

Appendix 1: Eligibility Criteria Policy for (Unpaid) Carers

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Policy Approved By:	West Dunbartonshire Health and Social Care Partnership Board
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1. POLICY OBJECTIVES

1.1 The West Dunbartonshire Health and Social Care Partnership (HSCP) is responsible for working with partners and in collaboration with carers to determine (i) whether a need for the provision of community care support exists and (ii) how such need should be met.

1.2 Scottish Government Guidance locates eligibility decisions very clearly within the Carers' (Scotland) Act 2016. Section 21 states that Local Authorities have a duty to set eligibility criteria for carers and in Section 21b explains eligibility criteria as,

"...the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs."

1.3 The Act also sets out the following:

- Eligibility criteria are set locally to enable local authorities to provide support to carers in different caring situations across a whole range of life circumstances.

- Local eligibility criteria will help local authorities to prioritise support and to target resources as effectively and efficiently as possible. This recognises that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring. Demand can vary from council to council. Preventative support to carers also has a role in helping manage future demand where it prevents needs from escalating.

- The requirement to publish local eligibility criteria is intended to improve transparency in decisions about eligibility for carer support.

- Although the duty applies to local authorities and relevant health boards it is delegated to integration joint boards under the Public Bodies (Joint Working) (Prescribed Local Authority Functions Etc.) (Scotland) Amendment (No. 2) Regulations 201798 and the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 201799.

1.4 The 2016 Act describes assessment as a two-stage process: first there is the assessment of needs and then, having regard to the results of that assessment, the Local Authority shall decide whether the needs of that person call for the provision of services. The operation of local eligibility criteria applies to this second stage of the assessment process; eligibility criteria requires to be used to determine whether a person assessed as needing support requires a statutory service to be put in place in order to meet those needs.

1.4 This policy provides a framework within which the HSCP will have the flexibility to develop services taking account of local needs and

circumstances, but in a way that ensures access to support is achieved more fairly, transparently and consistently. Furthermore, this policy will make it easier for people to understand the level of support that they are entitled to.

2. POLICY APPLICATION

2.1 This policy applies to carers as defined in the following:

(1) In the Carer (Scotland) Act 2016 “carer” means an individual who provides or intends to provide care for another individual (the “cared-for person”).

(2) But subsection (1) does not apply—

- (a) 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
- (b) in any case, to the extent that the care is or would be provided—
 - (i) under or by virtue of a contract, or
 - (ii) as voluntary work.

(3) The Scottish Ministers may by regulations—

- (c) 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,
- (d) 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.

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

Meaning of “young carer”

In the Carers (Scotland) Act 2016 “young carer” means a carer who—

- a. is under 18 years old, or
- b. 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 the Act “adult carer” means a carer who is at least 18 years old but is not a young carer.

Meaning of “young adult carer”

In West Dunbartonshire a carer aged between 16-24 years is considered to be a Young Adult Carer

The local authority responsible for completing an Adult Carer Support Plan is always the local authority in which the cared-for person resides, rather than where the carer resides.

3. RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 The Carers (Scotland) Act 2016 links with a host of legislation and ties in closely with legislation regarding the provision of health and social care services more generally. Consequently, West Dunbartonshire Health and Social Care Partnership's responsibilities to carers – and to people more generally – are set out in the following legislation, policies and operational mechanisms, which are subject to change:

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015
- The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:

- My Life Assessment Form
- Non Residential Charging Policy
- Carer's Eligibility Criteria Equality Impact Assessment
- Adult Carer Assessment and Support Plan
- Young Carer Statement
- Short Breaks Statement
- Respite policy

4. CONTEXT AND APPROACH TO IMPLEMENTATION

4.1 Scottish Government and CoSLA introduced a [National Eligibility Framework](#) which was adopted in West Dunbartonshire in 2010 and reaffirmed in 2021. In [2015](#) the National Carer Organisations developed an eligibility criteria framework specifically for carers. This has been slightly revised and published in July [2021](#) within the Scottish Government Guidance on the Carers (Scotland) Act 2016. This policy paper sets out how eligibility criteria for carers will be used in West Dunbartonshire, initially using the former up until the required reporting infrastructure is available to support the latter.

- 4.2** Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are provided to those in greatest need by way of prioritisation, while also recognising where lower level intervention may prevent the deterioration of peoples' circumstances in less urgent need of support.
- 4.3** Eligibility criteria recognise 'risk' as the key factor in the determination of eligibility for services. However, many risks are changeable and can be offset by strengths and protective factors which will be identified in an Adult Carer Assessment and Support Plan (ACASP) and Young Carer Statement (YCS). Risk can also fluctuate and the Act is clear that someone is a carer where they have an intention to care. For example, at the stage of someone being discharged from hospital and the care is yet to be provided.
- 4.4** The principles guiding practice in this policy are underpinned by the HSCP strategic priorities of early intervention, access, inequalities, assets and resilience. The principles ensure that support provided or funded by West Dunbartonshire Health and Social Care Partnership are intended to:
- Promote, support and preserve maximum independence and resilience where practical and practicable;
 - Promote equitable access to social care resources
 - Adhere to the principals of early and minimum intervention;
 - Compensate for the absence of alternative support or complement existing support;
 - Be fully cognisant of the risk to the carer and the person to whom they provide care (the 'cared for person') if the support is not provided;
 - Be fully cognisant of the carer's individual, community and family assets.
 - Ensure carers are better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and wellbeing, allowing them to have a life alongside caring
 - Support young carers to have a childhood similar to their non-carer peers and be appropriately relieved of any inappropriate caring role to ensure quality of life
- 4.5** The approach to determining whether a carer meets local eligibility criteria will be through the use of an ACASP or YCS. The Act sets out that all carers identified by the HSCP should be offered an ACASP / YCS. It is the prerogative of the carer to accept or decline this offer. The Act states that where a carer declines the offer, they should continue to be supported to access universal services.
- 4.6** The following should also be noted:
- A carer can request an ACASP / YCS and, where requested, this must be provided
 - The carer's personal outcomes should be central to an ACASP / YCS
 - Where a carer is unlikely to meet any local eligibility criteria, this does not preclude the need (either through an offer or request) to complete an

ACASP / YCS

- The Act does not set timescales for the completion of an ACASP / YCS but notes that HSCPs should set this out in their Local Carers Strategy. The exception is where the carer is providing care to a terminally ill person. These timescales are noted below.
- Reference should be made to the appropriate local and national guidance regarding ACASP / YCS and to the process outlined below.

- 4.6** The NCO eligibility criteria places risks into five categories: *critical, considerable, moderate, low* and *no risk*. These categories are the same for adult and young carers. When considered against the different areas of a person's life, it is possible and likely that risks will be at different levels. Accordingly, the areas of a carer's life assessed through the ACASP / YCS will identify their outcomes and any risks and needs across their life and provide an indication of eligibility for each.
- 4.7** The eligibility criteria will consider the severity of risks across eight life areas / domains for adults and seven indicators for young people by using a table of indicators. The life areas for adults was agreed by the National Carer Organisations to reflect important areas in a carer's life and include: physical health, emotional wellbeing, relationships, finances, life balance, future planning, employment, and living environment.
- 4.8** The indicators for young people for young carers are from the SHANARI wellbeing indicators: safe, healthy, achieving, nurtured, active, respected, included.
- 4.9** Because each individual is unique, two carers in a similar situation may likely require a different level and blend of support; their needs, risks, strengths and assets, combined with the needs of the person for whom they provide care will inevitably combine to form different situations. Assessment and support planning done in collaboration with the carer and other relevant persons will be instructive in terms of what needs remain outstanding and whether those needs are assessed as eligible. The eligibility criteria will help inform decisions about which supports may be available and from whom support can be sought and provided.
- 4.10** An ACASP / YCS should take cognisance of any My Life Assessment undertaken for the cared for person. It is possible that some of the carers needs are indirectly met through the services being provided to the cared for person. To this end, it is recommended that, for example, when a My Life Assessment is reviewed, so to should any ACASP / YCS to ensure both the cared for person and the carers outcomes and needs are considered jointly where appropriate.
- 4.11** There may be circumstances where a cared for person, regardless of any assessed risk or even where such risk has not been assessed, does not wish to receive any support from services. This does not negate the right of the carer to be offered an ACASP / YCS and / or to be able to access services in

their own right for their own outcomes.

- 4.12** It is not appropriate to place carers who require support in a date order queue. Response to need will be informed by the continuing systematic review of each carer's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.
- 4.13** Where carers are assessed as being in the *critical* or *considerable* risk categories their needs will generally be eligible for statutory support and see the carer access SDS options.
- 4.14** Where eligibility is assessed as *moderate*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. Exceptions may be made where the absence of HSCP involvement will lead to a deterioration in the carer's circumstances and is likely to cost both the carer, the cared for person and the Local Authority greater expense (financial and otherwise) in the future. In these circumstances a short term intervention may be offered. Interventions of this nature will not normally continue beyond a six-week period, but this may be extended if the benefits for so doing are demonstrable, explicitly time-limited and authorised by senior management. As with all decisions pertaining to eligibility and intervention, decisions will require to be evidence informed and made on a case by case basis.
- 4.15** Where eligibility is determined to fall into the *low* category, the response of HSCP services will be to provide the individual with advice/information and/or to signpost towards direct access to universal support and resources, for example Carers of West Dunbartonshire.
- 4.16** Where a carer declines an ACASP / YCS and so they're outcomes and needs cannot be assessed, they will be supported to access universal support and resources. Please see the Model Framework in [Figure 1](#) for illustration purposes.
- 4.17** The effect of the HSCP's eligibility criteria is that only services that reduce an individual's risk to a moderate level will normally be subject to statutory funding and provide the options in relation to Self-Directed Support.
- 4.18** In practice, a carer is likely to have a combination of outcomes and needs, some of which may be eligible for statutory support and some of which can be met through universal services. In these cases, a carer could be receiving a blend of services from the most appropriate services and resources.
- 4.19** Key to discerning eligibility will be our outcome focused and strengths based approach to ACASP / YCS. By following the processes in [Figure 2](#) and [Table 3](#), an ACASP / YCS will help address the following:

- a. What is the carer's desired outcomes – what do they want to achieve?
- b. What are the barriers to those outcomes – what are the needs and risks to the carer being able to achieve those outcomes?
- c. What are the carer's strengths in relation to these outcomes – what can they do by and for themselves by drawing on their strengths and assets in order to achieve their outcomes and mitigate any risks?
- d. What barriers to outcomes remain outstanding and what can be supported by universal and other community based services?
- e. Of any remaining barriers and risks, to what extent do these meet the eligibility threshold(s) for the provision of services by the HSCP and for which a budget can be provided to facilitate support?

4.20 An individual's needs, risks and strengths are likely to change which will directly impact on their eligibility and need for services. Using the eligibility criteria, the types of services required will change depending on the outcome of the ACASP / YCS. Timeous review of requirements will prevent dependence on services and increase independence where possible while also facilitating the possible redeployment of resources to others in need.

4.21 Following the completion of an ACASP / YCS a date for review will be agreed. Outwith this planned review, a carer can request to be re-assessed when there has been a demonstrable change in their circumstances or in the circumstances of the cared for person. Similarly, if the HSCP becomes aware of a change in circumstances, this too should trigger a review of ACASP / YCS. ACSP / YCS should be reviewed at least annually.

4.22 The conclusion of the ACASP / YCS will see decisions taken about eligibility. While the process of ACASP and YCS completion should be a joint one, the decision regarding eligibility is ultimately one for the Local Authority / HSCP. Any decision regarding eligibility should be communicated quickly and clearly to the carer. These will be explained clearly and in a way that's understood by the carer. If the carer disagrees with the outcome, they should discuss it with the assessing officer. If still dissatisfied, this should be escalated to the line manager of the assessing officer. If not satisfactorily resolved, the citizen should be supported to follow WDHSCP¹ [complaints procedure](#).

Eligibility Criteria for Carers

Categories of risk

- **No risk** – There are no risks to the carers health, wellbeing and quality of life due to their caring responsibilities

¹ Applies where the ACASP / YCS is undertaken by staff as part of their responsibilities delegated to Health and Social Care Partnerships. Where this role is undertaken by a third party, their respective complaints procedures should be followed.

- **Low Impact** - Indicates that there may be some quality of life issues but the risk to the carer's health and wellbeing is low. They may have a need for universal and/or preventative support e.g. access to peer support.
- **Moderate Impact** - Indicates that there is some risk to the carer's health and wellbeing. This may call for provision of some health and social care services e.g. replacement care.
- **Considerable** – Indicates that the caring role is having a significant impact on the carer's health and well-being and their willingness and/or ability to continue caring. An immediate response is required.
- **Critical Impact** - Indicates that there is a major risk to the carer's health and well-being and their willingness and/or ability to continue caring. It is likely to require urgent provision from health and social care services.

Waiting Times

Neither the Act nor the accompanying guidance refer to the length of time carers should expect to wait to receive an ACASP / YCS nor any support which may follow. The single exception to this is where the carer is providing care to a terminally ill person. In these circumstances, the guidance notes that accelerated timescales and an option of light touch plan/statement apply to carers of people who are terminally ill. The guidance states that a 'substantive conversation' which informs emergency provision and a light touch ACASP should be provided within 5 working days of the carer accepting the offer of or requesting an ACASP. A full ACASP should be completed within 10 working days of this date.

In relation to waiting times for services, while no indication is made in the Act guidance, West Dunbartonshire HSCP will seek to provide services aligned to its policy on eligibility for adult social care where the categories of low, moderate, substantial and critical have associated timescales set out (where 'considerable' in the carers eligibility criteria is 'substantial' in the adult social care criteria). Please refer to that policy, which can be found [here](#), for further information on timescales.

Table 1: Indicators for Adult Carer Eligibility Criteria

UNIVERSAL SUPPORT MOVING TO COMMISSIONED SERVICES & SUPPORT (LOCAL AUTHORITY 'POWER TO SUPPORT')			MORE TARGETED, COMMISSIONED SERVICES & SUPPORT (LOCAL AUTHORITY 'DUTY TO SUPPORT')		
	0 Caring has no impact / no risk	1 Caring has low impact / riskprevention	2 Caring has clear impact /small, moderate risk. Response needed.	3 Caring has considerable impact / high risk	4 Evidence of criticalimpact / crisis
Health	Carer is in good health	Carer's health is beginning to be affected	Carer's health is at risk without intervention.	Carer's health requires attention	Carer's health is breaking/has broken down
Emotional	Carer has good emotional wellbeing. Carer has a good relationship withcared-for person	Caring role is beginning to have an impact on emotional wellbeing There is a risk of detrimental impact on relationshipwith cared-for person	There is some impact on carer's emotional wellbeing The is some detrimental impact on relationship with cared-for person	There is significant impact on the carer's emotional wellbeing The relationship with the cared- for person is significantly affected	Carer's emotional wellbeing is breaking/has broken down The relationship with the cared-for person is breaking/has broken down
Finance	Caring is not causing financial hardship, e.g. carer can afford housing costs and utilities	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities	Caring is causing severe financial hardship e.g. the carer cannot afford household essentials and utilities, not meeting housing payments
Life balance	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activitieswhich promote physical,mental, emotional wellbeing	Due to their caring role, the carer has no opportunities toachieve the balance they want in their life. They have no access to breaks and activities whichpromote physical, mental, emotional wellbeing

Feeling valued	Carer feels their knowledge and expertise is always valued by health, social care and other practitioners and consequently they feel included and empowered	Carer feels their knowledge and expertise is sometimes valued and consequently they generally feel included and empowered	Carer increasingly feels their knowledge and expertise is not valued by health, social care and other practitioners and consequently they sometimes feel excluded and disempowered	Carer often feels their knowledge and expertise is not valued by health, social care and other practitioners and consequently they often feel excluded and Disempowered	Carer feels their knowledge and expertise is never valued by health, social care and other practitioners and consequently they always feel excluded and disempowered
Future planning	Carer is confident about the future and has no concerns	Carer is largely confident about the future but has minor concerns	Carer is not confident about the future and has some concerns	Carer is anxious about the future and has significant concerns	Carer is very anxious about the future and has severe concerns
Employment	Carer has no difficulty in managing caring and employment and/or education Carer does not want to be in paid work or education.	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term Carer is not in paid work or education but would like to be in the long term	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term Carer is not in paid work or education but would like to be in medium term	Carer has significant difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term Carer is not in paid work or education but would like to be soon.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now
Living environment	Carer's living environment	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.		Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and cared for person

Figure 1: Model Framework – provided for illustrative purposes

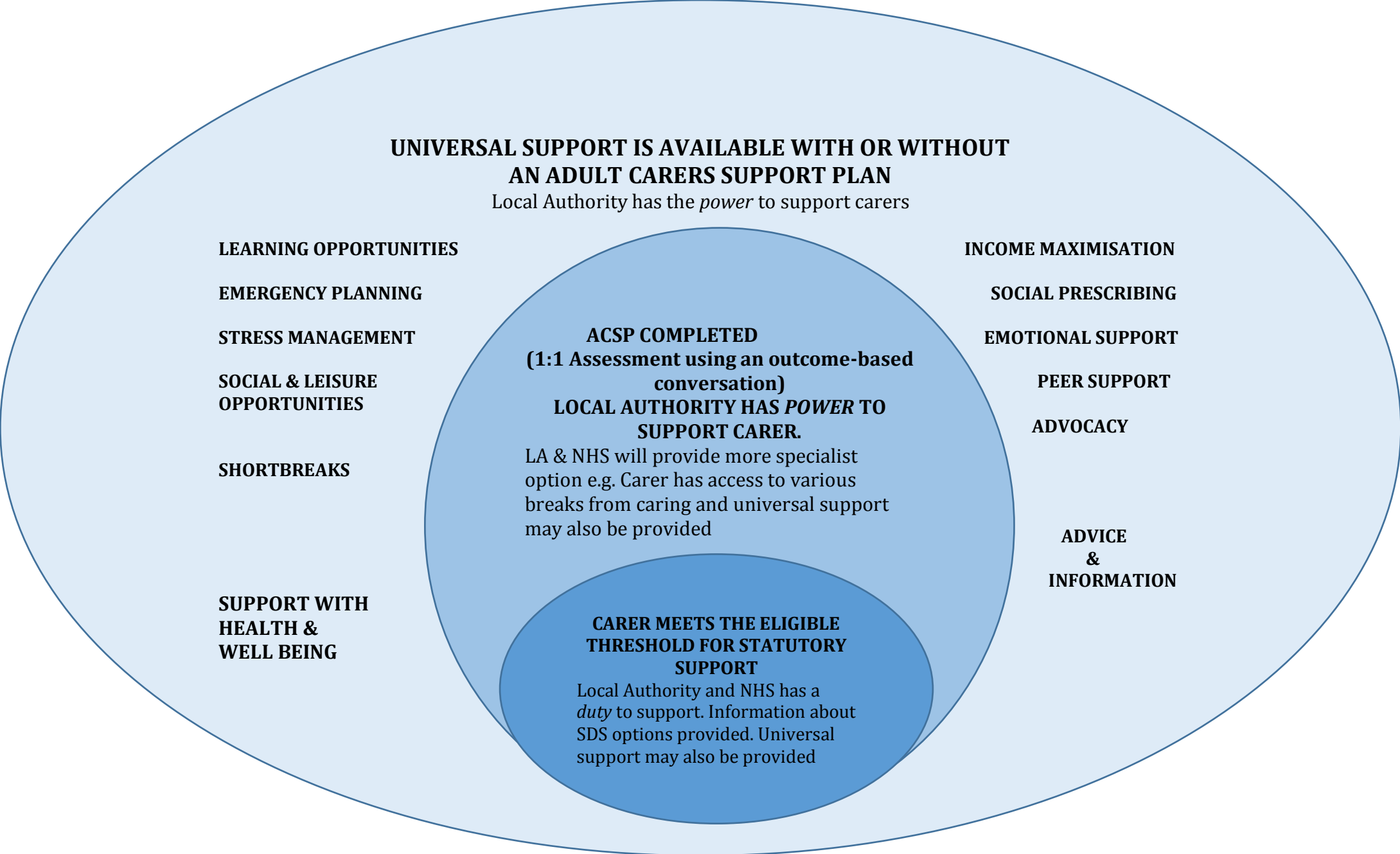
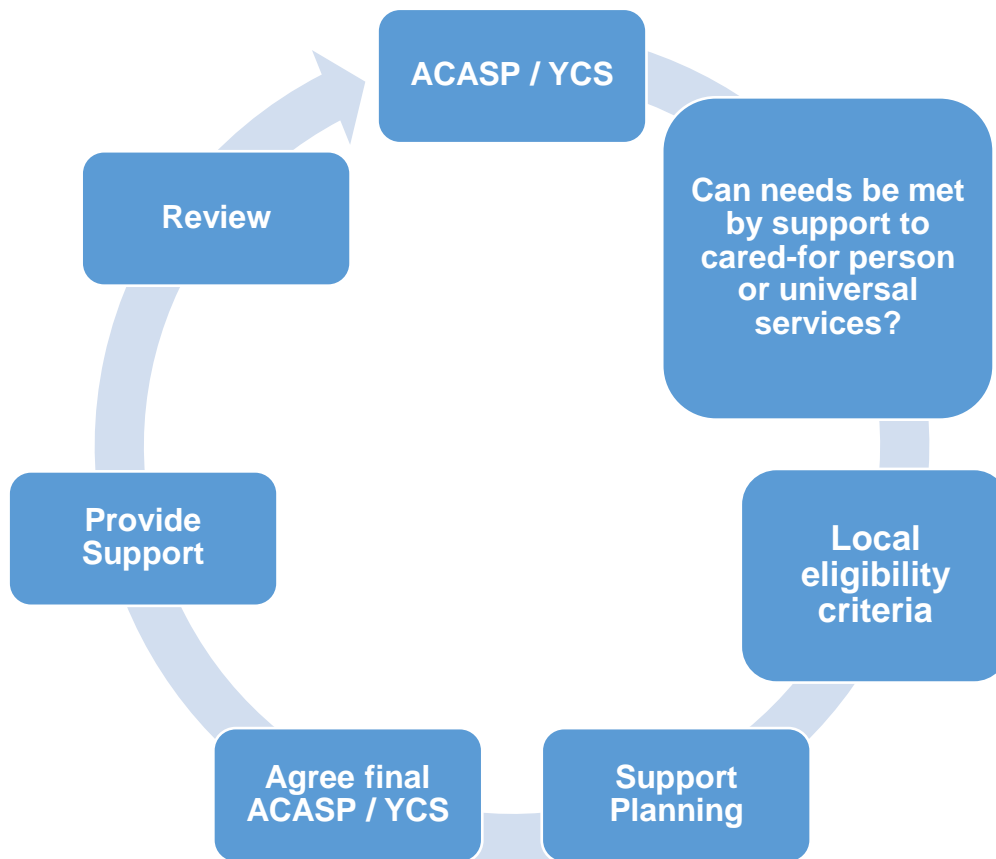


Table 2: Indicators for Young Carers (Based on NCO thresholds and SHANRI indicators)

	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	Considerable Impact	Critical Impact
Safe Living Environment	Young Carer free from abuse, neglect or harm at home, at school and in their community.	Young carers situation at home, at school and in their community is currently stable and manageable.	Young carers situation at home, school or in their community is not ideal and potential risk to young carer and cared for person is evident.	Young carers situation at home, school or in their community is not ideal and there are safety risks which cannot be remedied in the short term.	Young carers situation at home, school or in their community 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 their caring/family/social roles and responsibilities. There is a possibility of the young carer's health being affected.	Young carer is able to manage some aspects of their caring/family/social roles and responsibilities. It is evident the young carers health is being affected.	Young carer is having difficulty in managing aspects of the caring/family/social roles and responsibilities. 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 or long term harm.
Achieving Education & Learning	Young carer continues to access education/training and as no difficulty in managing caring role alongside.	Young carer has some difficulty managing caring alongside education/training. There is a small risk to sustaining education/training in the long term.	Young carer has difficulty managing caring alongside education/training. There is a risk to sustaining education/training in the medium term.	The young carer is missing out on education/training and there is a risk of this ending in the near future due to their caring role.	The young carer is at significant risk or has had to give up education/training due to their caring role.
Nurtured Relationships	Young carer displays positive emotional wellbeing. They have a nurturing place to live and a positive relationship with the cared for person. Young carer feels acknowledged by	Young carer 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.	Some impact on the young carers emotional wellbeing and on their relationship with the cared for person resulting in a strained relationship. Additional help needed where possible, in a suitable care setting.	Major impact on a daily basis to the young carer's emotional wellbeing and therefore impacts on the cared-for person. Young carer is unable to sustain many aspects of their caring role.	Relationship between the young carer and the cared-for person is broken. The young carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.

	professionals and does not require additional help.				Input is needed immediately for the young carer. The young carer never feels acknowledged and therefore feels excluded.
Active Life balance	Young carer has opportunities to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has some opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has limited opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has few and irregular opportunities to take part in activities such as play, recreation and sport at home, in school and in their community. May have a negative effect on healthy growth/development.	Young carer has no opportunity to take part in activities such as play, recreation and sport at home in school and in their community. This has a negative effect on their healthy growth/development.
Respect Responsible	Young carer has regular opportunities to be heard and involved in decisions. They have an active and responsible role to be involved in decisions that affect them.	Young carer has some opportunities to be heard and involved in decisions and has an active and responsible role to be involved in decisions that affect them.	Young carer has limited opportunity to be heard and involved in decisions that affect them due to their caring role.	Young carer has few and irregular opportunities to be heard and involved in decisions that affect them due to their caring role.	Young carer has no opportunities to be heard and involved in decisions that affect them due to their caring role.
Included Finance	Young carer feels accepted in the community where they live and learn. Young carer has time to take part in community activities. Free from financial stress.	Young carer feels some acceptance in the community where they live and learn but is unsure how to take part in community activities. There is a small risk of financial stress.	Young carer has limited acceptance in the community where they live and learn, due to their caring role. There is a risk of financial pressure.	Young carer feels isolated and not confident in the community where they live and learn. Need for financial support.	Young carer does not feel accepted in the community where they live and learn. Young carer's financial position is severe and there is financial hardship.

Figure 2: Carer Support Pathway



The duty (as opposed to the power) to provide support to a carer depends on the extent to which a carer's needs for support meets local eligibility criteria. Key steps are outlined below in: Key steps in preparation of ACSP/YCS and applying local eligibility criteria.

Table 3: Key steps in preparation of ACSP/YCS and applying local eligibility criteria alongside the Carers Act

Key Steps	Related sections from the Carers Act
(i) Prepare adult carer support plan or young carer statement setting out carer's identified personal outcomes and identified needs (if any). Accelerated timescales and option of light touch plan/statements apply to carers of people who are terminally ill.	Section 6(1)(a) and (b) and section 12(1)(a) and (b)
(ii) Consider which of the needs can be met through services or assistance to the cared-for person (other than 'replacement care' to provide a break from caring) or provided generally to persons in the area (i.e. by information and advice, universal services and community support).	Section 24(1)(a) and (b)
(iii) If needs are met wholly as per (ii), no further action (but keep under review).	Section 9(1)(l) and section 15(1)(m) re review
(iv) If needs are met only in part by (ii), or not at all, then apply local eligibility criteria to what are the 'outstanding' needs.	Section 24(2) and 3
(v) Decide whether the outstanding needs engage the legal duty to provide support, that is whether the local eligibility criteria are met. Criteria should be applied to each of the areas individually and independently of each other so that if a carer has identified needs in one domain (e.g. physical health) above the threshold, this would mean that those needs meet the local eligibility criteria and the carer would be eligible for support in that area.	Section 24(4)(a) and section 25(1)
(vi) If the outstanding needs do not meet the local eligibility criteria, decide whether the discretionary power to provide support should be used.	Section 24(4)(b)
NB: Consideration of whether the support to the carer should take the form of or include a break from caring (including replacement care where required) applies in relation to both the duty and power to support carers.	Section 25(1)
(vii) In the case of (v) and (vi), give the carer the opportunity to choose one of the options for self-directed support (unless ineligible to receive direct payments).	Social Care (Self-directed Support) (Scotland) Act 2013

The completion of this process should be collaborative and done in partnership with carers. The assessment process itself, however, is not an exact science and relies on the application of professional judgement and decision-making and the final decision in relation to eligibility lies with the assessor.