



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	4 April 2018
<b>Agenda Item</b>	11
<b>Title</b>	Implementation of the Carers (Scotland) Act 2016
<b>Summary</b>	
To update Integration Joint Board on activities related to the readiness for implementation of the Carers legislation in April 2018.	
<b>Presented by</b>	Kevin Beveridge, Commissioning and Contracts Manager
<b>Action Required</b>	
Integration Joint Board members are asked to: <ul style="list-style-type: none"> <li>- note the report and the progress being made in preparation of the Carer's (Scotland) Act 2016 which commences in April 2018</li> <li>- approve the attached eligibility criteria for implementation and refinement following further consultation</li> </ul>	
<b>Implications checklist – check box if applicable and include detail in report</b>	
<input type="checkbox"/> Finance/Efficiency	<input type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input type="checkbox"/> Staffing
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Property/Capital
<input checked="" type="checkbox"/> Equalities	<input type="checkbox"/> IT

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**4 APRIL 2018**

**Report by Chief Officer**

**IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016**

**PURPOSE OF REPORT**

1. To inform the Integration Joint Board of the range of local and national activities currently underway to prepare for the commencement of the carers legislation by April 2018.

**RECOMMENDATION**

2. Integration Joint Board members are asked to:
  - note the report and the progress being made in preparation of the Carer's (Scotland) Act 2016 which commences in April 2018
  - approve the attached eligibility criteria for implementation and refinement

**BACKGROUND**

3. The Carers (Scotland) Act 2016, will commence on 1st April 2018. The package of provisions in the Act is designed to support carers' health and wellbeing.
4. These include:
  - a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria (see Appendix 1).
  - a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes.
  - a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.
  - publication of a short breaks statement
  - that each health board must ensure that, before a cared-for person is discharged from hospital, it involves any carer of that person in the discharge
5. National planning for the commencement of the Act has included a number of stakeholder groups to agree the scope joint working between COSLA, Social Work Scotland and Scottish Government, and also to inform the statutory guidance for the Act. East Renfrewshire has been involved in national carer work.
6. A programme of work across the wider NHS board area is continuing to support the provisions of the Act looking at involving carers within the discharge arrangement how carers can be properly supported through the discharge arrangements for a friend or family member.
7. This report provides an update on local activity to prepare for the implementation of the legislation and develop a revised Carers Strategy.

## REPORT

### Introduction

8. In partnership with East Renfrewshire Carers and Voluntary Action East Renfrewshire, the Health and Social Care Partnership established an implementation group to agree a range of preparatory activities to inform the implementation of the Act and to ensure all stakeholders were represented in the planning process.
9. In March 2017 the Carers Act Implementation Group (CAIG) met to agree the range and scope of its local activities. The group will reconvene in April 2018 to:
  - Oversee the roll out of the Act within East Renfrewshire
  - Work to develop operational case studies to support practice and understanding based upon the provisions of the Act
  - Ensure management information is captured and analysed to produce a picture of 'performance'
  - Oversee the allocation and distribution of the carers consolidated budget

### Implementation Activity

10. **Eligibility Criteria** – A proposed East Renfrewshire Health and Social Care Partnership Carers Eligibility Framework is attached as an appendix to this paper. This criteria must come into operation on 1<sup>st</sup> April 2018. It should be noted that this eligibility framework is based on the national guidance which was issued on 15 March 2018. The expectation of the legislation is that eligibility criteria should be subject to local consultation. It is our intention to implement the guidance on 1<sup>st</sup> April 2018 but to refine following a period of local consultation and review.
11. **East Renfrewshire Carers** – Integration Joint Board agreed in 2017 that direct negotiations with East Renfrewshire Carers could take place ahead of any decision being taken about service models and contractual arrangements.
12. **GP Referral** – At Board level, work has led to agreement with primary care partners that direct referrals to carer's centres can be made using the SCI Gateway system. This will develop the knowledge and understanding of primary care partners and build upon the good work being developed by GP link workers.
13. **Data Returns** – Work is underway within the Health and Social Care Partnership to prepare for the data returns to government. The data specification has been approved by ministers and working through the processes for how we will capture the required information is being taken forward with key partners including children and families; East Renfrewshire Carers and colleagues within education.
14. **Engagement** - The work of the Care Collective has provided the carers with opportunities to develop its approaches in line with the expectations of the legislation. They continue to work on providing input to the assessment activities for both young and adult carers and this will continue after April.
15. **Workforce** – Work is underway to ensure that Equal Partners in Care training is available to our workforce as an eLearning module. All staff continue to have access to good conversation training which is being rolled out to 3<sup>rd</sup> sector delivery partners. Further updates and briefings on the Act will be available through the Carers Centre with the implementation group collating case studies to practitioners to help them understand the Acts more detailed provisions.

### East Renfrewshire's Strategy for Carers

16. The consultation draft of the carer's strategy is being finalised at the present time. The strategy has been developed with people and communities and it is anticipated that this shall be properly reflected in the final strategy document.
17. The strategy has been designed around 4 key outcomes, outcomes that people through the planning process said was important to them:
  - Carers will be identified as carers, they will be valued as equal partners in defining their personal outcomes and they will be involved in decisions about how services that affect them are planned for and resourced.
  - Carers will say that they have a positive experience of supports and solutions and that they are heard within assessment conversations. They will say that their outcomes are being met and that those of the cared for are being met too.
  - Carers will report that they are living a fulfilled life, one where their own wellbeing is being supported. This could be about planning around health and wellbeing, accessing financial support services, and identifying personal outcomes that matter to them.
  - Carers will be able to say that they have choice and control in their lives, that they have balance between their roles as a carer and as a person pursuing their own interests, ambitions, and outcomes. They will be able to say that they can spend time with other people and can take part in other activities.

### Community led support – Talking Points

18. East Renfrewshire Carers is developing the Talking Points work together with Voluntary Action East Renfrewshire. Paperwork has been developed and is being reviewed to ensure that systems and processes are compliant with General Data Protection Regulation (GDPR) requirements going forward.
19. The guiding principle is to ensure that paperwork reflects the 'good conversation' approach developed by partnership colleagues. This approach has been well received by early participants in the Talking Points appointment's and assessment process.
20. Development work continues to support the Carers Centre staff to jointly benefit from learning and development and they are fully involved in the development of the Talking Points approach.

### East Renfrewshire Carers Contractual Position

21. The Integration Joint Board instructed direct negotiations with East Renfrewshire Carers to establish the basis for a new relationship. Discussions have taken place covering the input of this service to support Community Led Support, and difficulties that they were experiencing as a consequence of changes to Local Government Pension.
22. A letter was issued by the Health and Social Care Partnership to the East Renfrewshire Carers Board to confirm that our short term position will see funding maintained for a minimum period of six months from 31<sup>st</sup> March 2018. This was to allow sufficient time for a direct bid procedure to take place.
23. It is proposed that the current contract commitment of £196,046 (uplift of 3.39% pending) is confirmed for 2018/19 with additional areas of work agreed on a project by project basis. During this time a direct bid procedure agreed with corporate procurement and legal will be undertaken. The resulting contract will cover a 3 year period to 31 March 2021.

### Health Board and hospital arrangements

24. The Health and Social Care Partnership continues to provide input to the board wide planning processes. These will ensure that carers are properly involved and that where a carer is identified that they have access to good quality advice, information and support.

### **FINANCE AND EFFICIENCY**

25. We received funding for the implementation of the Carers Act for £XX and there was a financial memorandum that supported the legislation. At this stage we do not know if this will be sufficient to meet the costs of all carers assessments and replacement care and we will monitor this throughout the year.
26. A minimum funding commitment of £196,046 has been made to East Renfrewshire Carers for the current financial year. It is envisaged that additional resource will be made available on a project basis.
27. Carers funding – Scottish Government financial memorandum confirmed an allocation to East Renfrewshire Health and Social Care Partnership of approximately 270k. Carers Information Strategy allocations through the health board will continue in 2018/19 and will be used to support the ongoing development activities. The Chief Financial Officer has created a consolidated budget to support operational implementation of the Act over the coming financial year.

### **CONSULTATION AND PARTNERSHIP WORKING**

28. The Health and Social Care Partnership has developed this work in partnership with East Renfrewshire Carers and Voluntary Action East Renfrewshire.
29. For young carers the point of early identification is mainly through Education who continue to have the functional responsibilities as the named person and work is ongoing to strengthen this pathway with the Young Carers Service.

### **IMPLICATIONS OF THE PROPOSALS**

#### Legal

30. This report details the work of the Health and Social Care Partnership and partners to prepare to implement Carers legislation in advance of the publication of statutory guidance.

#### Equalities

31. The Care Collective approach to engagement has considered the particular needs of different equality groups and worked to include their voices.
32. There are no implications in relation to policy, risk, staffing, property/capital or IT.

## CONCLUSIONS

33. This report provides an update on the requirement of the Health and Social Care Partnership with regards to the implementation of the Act as of April 2018. It confirms the development of a strategy, lays the foundation for meaningful engagement and dialogue, establishes the governance, and provides for local eligibility criteria as per the Act (Appendix 1).

## RECOMMENDATIONS

34. Integration Joint Board members are asked to:
- note the report and the progress being made in preparation of the Carer's (Scotland) Act 2016 which commences in April 2018
  - approve the attached eligibility criteria for implementation and refinement

## REPORT AUTHOR AND PERSON TO CONTACT

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March 2018

## BACKGROUND PAPERS

IJB 16.08.2017 – Item 8: Preparation for Implementation of the Carers (Scotland) Act 2016  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=20677&p=0>

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## East Renfrewshire Health and Social Care Partnership

### Carers Eligibility Framework

Implementation date: 1<sup>st</sup> April 2018

Document control		
Version	1	
Change – author /date	Kevin Beveridge	06/02/18
Consultation date		
Circulation /date		

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## Introduction to East Renfrewshire's Eligibility Framework

### Background

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

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

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

The **Carers (Scotland) Act 2016**, implemented from 1 April 2018, is designed to support carers' health and wellbeing. It puts a duty on the Health & Social Care Partnership and East Renfrewshire Council to provide support to carers, where identified needs meet agreed eligibility criteria.

To achieve this, an eligibility framework has been developed covering the following:

- the definition of levels and types of need for support.
- the thresholds that needs to be met to be eligible for support.

### What our eligibility framework will achieve

In keeping with our Strategic Plan/Strategic Commissioning Plan we will continue to work with people and their communities to ensure that people can be supported at home. The framework creates a fair and transparent system for determining eligibility and carers with different needs will be treated equally in accessing support and services.

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

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

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

### **Individual Budgets**

We are currently developing a resource allocation model this will ensure that both cared for and care giver's can see how their support has been calculated. The budget has 5 indicators that determine the level of financial assistance required, these are:

1. No help
2. A little help sometimes
3. A little help regularly
4. More help regularly
5. Significant help regularly

Our overriding aim is to provide just enough support.

## **Policy Statement**

The Carers (Scotland) Act 2016 (effective from April 1<sup>st</sup>, 2018) is designed to support carer's health and wellbeing. It places a duty on the local partnership to, provide support to carers based on their identified needs, which meet the local eligibility criteria.

East Renfrewshire Health & Social Care Partnership sets its own eligibility criteria framework, but this must have due regard to the national guidance.

## Definition

### Meaning of “carer”

*In this Act “carer” means an individual who provides or intends to provide care for another individual (the “cared-for person”).  
But subsection (1) does not apply—*

*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  
in any case, to the extent that the care is or would be provided—  
under or by virtue of a contract, or  
as voluntary work.*

*The Scottish Ministers may by regulations—*

*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,*

*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.*

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

### Meaning of “young carer”

*In this Act “young carer” means a carer who—  
is under 18 years old, or*

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

### Meaning of “adult carer”

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

## **Our Principles**

### **Carers**

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

### **Outcomes**

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

### **Decision Making**

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

### **Expectation & Entitlements**

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

### **Recognition and Expertise**

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

### **Equity**

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

### **Diversity and Equality**

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

### **Prevention**

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

### **Ease**

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

## **Explaining the Process**

Through the Carers (Scotland) Act 2016 we have a duty to support carers who meet the criteria within our eligibility framework. This can be broken down into four steps:

### **Step One – *the conversation***

A carer who wishes to access support can request an ACSP/YCS. We work with a range of partners who might identify a caring related issue and suggest a conversation to identify and plan around carer related matters, for example at an appointment with a GP. Through our community led support this conversation might take place at a local Talking Point or at a location most suited to the carer and cared for person. This will involve conversations with the carer to jointly assess their caring situation and needs and how they can best achieve their personal outcomes.

East Renfrewshire is adopting an approach that ensures that individuals know when they will be eligible for advice and information and in what circumstances they are eligible for assistance. Everyone has the right to expect the best possible advice and information with only those in the greatest need having a right to look for assistance that requires state funding. However, many will still have access to universal and/or preventative services. Carers may also be signposted to information and advice centers, carers organizations' and projects in the area that provide carer services, including our own carers centre.

### **Step Two – *the outcomes***

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

### **Step Three – *just enough support***

Based on their eligibility, we will decide what level of support the carer can expect to receive. This will be arrived at from information provided in the Individual's self-assessment questionnaire, with input from HSCP staff and care givers where appropriate.

### **Step Four – *self-directed support***



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

### The Impact of Caring:



The impact of caring is not fixed, and the type and level of support offered should reflect the specific circumstances for each individual. Our financial framework ensures that the right support is available for the type and level of need that the person has.

**Eligibility for Services is decided in terms of risk to an individual in terms of their health and wellbeing.**

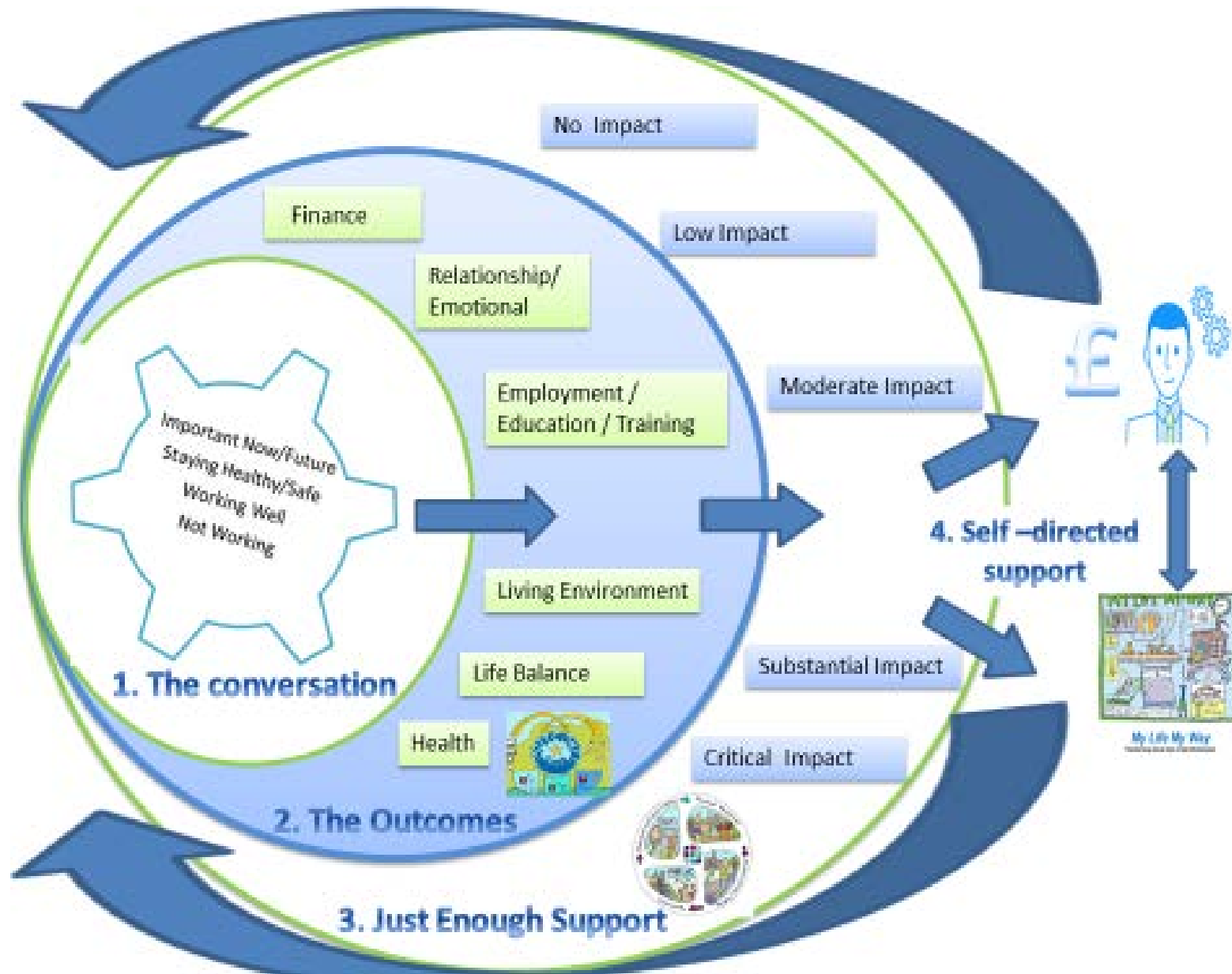
**There are typically five indicator categories:**

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

### **Charging for Services**

Currently, services directly attributable to Carers are not chargeable.

### Carers Conversation Cycle



## Indicators: Impact on and Risk to Carer Outcomes

	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
Health	Carer is in good physical and mental health with no identified medical needs	Carer's health beginning to be affected. But there are no health needs identified	Carer is able to manage some of the aspects of family/social roles and responsibilities and social contact, that pose some risk to gaining/sustaining independence	Carer able to manage some aspects of the caring/family/domestic/social roles. Carer's mental and physical health is affected.	Carer has significant physical/mental difficulties due to the impact of their role as a carer which may cause life threatening harm
Relationship/Emotional	Carer has positive emotional wellbeing. Carer has a positive relationships with the cared-for person, wider family and social networks and feels acknowledged by professionals	Caring role beginning to have an impact on emotional wellbeing.  Low Impact on relationship with cared for persons, wider family and social networks and feels acknowledged by professionals	There is some impact on the carer's wellbeing and on their relationship with the cared for persons wider family and social networks resulting in a strained relationship. Carer is unable to sustain many aspects of their caring role. Carers sometimes feel acknowledged	There is a major impact on a daily basis to the carer's wellbeing and this impacts on the cared for person. Carer is unable to sustain many aspects of their caring role. Carer doesn't feel acknowledged or listened to.	There is a complete breakdown in the relationship between the person and the carer, and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role. Input is needed for the carers wellbeing and there are no positives in the relationship with the cared for person. Carer feels isolated and overwhelmed Carer never feels acknowledged and therefore feels excluded.
Finance	The carer's financial position is secure and there is no financial hardship. All relevant benefits are being accessed	Caring is beginning to have an impact on the carers finances but not causing hardship	The caring role is impacting on the families' finances and their standard of living is being affected.	Caring is having a major impact on finances.	The carer's financial position is severe and there is financial hardship. The caring role ends and this has a significant effect on the household.
Employment /Education/ Training	Carer continues to access employment, education and training or chooses to remain at home in unpaid work and has no difficulty in managing caring and employment and/or education	Carer has some difficulty managing caring and employment, education and training.  There is a small Impact on sustaining employment and/or education in the long term	Carer has some difficulty managing caring and employment, education and training. There is a risk to sustaining employment and/or education in the medium term	The carer is missing employment/education and training and there is a risk of this ending in the near future	Carer is at significant risk or has had to give up employment/education/training
Life Balance	Carer has regular opportunities to achieve the balance they want in their life	Carer has some opportunities to achieve the balance they want in their life.	Due to their caring role, the carer has limited Opportunities to achieve the balance they want in their life	Carer has few and irregular opportunities to achieve the balance they want in their life.	Carer has no opportunities to achieve the balance they want in their life.

## Young Carer Statements

### Why?

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

### Preparation of young carer statement

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

### Identification of outcomes and needs for support

In identifying a young carer's personal outcomes and needs for support, the YCS must take into account any impact that having one or more protected characteristics has on the young carer.

Low level needs and the support to meet those needs will be considered as part of the young carer statement process. This process will be based on the identification of personal outcomes, needs and risks.

Where there is a very young carer in the early years of primary school, caring for a family member, support provided should be directed towards removing them from that role through enhanced support for the person that they care for. There may be some scope for a young child to make a contribution to the care of their parents, but this has to be appropriate to their age and maturity amongst other factors.

The outcomes must cover the **SHANARRI** indicators of wellbeing. The **SHANARRI** indicators are: **S**afe, **H**ealth, **A**chieving, **N**urtured, **A**ctive, **R**espected, **R**esponsible and **I**ncluded.

### **Content of young carer statement**

The YCS will include the nature and extent of care provided or to be provided as well as the impact of caring on the young carer's wellbeing and day-to-day life.

The YCS must contain information about the extent to which the young carer is able and willing to provide care for the cared-for person.

Consideration should also be given to ensure that any caring being undertaken should be age appropriate.

It is necessary to ensure that young carers are seen as children and young people first and foremost and are protected from undertaking inappropriate care tasks or caring that is inconsistent with their age and maturity.

## Implementation

### Roles and Responsibilities

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

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

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

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

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

### Related documents

- The Carer's (Scotland) Act 2016
- Carers (Waiving of Charges for Support) (Scotland) Regulations 2014
- Social Care (Self-directed Support) (Scotland) Act 2013
- Children and Young People (Scotland) Act 2014
- East Renfrewshire's Carer's Strategy (available from March 2018)

### 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 & 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 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
Health	Young Carer is in good physical and mental health with no identified medical needs	Young Carer is able to manage some aspects of the caring/family/social roles and responsibilities and social contact and there is a possibility of the Young Carer's health being affected.	Young Carer is able to manage some of the aspects of caring/family/social roles and responsibilities and social contact, but the Young Carer's health is being affected.	Young Carer is having difficulty in managing aspects of the caring/family/domestic/social roles and the Young Carer's mental 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 harm
Achieving/Education	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 medium term	The Young Carer is missing education / training and there is a risk of this ending in the near future.	The Young Carer is at significant risk or has had to give up education/training.
Nurtured/Relationships	Young Carer has positive emotional wellbeing. Has a nurturing place to live in and does not require additional help. Young Carer has a positive relationship with the cared-for person and feels acknowledged by professionals	Young Caring role beginning to have an impact on emotional wellbeing and may require additional help when needed Risk of detrimental Impact on relationship with cared for person	There is some impact on the Young carer's wellbeing and on their relationship with the cared for person resulting in a strained relationship. Need additional help where possible, in a suitable care setting.	There is a major impact on a daily basis to the young carer's wellbeing and this impacts on the cared for person.  Young Carer is unable to sustain many aspects of their caring role.	There is a complete breakdown in the relationship between the person and the carer, and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.  Input is needed for the carers wellbeing and there are no positives in the relationship with the cared for person. Carer never feels acknowledged and therefore feels excluded.
Active/life balance	The young carer has opportunities to take part in activities such as play,	The young Carer has some opportunities to take part in activities such as play,	The young carer has limited opportunities to take part in activities such as play,	The young carer has few and irregular opportunities to take part in activities such as play,	The young carer has no opportunities to take part in activities such as play,



	recreation and sport at home, in school and in the community	recreation and sport at home, in school and in the community	recreation and sport at home, in school and in the community	recreation and sport at home, in school and in the community and this may have a negative effect to healthy growth and development	recreation and sport at home, in school and in the community and this has had a negative effect to healthy growth and development
Respect/Responsible	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.
Included/Finance	The young carer feels accepted as part of the community in which they live and learn. Has time to become part of community activities. Free from financial stress	The young carer feels some acceptance as part of the community in which they live and learn but is unsure how to become part of the community activities There is a small risk of financial stress	Due to their caring role, the young carer has limited acceptance as part of the community in which they live and learn There is a risk of financial pressure.	The young care feels isolated and not confident in the community in which they live in. Needing financial support.	The young carer does not feel accepted as part of the community in which they live in. The carer's financial position is severe and there is financial hardship.

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