



**Adult Social Care**  
**Carers Practice Guidance**

**Version 5**

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This document sets out the practices for working with carers in response to the Care Act 2014. It fulfils the expectations contained in the Self-Directed Support Policy for supporting carers.

If you would like to make any comments, amendments, additions etc. please email [ASCH.adultcare.policy@derbyshire.gov.uk](mailto:ASCH.adultcare.policy@derbyshire.gov.uk)

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## 1. Introduction

Carers make a significant contribution to the provision of care and support in Derbyshire. Caring can be a privilege but can come at great personal cost. Some carers struggle alone, unaware of the help which is available to them.

The [Derbyshire Carers Strategy](#) sets out the strategic priorities which are:

- carer information and advice
- improving carer health and wellbeing
- carer employment and financial wellbeing
- early identification and support
- young carers
- services and systems that work for carers
- recognising and supporting carers in the wider community
- involving carers as experts

## 2. Legislation

The [Care Act 2014](#) and the [Children and Families Act 2014](#) strengthen the rights of carers, placing carers on the same footing as the people they care for. This guidance sets out how the local authorities should support all carers.

## 3. Identifying and Recognising Carers

### Definition of a Carer

‘Carer’ (used throughout this guidance) means an adult who provides or intends to provide care for another adult (an “adult needing care”).

The local authority has a duty to identify any carer who appears to have a need for support, as many people who provide care do not see themselves as carers.

Providing the right support and information at the earliest stage of a carer’s journey is likely to be more effective in improving carer wellbeing and ability to sustain the caring role.

### Good practice to proactively identify carers:

- assume those involved in providing support are carers
- seek confirmation from the adult about the involvement of a carer
- if a carer is not identified, re-examine this at every review
- if a carer is identified, check if there are other carers involved and signposted to

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Derbyshire Carers Association (DCA)

- if there are any young people in the house, assume that they are a young carer, even when an adult carer has been identified or the adult requiring support has a fluctuating condition
- all identified carers should have a case record on the client management system (CMS), which is linked to the adult (or adults) they care for

### Eligibility for a Carers Assessment

The local authority has a duty to identify any carer who appears to have a need for support and offer an assessment. This is regardless of the amount or type of support they provide, financial means or level of need for support.

**Carers who provide support to an adult who does not have eligible needs** is still eligible for a carer's assessment.

**Carers who provide support to an adult who is self-funding** is still eligible for a carer's assessment.

**Carers who provide a combination of paid and informal care** is still eligible for a carer's assessment in relation to their element of informal unpaid care

### Carers who Live in a Different Area to the Adult they Care for

If the adult lives in Derbyshire and this is their place of *ordinary residence*, the local authority has full responsibility for the carer assessment and meeting the needs of the carer, even if the carer does not live in Derbyshire.

If the carer states a preference for their assessment and support to be arranged through the local authority where they (the carer) live:

- the local authority where the adult with care and support needs lives, will cooperate with the local authority where the carer lives, in order to supply or arrange the supply of information to the carer about carer support available to them in their local area
- the local authority where the adult with eligible care and support needs lives may ask the local authority where the carer lives to provide a service to that carer, if that is the most appropriate way of supporting them

The [Association of Directors of Social Services \(ADASS\) Cross Boarder Protocol](#) for the assessment of carers can be referred to for guidance.

#### 4. Who Should Carry Out the Assessment?

<b>Carer Description</b>	<b>Who is Responsible to Assess?</b>	<b>Adult Social Care (ASC) Role</b>
Adult carer over 18	Adult Social Care (ASC) through Derbyshire Carers Association (DCA)	ASC to identify and recognise carers. Carers should be referred to DCA for carer support and/or Carers Assessment unless professional judgement indicates ASC should carry out carer's assessment
Young carer under 18	Children's Services Early Help	ASC has a duty to actively identify young carers and discuss the benefits of a referral the Young Carers Service with the young person and their family
Young carer in transition to 18	Children's Services in conjunction with ASC or DCA	ASC and DCA can determine if it is beneficial to offer a carer's assessment before the young carer reaches 18, depending on and need
Parent carer	Children's Services	Where Children's Services are not already involved, parent carers can be referred along with the child for an Early Help Assessment via Starting Point.
Parent carer in transition	Children's Services in conjunction with ASC	ASC can determine if it is beneficial to offer a carer's assessment before the child receiving care and support reaches 17

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## 5. Adult Carers Over 18

The ASC worker undertaking the assessment for the adult should identify the carer and recognise their skills and experience. The Derbyshire County Council (DCC) [Guide to Carers Services](#) contains useful information, advice and guidance, and carers should be directed to this.

A carers assessment should be used to assist the carer to think about their caring role and how it impacts on them. All carers requiring an assessment should be referred or signposted to DCA, unless there is a strong professional argument for ASC to carry out the carer assessment, for example:

- if a carer does not have mental capacity to consent or take part in an assessment
- where there is a high level of complexity, risk or safeguarding that requires ASC intervention or resources
- where a carer does not consent to a referral to DCA

ASC should still refer the carer to DCA for additional support and further sources of information, advice, and guidance, but must make clear the purpose of the referral to avoid duplication, so DCA do not carry out a separate carer assessment.

Step by step guide to completing carer support services referral within CMS.

It is important to gain the consent of the carer to share information with DCA prior to completing the referral or provide details of how the carer can refer themselves.

1. **Ensure there is a case record for the carer** which may require creating a new record if this doesn't exist. Ensure that the carer is linked to the cared for person in relationships as a "main carer".
2. **Check if carer is already known to DCA** by looking at involved organisations on the carers record.
3. **Create the referral form** within documents. Please do not backdate the date of referral as this will affect extraction from MOSAIC, and the referral may not then be received.
4. **Referrer details** will prepopulate apart from the *referral priority*, which is a drop-down box to denote either HIGH, MEDIUM, or LOW. Complete the reason for HIGH priority if applicable. This will assist DCA to prioritise and triage the referrals they receive.
  - **HIGH** - At high risk of carer breakdown/crisis, or end of life carer
  - **MEDIUM** – Advice and information required
  - **LOW** - Managing well but would like to be registered for newsletter and future support

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5. **Carer basic details** will prepopulate into the form but the *preferred communication method* (telephone, letter, face to face), *registration with a GP* (yes/no/don't know) and *additional information* sections will need to be completed manually. Guidance on the type of useful information to include is now on the form.
6. **Cared for details** will not prepopulate so will all need completing manually. The *primary support reason* and *relationship to carer* can be identified from a drop-down list. The *existing support the person you care for receives* can include information such as current care package, privately funded support, involved health professionals such as CPN, district nurse etc. There is an option to add further cared for person details where there are more than one.
7. **Press finish** - the completed referrals will be extracted on a weekly basis from within MOSAIC and sent securely to DCA. The document does not need to be posted or emailed on and there anywhere. There is no outcome to this form as it is a standalone form.
8. **Where a HIGH priority has been chosen**, this will be extracted from MOSAIC and sent to DCA within 24 working hours.
9. Once processed and added to the database, the carer will receive a call (dependent on priority level), and the latest newsletter direct from DCA with their contact details will be posted or emailed.

## 6. Young Carers under 18

A “young carer” means a person under 18 who provides or intends to provide care for another person.

When assessing an adult (an adult with a fluctuating condition) where children reside in the household, ASC should make enquiries to understand the extent to which the children are carrying out care and support tasks.

The responsibility for young carer assessment rests with Childrens Services.

ASC and Childrens Services should carry out respective assessments jointly adopting a whole family approach:

- 1) Thinking family
- 2) Getting the whole picture
- 3) making a plan that works for all
- 4) Checking the plan works for the whole family

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## 7. Parent Carers

A “parent carer” is a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility. The responsibility for parent carer assessment rests with Childrens Services, who should be referred to Starting Point.

## 8. Planning for the Transition of Young Carers and Parent Carers

Young carers under 18 and adult carers of a young person who is preparing for adulthood have a right to a transition assessment. ASC has a duty to carry out a transition assessment if it considers there is a ‘significant benefit’ to the individual in doing so and if they are likely to have needs once they (or the child they care for) turn 18.

Support planning for the carer will need to take account of whether the carer is willing and able to continue to provide the level of care at key stages in their caring journey.

It is highly unlikely that any request for assessment would be refused. However, where a request for an assessment is declined by ASC, an explanation in writing must be issued to the young carer or parent carer, together with information and advice on what the carer can do to delay the development of support needs.

## 9. Carer Assessment and Carer Support Plan

DCA are commissioned to carry out all carer assessments on behalf of ASC unless there is a strong professional argument for ASC workers to carry out the carer assessment (as described under the earlier section **‘Who Should Carry out the Assessment?’**)

All carer assessments carried out by DCA are uploaded on a weekly basis into the documents section of the carers CMS.

A carer assessment identifies a carer’s needs and the needs that are not being met and which of these unmet needs may be eligible for funded support and included in the support plan.

The Care and Support Regulations 2014 set out the National Eligibility Criteria for Carers which can be found at [National Eligibility Criteria for Carers](#)

All carer’s assessments should be carried out in a manner which:

- is proportionate to the carers needs and circumstances
- ensures that the carer is able to participate effectively in the assessment
- considers the carers wishes and the outcomes the carer would like to achieve, using a strength-based approach
- reassures the carer that the assessment is not a measure of the quality of the care they are providing



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- considers if the adult has eligible social care needs which require assessment. In such cases, the assessment of the carer should be paused, to allow for the outcome of the assessment of the adult to be determined, as formal support for the adult may meet the eligible unmet needs of the carer

**The assessment should identify:**

- what the carer is *willing and able* to provide for the adult with support needs
- how the caring role impacts on the carer's wellbeing and the opportunities they have to a life outside of caring (see [Wellbeing Practice Guidance](#))
- the carer's ability to enter or remain in employment work, participate in education, training, and social activities
- the sustainability of the caring role, including potential or future needs for a change in the level of carersupport
- the necessary care provided by the carer to the adult
- any safeguarding issues relating to either an [adult](#) or [child](#)

## 10. Carer's Support Plan

A carer's support plan should include:

- the needs identified in the carerassessment
- which of those needs meet the [National Eligibility Criteria for Carers](#)
- which of those needs the local authority will meet
- the outcomes the carer wants to achieve, including those relating to social, education and employment
- the outcomes that can be achieved through universal services along with the outcomes that can be achieved through the services available or provided to the adult eg, short breaks for the adult, that provide the carer with a break from caring
- any risks identified and how these will be managed
- who the carer can contact in a crisis or emergency
- information and advice to support the carer in their role e.g., carer training and learning, moving and handling, local carer's services and carer support groups
- if applicable, an outline of the carer's personal budget (the amount of money it will cost to arrange the necessary support for the carer)

The support plan must be agreed by the carer (or their independent advocate if they have one) and a copy of their carers assessment and support plan must be provided.

### **Information and Advice as Part of the Carer's Support Plan**

A range of useful information for carers is provided in

- [Guide to Carer Support](#)

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- [Carers in Derbyshire](#)
- [Derbyshire Carers website](#)
- [Mobilise on line Support for Carers](#)
- [Derbyshire County Council Caring-for-Someone](#)

A carer's need for information and advice is likely to be distinct from that required by the adult and it is important carers get information that is specific and relevant to their needs in an accessible format.

This could include:

- accessing care and support services
- obtaining a break from caring
- details of local care providers
- details of preventative and universal services that could delay or prevent a carer's needs from increasing
- health and wellbeing support
- financial and legal advice
- returning or remaining in employment
- independent community advocacy
- how to raise safeguarding concerns
- applying for a carers emergency card

The information provided to the carer should enable them to provide a safe and suitable level of care. This may include the necessity to share the support plan for the adult they provide care for, with that person's consent. ([See mental capacity guidance](#)).

### **Recording the Delivery of Information and Advice**

Information and advice must be provided to all identified carers (including those carers whose needs are not eligible for support) and recorded as part of the assessment and support planning process.

If the carer declines an assessment or support, information detailing who to contact should their circumstances change should still be offered.

### **Refusal of a Carer Assessment**

If a carer declines a carer assessment, ASC are not required to carry this out, but should reiterate the potential benefits of carer assessment and support, and check if the details of Derbyshire Carers Association can be provided, in case the carer changes their mind and wishes to self-refer.

ASC should always record the basis on which the carer declines assessment or

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support and be satisfied that this is an informed decision on the part of the carer.

### **Mental Capacity of the Carer**

Where a carer has been identified as lacking [mental capacity](#) and that carrying out a carers assessment would be in that carer's best interest, the local authority is required to provide an assessment.

### **Independent Advocates**

The local authority must provide an [independent advocate](#) to assist carers in the assessment process if:

- without support the carer would have substantial difficulty communicating their wishes, or understanding, retaining and assessing information during the assessment
- there is no other appropriate person able and willing to help the carer

## **11. Carer Emergency Plan and Carer Emergency Card**

The carer emergency plan can be completed solely by the carer, or with assistance from any worker. This captures the details of the carer and the care they provide, together with detailing two emergency contacts, who can assist in the event that the carer is unable to provide care.

The carer emergency plan is also an application for a carer's emergency card, which details the carer's person number on the case management system, to help ASC obtain necessary information in a crisis situation.

Follow the link [carer's emergency card - Derbyshire County Council](#) for more information.

Carers who require a replacement card due to it being lost or damaged, or carers wishing to revise or update any of the details held on their emergency plan should email: [Carers.adultcare@derbyshire.gov.uk](mailto:Carers.adultcare@derbyshire.gov.uk).

## **12. Eligibility for Carers with Support Needs**

The Care and Support Regulations 2014 set out the National Eligibility Criteria for Carers which can be found at [National Eligibility Criteria for Carers](#)

Local authorities have a duty to meet the eligible needs of carers and this involves the consideration of three criteria. A carer has eligible support needs if they meet **all three** of the following conditions:

### **Firstly**

Their needs arise as a consequence of providing necessary care for an adult.

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## Secondly

The carer's physical or mental health is, or is at risk of, deteriorating; or the carer is unable to achieve any **one** of the following outcomes:

- providing care to other persons for whom the carer provides care
- maintaining a habitable home environment in the carer's home (whether or not this is the home of the adult needing care)
- managing and maintaining nutrition
- developing and maintaining family or other personal relationships
- engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community, including recreational facilities or services and engaging in recreational activities

## Thirdly

As a consequence of the above, there is or is likely to be, a significant impact on the carers wellbeing.

It is important to recognise that there are likely to be a variety of ways in which carers can be supported to sustain their caring role and there are is [a range of support](#) and [specific carer support](#) across Derbyshire.

## Necessary Care

A carer's needs for support will arise because they are providing *necessary care*. which refers to the activities an adult should be able to carry out (as part of normal daily life) but are unable to do so. Necessary care includes care provided to support needs that are not eligible.

If the carer is providing care and support for needs that the adult can independently meet themselves, the carer may not be providing 'necessary care'.

Carers can be eligible for support whether or not the adult for whom they care has eligible needs.

## Unable to Achieve an Outcome

A carer should not be considered 'able to achieve an outcome' if they can only achieve the outcome with assistance. For example, if a carer is unable to fulfil their parental responsibilities, unless they receive support in their caring role.

Where a carer is able to achieve the outcome without assistance, but in doing so causes, or is likely to cause, significant pain, distress or anxiety, this will also mean that the carer should not be considered able to achieve an outcome. For example, a carer might be able to care for the adult and undertake full-time employment, but if in doing both causes the carer significant distress, the carer should not be considered able to engage in employment.

A carer should not be considered able to achieve an outcome without assistance, when

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in doing so, it is likely to endanger the health or safety of themselves or any adults or children for whom they provide care. A carer might be able to provide care for their family and deliver necessary care for the adult with care and support needs, but, where this endangers the adult – for example, because the adult receiving care would have to be left alone while other responsibilities are met – the carer should not be considered able to meet the outcome of caring for their family.

Consideration of the whole range of outcomes outlined in the eligibility criteria should be worked through, all of which are equally important.

Agreement must be reached with the carer about which of their eligible needs they would like the local authority to meet, which may include the carer declining support in relation to their eligible needs.

### **Significant**

The term ‘significant’ must be understood to have its everyday meaning, as it is not defined by the [Care and Support Regulations](#).

### **Replacement Care to meet the Carer’s Eligible Needs**

The provision of care to the adult, is often a suitable approach to supporting some or all the carer’s eligible needs. Replacement care costs will be met from the adult’s personal budget and recorded on the adult’s support plan, identifying where the carer is a beneficiary of this support.

### **Carers Who are Not Eligible for Carer’s Support**

Carers who do not meet the national eligibility for carer’s support must still be provided with essential information, advice and signposting to DCA.

## **13. NHS Continuing Healthcare**

When the adult with care and support needs qualifies for ‘NHS Continuing Healthcare’ support, the local authority remains responsible for undertaking the carer assessment and providing support to the carer, where required.

If the support required involves the provision of ‘respite / short break / replacement care’ to the adult with care and support needs in order to give the carer a break, then this will be the responsibility of the NHS. Should the NHS be resistant to providing such support it may be necessary for the local authority to use its power under sections 6 and 7 of the 2014 Act (‘duty to co-operate’) to ensure that the necessary care is provided.

See also [‘Carers and their Rights’](#) by Luke Clements for more details

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## 14. Carer Personal Budget

Carer support can take many forms and does not automatically translate into funded services or a carer personal budget. It may be possible to meet a carer's eligible needs in a personalised way with information and advice, pre-invested and universal services, or the carers own resources and these should be considered as a first response.

The provision of care to the adult is likely to be suitable in supporting some, or all of a carer's eligible needs. Replacement care costs would be met from the personal budget of the adult.

A simple resource allocation system (RAS) is used by DCA to calculate an indicative carer person budget which makes the calculation are currently £100.00, £175.00 and £300.00. If the top band does not meet eligible needs, then a higher personal budget may be made, and this will be determined by a more detailed assessment.

The person conducting the assessment will determine the indicative budget, to benefit those carers who are in greatest need. Carers are likely to present as follows:

### High Need

- carers who have lost/resigned from a job or had to stop going to college/ university because of caring
- carers relationship with the person they care for is very likely to or has broken down
- carer health and wellbeing is severely affected through caring duties
- carer is the only carer and socially isolated with no other social support
- the adult will not accept care from another source or will only accept occasional support from others

### Middle Need

- carer has had to change jobs or be flexible with work or education because of the caring role
- carer relationship with the person requiring care and support may breakdown
- the carer is the only carer and has very limited social support

### Low Need

- carer needs support to find paid work, voluntary work or an education course
- carer needs support to take part in social activities
- carer provides occasional but regular support to the person they care for

**Following the carer assessment, if it is felt that needs can be met in another way, then the carer will not receive a carer personal budget:**

Carer personal budgets cover 12 months, and any new personal budget will be subject to a review or, if necessary, a re-assessment.

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To minimise bureaucracy, all carer personal budgets below £300 will not be subject to detailed scrutiny by the ASC carer liaison worker.

When a carer personal budget of above £300.00 is required, the level would be determined by a more detailed assessment and agreed with the ASC allocated case worker, team or group manager coordinated by the carer liaison worker.

All amounts are issued from DCA via a cheque and recorded on the carer assessment uploaded onto the CMS.

See Appendix 2 for flow chart of step-by-step guide to carer's personal budgets

## 15. Carer Review

Reviews are held annually but can be requested early where there is a significant change in the carer's willingness or ability to provide the support to the adult, or a significant change in the care required by the adult with care and support needs

DCA carry out all carer assessments, so it is not expected that carer reviews remain on CMS, unless there remains a strong professional argument for ASC to continue to carry out the carer's review.

## 16. Closure

If the adult with care and support needs dies, it is important to offer support to the carer, who may benefit from being signposted to appropriate services. The carer and adult relationship will need to be un-linked on the CMS.

If the adult with care and support needs, no longer wishes the carer to support them (e.g., in the context of a relationship break-up), it is important to:

- understand that this may be a temporary situation
- consider the mental capacity of the adult with support needs in this decision
- review the support plan of the adult with care needs

## 17. Charging for Carers Services

The Council does not charge carers for the services commissioned by ASC.

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## 18. Glossary of Terms

**ASC** – Adult Social Care

**Adult** - Adult requiring care and support

**CLW** - ASC carer liaison worker role ensures communication and sharing of essential information between P&P and DCA is facilitated to avoid duplication, respond quickly and appropriately to ensure better outcomes for carers.

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**CPB** - Carer Personal Budget

**DCA** - Derbyshire Carers Association Tel: 01773 833833

**Parent Carers** - “Parent carer” means a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

**Short Breaks** - ‘Short breaks’ are a term used to describe replacement care that meets the eligible needs of the adult requiring support and where the carer is a beneficiary of this service. The need for a short break should be identified in the carer’s assessment and support plan but will be funded through the personal budget of the adult with care and support needs.

**Young Carers** - A “young carer” means a person under 18 who provides or intends to provide care for another person.



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**Appendix One - Carers Resource Allocation System**

For a carer to be eligible for care and support under the Care Act 2014, the following criteria apply

- √ The needs arise as a consequence of providing necessary care to an adult
- √ The carers physical or mental health is, or is at risk of deteriorating
- √ the carer is unable to achieve any of the outcomes specified below
- √ there is or there is likely to be a significant impact on the carer's wellbeing

Care Act Criteria		
Is your physical or mental health deteriorating, or at risk of deteriorating?		Yes/No
Care Act Outcomes		
Impact of Caring (What significant might look like)		Significant Impact Yes/No
Are you able to take care of a child who you have a caring responsibility for, alongside your main caring role?	You are rarely able to provide care for a child because of your caring role. You would need lots of support to provide care to a child on top of your main caring role.	
Additional comments		
Are you able to take care of other adults you have a caring responsibility for, alongside your main caring role?	You are rarely able to provide care for another adult, because of your caring role. You would need lots of support to provide care to another adult on top of your main caring role.	
Additional comments		
Can you keep your own home clean and safe?	You are unable to keep your own home clean and safe because of your caring role.	

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Additional comments		
Are you able to do all the shopping and prepare enough meals for yourself and your family?	You struggle to shop or regularly enjoy a healthy diet, because of your caring role.	
Additional comments		
Are you able to have contact with other friends, family or people who are important to you?	You are unable to maintain important relationships or develop new relationships, because of your caring role.	
Additional comments		
Do you feel you have the opportunity to work, volunteer, learn or attend training if you need to?	You are unable to access work, volunteering, education or training because of your caring role.	
Additional comments		
Are you able to find the time to use local services, such as going to the gym, being part of a religious group or attending a social club?	You are rarely able to join groups or benefit from services in your local community because of your caring role.	
Additional comments		
Are you able to spend time doing things you enjoy or would like to try?	You are rarely able to have any leisure time or try new activities because of your caring role.	
Additional comments		
Number of significant outcomes	Indicative Budget	

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1 to 3	£100.00
4 to 6	£175.00
7 to 8	£300.00

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## Appendix Two - Carer Personal Budget

1. Carer assessment and support plan informs the resource allocation system (RAS)
2. RAS determines indicative budget of either £10175 or £300. Professional judgement for a personalised amount or a carer personal budget over £300 determined by the worker
3. DCA hold a monthly panel (usually held on the first Tuesday of each month) to agree carer personal budgets over £300, or those personalised amounts which exceed the indicative amount based on the RAS. Decisions are also based on information available from DCA and DCC CMS
4. The carer liaison worker will notify the DCC allocated worker of the panel decision via a case note alert. DCA process the payment of the carer personal budget and will issue a cheque directly to the carer within 4 weeks of the panel date. Cheques are issued by 2<sup>nd</sup> class post and arrive up to one week later.
5. Cheque received by the carer
6. Where it is agreed that the carer will receive a carer personal budget of £300 or less, these decisions will not be case noted by the carer liaison worker, due to the high volume of these.
7. All carer assessments carried out by DCA are uploaded onto the DCC case management system within one month of being carried out

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<b>Author History</b>
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**Approval and Authorisation History**

Authored by	Jude Boyle	Project Manager (Carers)	April 2015
Approved by	Julie Vollar Service Director Commissioning and Performance		April 2015
Authorised by	SMT Senior Management Team		April 2015

**Change History**

Version 1	November 2010	Claire Raw	New document
Version 1.1	April 2011	Claire Raw	Minor update and amendments
Version 2	April 2015	Jude Boyle	Amendments due to implementation of the Care Act
Version 3	December 2017	Jude Boyle	Review and update
Version 4	October 2018	Jude Boyle	Review and update – inclusion of carer assessment to referral
Version 4.1	August 2019	Jude Boyle	Minor update to application in the appendices
Version 5	July 2023	Jude Boyle	Review and Update