Edinburgh Health and Social Care Partnership

Adult Carer Support Plans and Young Carer Statements

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Working together for a caring, healthier, safer Edinburgh



Purpose of an Adult Carer Support plan



The plan itself shouldn't assume the carer wants to take on a caring role or continue caring The carer may <u>still care</u> about the person they look after, but may no longer be <u>able to care</u> for them Critical or Substantial Impact Local Authority *duty* to support eligible carers Integrated Authority provides for eligible need / carer chooses SDS option

Moderate Impact

Local Authority power to support carers

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

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

Low Impact

Local Authority *power* to support carers

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

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

Eligibility for Services is decided in terms of risk to an individual.

There are five categories for assessing impact:

• No Impact (5)

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 (4)

Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing.

• Moderate Impact (3)

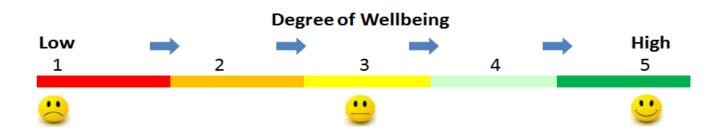
Indicates that there is some risk to a carer's capacity for independent living and health and wellbeing. This may call for provision of some health and social care services.

• Substantial Impact (2)

Indicates that there is major risk to a carer's capacity for independent living and health and wellbeing. Likely to require urgent provision or health and social care services.

• Critical Impact (1)

Indicates that there are significant risks to a carer's capacity for independent living and health and wellbeing. Likely to require immediate provision or social care services.



Timescales for ACSPs for carers of terminally ill cared-for persons

What do we need to know and do?

A person is terminally ill if they suffer from a progressive disease and death in consequence of that disease can reasonable be expected within 6 months

• Once a carer requests an ACSP or accepts an offer of an ACSP, the authority has a duty to prepare one and follow these steps:

Step 1: Substantive Conversation

- The carer should be contacted within <u>two</u> working days and substantive conversation must take place within <u>five</u> working days of the notification date
- The local authority must prepare the plan within <u>ten</u> working days from the date when the carer originally requested or accepted the offer of an ACSP

Timescales for ACSPs for carers of terminally ill cared-for persons

Step 2- Light Touch ACSP

- Step 2 is completing a light touch ACSP, based on the substantive conversation
- The light touch ACSP is intended to address urgent issues and does not have to cover all the information required under section 9(1) of the 2016 Act
- The authority and the carer should agree when the plan should be reviewed to include the rest of the information which should be contained in a plan

As soon as a carer feels ready to participate in the ACSP preparation process, they should benefit from accelerated time limits for receiving an ACSP and associated support