that his Mum had been taken to hospital in an ambulance. He and Ryan had spent a few days at the hospital and also stayed with Gran. Jack was upset but able to inform his teacher that Mum had had a stroke and that she would be in hospital for another 3 weeks. Jack said that his Mum may need a wheelchair for a little while.

The Head Teacher arranged a Team Around the Child meeting for early the following week, including:-

- Project Worker, Young Carers
- Nurse for Schools
- Community Care Worker
- Ryan

Jack did not wish to attend the meeting but his views were shared by his Class Teacher. An age appropriate well-being tool was used prior to the meeting.

It was agreed that the Head Teacher be the Lead Professional and co-ordinate Jack's action plan. The Young Carers Project Worker agreed to make arrangements for Ryan to engage with the Adult's Carers Project to support the assessment process and preparation of an Adult Carers Support Plan. Jack agreed that the Project Worker support him to prepare a Young Carer's Statement.

Other actions taken:-

- Community Care representative established contact with Mum in hospital.
- A Care Manager and Occupational Therapist carried out a home visit with the Carers Centre project worker to explore mechanisms of support for the family.
- School made arrangements for Jack to arrive early and have breakfast. His Class Teacher provided Jack with an opportunity to discuss his worries. Enhanced transition arrangements were also commenced.

Mum arrived home and the Team Around the Child members met on a regular basis; the assessment and Young Carer's statement informed the outcomes and the actions were detailed in the Child's Plan. It was agreed that the level of need was moderate.

Team Around the Child members continued to provide the support agreed, reviewing plans and updating assessments. Additional services became involved as required, i.e. Housing, Third Sector Family Support and a Rehabilitation Nurse.

## **Example 2**

Jenny is 14 years old and lives with her mother, Brenda, and 6 year old brother, John, who has cerebral palsy and epilepsy. She helps her mother to care for John, particularly helping to get ready him for school or go to bed, and watches him when her mother goes out. John has a care package from Children's Services which includes 2 hours home support twice per week to assist Brenda with morning care, 28 days respite care per year to give the family a break from caring, and 5 days support via the Children with a Disability Activity Scheme during the school holidays.

Jenny is a conscientious girl who completes her homework and enjoys taking part in social activities. Her mother is careful that John's disability does not impact on Jenny's ability to have time with her friends, though over the last year the amount of support Jenny provides has been increasing.

Last week the local hospital contacted the local Social Work team to advise that John had been admitted to hospital and would be discharged home with an increased care package due to his deteriorating health. Both mum and Jenny were involved in the planning for discharge and the hospital requested that a carer's assessment of both Brenda and Jenny be undertaken.

Given the existing involvement of Children and Families service with the family, this was undertaken by the Lead Professional, in this case the Social Worker for John. Jenny and Brenda both enjoy a good relationship with the Social Worker and were happy to work together on their assessments, which demonstrated that both of their needs were at the significant level of need.

## **Example 3**

Jonathan is a 5 year old boy who lives with his parents and attends the local school. There have been no concerns about Jonathan, but 3 weeks ago the school was contacted by his grandmother who advised that Jonathan's father, Michael, had been taken into hospital with what is suspected to be a brain tumour. Gran is assisting with the care of Jonathan to allow mum to have as much time at the hospital as possible, but is aware that this might impact on Jonathan's behaviour and learning. She is also worried about what will happen when Dad is discharged as they are not sure how well he will be. Gran advised that that Dad may have impaired functions, but she is not clear what this means.

The Head Teacher contacted the Carers Centre and, following discussion, it was agreed that they would undertake a carer's assessment with mum and Jonathan. This showed a low level of need currently for Jonathan, but it was agreed that this would be reviewed once Dad returned home.

#### **Example 4**

Jemima is a 42 year old lady with MS and intermittent mental health issues. She is a single parent to Miranda, 15. Miranda is a quiet girl who attends the local secondary school but has not achieved her potential over recent years. She is often late for school and does not take advantage of supported study or extra-curricular activities. She has a small friendship group of similarly quiet girls.

Adult Services are involved with Jemima and provide a support package which includes respite care and daily home support. Miranda has requested a Young Carers Assessment and Statement. Jemima's worker will arrange for this to be undertaken.