National Carer Organisations

Please find attached the national carer organisation’s proposed draft framework for national eligibility thresholds which we committed to provide to the Health and Sport Committee.

I hope this will assist the Committee in their considerations. If they require further information, any member of the national carer organisation policy group will be happy to discuss further. They are: myself, Claire Cairns (Coalition), Heather Noller (Carers Trust Scotland), Don Williamson (Shared Care Scotland) and Suzanne Munday (MECOPP).

National Carer Organisations
23 June 2015
A Framework for National Eligibility Thresholds

CONSULTATION DRAFT

Produced by the National Carers Organisations
June 2015
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About the National Eligibility working group
This document was created by a working group constituted by the National Carer Organisations to explore and test the possibilities for developing a national eligibility framework for carers. The group included:

- Claire Cairns, Coalition of Carers in Scotland
- Fiona Collie, Carers Scotland
- Sebastian Fischer, VOCAL
- Louise Morgan, Carers Trust Scotland
- Suzanne Munday, MECOPP
- Heather Noller, Carers Trust Scotland
- Don Williamson, Shared Care Scotland

The group met between February and June 2015 to write, test and consult on the framework. We are grateful to Colin Slasberg, independent consultant, for his expert input, and to Graeme Reekie of Wren and Greyhound Limited for independent facilitation of the process.
Part One: 
Background and principles
1. Background to the National Eligibility Framework
This document was developed in response to the clearly expressed view from carers that a National Eligibility Framework for carer support should be created and tested\(^1\).

It focuses on eligibility thresholds
There are three aspects to eligibility: the criteria that determine it, the thresholds that must be passed to trigger it, and the services that follow it. Because this document proposes a national approach to eligibility, it explores the first two aspects only. It does not attempt to define the service or type and amount of service a carer would be entitled to.

It embraces prevention
Although other Scottish Government policy supports preventative work, Local Authority (LA) budgets and practice often focus on critical care. This document identifies thresholds for different levels of need, but it also aims to ensure that preventative support is embraced and embedded in policy and practice. It intends to inform and contribute to the Scottish Government’s creation of legislation for carer support.

It acknowledges the need for greater consistency in the way carers are treated and the support they receive
The Scottish Government is proposing that each local authority should be responsible for developing its own local eligibility frameworks for carer support. Such an approach will perpetuate, not address, widespread variation in the levels of support to carers with similar levels of need. This document provides a national framework within which local authorities have the flexibility to develop their carer support services taking account of local needs and circumstances, but in a way that ensures access to support is achieved more fairly, transparently and consistently.

\(^1\) The Coalition of Carers in Scotland - Submission to the Health and Sport Committee’s call for views on the Carers (Scotland) Bill
It supports a rights based approach
- The right of every carer to have an Adult Carer Support Plan which aims to support their health and well-being by identifying their personal needs and outcomes.
- The right, through an Adult Carer Support Plan to access an appropriate balance of information, advice and support to meet these needs and achieve personal outcomes.
- The right to have a minimum level of need met.

It allows for transparency and clarity
A national framework will make it easier for carers to understand the level of support that they are entitled to. It is also clear that local variation in services is needed, but backing this with a national framework for eligibility means that comparing levels of service provision across local authorities will be made easier and carers will know what they can expect.

It is outcomes focused
The Carers (Scotland) Bill defines personal outcomes in relation to the caring role and makes provisions for subsequent regulations about personal outcomes. This framework allows for outcomes to be defined at all levels of support for carers, so that the benefits of accessing both preventative and more intensive support are clear and measurable.

It is applicable to any carer
The document was not written with young carers specifically in mind. Young carers are entitled to be children first and foremost, so frameworks like ‘Getting it Right for Every Child’ are likely to be more relevant to them. However, there is nothing in this framework document that could not apply to young carers and it is generic enough to be used in a range of situations.
2. What a National Eligibility Framework will achieve
A National Eligibility Framework would improve clarity for a number of stakeholders:

- **Carers and the people they help care for** should be at the centre of care planning. They should know what to expect, and not be treated differently because of unfair and unjustifiable variations in local eligibility. National frameworks guarantee ‘portability’ of assessment, with the same *thresholds, standards* and *criteria* in each area, even where *services* need to be different according to local circumstances.

- **Scottish Government** will be assured of more consistent and equitable implementation of the Carers’ Bill, and have more consistent, comparable data to measure its impact. The national *Carers Strategy* outcomes and *Equal Partners in Care* commitments will also be achieved.

- **Local Authorities, NHS, Health and Social Care Partnerships** will have a strong framework for measuring the need for, level of and take up of services, with increased clarity on who is eligible for support. Commissioners will be better able to plan and budget for services.

- **Third Sector and Carers Services** would be better able to define their role in preventative and universal support, and to help people access other appropriate support.

As the Carers (Scotland) Bill proposes both a power to meet needs and a duty to meet needs, there must be a clear distinction between these, using criteria that are transparent and robust.

A National Framework would identify *thresholds* and *pathways* to help people understand and identify carers’ needs – and what to do when these change. It would not propose assigning budgets based on the number or proportion of carers in a local area, but based on the number of individuals meeting thresholds for support. In this way, assessments for support would become more meaningful and person-centred.
3. Principles for a National Eligibility Framework

The following principles underpin this proposed National Eligibility Framework.

General principles
- **Recognition**: Unpaid carers are the largest contributors to care services in Scotland\(^2\). Appendix 2 compares carers’ and workers’ rights.
- **Leadership**: Local government does not have discretion to make its own rules for health and safety rights, employment rights or children’s rights; it is accepted these are matters of national concern. National leadership for eligibility criteria based on carers’ rights does not diminish the role of local leadership in shaping services to best provide for local needs and circumstances.
- **Expectation**: Carers make a vital contribution to society but many find their health and wellbeing at extreme risk due to a lack of support. Supporting carers is an investment in something of mutual interest and concern. Carers should not be worse off by caring.
- **Equity**: A National Framework would create a fair and transparent system for determining eligibility that would be more widely understood by carers.
- **Equality**: There are different communities of carers with different needs, needing different – but equal – services and support.
- **Entitlement**: Carers would be clear about when and at what point they are entitled to support, based on their rights.
- **Efficiency**: It is wrong to assume that national frameworks are more costly than local frameworks or that local authorities would use local discretion to provide the cheapest or minimum level support. Local frameworks also require duplication of effort that would be saved by having one clear framework applicable to all local authorities.

Principles for individual carers
- **Expertise**: Carers should be recognised as equal partners in providing vital care and support.
- **Aspiration**: Carers have a right to a life outside caring with opportunities to achieve their full potential.
- **Applicability**: The test of a framework is its ability to apply to different people in different situations and circumstances.
- **Equivalency**: Eligibility thresholds will be the same throughout Scotland and all those with eligible needs will be entitled to receive services, or an equivalent resource, to meet these needs. This is simple, fair and transparent.

\(^2\) There are an estimated 759,000 carers in Scotland. [Scotland's Carers and official statistics publication for Scotland](http://www.scotland.gov.uk), The Scottish Government, March 2015
• **Prevention and risk**: Assessments for support should factor in assessment of risk, to prevent deterioration in the carer’s health or the caring situation. One of the few effective ways to achieve (and evidence) prevention is to identify and reduce risk factors.

• **Enablement**: Assessment and support should be outcome-focused, asset-based and preventative.

• **Ease**: Carer assessment should not be burdensome. Questions about needs and outcomes should have a clear purpose for carers, not just the support system.
Part Two: Model frameworks
4. Explaining the process
Through the Carers (Scotland) Bill, local authorities will have a duty to support carers who meet eligibility criteria.
This can be broken down into four steps, from assessing the carer to the carer accessing a resource or a service.

Step One
A carer who wishes to access additional support which is not universally available, will need to have an Adult Carer Support Plan. This will involve an assessment to determine the carer’s needs, and how they can best achieve their personal outcomes. Not all carers who undertake an Adult Carer Support Plan will have an eligible need, or a right to support. However, it is likely that they will still have needs which can be addressed through universal, preventative services.

Step Two
Once the carer’s outcomes have been identified through their support plan, the local authority will need to determine if any of their needs meet eligibility criteria. This paper sets out a framework for eligibility criteria to enable local authorities to determine if carers meet the eligibility threshold, meaning they have a duty to support them.

Step Three
If a carer meets the eligibility threshold, the local authority will need to decide what level of support they are entitled to. This framework does not include information on the amount and type of support a carer would be entitled to. (It does not attempt to address the question of nationally determined minimum entitlements, and how these might be taken forward as part of a National Eligibility Framework.)

Step Four
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. There will be local variation in the services which are available to support carers, but local authorities have a duty to ensure, as far as practicably possible, there is a choice of services that respond to varying needs, local demographics and the local environment.

Carers should be fully involved in each stage of the process and in all decision making. They may also require support to:

- determine their personal outcomes
- decide if they meet the eligibility threshold
- agree the level of support they require to meet their outcomes
• access a service or support to best meet their needs
• explore how they can use their resource in a more creative way
5. Models for Eligibility Frameworks

The diagrams on the following pages set out an illustrative National Eligibility Framework consisting of:

1. **A model framework of eligibility thresholds**, showing how Local Authorities and NHS can support carers. This includes examples of services, which are not intended to be exhaustive or prescriptive (local circumstances will determine services).

2. **A model framework of criteria** for reaching thresholds which could be used to assess levels of need against eight carer outcomes.

The diagrams are followed by a table showing examples of indicators that could be used to assess the impact on and risk to carers’ outcomes. The diagrams are based on the following elements:

- **Universal, preventative support** (such as information and advice) is the foundation for helping carers manage their caring responsibilities. This in turn reduces the ratio of carers requiring higher level or crisis interventions and reduces demand on statutory services.
- **National thresholds** at which powers to support carers become duties to support carers. Local circumstances, approaches and services will determine exactly how carers’ needs and aspirations are supported.

The diagrams do not attempt to specify which services carers should receive at any of the levels shown. Instead, they give examples of the types of support that can be given, which include existing commitments from the Carers Strategy and the Bill:

- Information and advice (including care planning for emergencies and for the future of the caring role)
- Training
- Peer support
- Emotional support and counselling
- Money and welfare advice
- Health and wellbeing support
- Advocacy
- Access to independent carers’ support organisations
- Breaks from caring
Figure 1: Model framework of eligibility thresholds, showing how Local Authorities and NHS can support carers, with examples of services.
**Figure 2: Model criteria framework** showing how criteria for reaching thresholds could be used to assess levels of need against eight carer outcomes

Aspiration - enabling people to achieve their full potential

**Key:**

- The blue circle shows the threshold between Levels 2 and 3 support.
- The red circle shows the threshold between Levels 3 and 4 support – where the Duty to Support is triggered.
- The pyramid in Figure 1 can be imagined with its base in Level 1 and its peak in Level 5.
- The five levels are illustrated in more detail in Table 1.

**How it works:**

All carers should be offered a carer support plan and free access to general, universal services.

Being assessed as ‘at risk’ in one of the areas of a carer’s life triggers entitlement for additional services, which should be based on the four Self-directed Support options.

Figure 2 and case studies illustrate how this could work in practice for an individual carer. Section 4 explains the process in more detail.
**Table 1: Examples of indicators: impact on and risk to carers’ outcomes**

<table>
<thead>
<tr>
<th>Universal support moving to commissioned services &amp; support (local authority ‘power to support’)</th>
<th>More targeted, commissioned services &amp; support (local authority ‘duty to support’)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Caring has no impact / no risk</strong></td>
<td><strong>4 Caring has considerable impact / high risk</strong></td>
</tr>
<tr>
<td>Carer in good health</td>
<td>Carer’s health requires attention</td>
</tr>
<tr>
<td>Carer has good emotional wellbeing. Good relationship with cared-for person</td>
<td>Carer’s health is breaking/has broken down</td>
</tr>
<tr>
<td>Caring is not causing financial hardship, e.g. carer can afford housing costs and utilities</td>
<td>Significant impact on carer’s emotional wellbeing</td>
</tr>
<tr>
<td>Caring has some 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</td>
<td>Relationship with cared-for person is breaking/has broken down</td>
</tr>
<tr>
<td>Caring has clear impact / small, moderate risk. Response needed.</td>
<td>Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments</td>
</tr>
<tr>
<td>Caring is having a significant impact on finances e.g. difficulty meeting either housing costs OR utilities</td>
<td>Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life.</td>
</tr>
<tr>
<td>Caring is causing severe financial hardship e.g. difficulty meeting housing costs AND utilities</td>
<td>They have little access to breaks and activities which promote physical, mental, emotional wellbeing</td>
</tr>
<tr>
<td>Caring is causing some detrimental impact on finances e.g. difficulty meeting housing costs AND utilities</td>
<td>They have no access to breaks and activities which promote physical, mental, emotional wellbeing</td>
</tr>
<tr>
<td>Feeling valued</td>
<td>1 Caring has no impact / no risk</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td>Carer feels their knowledge and expertise is always valued by health, social care and other practitioners and consequently they feel included and empowered</td>
</tr>
<tr>
<td>Future planning</td>
<td>Carer is confident about the future and has no concerns</td>
</tr>
<tr>
<td>Employment</td>
<td>Carer has no difficulty in managing caring and employment and/or education</td>
</tr>
<tr>
<td>Living environment</td>
<td>Carer’s living environment is suitable, posing no risk to the physical health and safety of the carer and cared for person.</td>
</tr>
</tbody>
</table>
6. Case studies

Case Study 1 – Bill
Bill is 70 and cares for his mother Phyllis. Phyllis is 92 and is frail and elderly but lives independently. She manages fairly well and Bill visits daily to help her with housework, shopping getting out and about. She receives some help from the social work department to cook her meals and has a community alarm for emergencies. Bill asks for an Adult Carer Support Plan. Overall he is managing his caring role well and his health and wellbeing are generally good. However, he identifies that he has some concerns about the future (if anything was to happen to him) and he is a bit lonely as he doesn’t really have anyone to talk to about his caring role.

Using the model criteria
All of Bill's needs fall into universal or preventative support which could be provided by a local carer support service. For example, they could arrange for him to join their male carers group to meet fellow carers. In addition, the person responsible for the Adult Carer Support Plan could write an emergency plan so that if anything happened to Bill, the plan would take effect.

Case Study 2 – Frances
Frances is 20 and cares for her mum who has cancer. She provides continuous care, although they have some help from the local hospice. She had to give up her college course and has no income. She is exhausted and depressed and has no idea how she will continue to cope. The hospital social worker arranges for her to have an Adult Carer Support Plan which identifies that:

- Caring is causing significant impacts on her mental health.
- She is exhausted and wants to be able to have a break from caring and spend time with her friends.
- She wants to return to education but does not know how she will be able to manage education and caring.
- She is really worried about finances. Although her Mum gets ESA, she does not receive any other benefits.

Using the model criteria
- Frances’s health is at significant risk of breaking down.
- She has few opportunities to have a break.
- She has no opportunities for education.
- Her finances are precarious.
She meets the high threshold on this model across a number of areas and therefore the local authority has a duty to support. This could include providing a regular break, helping her with her finances and helping her plan to return to education.

Case Study 3 – Fran
Fran cares for her husband John who has MS. She works full time. Although she has up to now managed the caring role, John’s disability is progressing and he needs more help to get up in the morning which she is finding more difficult. Fran requests an Adult Carer Support Plan. During the discussion about the outcomes the following is identified:

- Caring is causing some impacts on her health – she is stressed and has some back pain.
- Financially there are few problems as her job is well paid. Her husband is receiving DLA. However, were she to lose her job they would have significant financial difficulty including in paying the mortgage.
- Their housing is suitable and has all the adaptations they need.
- She feels her quality of life is good and despite her husband’s disability, they are able to enjoy activities together and apart.
- She is somewhat worried about the future and how they will cope as her husband’s condition progresses.
- She is keen to keep her job but it is significantly at risk as she is coming in late as she has to get her husband up and ready every morning. Her employer is concerned about her late arrivals and is threatening disciplinary action.

Using the model criteria
Fran is in the preventative/universal section for all areas of her life apart from two. This can be met with a referral to a local carer support service, for example, with access to complementary therapies and some moving and handling training.

However, employment and (potentially) finance are of concern. In this instance, she meets the highest threshold where the local authority will have a duty to provide support to ensure that she continues to be able to manage work and caring. She is at imminent risk of losing her job and there are concerns about the associated impact that would have on their finances. Some help in the mornings would prevent this happening.
Part Four:
Appendices
Appendix 1

What the illustrative framework aims to achieve
This document attempts to identify core principles, and propose models, to explore what ‘asset-based’ and ‘outcome-focused’ practice would really look like. It aims to inform discussions about eligibility criteria and illustrate what can be achieved.

In developing the framework, three possible approaches were considered:

1. **Adopting frameworks and outcomes that are used for people receiving care.** Where this currently happens, some criteria are more relevant to carers than others (e.g. about being able to look after themselves and their home). However, when considering carer’ rights it is more instructive - and more accurate - to draw parallels to workers than to service users. For example, workers have rights and safeguards - no-one questions workers’ entitlement to breaks, holidays and safe working practices, all of which are protected by legislation (see Appendix 2).

2. **An outcomes-based approach.** This can be positive where the outcomes being used to assess need are well matched to carers’ own outcomes. However carers may then have to make the case for the impact that caring has on them. It is not asset based, i.e. it focuses on what carers need, not what they have – or risk losing.

3. **A combination of outcome-based and ‘resource allocation systems’.** This is similar to the process for people receiving care, moving away from assessing levels of need (‘critical’, ‘substantial’ etc.) towards a system based on ‘triggers’ for automatic entitlement to services, support and resources.

The National Carers Organisations prefer the third option because it emphasises duties rather than discretionary powers, and would be less burdensome for carers.
Appendix 2

Comparison: Carers and the paid workforce

Carers’ entitlements are traditionally compared to those of people with support needs. Although unpaid carers can indeed need support themselves, it is more accurate to think of carers as providers of services – just like other workers. Our intention is not to professionalise unpaid caring, but to contextualise the ‘occupational’ tasks carried out in caring, the risks arising from it, and the respect that these tasks deserve.

<table>
<thead>
<tr>
<th>Entry</th>
<th>Paid workforce</th>
<th>Unpaid carers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Typically apply for the job, have a contract, choose to do it and can leave after giving notice</td>
<td>Typically unprepared, have limited choice but to carry on caring, facing stigma for stopping.</td>
</tr>
<tr>
<td>Time spent</td>
<td>Right to flexible working, to choose one’s hours; Working Time Directive protects worker’s ability to do the job safely, requires daily and weekly rest periods and breaks between shifts. Extra rights for night shifts. Statutory annual leave entitlement (28 days p.a. for full time workers).</td>
<td>Scotland’s Carer Strategy supports Short Breaks. Most carers lack overnight support, even when supporting high and complex needs</td>
</tr>
<tr>
<td>Pay and benefits</td>
<td>Minimum wage £6.50, living wage £7.85, HMRC mileage allowance 45p per mile, automatic pension enrolment, Statutory Sick Pay £88.45</td>
<td>Carers Allowance £62.10 per week (equivalent to £1.77 per hour for a 35 hour week). Less than SSP, JSA £73.10 and state pension £115.95</td>
</tr>
<tr>
<td>Risk</td>
<td>Protected by employer insurance and Health and Safety law, including right to consultation, training, equipment, protective clothing, risk assessment, limits on manual handling etc.</td>
<td>No protection from health and safety risks. Additional risk of reduced opportunities and quality of life.</td>
</tr>
<tr>
<td>Training, support and representation</td>
<td>Right to union membership, code of practice for grievances. Most employers offer training, support, appraisal and employee assistance programmes</td>
<td>None, other than that available through carers’ centres and other voluntary services.</td>
</tr>
</tbody>
</table>

Table 2: Comparison of the entitlements of workers in paid employment with those of unpaid carers

In making this comparison, we recognise that terms and conditions for paid care workers are often poor, with minimum wage pay, lack of travel expenses etc. *This table illustrates the extent to which entitlements for unpaid carers are still lower than those for workers.*
Appendix 3

5 CLEAR Reasons for National Eligibility Criteria

Carers want National Eligibility Criteria
Carers were clear in their response to the consultation on the Carers Bill that they wanted new rights linked to national eligibility criteria.

‘There needs to be equality across the board – everyone assessed using the same eligibility criteria with the same entitlements to support and resources’

Learning from other countries
There is clear evidence from around the world that adopting a universal approach to care provision is the fairest approach. Both England and Wales have recently introduced national eligibility criteria for social care services, including support for carers.

‘Most developed national countries have universal social care arrangements, accessible to all those with defined levels of care and support needs’

Equity
National Eligibility Criteria would be a fair system and would put an end to the frustration carers feel when they are not able to access the same level of support as other carers living in a different local authority area.

Protects all carers, not just carers who are lucky enough to live in a well-resourced area

Abolishes the postcode lottery
National Eligibility Criteria would mean that carers would know exactly what they were entitled to.

‘Eligibility criteria must be national – you don’t want people moving area to get a better service’

Rights
Eligibility Criteria is the gateway to new rights for carers. They must be clear rights available to all, not at the discretion of local criteria.

‘Where a duty is put in place, it is important LAs adhere to it. There needs to be sanctions for those who do not provide carers with their rights’

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3 Carer response to consultation on the Carers Bill, North Lanarkshire
4 Viewpoint, Rethinking Social Care and Support, University of York and Stirling
5 Carer response to consultation on the Carers Bill, COCIS meeting
6 Carer response to consultation on the Carers Bill, Borders Carers Centre
7 Carer response to consultation on the Carers Bill, COCIS Rural and Remote Carers Group
Appendix 4

Outcomes Mapping

This table was created as a way to check the appropriateness of the 8 carer outcomes in the framework, and to show how they relate to other relevant frameworks.

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>Maintaining health and wellbeing</td>
<td>Have improved emotional and physical wellbeing</td>
<td>People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.</td>
<td>Improved health and wellbeing</td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>Positive relationship with the person cared for. Satisfaction in caring</td>
<td></td>
<td></td>
<td>Improved confidence/ morale as a carer.</td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td>Freedom from financial hardship</td>
<td>Not experience disadvantage or discrimination, including financial hardship, as a result of caring</td>
<td></td>
<td>Increased ability to cope in the caring role.</td>
</tr>
<tr>
<td><strong>Life balance</strong></td>
<td>A life of their own</td>
<td>Have the ability to combine caring responsibilities with work, social, leisure and learning opportunities and retain a life outside of caring</td>
<td>Duty to Support eligible carers – including duty to consider if this support should be in the form of a break(s) from caring</td>
<td>Carers have more opportunities to enjoy a life outside the caring role.</td>
</tr>
<tr>
<td><strong>Feeling valued</strong></td>
<td>Valued/respected and expertise recognised</td>
<td>Be involved in planning and shaping the services required for the service user and the support for themselves</td>
<td>Duty to take the steps (it considers appropriate) to involve carers in carer services, including services to the cared-for person</td>
<td>Carers feel better supported. Carers are more valued by the wider community</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td><strong>Living environment</strong></td>
<td>Have access to housing which is suitable for changing needs</td>
<td>Have better access to appropriate information and training on equipment.</td>
<td>Have access to appropriate information on telehealthcare</td>
<td></td>
</tr>
<tr>
<td><strong>Future planning</strong></td>
<td>Choices in caring, including the limits of caring. Feeling informed, skilled, equipped</td>
<td>Have increased confidence in managing the caring role</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Employment

Have the ability to combine caring responsibilities with work, social, leisure and learning opportunities and retain a life outside of caring;

Have access to lifelong learning opportunities, further education and skills development in ways which takes account of their caring responsibilities.