



Aberdeen City Health & Social Care Partnership

Local Guidelines on the Waiving of Charges for Services to Carers

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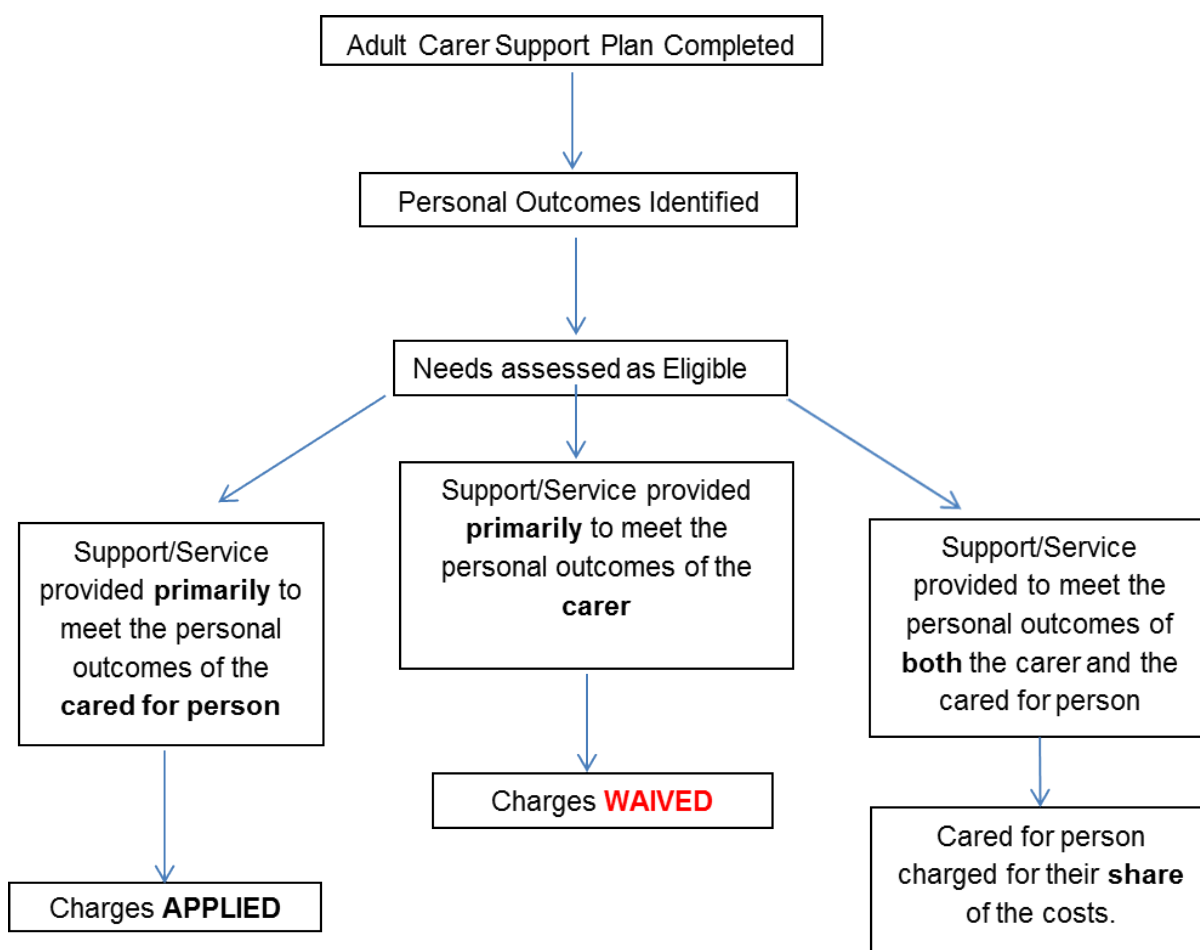
Introduction

Charges for support to carers must be waived whereas support to cared-for people may be charged for. It is therefore necessary to establish whether support is being provided to the carer or the cared-for person in order to establish whether it may be chargeable. This is particularly relevant in relation to providing replacement care.

The following guidance is designed to assist a consistent approach to decision making when it comes to determining whether charges can be applied to support provided. The guidance covers the legislative basis for waiving of charges; when charges should be waived and when they should be applied; the particular considerations around replacement care; and what happens with current care arrangements. A glossary of terms used in the guidance is provided at the end.

Before a decision can be made as to whether charges can be waived or not, a carer must first have their personal outcomes identified and their needs assessed using the Eligibility Criteria. Personal Outcomes can only be identified by completing an Adult Carer Support Plan (ACSP). Aberdeen City Health and Social Care Partnership (ACHSCP) published Adult Carers Support Planning and Eligibility Criteria for Carers in May 2018 and this is available on the partnerships website using the following link:- <https://www.aberdeencityhscp.scot/globalassets/eligibility-criteria-for-carers-achscp-april-2018.pdf> This should be read in conjunction with these guidelines.

Process Flowchart for Waiving of Charges



Legislative Background

The Carers (Waiving of Charges for Support) (Scotland) Amendment Regulations 2018 came into effect on 1st April 2018 as a result of the introduction of the Carers (Scotland) Act 2016 (the 2016 Act) on the same date.

Regulation 2 of these Regulations requires Aberdeen City Health and Social Care Partnership to waive charges for services provided to carers under section 24 of the 2016 Act. Section 24 of the 2016 Act applies where a carer has identified personal needs/outcomes, which cannot be met by services or assistance provided to the cared-for person or by those services that are already provided generally.

ACHSCP must also determine whether any of the carers needs are eligible needs. A carer's eligible needs are the carer's identified needs which meet the local eligibility criteria. Aberdeen City Health and Social Care Partnership (ACHSCP) published Adult Carers Support Planning and Eligibility Criteria for Carers in May 2018 and this is available on the partnerships website using the following link:-

<https://www.aberdeencityhscp.scot/globalassets/eligibility-criteria-for-carers-achscp-april-2018.pdf> This should be read in conjunction with these guidelines.

Charging or Waiving

Support to cared-for people may be charged for. At present this is determined by our Charging Policy.

It is necessary to establish whether support is being provided to meet the identified needs/personal outcomes of the carer or the identified needs/personal outcomes of the cared-for person in order to establish whether the charge for that support may be waived or whether a charge may be made. The identified needs/personal outcomes of the carer will be detailed in the Adult Carer Support Plan. The identified needs/personal outcomes of the cared for person will be detailed in the cared for person's Support Plan developed following an **assessment by their Social Worker, Care Manager or Community Care Co-Ordinator**.

Support provided to a carer will often be closely linked to the provision of support to the person they care for. The close links between support to carers and support to the people they care for are recognised in, and built into, the 2016 Act as a key element when preparing the Adult Carer's Support Plan, assessing whether a carer has eligible needs and considering how to meet the carer's eligible and other identified needs/outcomes including any break from caring. Other identified needs are those needs that either do not meet the eligibility criteria and/or those that can be provided by existing services already generally and freely available e.g. advice on Benefits or Housing.

There may be cases where the support provided is of equal benefit to the carer and the cared-for person e.g. a holiday or short break away from home/normal routine. In these circumstances, it will be necessary to implement a partial charging arrangement whereby the costs associated with the carer are waived but the costs associated with the cared for person are charged.

Self-directed Support (SDS)

The Self-directed Support (Direct Payments) (Scotland) Amendment Regulations 2018 prevent the Health and Social Care Partnership means testing or requiring a contribution from a carer where the carer's support is being delivered by way of a Direct Payment. This means that charges cannot be made for support provided to carers either directly by partnerships or commissioned through other statutory, independent and third sector bodies.

Replacement Care

Charges must be waived for all types of services or support if that service or support is to meet an individual carer's needs or personal outcomes as set out in their ACSP. Such support might include, but is not limited, to advocacy, counselling, training, translation and interpretation services, transport or replacement care.

Replacement care is a shorthand term coined to describe the care provided to the cared-for person, which replaces care normally given by the carer and which is provided as a form of support to the carer so that they can have a break from caring. Replacement care could be provided by family, friends or existing community support or, depending on need, it may be day or overnight attendance at a specialist care establishment. It is not necessary for the care provided to the cared-for person to be a like-for-like replacement for the care usually provided by the unpaid carer. There will be circumstances where the unpaid care usually provided by the carer cannot be exactly replicated by paid care.

Aberdeen City Health and Social Care Partnership commissions and provides care known as Respite which currently, mainly takes the form of residential stays in care homes or similar establishments typically for a number of weeks sometimes in blocks, and sometimes spread out over the course of the year. The definition of Respite is "a short period of rest or relief". It is thought that much of the Respite Care being commissioned or provided is, in fact, replacement care. This, however, cannot be definitively determined without a carer having their needs and personal outcomes identified through the adult carer support planning process and subsequently having those needs assessed as eligible.

Even during the support planning process, it will not always be straightforward to determine whether care provided to a cared for person is primarily to benefit them or primarily to benefit the carer. It will be necessary to exercise professional judgment and take the circumstances of each individual case into account in order to determine whether such care falls into the category of replacement care (i.e. support to the carer); or support for the cared-for person.

Below are a number of prompts which may assist in the determination of whether care is provided for the primary benefit of the care and therefore whether the charges should be waived. NB: the assumption is that the care meets the identified personal outcomes of the carer and that those needs are eligible under the criteria.

1. *Is the care to be provided to the cared-for person?*
2. *Is the care provided to enable the carer to have a break?*
3. *Is the care replacing care previously given by the carer?*
4. *Is the purpose of the care primarily in order for the carer to have a break?*
5. *Aside from the need for a break, is the carer willing and able to resume their caring role after their break?*

In order to help determine whether care is chargeable, or the charges should be waived it is necessary to fully understand the nature and extent of the caring role and the identified needs and personal outcomes of the carer. These will be described in the ACSP and therefore this is a prerequisite for the charging decision.

Care to the cared-for person can only be considered to be enabling the carer to have a break if it is replacing care that the carer is otherwise willing and able to provide. In other words, where care to the cared-for person is needed because the carer is unable or unwilling to provide care then the care is not being provided to allow the carer to have a break. Examples of when a carer may not be able to provide care include: -

- the carer is ill, in hospital or recovering at home and alternative care therefore needs to be provided for the cared-for person;
- the carer wishes to work full or part-time and will stop or reduce the care they provide when they are in employment. Entering employment is not a form of break. Care provided in these circumstances would be purely to meet the cared-for person's needs, rather than the carer's needs;
- the carer is no longer able or willing to provide the same level or type of care for health or other reasons, even with support.

Example Scenarios

1. If a carer lives next door to the cared-for person and usually provides a range of regular care (e.g. shopping, emotional support, and checking in regularly with the person during the evenings or at night), it may not be possible to replicate this kind of care while the unpaid carer had a break. Instead the 'replacement care' might take another form, such as a short-term home care package. The crucial factor is whether the care is provided to facilitate a break for the carer as a form of support provided under section 24 of the Carers Act, if it is then the charges must be waived.
2. Support for the cared-for person is provided primarily in order to meet that person's needs. This may include care to enable their independence and promote life skills and socialisation. This support may often deliver ancillary benefits of providing a break for unpaid carers, but such support would not constitute 'replacement care' and would be chargeable. If, ASHSCP decides that, to meet the carer's identified and eligible needs, support will be provided to enable the carer to enjoy activities to make the most of this time off e.g. a gym membership or training course, this would be support under section 24 of the Act and therefore charges would be waived.
3. The personal outcome agreed in respect of a particular carer might be that she should feel less isolated and more resilient. The carer will achieve this personal outcome by attending a weekly carer's peer support group on a Saturday afternoon. This form of peer support will enable the carer to continue to provide care for her 20-year-old daughter (the cared-for person). The daughter's needs are such that she requires the constant presence of another person, and the carer usually provides that care except for when the daughter attends a day care centre, which she does from 10am to 4pm every weekday. The daughter's day care placement has been arranged under her social care needs assessment. It provides the ancillary benefit of giving the carer a break but is not provided for that purpose so does not constitute replacement care and is charged. If the carer needs a paid care worker to look after her daughter for a few hours every Saturday in order that she can attend the peer support group, that would be replacement care constituting support which meets the carer's identified needs and so is provided under section 24 and the charge would be waived.
4. If, in example 3, the peer support group met at lunchtime on a Wednesday, there would be no requirement for replacement care in order for the carer to attend. The daughter's placement at the day care on a Wednesday would not become replacement care just because the carer is now attending the peer support group at that time. The total cost of the 5 day provision of the day care placement service would be chargeable.
5. Where the carer and cared-for person have a break together with extra support for the cared-for person, this would normally be to enable both the carer and the cared-for person to have a break which meets both the cared-for person's assessed needs

and the carer's identified needs (subject to eligibility criteria). In such cases, charges for the cost of the break for the carer will be waived; but charges for the cost of the break for the cared-for person and the cost of the additional support will be charged. In these circumstances it is expected that these costs of the additional support could be part of the cared-for person's assessed needs and subsequent support package.

Current Replacement Care Arrangements

In relation to Respite currently being provided, the decision on waiving of charges can only be made if the carer's personal outcomes have been identified and a determination can take place as to whether the support provided is primarily to meet these. This can only happen when an Adult Carers Support Plan has been completed. In addition, a carer must be eligible for funded support and again this can only be confirmed following their needs being identified via the ACSP and assessed against the Eligibility Criteria. The ACSP is therefore the crucial starting point for the decision as to whether or not charges should be waived.

A carer, whose cared for person is currently receiving replacement care would have to go through the support planning process, have their needs and personal outcomes identified, and be assessed as eligible before the decision could be made as to the primary purpose for the replacement care and whether charges should be waived or not.

The statutory guidance allows for any carer with a current carers assessment to undertake the support planning process either at their request, or when the assessment is due for review. In either case this must take place for all carers within three years of the 2016 Act going live i.e. by 31st March 2021.

Definitions

Word or Phrase	Definition
2016 Act	The Carers (Scotland) Act 2016
Adult Carer Support Plan	As defined by the 2016 Act “A plan prepared by a responsible Local Authority setting out an adult carer’s identified personal outcomes and identified needs (if any) and the support (if any) to be provided by the responsible Local Authority to meet those needs.”
Break from Caring	A break from caring is any situation or event which enables the carer to have periods away from their caring routines or responsibilities. This can take any number of forms in order to achieve the carer’s desired outcomes. The purpose is for carers to have a life outside or alongside their caring role and support their health and wellbeing. This can also benefit the cared-for person and others (e.g. family members) and may sustain the caring relationship.
Carer	The 2016 Act defines a carer as “an individual who provides or intends to provide care for another individual (the “cared-for person”). An “Adult Carer” is someone who is 18 years old or over and does not meet the definition of a Young Carer i.e. someone who is over 18 but still at school.
Cared for Person	The person a carer cares for.
Charging	The process of collecting money in return for a service provided.
Charging Policy	This document sets out the parameters of who will be charged and in what circumstances and also how much will be charged either as a proportion of the overall cost or as a standing amount.
Direct Payment	This is a self-directed support mechanism that offers an individual more choice, control and responsibility over their care. It is a cash payment paid directly to the individual (or to a third party) following an assessment. The individual can use this payment to choose and control their support, rather than have others do this for them.
Eligible Needs	Are those identified needs which meet the threshold for support set by the local Eligibility Criteria (both carer and cared for person).
Identified Needs	The needs for support (if any) which are identified, in either the Adult Carer Support Plan or the cared for person’s Support Plan, in order to meet the carer’s or the cared for person’s identified personal outcomes.
Personal Outcomes	The personal outcomes which are identified, in either the Adult Carer Support Plan or the cared for person’s Support Plan, as relevant to the carer or cared for person respectively.
Replacement Care	The care provided to the cared-for person, which replaces care normally given by the carer and which is provided as a form of support to the carer so that they can have a break from caring
Respite Care	The definition of Respite is “a short period of rest or relief”. Respite currently, mainly takes the form of residential stays in care homes or similar establishments typically for a number of

Word or Phrase	Definition
	weeks sometimes in blocks, and sometimes spread out over the course of the year. The provision of Respite will be reviewed when we publish our Short Breaks Services Statement in December 2018.
Self-directed Support	Self-directed Support allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes. The Scottish Government introduced The Social Care (Self-directed Support) (Scotland) Act 2013 to enable everyone to be in control of their life. The Act came into force on April 1, 2014 and places a duty on social work departments to offer people who are eligible for social care a range of choices over how they receive their support. There are 4 options under self directed support. Option 1 is a Direct Payment, Option 2 is an Individual Service Fund, Option 3 is a Commissioned Service and option 4 is a combination of any of the other 3.
Short Break	A break from caring is any situation or event which enables the carer to have periods away from their caring routines or responsibilities. This can take any number of forms in order to achieve the carer's desired outcomes. The purpose is for carers to have a life outside or alongside their caring role and support their health and wellbeing. This can also benefit the cared-for person and others (e.g. family members) and may sustain the caring relationship.
Waiving of Charges	This literally means refraining from insisting or demanding payment.