

Fair Access to Care Services (FACS): prioritising eligibility for care and support



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The Social Care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United Kingdom.

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Foreword

Putting disabled and older people at the heart of decision-making is central to government policy for adult social care. The wellbeing of the individual is the primary principle of the Care Bill going through Parliament.

The Bill puts an emphasis on early intervention, prevention and enablement. People should have easy access to information and advice they can use to make their own decisions, manage their own support arrangements and stay as independent as possible. There will be a new national framework for assessment and eligibility.

This updated guide refreshes SCIE's 2010 Practice Guide 'Facts about FACS', on good practice in applying current policy on assessment and deciding eligibility. It takes account of changes in the policy, resource and practice environments since 2010, including the strong emphasis on more integrated working with the NHS. And it makes links to the new provisions of the Care Bill, due to begin implementation in 2015.

The guide should be helpful not only to social workers and social care staff taking part in the assessment process, but also to GPs and other NHS staff increasingly engaged in joint assessment and commissioning.

Lord Michael Bichard
Chair, Social Care Institute for Excellence

About this guide

The guide and associated learning materials should be useful to four main groups of people:

- staff providing initial point-of-contact information, advice and signposting services to individuals and carers seeking or referred for adult social care and support.
- staff undertaking assessments or referrals for social care support for, or on behalf of, local authorities with adult social services responsibilities, including:
 - social workers, care managers, members of other professions and joint teams, and other staff who make decisions about needs, risks and individuals' and carers' eligibility for support
 - first-line managers with responsibility for overseeing decisions about individuals' and carers' eligibility for support
 - staff handling complaints and appeals against FACS decisions
 - trainers and educators of social work students, newly qualified social workers and those working in social care settings.
- people using or seeking services and support, and their carers, the parents of disabled children and relatives of others requesting or referred for adult services
- health staff involved in, or seeking to understand, priorities for social care, including clinical commissioning groups (CCGs), GPs, practice and community nurses, members of joint health and social care teams and health and wellbeing boards.

In order to promote the best outcomes for individuals and carers, health and social care staff undertaking joint assessments, or assessments requiring consideration of both health and care factors, will need to be aware of each other's professional guidance, and relevant standards or guidance emanating from the National Institute for Health and Care Excellence (NICE).

This guide may also be helpful to other groups with an interest in assessment and eligibility for social care, including:

- local authority elected members, CCG and NHS trust members
- hospital and other NHS managers and staff, care service providers, and managers and staff in the private and voluntary sectors
- advocates, brokers, independent representatives and Healthwatch members.

Key points for practitioners

1. **Under Fair Access to Care Services (FACS), individuals and carers seeking or referred for social care support are entitled to an assessment of their circumstances, needs and risks.** This must ensure they can maintain as much control as possible of their lives, of the care and support that they receive, and of the opportunities to engage in training, employment, civil society and voluntary activities.
2. **An individual's financial situation must not pre-empt or influence the assessment of their social care needs.** There are three distinct stages: enabling people to understand their needs and consider options for meeting them; informing them about which are assessed as eligible needs; and conducting a financial assessment.
3. **Offer early identification, proactive support and access to prevention and reablement services** to remove, minimise or delay individuals' and carers' need for care and support. Early intervention can delay or prevent needs from increasing.
4. **Ensure enough good quality information and advice is available,** in a variety of accessible formats and media, to enable people to manage their own support as much as they wish. Information, advice and support tailored to the individual's specific needs may prevent, minimise or delay the need for publicly funded support or care.
5. **Respect carers as equal partners in care.** Carers are entitled to an assessment in their own right in relation to their support needs, and government plans to give them the right to support if they are eligible. Remember there may be 'hidden carers' in a family, e.g. young carers or other family members who may have support needs of their own.
6. **When an individual is assessed as lacking capacity to make decisions about aspects of their lives, take steps to ensure they are not filtered out inappropriately, their wishes are represented as fully as possible and appropriate action taken when consent cannot be given.** This may be done with the assistance of family, a facilitator or an advocate.
7. **Remember each area/domain listed in the FACS criteria must be given equal weight. Personal care is not for example more important than involvement in family life.** Needs in different bands of the eligibility criteria may interact with each other to lift a person's need for care and support to a higher band.
8. **Make sure that individuals and carers are not filtered out too quickly.** People may need time and confidence fully to share all relevant aspects of their situation. Further discussion may reveal eligible needs, or scope to

support carers so as to prevent or reduce the individual's need for formal care and support. To participate fully, individuals with restricted communication may need access to a family member, facilitator, interpreter or advocate.

9. **In the assessment process, think about the person's whole situation.** This can include their health, housing, income, education, training and employment; their family situation, whether there are children or young people, or other family members with care and support needs; and risks to their social inclusion and participation. Subject to everyone's agreement, whole family assessment can enable individuals, carers and others in their family network to reach good conclusions about care and support. The views of family and significant others are crucial if a person lacks capacity to make their own decisions.
10. **Think beyond adult social care services,** and consider a wider range of community options, to promote people's control over their lives. High quality information, advice, and signposting to third sector and community support, empowers individuals and carers to make the right choices, whether or not they are eligible for publicly funded services.
11. **Develop opportunities for joint assessment with NHS and housing partners.** Most people receiving a full assessment of eligibility will have complex health as well as care needs, and many experience multiple physical and mental health conditions. Prioritising eligibility for local authority-funded services often needs to be combined with assessments of health care needs, including for NHS continuing care and NHS-funded nursing care.
12. **Keep up to date with the new structures and systems in health and care.** Within Health and Wellbeing Strategies and joint funding arrangements, GPs and community-based nurses will be increasingly involved in the commissioning of health and social care support for their patients, and should be included in planning support for individuals. Use of personal budgets and personal health budgets means that support can frequently be designed and delivered in new, innovative and personalised ways to suit individual preferences and lifestyles.

Key points for GPs, CCGs and health and wellbeing boards

- **Adult social care includes a wide range of care and support provision for working age and older individuals, and support for carers.** The main groups receiving care and support include disabled people, those with sensory impairments, people with learning disabilities, people with mental health or substance misuse problems, and older people with a variety of physical, sensory, intellectual and mental health difficulties. Many people experience multiple disabling conditions, requiring flexible combinations of social and health care services. Some people may be assessed as lacking capacity to make their own decisions, and may need family members, local authorities and the NHS to act within the principles of the Mental Capacity Act 2005 (MCA).
- **Unlike the NHS, adult social care is neither a universal service nor provided free at the point of need.** People must have a formal assessment of their care and support needs in order to qualify for local authority-funded social care. If they meet the eligibility criteria for support, a financial assessment of their means determines how much of the costs they must meet themselves. Most adult social care services are provided in the private, voluntary or not-for-profit sectors, with the local authority acting mainly as commissioner. Adults will receive a personal budget which they can take in the form of direct payments or personal budgets, to enhance their individual choice and control of their own support arrangements.
- **Disabled people of all ages have the option of purchasing adult social care and support services for themselves or with assistance from relatives, and many do.** This group includes people who do not meet the local authority's eligibility criteria, or whose means exceed the qualifying limit. Local markets in home care, residential care and other services provide competition on quality and price. Under the Care Bill, the local authority is responsible for promoting diversity and quality in service provision. The local authority must provide information, advice and support to help people and their carers assess their needs and options, even if they do not meet the council's eligibility criteria or qualify for funding support.
- **Many people assessed for publicly funded social care and support also have significant physical and/or mental health conditions and demonstrate multiple morbidities.** Both current and future legislation prohibit the use of social care funding to purchase services which the NHS, as a universal service, has a duty to provide. People in residential and nursing home care, or receiving high levels of social care support in their own homes, have the same entitlement to the full range of health services, free at the point

of need, as everyone else. Provision of appropriate health care may reduce or remove the need for social care and support.

- **The boundaries between social care and health care commissioning and provision have shifted, and are likely to change further.** Many people in residential and nursing homes today, or receiving high levels of care and support in their own homes, would in the past have been cared for in NHS long-stay care. Advances in medical and surgical techniques and treatments have enabled many more people to return to full fitness, or to manage at home with residual impairments or long-term conditions. People requiring residential or nursing home care are likely to have significantly higher levels of physical, intellectual and mental health impairment now than would have been possible even in the recent past.
- **GPs and other health care professionals have valuable information which can assist assessment and eligibility decisions for individuals and carers.** Assessments aim to consider the person and their needs and abilities in the round, taking into account the present and future implications of any health conditions affecting their capability, capacity to cope and requirements for care and support. It is important that, with the individual's consent, the practitioners who are familiar with the individual, carer and family can contribute their expertise to their assessment and care and support plans. If a person has been assessed as lacking capacity, information should be shared as part of multi-agency Best Interests decision-making.
- **Health and wellbeing boards are strategic bodies whose job is to promote the health and wellbeing of local people.** These Boards, created under the Health and Social Care Act 2012, are responsible for assessing the health and wellbeing needs of the entire local population; presenting the results in a Joint Strategic Needs Assessment (JSNA); and preparing a Joint Health and Wellbeing Strategy (JHWS) prioritising action in the short, medium and longer term and underpinning commissioning decisions across health, social care, housing, education and wider local authority functions.
- **Promoting partnership, joint commissioning and joint and integrated working across health and care is increasingly important.** The Care Bill includes specific duties on local authorities to promote integration and cooperate with partner organisations including NHS bodies. Wherever possible there is a duty to consider whether needs could be met more effectively by using the flexibilities of Section 75 of the National Health Service Act 2006, enabling lead commissioner, integrated provision and pooled budget arrangements to be used.
- **The Care Bill provides for a new national assessment framework for adults and carers, new support entitlements for carers, a national**

minimum eligibility threshold, and a new system for funding and charging for care and support. It will introduce a cap on individual liability for eligible social care costs. People funding their own care, in full or in part, will be able to be assessed for their eligibility, and contributions will be recorded in their care account to determine progress towards the cap. People paying for their care will have the same rights to information and advice, and to reablement and prevention, as anyone else. GPs should be aware of the importance of encouraging adults to seek assessment of their needs, in order that their contributions towards an individual care account can be logged.

- **The Care Bill sets out for the first time a statutory framework for adult safeguarding.** It will require the local authority to establish a Safeguarding Adults Board (SAB) to strengthen protection for adults at risk of abuse or neglect. The core statutory members of the SAB are the local authority, relevant clinical commissioning groups, the chief police officer and any other persons specified in regulations. If an adult has died as a result of abuse or neglect, or survived serious abuse or neglect, and there is cause for concern about how agencies worked together, the SAB must arrange a safeguarding adult review. GPs may be asked to contribute to individual Safeguarding Adults reviews.

The social care and NHS policy context

Fair Access to Care Services (FACS), the national eligibility framework in England for prioritising the use of adult social care resources fairly, transparently and consistently, was first introduced by the Department of Health in 2002. Revised policy guidance on assessment and eligibility for adult social care was issued in 2010, accompanied by a practice guide prepared by the Social Care Institute for Excellence (SCIE).

The 2010 policy guidance is likely to remain in place until the passage and implementation of the Care Bill, introduced in Parliament in 2013, reforms adult social care law. Practice is changing and evolving, however. SCIE has updated its practice guide to reflect these changes, and to anticipate the new approaches to assessment and eligibility contained in the Bill.

The guide will help staff engaged in assessment and eligibility decision-making, their supervisors and managers, to maintain and develop the quality of practice and service to the public, at a time of rapid and complex change and pressures on human and financial resources. Associated elearning material has also been updated, offering staff in different circumstances a choice of media.

In view of the renewed emphasis on integrated working, the guide is also written to help general practitioners (GPs), clinical commissioning groups (CCGs) and health and wellbeing boards understand how people's social care needs are assessed, prioritised and kept under review, and how care and support plans are prepared jointly with the individual, their family and carers. The guide is also intended to help people, their relatives, advisers and advocates know what to expect during an assessment, the different levels of eligibility and government's planned changes.

Current and forthcoming FACS guidance

Fair Access to Care Services (FACS), introduced in 2002, is the national eligibility framework in England for prioritising the use of adult social care resources fairly, transparently and consistently.

In 2010 the Department of Health issued the current policy guidance under the title 'Prioritising need in the context of "Putting people first": a whole system approach to eligibility for social care'. [1] This sought to achieve the following objectives:

- to ensure assessment and decisions on eligibility embodied the personalisation principles and policies set out in 'Putting people first', [2] which had developed since the launch of FACS in 2002
- to encourage greater consistency among local authorities in the way they applied the FACS system
- to reduce the likelihood of individuals and carers being denied access to needs assessment and advice because their financial assets were greater than the financial limit for local authority funding.

While the 2010 FACS policy guidance will remain in place until the Care Bill comes into law, this revised SCIE guide takes account of changes since 2010 in National Health

Service (NHS) and social care legislation, policy, practice and provision. It also takes into account relevant legal judgments and overall resource availability. It provides information on the policy direction set out in the White Paper 'Caring for our future: reforming care and support', [3] and the Care Bill itself, introduced into the House of Lords in May 2013. [4]

Practice is already changing in the field. A good deal of this is driven by rising demand for care and support combined with downward pressure on local authority social care budgets, but there are other factors. Individuals and carers who use care and support can have an increasing influence, particularly in more responsive authorities, on the outcomes they are seeking in their lives, the care and support they receive, and how it is provided. This includes being able to decide the best ways for statutory resources to complement their own strengths, social capital and networks. As more and more people are funding part or all of their care and support themselves, so their expectations as 'customers', or the family members of those customers, are receiving more attention.

The social care and NHS policy context

Since SCIE's 2010 guide was published, the basic approach to community care assessment and eligibility has remained the same, but many other things have changed. The Coalition Government, elected in May 2010, has introduced widespread reforms in the NHS, education, welfare benefits and other areas of public policy and provision. Following the passage of the Health and Social Care Act 2012, a major programme of NHS reform and reorganisation is now under way.

Many aspects of the NHS reforms will have an impact on social care, notably the transfer, to GP-led CCGs, of responsibility for commissioning the majority of NHS services. The responsibility for public health has transferred to local authorities, with support from Public Health England. The general emphasis in the reforms is on promoting prevention and integrated working. New joint health and wellbeing boards have been established to lead the development of joint and integrated planning, commissioning and provision, and to coordinate joint strategic needs assessments and local health and wellbeing strategies. Healthwatch England will take responsibility for ensuring the views of people using health and care services are gathered and registered, both locally and nationally.

The Mental Capacity Act requires staff in health and social care to focus on the capacities and capabilities of people with mental impairments, and on enabling them to make as many decisions about their own care as possible. Care providers have a duty to assess capacity for specific decisions, look to least restrictive care options and be aware of the Act's provisions for Deprivation of Liberty Safeguards (DOLS).

In 2011, ministers produced a vision statement for adult social care, 'Capable communities and active citizens'. [5] This set out the future direction for social care, based on six principles:

- personalisation
- partnership
- plurality

- protection
- productivity
- people.

The Department published in 2011, [29] and refreshed in 2013, [30] a statement of policy on adult safeguarding. This sets out six cross-agency Safeguarding Adults principles and describes outcomes, from the individual's perspective, of applying these principles. The statement acts as a bridge between the current No Secrets guidance [31] and the duties and powers contained in the Care Bill.

Following a comprehensive review of adult social care law by the Law Commission, [6] in July 2012 the government published its White Paper on adult social care policy, 'Caring for our future: reforming care and support', [3] together with a draft Care and Support Bill. [7] The Care Bill, published and introduced to Parliament in 2013, includes most of the Law Commission's recommendations for consolidating the numerous pieces of adult social care legislation, accumulated piecemeal over the previous 60 years, with a single statute based on modern principles. A new national framework for assessment and eligibility is proposed, with defined procedures to be set out in regulations. The Bill includes the government's decisions on new arrangements for funding long-term care. Subject to parliamentary approval, the care and support parts of the Bill, including deferred payments, are due to be implemented in 2015, and the cap on care costs clauses in April 2016.

There have also been developments in a number of related strategic policy areas:

- Under the National Dementia Strategy [8] and the 'Prime Minister's challenge on dementia', [9] the government is seeking to increase early diagnosis, supporting improvements in health and social care for people with dementia and their families, and promoting dementia-friendly communities.
- The government has issued an implementation framework for mental health services policy, 'No health without mental health', [10] setting out the action expected of the NHS, local government, social care commissioners and providers to put the policy into practice.
- The government has made commitments in 'Recognised, valued and supported: next steps for the carers strategy' [11] to involve carers in designing and improving carer support, enable them to stay in education or employment and help them remain physically and mentally well.

Current FACS eligibility criteria and Care Bill proposals

The definitions of the four FACS eligibility bands – critical, substantial, moderate and low – have been specified nationally, and have remained unchanged since 2003. Table 1 outlines the criteria for individuals associated with each band. The bands rank eligible needs in terms of risks to the individual's independence and wellbeing, and the consequences of their needs not being met. Within each band, as the 'and/or' links indicate, the FACS framework does not give more weight to some criteria than others. Sustaining involvement in work, social support systems, and family roles and

responsibilities, should be considered alongside risks to life and health, loss of choice and neglect.

Table 1: FACS bandings and eligibility criteria for the individual

Critical – when:

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken

Substantial – when:

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken

Moderate – when:

- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
- involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- several social support systems and relationships cannot or will not be sustained; and/or
- several family and other social roles and responsibilities cannot or will not be undertaken

Low – when:

- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not be sustained; and/or
- one or two family and other social roles and responsibilities cannot or will not be undertaken

Source: *'Prioritising need in the context of "Putting people first": a whole system approach to eligibility for social care'* (Department of Health, 2010).

Eligibility criteria for individuals should be seen in their wider context and not in isolation. They are a guide to local authorities undertaking assessments among those entitled to publicly funded social care support in the community. Staff undertaking assessments should be aware of the following.

- Whether eligible or not under the FACS criteria, individuals in need of support have the same rights as everybody else to access universal services, such as the NHS and public transport. They are protected by the Equality Act 2010 from discrimination on grounds of disability or age in the provision of goods and services.
- Both those assessed eligible for publicly funded care and support and those ineligible can use universal services to complement support from their own family, friends, neighbours and community groups.
- Individuals who do not meet the threshold for publicly funded support may use information and advice to combine their own support network with private sector and/or third sector resources to improve the quality of their lives.
- The provision of equipment, telecare and telehealth can enable individuals and their carers to retain control over their lives and delay or minimise their need for formal care and support.
- Under the Care Bill, a new national approach will replace the eligibility framework set out in the Putting People First guidance. It will remove the current banding system described in that guidance, and replace it with a single set of criteria to describe a minimum threshold for eligible needs of those needing care, and a single set of criteria for carers. The government will produce and consult on draft regulations and more detailed statutory guidance about assessment and eligibility processes. The first step is the discussion document "Draft national minimum eligibility threshold for adult care and support". [17]

Table 2 sets out the criteria for carers. These aim to enable the carer to sustain their caring role by identifying any support they may require.

Table 2: Levels of risk for sustainability of the caring role

<p>Critical – when:</p> <ul style="list-style-type: none"> • their life may be threatened • major health problems have developed or will develop • there is, or will be, an extensive loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role • there is, or will be, an inability to look after their own domestic needs and other daily routines while sustaining their caring role • involvement in employment or other responsibilities is, or will be, at risk • many significant social support systems and relationships are, or will be, at risk
<p>Substantial – when:</p> <ul style="list-style-type: none"> • significant health problems have developed or will develop • there is, or will be, some significant loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role • there is, or will be, an inability to look after some of their own domestic needs and other daily routines while sustaining their caring role • involvement in some significant aspects of employment or other responsibilities is, or will be, at risk • some significant social support systems and relationships are, or will be, at risk
<p>Moderate – when:</p> <ul style="list-style-type: none"> • there is, or will be, some loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role • there is, or will be, some inability to look after their own domestic needs and other daily routines while sustaining their caring role • several social support systems and relationships are, or will be, at risk
<p>Low – when:</p> <ul style="list-style-type: none"> • there is, or will be, some inability to carry out one or two domestic tasks while sustaining their caring role • one or two social support systems and relationships are, or will be, at risk

Source: 'Prioritising need in the context of "Putting people first": a whole system approach to eligibility for social care'. (Department of Health, 2010).

Changes in policy, terminology, practice and resourcing since 2010

Policy

- Government policies promoting localism, restructuring benefits and encouraging greater integration between the NHS and social care all influence the opportunities available to individuals and carers, the pressures placed on them and the outcomes they can achieve.
- Government has further emphasised the value and benefit of employment, both for individuals needing care and support and for their carers.
- Social care has felt the impact of a wider policy debate about the balance of responsibilities between the individual, the family and the state: arguments around the Dilnot Report [12] on funding long-term care are a particular example.
- The government wishes to build the capacity of the community to provide more care and support, as seen in policies on volunteering, supporting carers [11] and encouraging dementia-friendly and mental-health-friendly communities. [8]

Terminology

Policy change has often been accompanied by new terminology.

'Personalisation' and **'co-production'** remain key concepts in social care, with some capacity to challenge traditional patterns of service provision and shift the balance of power between professionals and individuals/carers receiving support.

'Integration' within and between the NHS and social care has been a long-standing and much debated policy objective, but the notion remains ill-defined, and the term is applied in widely divergent ways.

'Wellbeing' is the overarching principle in the draft Care Bill. The term has become widely used as shorthand for a range of beneficial personal, psychological and social outcomes, which may be enjoyed by individuals, families and communities. In the new NHS and local authority structures, health and wellbeing boards and health and wellbeing strategies are crucial mechanisms for coordinating the activities and plans of adults' and children's social care, the NHS and public health, housing and a wide range of local public services such as education, transport, parks, leisure, policing and the environment.

Practice

- In the changing adult social care scene, social work has not always found it easy to define its distinctive role and professional contribution. In many local authorities, the stress on personalisation has left social workers uncertain about what they have to offer.
- Some employers have been slow to grasp the importance of social work and social care knowledge and expertise. This is vital for supporting and

safeguarding the growing numbers of disabled and older people, in complex and often vulnerable circumstances, with multiple physical, sensory and mental health conditions, affected by poverty and poor housing, and often neglected or harassed by neighbours.

- Assessment in these areas is underpinned by the Mental Capacity Act, which requires local authorities to use a human rights framework, and assessments in these cases must consider people's 'liberty', 'family life' and protection from harm.

Resources for care and support

The effects of the economic downturn have tended to outweigh other factors in the thinking of many in central and local government. The Association of Directors of Adult Social Services (ADASS) calculates that between April 2011 and March 2013, £1.89 billion was removed from local authority social services budgets. While all authorities have experienced significant resource constraints, there are wide variations in how they are managing the consequences. Some have adopted a 'retrenchment' approach, applying eligibility criteria more strictly, reducing levels of support to individuals, withdrawing services and increasing charges. Others have preferred to look at alternative ways to use the resources they have available, working with the NHS to transform commissioned services, investing in early intervention and prevention to reduce demand for higher-dependency care and support, and working with voluntary and community sector bodies and with a wider range of commercial and private sector services to spread scarce resources further.

What is current local authority practice?

The Department of Health (DH) commissioned SCIE in September 2012 to prepare a report on the current position in adult social care assessment and eligibility. It was interested in questions of practice, process, decision-making and consistency in assessment and eligibility. The SCIE survey, alongside other work, provides information about the current situation for the government to consider when implementing its plans to introduce a national minimum eligibility threshold and 'to develop and test options for a potential new assessment and eligibility framework, in consultation with people who use services, carers, academics, local authorities, social workers, and health and care professionals'. [3]

SCIE used a range of evidence including:

- published research on the operation of the assessment and eligibility framework since the DH issued its revised guidance in February 2010
- a survey of assessment and eligibility practice in 28 local authorities with adult social services responsibilities – this covered different types of authority and had a reasonable geographical spread
- interviews, face to face or by teleconference, with managers in a dozen authorities on current challenges, changing priorities and emerging practice in assessment and eligibility

- discussions with, and nearly 40 questionnaire responses from, people with experience of being subject to assessment and eligibility processes in their own local authorities.

Published research

The 2012 report of a survey of FACS assessment criteria among local authorities in England by the Personal Social Services Research Unit, [13] based on responses from 85 local authorities (57 per cent of English social services authorities), provides a thorough and detailed analysis of the relationships between the FACS bandings, central and local government priority-setting, individual needs assessment and variations in care manager decision-making.

The 2012 SCIE report *Crossing the threshold* by Melanie Henwood [14] examines the implications of the Law Commission and Dilnot Commission reports for eligibility and assessment in care and support. The report explores the rationale for moving to a 'more objective' model of assessment and a national eligibility threshold, as recommended by the Law Commission [6] and Dilnot Commission. [12] It examines the benefits, and some potential risks, in these moves.

Other relevant studies include a forward-looking ADASS report, 'The case for tomorrow: facing the beyond: a joint discussion document on the future of services for older people' (2012). [15] This examines the pressures on the care system for older people of increasing demand, rising expectations, restricted resources and trends in provision and the market. It looks at the changes needed in the way services are shaped and delivered and identifies an action agenda for the government to support local management and innovation.

The Audit Commission has also produced 'Reducing the cost of assessments and reviews' (2012) [16] an adult social care briefing for councils, setting out its analysis of spending on these activities, and how some authorities have achieved low-cost approaches through reconfiguring services and staffing.

The key findings emerging from the SCIE study [14] were as follows.

- The FACS banding system remains the basis for assessment and eligibility decision-making across all authorities.
- In many council areas, initial contact is made through either a call centre or a centrally located contact point. One local authority found that 50 per cent of callers receive information, advice or redirection at this point and do not proceed further. Those requiring a full community care assessment are likely to be referred to a local or specialist team, but practice varies between authorities.
- Social care assessment and eligibility functions are under severe strain. They are serving a number of different and often competing objectives – personalising support, safeguarding individuals at risk, complementing individuals' and carers' existing support, rationing scarce funds, maintaining fairness and equity, and enabling joint working.

- Assessment is rarely a one-off event or process. A number of councils use a stepped process or pathway with different kinds of assessment at different points. Some authorities use a 'triage service' where callers are referred at first to a third sector resource, such as Centres for Independent Living or Carers' Centres, for initial advice and sometimes 'light-touch' support.
- There is a debate about the nature and purpose of assessment. Some view it simply as a means to decide who should or should not receive public funds to support their social care. Others regard it as a form of service in itself, helping individuals with complex circumstances and multiple conditions to understand the options available, and steering them towards a variety of solutions from numerous different local sources.
- The growth of reablement services has significantly affected processes and outcomes of assessment and review in some authorities.
- The assessment and eligibility system does not operate in isolation. It is connected to, and influenced by, other systems such as prevention, joint working, commissioning, means-testing and budget restrictions.
- More integrated working between social care and the NHS is a major factor, critically important to individuals and their carers, but complicated by the implementation of the NHS reform programme, and the need to develop complementary working between the two services.
- Individuals and carers requiring social care support may also typically have health, housing, income or inclusion needs. Assessment and eligibility functions in these different arenas should be coordinated to avoid duplication and repeated questions.
- There are wide variations among councils in the way self-assessment is viewed, understood and supported.
- In some authorities FACS assessment and eligibility, and early intervention, prevention and reablement, are no longer treated as two separate systems. They are applying a more dynamic whole-systems approach, looking at strengths, needs and resources in the round.
- Authorities are seeking to improve consistency in a range of ways: internal and external benchmarking; increased training and skill development for key staff groups; more engagement of individuals and carers in service design and quality assurance; and better guides, manuals and procedures.

What does 'Caring for our future' say about current and future policy?

The White Paper 'Caring for our future', [3] which is the basis for the Care Bill, sets out the direction of the government's policy for adult social care. Three themes run through

the White Paper and the draft Bill, as the following quotations from 'Caring for our future' show:

'Personalisation is achieved when a person has real choice and control over the care and support they need to achieve their goals, to live a fulfilling life, and to be connected with society' (p 18).

'[W]e should do everything we can – as individuals, as communities and as Government – to prevent, postpone and minimise people's need for formal care and support. The system should be built around the simple notion of promoting people's independence and wellbeing' (p 4).

'People will be empowered to make decisions about their own care and support through radical improvements to information on the options available to them' (p 36).

Key elements in the White Paper include the following.

- The Care Bill will in due course replace FACS with a new system for assessing individuals' and carers' needs and prioritising eligibility for publicly funded services.
- A national minimum threshold of eligibility for social care support will be introduced for individuals.
- Carers will for the first time have parity with users and will be entitled to receive support on the same basis as the individuals they care for if they meet the national eligibility criteria for carers.
- People will have the security that they will continue to receive care if they decide to move from one local authority to another.
- Every local authority will be required to provide or commission reliable information and advice services to inform individuals and carers about what is available and to help them make choices about the support they want. NHS Choice and Carers Direct now provide information on social care and housing support, and funding will be available for local authorities to update their information services by 2015.
- Local authorities will be given new powers to delegate certain functions, such as assessments.
- Systems for monitoring and improving quality will be introduced to bring adult social care services alongside those used in acute health care.

Under the Care Bill, a new national approach will replace the eligibility framework set out in the 'Putting people first' guidance. [2] It will remove the current banding system described in that guidance, and replace it with a single set of criteria to describe a minimum threshold for eligible needs and a single set of criteria for carers. The government will produce and consult on draft regulations and more detailed statutory guidance about assessment and eligibility processes. The first step is the discussion document 'Draft national minimum eligibility threshold for adult care and support'. [17]

Prioritising eligibility for care and support

This part of the guide is organised around the four stages of the individual's and carer's progress through the adult social care assessment system: initial contact; assessment; support planning; and review. These stages are described in the 2010 DH policy guidance 'Prioritising need in the context of "Putting people first": a whole system approach to eligibility for social care', [1] which will remain in operation until replaced. This updated Practice Guide follows the pattern of the 2010 policy guidance, reflects the findings of a 2012 SCIE survey of current local authority practice and looks ahead to some of the government's proposals for policy reform.

Each section of the Guide begins with the relevant extract from the 2010 'Prioritising need in the context of "Putting people first" guidance (referred to as DH, 2010), and an individual's or family's story illustrating some issues arising. The updated Practice Guide material is presented next, and most sections conclude with the intentions of the White Paper or the Care Bill for this area of practice.

Initial contact

FACS, 'Putting people first' and the personalisation agenda

'Putting People First' sets out a shared ambition for radical reform of public services, promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities.'

(Introduction', DH, 2010, para 4)

Marcia's story – Personalising support for both daughter and mother

Until she was 45, Marcia, who has learning disabilities and mild cerebral palsy, lived with her mother. She was, however delighted when given the opportunity to move into her own flat. When the initial light-touch support proved insufficient, workers quickly increased Marcia's support to meet her specific needs at a point in her life when she was coping with major changes. They also realised that Marcia and her mother's relationship had been mutually supportive and ways were found to ensure this continued.

To promote personalisation within the FACS framework, staff need to:

- understand the implications of their organisation's policies and procedures for promoting personalisation, when responding to referrals and conducting assessments and reviews
- apply the principles of personalisation throughout, getting to know the person and understanding their history and circumstances, and enabling individuals and carers using or seeking services to participate fully at each stage
- encourage individuals and carers to maintain their independence, choice and control, seek support from advocates and user organisations, and use their personal strengths and networks to achieve individualised solutions

- apply the principles of the Mental Capacity Act 2005 when assessing the needs and circumstances of people with mental impairments, and promote human and civil rights when undertaking assessments or planning care and support
- ensure an individual or carer eligible for publicly funded support is informed about personal budgets, direct payments and managed personal budgets, understands the implications and support options of each, and has time and support to decide which option suits them best
- access and use information and advice on universal services, early intervention, prevention and reablement, relevant NHS, housing, employment and benefits provision and community-based and specialist resources.

The Department of Health published the 'Adult social care choice framework' [18] in March 2013 to help individuals and carers to understand more clearly the choices and rights open to them, how to access information and support, and how to complain.

For people who may lack capacity in particular fields, the guide needs to be implemented in conjunction with the rights offered by the Mental Capacity Act 2005, which requires:

- assessment of the individual's capacity to make specific decisions
- decisions to be made in a framework of the individual's Best Interests
- the individual to be able to exercise the right to an Independent Mental Capacity Advocate when certain criteria are met
- that any deprivation of liberty is assessed and authorised – either by the Deprivation of Liberty Safeguards operated by local authorities, if the person is in a care home or hospital, or by the Court of Protection if the person is in supported living or in their own home.

Who has the right to assessment?

'Councils must not exempt any person who approaches or is referred to them for help from the process to determine eligibility for social care, regardless of their age, circumstances or the nature of their needs ... needs should be considered on a person-centred basis.'

(*'Eligibility for social care'*, DH, 2010, para 51)

Anyone who has – or might have – social care needs has a right to an assessment, and must not be excluded on the basis of their financial means, or on grounds of lack of capacity. When determining people's right to assessment, staff will need to do the following:

- Respond in appropriate ways to a wide range of individuals and carers with a diversity of presenting needs. Some will be individuals who need safeguarding assistance, who have been neglected or have neglected themselves, or who are unable themselves to ask for assessments.

- Provide individuals and carers with, or signpost them to, relevant up-to-date information in an accessible form about resources they may wish consider when deciding how to meet their needs for care and support. As well as social care resources, this should include information about universal services, and specialist information relevant to their health, income, housing, employment or education.
- Either supply information and advice direct, or refer individuals and carers to other organisations able to offer the information and support they require. This may help some people, if they do not meet eligibility criteria or are self-funding, to resolve their questions or arrange their own support, without denying them access to the assessment process.

The Care Bill will place a duty on the local authority to carry out an assessment, where it appears that an individual may have need for care and support, or a carer a need for support. Any adult with any level of need will have a right to an assessment, including carers, for whom this is an extension of existing rights. The result will be authorities having early contact with people who have low-level needs. The government expects that the proposals for funding reform will encourage more people to engage with their local authority and to do so earlier. This may help to prevent needs increasing, or in some cases prevent people from requiring care and support in the future.

First response: its importance for practice

‘Getting the initial response right can save time and costs on assessment later ... Councils should however be aware of the risks of screening people out of the assessment process before sufficient information is known about them ...’

(‘Response to the first contact and assessment’, DH, 2010, paras 75/76)

Preethi’s story – importance of culturally appropriate advice and support

Preethi and her family live 50 miles away from her parents. Her mother has dementia and Preethi’s father wants her to come back home to care for her mother. He is opposed to anyone from outside the family caring for his wife. A friend suggests Preethi contact the local Carers’ Centre, where there is a Bangladeshi worker, who gives Preethi the confidence to ask for a carer’s assessment.

The quality of first contact for individuals and carers seeking support can have a major impact on their willingness to engage in the future. Systems for managing first contact differ from one local authority to another. Staff will need to understand the process used in their own authority. In many authorities, individuals and carers will make their first contact through a call centre or town-centre contact point, where trained staff, guided by their manager, will reach a decision about whether:

- to provide information, advice or support and/or to signpost the individual to further sources of information, advice or support in the community and voluntary sector

- to arrange for the person to be considered for referral to early intervention, prevention or reablement services
- to refer the person to open access or universal services
- to refer the individual for a social care assessment of their needs for care and support, or if a carer, for support
- to refer the individual for an assessment of their mental capacity.

Staff involved in receiving referrals and making initial contact should do the following:

- Ensure that the approach is welcoming, that the individual's or family's presenting needs and concerns have been listened to and taken seriously, and that individuals and carers are clear about what will happen next.
- Recognise levels of risk, including any indication of safeguarding concerns, and their implications for urgency of response.
- Explain the organisation's procedures for implementing FACS to the individual or family as appropriate.
- Be aware that presenting needs may indicate escalating or future difficulties.
- Take into account additional needs arising from restricted capacity or communication difficulties, and make provision for support to enable the person to participate fully in the assessment and care planning processes.
- Consider whether information, advice, advocacy and signposting to universal services, local groups or user-led organisations will enable individuals and carers to have choice and control in their lives.
- Be aware that individuals needing specialist care and support and their carers may benefit from a referral to a third sector organisation working in a specific area. This will provide the individual and/or carer with information, advice, support and advocacy from workers with specific expertise.
- Accurately record any services or support (e.g. from the NHS) which the individual or family is receiving at the present time. The first time many individuals and carers need support is following hospital discharge (e.g. after a stroke or trauma, which may have changed the family needs and dynamics overnight). Some services relevant to an assessment and determination of need may already be going into the home and can augment the evidence base for assessment.

Signposting, information and advice

'... everyone should be able to access high-quality information and advice to point them in the right direction for help.'

(*'Introduction'*, DH, 2010, para 11)

Mrs Evans' story – information, advice and signposting to the NHS and third sector

Mrs Evans is aged 75. Her daughter uses the newly opened call-in centre in the shopping mall to ask for information about falls. After a recent fall her mother is becoming less confident about walking. The worker provides information about the falls clinic and a third sector organisation for older people. She says that Mrs Evans can refer herself to the third sector organisation, but will need a GP referral to the falls clinic. Her GP will also identify whether any other action is necessary.

A theme throughout 'Prioritising need', reinforced in the White Paper and the Care Bill, is the importance of providing information, advice and signposting to people, whether or not they are eligible for publicly funded services. People approaching the local authority in this context are seeking sound, up-to-date information and advice to enable them to negotiate the complexities of the care, health and housing systems.

Many with the financial resources to permit self-funding report feeling totally abandoned, if the only response from the local authority is that their financial circumstances make them ineligible for support. Providing good information and advice is in the interests of individuals, carers and families, as well as the local authority in its responsibilities for prevention. Without good advice, self-funders can make poor financial and care choices (e.g. premature admission to a care home). If they run out of funds as a result, they become a charge on the local authority.

To provide high quality information and advice when people first make contact, staff need to:

- know how to access the wide-ranging information and advice that might be required in their job role, share this knowledge with people seeking support and with carers, and explain how people can access information for themselves in different formats and through a variety of media
- understand that what is familiar information to them is not necessarily known to individuals and carers, and that complex information can be harder to take in when people face new or increasing levels of need, uncertainty and anxiety
- encourage and enable individuals to make the most effective use of universal services, in conjunction with their own strengths, capabilities and resources, to live as independently as possible
- avoid screening individuals out too early on the basis of their ability to self-fund or other factors. Staff should ensure that signposting to other sources of support is clear and robust, and encourage people to come back if their circumstances change or their needs remain unmet
- challenge inappropriate, inaccurate and discriminatory information
- ensure that statutory advocacy (e.g. Independent Mental Health Advocates and Independent Mental Capacity Advocates) is available to those who qualify.

The Care Bill 2013, subject to parliamentary approval, will place duties on local authorities:

- to provide an information and advice service to help people understand how the care and support system works, what services are available locally, and how to access the services they need now and might need in the future
- to put in place universal services, which are aimed at preventing, reducing or delaying care and support needs
- to ensure that services are integrated locally to remove gaps and build services around the needs of people.

Early intervention, prevention and wellbeing

‘Putting People First says that there needs to be “a locally agreed approach ... utilising all relevant community resources especially the voluntary sector so that prevention and early intervention and enablement become the norm”.’

(‘Investing in prevention and wellbeing’, DH, 2010, Section 33)

Mrs Evans’ story, part 2 – positive outcome of prevention

Mrs Evans’ daughter used information to discuss falls with her mother. They went together to talk to Mrs Evans’ GP. No medical problem was diagnosed, but Mrs Evans decided to go to a local class for older people to improve her balance, and began to regain her confidence.

The ‘Investing in prevention and wellbeing’ section of the 2010 DH guidance ‘Prioritising need’ makes early intervention and prevention integral to the implementation of FACS. SCIE’s recent survey of local authority assessment and eligibility practice found that growth in the availability and use of reablement services had become an important factor in helping people regain capability and reducing their care and support requirements. [23] Reablement is offered both to support people after a hospital stay or a spell in temporary care, and as an option to offer in reviews.

About 20 per cent of the people who use care and support in their own homes fund their own care, either completely or in part. This percentage varies in different areas of the country. The Institute of Public Care estimates that 270,000 older people pay for care (including housework, shopping etc.) in their own home. [24] Laing and Buisson [20] calculate that £1.1 billion is spent privately on non-residential services. In addition, there is a group of people who fund their care until their resources have reduced to the level at which they qualify for publically funded support. [25] Providing them with information and signposting them to sources of support are key to preventing, minimising or delaying the need for more complex health and social care support in the future. Good practice requires that staff provide people who are funding their own care the same service as for individuals and carers who would be eligible for publically funded care and support.

In early intervention, staff should:

- always have prevention, early intervention and reablement at the front of their minds when carrying out any aspect of their work
- recognise that the need for care and support is not static, and identify and work with individuals and their support networks where there is a risk of deterioration or where problems are escalating – In such cases early intervention could prevent or delay the need for social care support
- provide targeted interventions to address specific barriers preventing individuals from achieving agreed outcomes
- help people seeking support to access short-term health or technological support and reablement, to promote independence and reduce risks
- use predictive tools that can identify and target individuals at risk, or who could potentially benefit from signposting and early decision-making
- identify sources of support for individuals and carers on the edge of needing social care, or who have low or moderate social care needs, to help them retain control over their lives and achieve the outcomes they want
- keep up to date with their authority's development of voluntary and community capacity, telecare and other technology applications.

The Care Bill includes a new statutory principle to promote individual wellbeing as the driving force underpinning the provision of care and support, and a responsibility on the local authority to shape the market for care and support services. This requires the authority to promote services, or take steps intended to prevent, delay or reduce people's need for care and support. The focus will be on being proactive and deploying earlier interventions to reduce dependency, rather than just providing intensive services at the point of crisis (Clause 2).

The Bill defines 'wellbeing' in terms of:

- physical and mental health, emotional wellbeing and personal dignity
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided to them and the way in which they are provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society.

Managing risks and safeguarding

‘Giving people more choice and control inevitably raises questions about risk, both for individuals exercising choice over their care and support, and for public sector organisations who may have concerns about financial, legal or reputational risk ... Councils should take steps to ensure that an effective risk management strategy is embedded at every level of their organisation ... [and] build support for a cultural shift away from risk-aversion towards genuine user control and supported decision-making. This will require agreement from all relevant parties about what proportionate safeguarding measures should be put in place for each individual requiring support.’

(‘Personalisation and support planning ...’, DH, 2010, paras 133/134)

James’ story – risks and concerns arising from family changes

James, aged 34, has a long-term mental health condition and lives with his parents. Without one of them accompanying him he gets into trouble in the community, and this is now happening regularly. Both parents are in their mid-seventies. His father had a mild stroke 15 months ago which seriously undermined his confidence, is now mainly housebound and does not like to be left alone. Three times in the past 15 months James has been arrested because of his behaviour, and detained under the Mental Health Act.

The Department of Health’s 2010 policy guidance ‘Prioritising need in the context of “Putting people first”’ recognised that some people coming forward, or referred, for needs and risk assessment could be at risk of, or subject to, abuse, neglect or exploitation. It is important to raise awareness of this issue, and how to respond to it, among staff involved in assessment.

The Department went on to publish in 2011, [29] and refresh in 2013, [30] a statement of policy on adult safeguarding. Its aim is to give people at a local level – councillors and communities as well as professionals and agencies – the national context for their own responsibilities and activities. It also acts as a bridge between the current No Secrets guidance [31] and the duties and powers contained in the Care Bill. the government believes that safeguarding is everybody’s business, with communities playing a part in preventing, identifying and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves.

The statement sets out six cross-agency Safeguarding Adults principles:

- **Empowerment** – Presumption of person-led decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.

- **Partnership** – Local solutions, services working with their communities, which have parts to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

It also provides examples from an individual's point of view of how the outcomes of effective safeguarding could be experienced:

- **Empowerment** – I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.
- **Prevention** – I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.
- **Proportionality** – I am sure that the professionals will work for my best interests, as I see them, and will only get involved as much as needed.
- **Protection** – I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.
- **Partnership** – I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.
- **Accountability** – I understand the role of everyone involved in my life.

The section of the 2010 DH Guidance on 'Personalisation and support planning' linked together two aspects of risk in practice: safeguarding; and risk assessment and management. The 2013 policy statement argues for a clearer distinction:

In order to support those people most vulnerable to abuse and neglect, it is vital that agencies agree collectively those issues that require a safeguarding response, as opposed to issues, which relate to standards and quality of care more widely.

Safeguarding

Staff involved in assessment will need to:

- be familiar with local inter-agency agreements on the issues requiring a safeguarding response
- work with other professionals and agencies, particularly GPs, community nurses and hospital Accident & Emergency staff, to reduce risk of abuse or neglect, and safeguard adults and carers in vulnerable situations
- note, and know how to respond to, signs and symptoms of possible harm, abuse and neglect, working to empower individuals and communities to protect themselves and one another
- take appropriate action when there are serious safeguarding concerns, seeking advice from line managers and accessing specialist expertise
- work with children's services when there is any indication of child safeguarding concerns

- assess whether Mental Capacity Act procedures should be initiated.

The White Paper 'Caring for our future' [3] sets out the government's proposals to strengthen local safeguarding arrangements and processes. It underlines the need, when abuse does occur, or there is the possibility of abuse occurring, to identify it quickly and take appropriate action. Local authorities will have a responsibility for convening a statutory multi-agency safeguarding adults board, parallel to the safeguarding children board, and responsible among other things for developing inter-agency safeguarding strategies and conducting safeguarding adults reviews. The core members of the board are nominated by the local authority, clinical commissioning groups in its area and the chief police officer. The Care Bill contains the legislative provisions for reforming adult safeguarding.

Risk assessment and management

Risk assessment and management are core features of the local authority's assessment responsibilities. Staff will need to:

- work with individuals and carers, and where appropriate with partner agencies, to support the assessment and management of risk to the person, carers, family and the public
- involve individuals, carers and other professionals in the assessment and management of risks arising in situations of uncertainty, unpredictability and conflict
- consider whether aspects of the individual's or carer's physical or mental health require the involvement of health professionals in the risk assessment process
- seek support when risks to be managed are outside the practitioner's own expertise
- work, when necessary, within the organisation's procedures for managing media interest in risk and safeguarding situations.

Limitations on an individual's right to have control over their lives

The Mental Capacity Act seeks to define and limit the circumstances in which an individual is judged to lack capacity. It sets out five principles which must be met, and the procedure which must be followed. The principles are:

- A person must be assumed to have capacity unless it is established that she/he lacks capacity.
- A person is not to be treated as unable to make a decision unless all the practicable steps to help her/him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because she/he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.

- Before an act is done, or a decision is made, careful consideration has to be given to ensuring that it is the least restrictive option, and will minimise as far as possible limitations on the individual's rights and freedom of action.

The Care Bill sets out a number of matters to which the local authority must attend in carrying out its functions under the Bill. These include the importance of beginning with the assumption that the individual is best placed to judge his or her own wellbeing; attending to the individual's views, wishes and feelings; and ensuring that any restriction on the individual's rights or freedom of action is kept to the minimum necessary for achieving the purpose for which the function is being exercised.

Assessment

Personalisation and the assessment process: implications for practice

'The purpose of a community care assessment is to identify and evaluate an individual's presenting needs and how these needs impose barriers to that person's independence and/or wellbeing. Information derived from an individual's assessment should be used to inform decisions on eligibility.'

(‘Response to the first contact and assessment’, DH, 2010, para 78)

Simon's story – good assessment the foundation of stability and quality of life

Simon, aged 39, lives in the community. He needs considerable support because of his learning difficulties and health problems. Assessments of Simon's needs produced a combination of family care with support from a third sector organisation. Over the years his support has been reassessed to meet his changing needs. Careful assessment has enabled Simon to have a good quality of life, to remain integral to his family and to follow his interests in gardening, ecology and arts for the past 15 years.

The section of the 2010 DH Guidance headed ‘Response to the first contact and assessment’ outlines good practice when undertaking assessments. The guidance makes it clear that assessing the needs of groups with particular conditions (e.g. deaf-blind people) must be undertaken by staff with the necessary specialist expertise in that area. Staff should:

- work in partnership with individuals and their carers at all stages of the assessment process, beginning with the assumption that people are best placed to judge their own wellbeing, and should be provided with the information and support necessary to participate as fully as possible in decisions relating to their welfare
- explain how the assessment process for care and support works, advise on the likely timescale and tell people and carers how they can track progress in the meantime
- ensure that knowledge about the individual's and carer's health conditions, health care needs and NHS support informs the assessment process
- apply the principles of personalisation to:

- maximise individuals' and carers' choices and control over their lives, and prioritise the outcomes they value
- recognise individuals' and carers' expert contributions to assessment
- explore solutions that lie within the individual's own network or via local community resources
- signpost to or provide information and advice on support from universal services, other agencies and community resources.
- Draw on the results of self-assessment to inform the assessment process.
- Carry out capacity assessments where necessary, and Best Interests decision making if individuals are assessed as lacking the mental capacity to make a particular decision themselves.
- Ensure that the scope of the assessment process is proportionate to the person's need and fit for purpose.
- Collect sufficient evidence to make a sound judgement about eligibility within the FACS bandings and criteria, agree outcomes, support the individual to identify and manage risks, and address any safeguarding issues.

The Care Bill includes provision to establish national eligibility criteria for adult care and support. This is to be achieved through regulations to be made under a power in Clause 13. These will set a minimum threshold for people's care and support needs which must be met by local authorities in all areas. Local authorities will not be able to restrict eligibility beyond this threshold, but if they wish to do so they can meet other needs which are below the national threshold. The government proposes to set the national threshold at a level equivalent to 'substantial' in the current system. This is the level currently operated by the vast majority of local authorities.

Using the FACS framework to assess eligibility

'Councils can use the eligibility criteria framework ... to identify the needs which call for the provision of services (eligible needs), according to the risks to independence and wellbeing both in the immediate and longer term.'

(*'Eligibility for social care'*, DH, 2010, para 52)

Mrs Shah's story – assessed as being below the threshold for eligible needs

Widowed a year ago, Mrs Shah is well supported by her family at weekends and in the evening but is alone all day. The GP referral identifies concerns that Mrs Shah is becoming unable to leave the house alone. Her assessed needs fall into the moderate band of eligibility, which does not qualify her for publicly funded support, but she and her daughter are given information about a third sector organisation which employs an Indian counsellor. Her GP is kept informed.

When implementing the section on 'Eligibility for social care', and working with people to determine their eligibility for local authority-funded social care, staff need:

- to explain how the levels of eligibility are defined, and discuss how individuals see themselves in relation to those definitions

- up-to-date knowledge of the council's policies and procedures for implementing FACS (and in time the Care Bill)
- to provide accessible information and advice about the council's policies on FACS; the levels of eligibility it has agreed to meet; how self-assessment is taken into account; the clear separation between the assessment of eligibility for help and assessment of any financial contribution to the cost; and the organisation's procedures for receiving and acting on feedback, compliments, complaints and appeals
- to understand and communicate how an individual's or carer's health conditions and health care support requirements affect judgements about their social care needs and risks, and influence the assessment of their eligibility for care
- an open-minded and informed approach to providing or signposting information, advice and support for a wider group of individuals and carers seeking services
- to make sure people who do not meet the eligibility criteria, or who are self-funding, receive the necessary information and advice to plan the outcomes they want, and to make choices about the support they need to achieve these outcomes
- to understand that, where several assessment domains apply to an individual, even if these are in lower bandings, their **cumulative impact and the interaction between them** may lead to an assessment of need in a higher banding
- to be aware that mental impairments may require action by the local authority, such as providing support to enable fair decisions about eligibility.

Impact of the outcomes approach

'Councils should work with individuals to explore their presenting needs and identify what outcomes they would like to be able to achieve. In this way they can evaluate how the individual's presenting needs might pose risk to their independence and/or wellbeing, both in the immediate and longer term.'

(*'Eligibility for social care'*, DH, 2010, para 59)

Brian's story – good assessment contributes to positive outcomes

Brian, aged 79, has multiple sclerosis and his wife, Beverley, is finding it increasingly difficult to cope with his bladder infections and unsteadiness. His symptoms are worse when he worries about his daughter who lives in France. Beverley now has high blood pressure that is proving difficult to control. The couple want to be together at the end of their lives, to have a better quality of life and more contact with their daughter. The care workers raised charitable funds to get the couple on Skype and email. The GP secured equipment so that Brian could bathe safely, and suggested Beverley make contact with the local Carers' Centre. There she could be offered information and advice; receive friendship and peer support; and have the opportunity to learn relaxation techniques and other ways of managing stress and depression.

In applying the individual outcomes approach in practice, staff should be able to:

- help individuals and carers to explore their presenting needs, personal strengths, skills and circumstances to identify and agree outcomes they want to achieve and plan how this can be done; where individuals do not have mental capacity, formal Best Interests decisions will be required
- inform individuals and their carers about the options of personal budgets, direct payments or managed personal budgets, the support available within each to implement the plan, and sources of independent advice, such as Centres for Independent Living and Carers' Centres, offering practical support to manage a personal budget or direct payment
- adopt an integrated approach to pursuing social care, NHS and public health outcomes with individuals and their carers, and ascertain whether there are other factors, such as housing or income, which should be considered in an outcomes approach
- review progress, barriers and any changes required to the agreed outcomes
- identify any unmet needs that may prevent the realisation of agreed outcomes
- identify external and environmental factors that may cause, or have caused, or exacerbate, the difficulties the individual is experiencing
- consider health professionals and NHS bodies that may have relevant information to contribute, or whose expertise and services may enable the person to achieve the agreed outcomes
- look beyond social services to identify resources and services, including local community groups and support the person and carer may be able to access to achieve the agreed outcomes
- explain that the review process may identify outcomes that have been achieved, or needs or risks that have reduced as a result of reablement or other reasons, and that if so, a reduction or variation in support may be justified.

The emphasis on individual outcomes in the 'Eligibility for social care' section of the FACS guidance is echoed at the local authority population level in the DH's Adult Social Care Outcomes Framework (ASCOF) for 2013/14. [19] This sets out four overarching domains of adult social care performance, and some outcome measures for each. The domains are:

- enhancing quality of life for people with care and support needs
- delaying and reducing the need for care and support
- ensuring that people have a positive experience of care and support
- safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

Under the Care Bill, assessments will remain an integral part of the system, as they are now. However, rather than acting primarily as a gateway to the individual either receiving care and support or not, the future system will place more emphasis on the role of the assessment process in supporting people to identify their needs, reduce needs or delay them increasing where possible, understand the options available to them, and plan for meeting current and future care needs and caring responsibilities.

The assessment process in the Bill provides for joint assessments between local authorities and other bodies such as the NHS. Improved integration will help to ensure that the person does not have to undergo multiple separate assessments, and will support better care planning to meet the individual's overall health and care needs. It will also join up whole-family assessments which look at an individual needing care alongside those who care for them.

Resource allocation: where do the priorities lie?

'The aim of the Resource Allocation System (RAS) should be to provide a transparent system for the allocation of resources, linking money to outcomes while taking account of the different levels of support people need to achieve their goals. It allows people to know how much money they have available to spend so that they can make choices and direct the way their support is provided.'

(*'Personalisation and support planning'*, DH, 2010, para 129)

The 'Personalisation and support planning' section of the 2010 DH Guidance identifies the need for local authorities, and other organisations involved in FACS processes, to have a transparent system for allocating resources within agreed priorities. To achieve this, staff should be able to:

- work within and apply the council's resource allocation system (RAS)
- explain to people and their carers how the council's RAS works, and how it applies in their individual situation
- ensure that people and their families have been informed about, and understand, the options for holding a personal budget, direct payments or a managed personal budget; know the specific support available within each of

these options; and have had the opportunity to choose which suits their needs best

- agree with individuals their preferred method of holding the personal budget and any support they need to set it up and manage it effectively and securely
- work within the council's financial systems to:
 - provide individuals with an early indication of the level of funds for which they are likely to qualify, and agree the final amount of money that is available on the basis of their assessment, and the needs and outcomes for which it is provided
 - set out the arrangements for monitoring the use of the budget
 - provide information about the sources of support and advice if an individual or carer has difficulties in managing a personal budget
 - support the family, or act directly, to make arrangements for Deputyship through the Court of Protection where a person is assessed as lacking mental capacity to manage their own finances, and does not have a Lasting Power of Attorney for their finances.

Self-funding and charging

Deidre's story – assessment helping a self-funder to choose and plan care

Deidre, aged 84, has Parkinson's disease. She moved to adapted housing near her daughter, who often works away from home in the week. An assessment identifies Deidre's need for visits twice a day. Because she has a good pension and owns her own home, she is not eligible for publicly funded care. When Deidre's daughter and the home carer recognise that she needs more support, a review of her care plan leads to increased support which Deidre pays for.

Laing and Buisson [20] estimate that 43 per cent of older or physically disabled residents in independent care homes fund the entire cost of their care – this goes up to 49 per cent of residents in nursing homes. When individuals or carers are seeking or are referred for an assessment, they should be made aware that:

- their individual financial circumstances will determine whether or not they have to pay towards the cost of the support provided
- their ability to pay will have no bearing on the decision to carry out an assessment of their needs, or on its outcome
- they can still expect information and advice about local options for care and support, whether or not these will be funded through the local authority
- the basis and level of detail of the assessment process will be the same whether or not they have the funds to pay for their own support.

Staff carrying out financial assessments should handle the task sensitively, recognising that individuals and carers may find it embarrassing or demeaning to be examined on all aspects of their capital, income and outgoings. Individuals and carers should be given a

clear statement of the basis for any charges, how they can challenge or appeal the results, and sources of reliable and independent financial advice.

Support planning

The White Paper anticipated that everyone eligible for ongoing non-residential care would have a personal budget, preferably as a direct payment, by April 2013. The Care Bill includes a duty on local authorities, when preparing a care and support plan for an individual, or a support plan for a carer, to inform people about which of their needs can be met through a direct payment, and to specify in the plan which needs are to be so met, and the amount and frequency of the direct payment.

Personalisation and personal budgets: implications for practice

'Putting People First sets out a vision where all people in receipt of social care support and their carers should be in control of their own lives, using personal budgets to direct the funding available to them to meet their needs in the way that suits them best.'

(‘Personalisation and support planning’, DH, 2010, para 119)

Mrs Christodoulou’s story – making choices with a personal budget

Mrs Christodoulou, aged 46, lives alone. Her son lives some distance away, but contacts her daily and visits fortnightly. A wheelchair user because of her disability, she uses her managed personal budget for personal care three times a week. Care workers become concerned when Mrs Christodoulou refuses to let them in twice in one week. Discussion with her son and her care manager results in Mrs Christodoulou identifying the outcomes she wants to achieve and her support plan is changed to use one of her personal care visits with a carer escorting her to her church social club.

The section of the 2010 DH Guidance on ‘Personalisation and support planning’ identifies the vision for social care support to promote control and choice for people, and lists what should be included in a care and support plan. This can be used for reference when working with people and recording the agreed care plan. To ensure effective and holistic support planning, staff need to:

- involve individuals, with their carers, relatives and social networks, in developing their own care and support plan by:
 - promoting their capacity to use direct payments and personal budgets, and to contribute to the record of their own support plan
 - ensuring, before support is arranged, they receive and understand information about the basis for financial assessment and any charges/contributions (the DH has issued guidance to local authorities on calculating an individual’s contribution to their personal budget [21])
 - ensuring individuals with cognitive or sensory impairment or limited capacity are given all necessary assistance, including help with communication and interpretation, to participate as fully as possible in decisions about their lives
 - securing the provision of information, advice, advocacy and/or brokerage, to help them plan their own support

- ensuring that people have a written record of their assessment and their support plan
- following the Mental Capacity Act Principles when plans are being drawn up for or with individuals who lack capacity, using an Independent Mental Capacity Advocate when they are eligible.
- consider, in formulating the care plan within the council's policies, whether the level of a carer's contribution is such as to warrant provision of services to the carer, or extra support to the individual to relieve pressure on carers
- ensure that carers have the relevant information and advice necessary to support them within their caring roles, and that they understand the arrangements for requesting a carer's assessment if they wish
- consider any implications for other family members (e.g. the nature and level of support provided by young carers). Caring is more complex than in the past, with more carers trying to provide support at a distance, more mutual caring between people with high levels of impairment and dependence, and more young carers
- engage and work jointly with health care professionals to ensure awareness of people's health conditions, health care needs and NHS support
- follow legal requirements, the council's procedures, service coordination arrangements and multi-agency agreements when an individual has been formally assessed as lacking capacity to make decisions about their care and support needs and arrangements
- ensure records of the support plan are in accessible formats and language, and:
 - are person-centred and based on agreed and shared outcomes, assessments of risk and arrangements to manage them
 - identify areas of disagreement or conflict about needs, risks and how to address them, together with any anticipated difficulties these might cause when carrying out the plan
 - clarify resources, highlight responsibilities, identify when and how problems will be handled and set out who to contact and what to do in emergencies.

The Care Bill provides detailed accounts of the preparation and content of a care and support plan, or support plan in the case of a carer, and of a personal budget. The Bill will require the local authority to take all reasonable steps to reach agreement with the adult or carer for whom the plan is being prepared about how the authority should meet the needs in question.

The Bill also sets out a new framework for the funding of long-term care, building on the recommendations of the Dilnot Commission. [12] There will be new arrangements for calculating the contribution expected from individuals receiving care and support, and from carers when they are themselves provided with support services. A new scheme will enable deferral of payment of the assessed contribution to the costs of care for the

lifetime of the individual. Local authorities will be required to maintain up-to-date care accounts, recording the accrued costs of the individual's care, in order to determine when those costs reach the lifetime cap above which no further charge is applied. The Bill makes a clear distinction between costs of care, and day-to-day living costs, which remain the responsibility of the individual.

Working with carers as expert partners

'The National Carers Strategy includes a ten year vision for carers, a commitment to move carers' issues to "the centre of family policy" and to reflect this by promoting the concept of whole family care planning following separate assessment. Undertaking effective carers' assessments is a key part of making this a reality. The national strategy also calls for recognition of carers as expert partners in care.'

('Carers', DH, 2010, para 93) The government made further commitments to carer support in its cross-government document 'Recognised, valued and support: next steps for the Carers Strategy' (DH, 2010) [11]

Preethi's story, part 2 – the extended family in different caring roles

Although not providing day-to-day care for her mother, Preethi is responsible for ensuring that her elderly father, the main carer, does not become exhausted looking after his wife, who has dementia. Her knowledge of and role in the family are integral to assessing her parents' care needs. She knows it is vital that her mother receives culturally appropriate support, which alone will be acceptable to her father. The worker at the Carers' Centre understands Preethi's central role in arranging support for her parents, and ensures she is involved in the assessment of her mother's needs and the carer's assessment for her father.

The 'Carers' section in 'Prioritising need' [1] identifies the need to take account of the support from carers when determining eligibility for individuals. Table 2 sets out nationally defined levels of risk and criteria for assessing sustainability in the caring role.

When working with adult carers and young people providing care to family members, staff will need to:

- implement the council's policies and procedures for responding to requests for, and carrying out, carers' assessments
- explain clearly the council's policies on whether to charge carers for any services provided
- consider whether needs assessment and care and support planning are best undertaken with the family as a whole, or whether separate assessment of the child's and adult's needs is more appropriate
- work in partnership with carers during their assessment, ensuring, if they wish, they contribute through self-assessment

- identify and assess the sustainability of the support carers, or others in the individual's network, are able and willing to give in the immediate and longer term
- identify how the caring role impacts on the carer's wellbeing and their employment, education, training, alternatives to employment, volunteering and leisure opportunities
- consider the implications of the caring role for the carer's other family responsibilities (e.g. care for children or support for elderly relatives)
- involve carers, with the individual's agreement, in an individual's FACS assessment
- provide, or signpost, relevant, timely, up-to-date information and advice about universal and community resources that support:
 - the caring role
 - the carer's own needs and wellbeing
- the individual's wellbeing when they have been assessed as lacking the capacity to take part (here, the carer may also have to act as advocate for the person they are supporting and will need the best possible information about the support services that could enable the individual to remain at home, to avoid inappropriate choices on the individual's behalf)
- provide carers with accessible information on how to give feedback, raise issues or make complaints
- work to support and strengthen community-based resources that can be provided for individuals with specific needs and for their carers.

The Care Bill sets out the local authority's duty to assess a carer's needs for support, the approach to be adopted and the factors to be taken into account. It also outlines the duty to meet the carer's eligible needs, the options of providing support to the carer or care and support to the individual, and the conditions applying to charging. The Care Bill includes powers that will allow the Secretary of State to prescribe in regulations that the needs of the family should be considered when assessing an adult for care and support. There is wide support for this proposal – particularly from young carers and from carers with multiple caring responsibilities.

The Bill proposes that everyone who has a care and support plan, or a support plan for carers, will have a personal budget. The person receiving care and support and their carer will be able to ask for part or all of the personal budget as a direct payment and, subject to specified conditions, the local authority must meet the request.

Assessing and responding to young carers' needs for support

The provisions in the 2010 Guidance also apply to assessing and responding to young carers' support needs.

“Putting People First” sets out a shared ambition for radical reform of public services, promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities.’

(‘Introduction’, DH, 2010, para 4)

Susie’s story – children’s and adults’ services work jointly with a young carer

Susie, aged 16, cares for her mother who has chronic rheumatoid arthritis. Her need for more support as her condition deteriorates results in Susie being sometimes late for school and not keeping up with her GCSE homework. Mother and daughter did not want outside help because they suspect social services will separate them. During one of her mother’s hospital stays, a social worker gains their confidence enough for them to agree to an assessment of Susie’s needs as a young carer. Collaboration between children’s and adults’ services improves life for Susie and her mother.

When working with young people providing care, staff will need to:

- identify whether anyone under the age of 18 is providing care for the individual.
- work with children’s services to:
 - protect carers under 18 from having to provide inappropriate levels of care
 - put in place support to promote young carers’ opportunities to achieve positive outcomes.
- provide timely information, advice and support for young people providing care, in ways appropriate to their age and understanding.
- work closely with NHS colleagues and education services to ensure the young person’s developmental, educational, health care and social care needs are met in a well-coordinated fashion.
- work with individuals and their families to develop and put in place a care and support plan that:
 - does not rely on an inappropriate level of care from a child or young person
 - enables young people providing care to remain and thrive within their family, school and community.

SCIE’s Guide 9, ‘Implementing the Carers (Equal Opportunities) Act 2004’, sets out good practice in work with children and young people providing care. [22]

The Care Bill makes specific provision for young carers’ assessments to assist the process of transition from young people’s services to adults’ services. It gives the local authority power to meet requests from young carers or their parents to assess their need for support, and whether the need will continue after they are 18. It specifies the content of young carers’ assessments, including whether or not they are likely to be willing and able to continue caring after the age of 18; whether they wish to work or participate in education; and whether their own capabilities and support from friends and family will enable them to achieve the outcomes they want.

Signposting, information and advice

'... everyone should be able to access high-quality information and advice to point them in the right direction for help.'

(‘Introduction’, DH, 2010, para 11)

Francis’ story – the council call centre as a proactive information resource

Francis, aged 18, is in his first year at university and has been recently diagnosed as having epilepsy. Devastated he cannot drive his car and frightened of losing his newly acquired friends, Francis rings the adult services’ call centre. The worker checks out the support from his family and the university. Finding this is good, the worker suggests Francis might want to talk to others in his age group and suggests a local support group for young people with epilepsy, where Francis can share his concerns and learn from the solutions others have found.

For a significant proportion of people whose needs are assessed, the means to meet them will be through the provision of information and advice and, in some cases, access to advocacy services. A theme throughout the DH 2010 Guidance ‘Prioritising need’ is the importance of providing information, advice and signposting to people, whether or not they are eligible for publicly funded services. To implement this, staff need to:

- know how to access the wide-ranging information and advice that might be required in their job role, share this knowledge with people seeking support and with carers, and explain how people can access information for themselves in different formats and through a variety of media
- remember that what is familiar information to them is not necessarily known to others making their first contact, and that information can be harder to take in when facing new or increasing levels of need, uncertainty and anxiety
- encourage and enable individuals to make the most effective use of universal services, in conjunction with their own strengths, capabilities and resources, so as to live as independently as possible
- avoid screening individuals out too early on the basis of their ability to self-fund or other factors; ensure signposting to other sources of support is clear and robust; and encourage people to come back if their circumstances change or their needs remain unmet.

‘People will be given better information and advice to plan ahead to prevent care needs, and will be better connected to those around them.’ [2] The Care Bill will place a duty on local authorities to provide an information and advice service to help people understand how the care and support system works, what services are available locally and how to access the services they need now and those they might need in the future.

Review

Personalisation and the review process

'Councils should be prepared to be flexible about the way in which reviews are carried out. Individuals should be consulted about which way works best for them. Councils might wish to ask service users where they would like to have the review and who else they would want to be involved.'

(‘Reviews’, DH, 2010, para 145)

Deidre’s story, part 2 – from joint review with GP, revised package of support

When Deidre’s condition deteriorated, her daughter wanted a review to consider her mother moving to a care home. Deidre wanted to stay at home. To achieve this, the review changed her care plan to four shorter visits a day. Discussion with her GP led to a personal health budget, telehealth, and visits to a local health centre. This coordinated action stabilised the situation.

The section on ‘Reviews’ in DH 2010 Guidance ‘Prioritising need’ acknowledges that individual needs are likely to change over time and regular reviews of support plans are required. The review should cover key aspects of the person’s circumstances and the working of the support plan, including changes to outcomes, needs, risks, requirements, finances and coordination arrangements, as well as scope for widening the contributions the individual is making to family/community life. These changes may reflect improvement or deterioration in the individual’s or carer’s physical or mental health, requiring the expertise and advice of health professionals and NHS bodies. If people’s wellbeing is being promoted, their needs and levels of dependency may reduce or change over time, and they may therefore need less help and support.

Staff undertaking reviews must:

- Ensure the review process is proportionate, open and transparent, promotes the participation of individuals and carers, is correctly recorded and conforms to relevant council procedures and inter-agency agreements
- meet any additional needs of individuals or carers for support to participate in reviews, including those arising from a person’s limited capacity or communication difficulties
- recognise signs and symptoms of deterioration because of physical or mental health factors or emotional difficulties, and ensure the appropriate involvement of health care professionals and NHS bodies
- work with the individual, carers and relatives on managing the effects of any reduction or withdrawal of services or personal budgets resulting from the review process
- ensure the record of the review is in an accessible format and language, and is compliant with council and inter-agency agreements

- ensure that individuals, and where appropriate their support networks, have copies of the review, know how to raise any queries or concerns and know when the next review will take place
- promote positive relationships with individuals with low and moderate needs to ensure that if their needs change they are able to renew contact before problems reach a crisis
- in reviews for people with mental impairments, consider whether the Mental Capacity Act applies, including the involvement of an Independent Mental Capacity Advocate where appropriate
- have due regard to potential Deprivations of Liberty and refer to the Deprivation of Liberty Safeguards where staff think a Deprivation of Liberty may have occurred.

The White Paper sees personalisation as being achieved when a person has real choice and control over the care and support they need to achieve their goals, to live a fulfilling life, and to be included and connected with society. The Care Bill identifies the general duty of a local authority to promote the individual's wellbeing. Health, wellbeing, independence and rights of individuals are at the heart of care and support. The Bill aims to ensure that there are timely and effective interventions to enable people to enjoy a good quality of life for longer.

Rights, discrimination and equality

'Equality should be integral to the way in which social care is prioritised and delivered, allowing people to enjoy quality of life and to be treated with dignity and respect.'

(*'Response to the first contact and assessment'*, DH, 2010, para 91)

Preethi's story, part 3

A Bangladeshi worker supports Preethi to help her father find an agency that is culturally sensitive to the family's needs. Adults' services have been working with the local mosque and the Carers' Centre to improve support for individuals with dementia and their carers from the Muslim community. The care manager is able to suggest Preethi's father talk to the community leaders at his mosque about the proposed care agency.

Equality and human rights form an important theme running through the 2010 DH Guidance 'Prioritising need', specifically paragraphs 90 and 91. In ensuring equality and human rights are addressed, staff should:

- work within the organisation's policies and procedures for actively promoting equality and challenging discrimination
- bear in mind the six protected characteristics within the Equality Act 2010; and the importance, in assessment and priority-setting for care and support, of tackling discrimination, or less favourable treatment, on grounds of disability, age, race, religion, sexual orientation and gender

- recognise that many of the people seeking care and support, and their carers, are at risk of discrimination on the grounds of more than one characteristic – some, such as older disabled black women, fall into several categories and may experience compound discrimination
- be aware of the need to challenge ‘associative discrimination’ – for example, that carers may be protected under the Equalities Act from discrimination arising from their association with a disabled person (or indeed anyone in the protected categories)
- apply a human rights and equal opportunities approach, ensuring no groups are excluded from assessment on the basis of diagnosis alone
- take into account the provisions of the United Nations Convention on the Rights of Disabled People, to which the UK is a signatory, particularly Article 19 on the right to independent living
- work with individuals to identify their religious and cultural needs, and locate appropriate support
- contribute to the identification, development and maintenance of community-based resources to meet diverse needs
- identify barriers to social inclusion experienced by individuals, carers and families, and take action to address them.

FACS and transitions from children’s to adult services

‘Successful transition depends on early and effective planning, putting the young person at the centre of the process to help them prepare for transfer to adult services.’

(‘Transitions’, DH, 2010, para 138)

Gordon’s story, part 2 – changing needs and transition planning

Gordon’s care plan had been effective, but as a young person his needs are changing. Beginning transition planning at this point will provide him and his parents with the security of knowing there is a pathway through to adulthood and that children’s services and adult services are working together to ensure a smooth transition to adult services.

The ‘Transitions’ section of the 2010 DH Guidance ‘Prioritising need’ identifies the action needed to ensure effective transitions. Staff should:

- put the young person at the centre of the transition process, and promote their involvement and that of their family at all stages
- implement agreements between children’s and adult services, and joint multi-agency arrangements for effective transitions
- work closely with NHS colleagues and services to ensure the young person’s developmental, health care and social care needs are met in a well-coordinated fashion

- ensure planning begins early and at the agreed points prior to the date of transition, and takes account of the impact on parents or carers of any changes in the young person's support
- support the young person and their family to identify and access the support available from universal and other services
- help the young person and their family to make best use of personal budgets, including direct payments, to shape a package of care and support tailored to their individual circumstances, needs, aspirations and preferences
- take account of the person's and family's medium- and long-term needs, and recognise that transition arrangements may need to continue over a period of years
- remember that the Mental Capacity Act applies to people aged 16 and above – so young people aged 16 and 17 can benefit from the provisions of the Act.

The Care Bill requires that, as young disabled people approach the age of 18, assessments should consider whether their needs for care and support will continue after that age, and whether they are likely to meet the eligibility criteria. The assessment examines the outcomes they wish to achieve, whether provision of care and support will be beneficial, and whether the outcomes could be achieved in other ways. The young disabled person, if they have special needs, may also have an education, health and care plan (EHC plan) as proposed under the Children and Families Bill, which can extend children's services support up to the age of 25. The relationship between the provisions of the two Bills remains to be clarified.

There are also issues about the transition of parent carers (whose support is covered by Section 17 of the Children Act 1989) into adult carers under the Care Bill, under which they are more fully protected).

Ongoing support

'Councils should ensure that a person's needs are considered over a period of time, rather than at a single point, so that the needs of people who have fluctuating and/or long-term conditions are properly taken into account.'

(*'Eligibility for social care'*, DH, 2010, para 63)

Angela's story – a couple requiring long-term support

Angela has dementia and is cared for by her partner Ben, who is her sole carer. They are desperate to stay together and have refused any outside help. Recently Angela has begun to scream when Ben is out of her sight. He cannot go out and apart from staff at the dementia clinic there is no one they trust. They have become isolated from friends and neighbours and have no family in the UK. The couple are assessed as needing ongoing support for Angela to remain at home for as long as possible.

The *'Eligibility for social care'* section in the 2010 Guidance *'Prioritising need'* highlights the needs of people who have continuing, long-term or fluctuating needs. When assessing or reviewing the needs of these individuals and their carers, staff should:

- promote their involvement, and where appropriate that of their support networks, in the process, and report on and address any identified barriers
- ensure that the approach, including when working with other agencies, is person-focused and flexible, and takes account of medium- and long-term needs and their potential impact on the identification and achievement of agreed outcomes
- work within the council's agreements with the NHS on joint assessment and continuing health care, and with agencies more widely on multi-agency working
- strive to ensure the individual and their family do not lose out as a result of inter-agency disputes
- be alert to new approaches to maximising independence and control offered through personal health budgets, learning from the common assessment framework (CAF), telecare and telehealth advances, extra-care housing and other initiatives
- identify and report any concerns about, or indications of, safeguarding issues
- ensure assessments reflect where appropriate the principles and framework of the MCA.

Appeals and complaints

The 'Adult social care: choice framework' [18] explains:

- what choices individuals can expect their council to offer in terms of care and support
- where people can get more information and advice to help them decide what to do
- how to make a complaint if the individual is not offered a choice.

The guide covers:

- the right to choose services paid for by the council
- the right to choice for carers
- the right to choose a residential care home paid for by the council
- the right to information and advice to help make a choice
- how get information and support to make a decision
- how to complain about services arranged by the council.

People or their carers requesting an assessment should be given information about the local authority's complaints and appeals system. Each local authority is required by law to have its own system, and to make information available about it for people who are requesting an assessment, are being assessed or are receiving care and support. The Care Quality Commission (CQC) requires all registered providers of adult care and support services to have an effective complaints process.

Section 95 of the DH's 2010 guidance, 'Prioritising need in the context of "Putting people First"' [26] highlights the need to exercise considerable caution and sensitivity when considering reduction or withdrawal of care and support, and to ensure that people and their carers understand the reasons for these changes. In addition, staff should ensure that in these circumstances, people are aware of how to exercise their right to appeal and of the complaints procedure.

If the individual or carer remains dissatisfied with the response from the local authority or provider, he or she can refer the matter to the Local Government Ombudsman, who can consider complaints about councils and all types of registered care services for adults in England. The Ombudsman will consider complaints about:

- care arranged directly with a care provider by:
 - someone paying with their own or family money
 - someone using money provided by a council
- care provided by a council.

Families concerned about the care being offered to a person who lacks the capacity to make their own decisions, can apply to the Court of Protection for a Best interests decision. Where the person is being deprived of their liberty and has the benefit of the Deprivation of Liberty Safeguards, then applications to the Court of Protection for reviews attract legal aid. It is an essential part of the human rights of a person to have their Deprivation of Liberty examined by a Court of Protection judge.

The future landscape of assessment and eligibility

This guide was written whilst the Care Bill 2013 was still being discussed in Parliament and the substance, numbers of clauses and the wording of the Bill may be subject to change during its passage through Parliament. The Bill also makes clear that much of the detail of its operation will be contained in regulations and guidance.

Extensive consultation prior to the publication of the Bill in 2012/3 showed that:

- On the whole, respondents were very supportive of the consolidation, clarification and modernisation of existing law and the increased emphasis on outcomes.
- There was an eagerness to see the regulations and guidance that will provide further detail on the provisions in the draft bill, and suggestions were made about what they should cover.
- Stronger rights for carers to access support were particularly welcomed.
- Respondents were supportive of the principle of a national threshold for eligible needs. However, they wanted to see more detail about where the threshold would be set and how it would work.
- There was a strong desire to expand the duty to provide information and advice, to include more detailed requirements to help the person understand and make use of information, and to support the role of advocacy.
- Some felt that the provisions should go further in ensuring that the balance of decision-making lies with individuals rather than the local authority. In this way people would feel in control of their care and support in line with the wider personalisation agenda, and their ability to challenge decisions made about them will be clear.
- Some wanted to see a stronger focus on reducing or delaying the need for social care support through developing community based support and universal services.
- There was a welcome for proposals for the continuity of care to enable disabled or older people to move between councils if necessary, although some felt they fell short of providing assurance that outcomes would be maintained after the move.
- Concerns were raised about the pressures on local authority budgets and the consequential impact on care and support. People also expressed disappointment that the draft Bill did not contain provision to implement the recommendations of the Dilnot Commission.

The draft Bill was subject to public consultation, and to scrutiny by a joint committee of MPs and members of the House of Lords,²⁷ who took evidence and reported with

recommendations in March 2013. The Government's response was published alongside the Care Bill in May 2013.

The Care Bill 2013: key principles

- The **health, wellbeing, independence and rights** of individuals are at the heart of care and support; timely and effective interventions help to ensure people enjoy a good quality of life for longer.
- People are treated with **dignity and respect**, and are **safe from abuse and neglect**; everybody must play a part in making this happen.
- Personalisation is achieved when a person has real **choice and control** over the care and support they need to achieve their goals, to live a fulfilling life, and be included in and connected with society.
- The **skills, resources and networks** in every community are harnessed and strengthened to support people to live well, and to contribute to their communities where they can and wish to do so.
- **Carers are recognised** for their vital contribution to society, and are supported to **reach their full potential** and can lead the lives they want.
- A **caring, skilled and valued workforce** delivers quality care and support in partnership with individuals, families and communities.

Summary: Part 1 – care and support

Clause numbers will change as new clauses are added to the Bill as it passes through Parliament. The clause numbers in this section refer to the Bill as introduced in the House of Lords in May 2013.

Part 1 sets out the legal framework for the provision of adult social care in England.

Clauses 1 to 7 set out the general responsibilities of local authorities. They describe local authorities' broader care and support role towards the local community, including services provided more generally – for instance, those with the aim of reducing needs.

Clauses 8 to 40 (and **Clauses 64 to 66**) provide for a person's journey through the care and support system. These provisions map out the process of assessments, charging, establishing entitlements, care planning, and the provision of care and support. They include provision to create a cap on the costs of care and for local authorities to enter into deferred payment agreements.

Clauses 41 to 46 outline the responsibilities of local authorities and other partners in relation to the safeguarding of adults, including a new requirement to establish safeguarding adults boards in every area.

Clauses 55 to 63 will support the transition for young people between children's and adults' care by giving local authorities powers to assess children, young carers and parent carers.

Clauses 67 to 72 set out miscellaneous further provisions, including restating the law relating to delayed discharges.

Key provisions

Embedding the principle of wellbeing (Clause 1)

Clause 1 provides a set of legal principles which govern how local authorities will carry out their care and support functions for adults.

- Subsection 1 establishes the overarching principle that local authorities must promote the wellbeing of the adult when carrying out functions under the Bill in relation to that person. This duty applies both in relation to adults who use services, to carers and to children, in relation to their transfer to adult services.
- Subsection 2 lists outcomes or areas of activity (such as protection from abuse and neglect, control over their own care and support, social and economic wellbeing, and suitability of living accommodation) which develop the concept of wellbeing.
- Subsection 3 outlines factors which local authorities must consider in relation to an individual, including:
- the individual's views, wishes and feelings; preventing or delaying the development of needs for care and support
 - the importance of individual participation
 - the need to ensure minimum necessary restriction on the individual's rights or freedom.

Reflecting broader local responsibilities (Clauses 2 to 7)

The Bill sets out a number of general duties on local authorities beyond the provision of care and support for individuals and carers. Local authorities will have a broader care and support role in their local communities through provision focused on the local population rather than solely on individual needs. They must:

- provide services or take steps to prevent, delay or reduce people's needs for care and support (Clause 2)
- promote integration of care and support with NHS services and health-related provision (Clause 3)
- provide an information and advice service to help people understand how the care and support system works, and how to access the support and services they need (Clause 4)
- promote the diversity and quality of local services, so allowing people to make the best choice to satisfy their own needs and preferences (Clause 5)
- ensure cooperation between adults' services and housing, children's and public health services, and with other local partner organisations, generally and in specific cases, to:
 - promote wellbeing
 - improve the quality of care and support

- smooth the transition of young people to adult services
- protect against abuse or neglect
- identify lessons from serious case reviews (Clauses 6 to 7).

Starting the care and support journey: assessments, financial resources, determining eligibility, duties and powers to meet needs (Clauses 8 to 23)

One of the core objectives of the Bill is to provide clarity for people about what they can expect from the care and support they use. A local authority can meet an individual's eligible needs for care and support in many ways, including through provision or commissioning of services, or by making direct payments (Clause 8).

Clauses 9 to 17 set out the process assessment for those who need care and for carers, ensuring that the focus is on an individual's needs and the outcomes they seek. These clauses:

- State a single right to an assessment for individuals (Clause 9), and one for carers (Clause 10), based on the individual having an appearance of needs for care and/or support. Carers will no longer have to provide 'regular and substantial' levels of care to qualify for assessment.
- Require regulations setting out how the individual's or carer's assessment is to be carried out, recorded and communicated to the adult, the carer and anyone else designated by the adult or carer (Clause 12).
- Indicate that the Secretary of State will set out in regulations the eligibility framework for England, defining how a local authority must go about determining whether an adult's needs meet the eligibility criteria, and specifying which needs are 'eligible' needs. The regulations will prescribe the minimum level of need which local authorities must meet. Local authorities can decide to arrange services to meet needs at a lower level if they wish (Clause 13).
- Set out the local authority's powers to:
 - make charges in circumstances defined by regulations (Clause 14)
 - introduce a cap, annually adjusted, on total costs accrued in meeting an adult's eligible needs, above which the local authority cannot make a charge (Clauses 15 to 16)
 - prescribe the approach to assessing the financial resources of an individual or carer assessed as having eligible needs, and provide regulations for carrying out a financial assessment (Clause 17).
 - introduce a system of deferred payment agreements or loans, with associated regulations on matters like repayment and security (Clauses 34 and 35).
- Define the duties and powers of a local authority to meet the individual's needs for care and support, or the carer's needs for support (Clauses 18 to 20). When a person has care and support needs but does not qualify for publically funded financial support, they are still able to request that the local authority arrange

the care and support that they require on their behalf. The local authority may charge a fee to cover the costs of this (Clauses 18(3) and 20(3)).

- Prevent the local authority meeting the needs for care and support of an individual subject to immigration control (Clause 21).
- Prevent the local authority meeting needs for care and support by provision of a health care service, a service the NHS is required to provide, or a nursing service provided by a qualified nurse (Clause 22).
- Restrict the local authority from meeting needs for care and support through action it is responsible for taking under the Housing Act 1996 or any other enactment specified in regulations (Clause 23).

The question of who is entitled to care and support is critical. One of the aims of the new statute is to provide a single route through which consistent entitlements to care and support can be established. This includes the ability for people with eligible needs to request that the local authority help them by brokering care and support on their behalf, regardless of their personal finances. Clause 19 provides the equivalent right for carers. For the first time they will have a legal entitlement to publically funded support to meet their eligible needs, putting them on the same footing as the people for whom they care.

Care planning, personal budgets, care accounts and direct payments (Clauses 24 to 33)

The Care Bill sets out:

- the process of care and support planning to determine how needs should be met (Clauses 23 and 24)
- the provision of care and support plans for adults and support plans for carers (Clause 25), and the requirement for ongoing review of plans to ensure appropriate responses to needs and outcomes over time (Clause 27).

The process for deciding how needs are to be met includes the requirement, captured in legislation for the first time, for a personal budget, for both individuals and carers who need support. The requirement includes enabling them understand what public funding is available to help them (Clause 26).

The Bill also introduces the concept of an independent personal budget, which applies where an individual has eligible needs but chooses not to have them met by the local authority. It is a statement, for the purpose of tracking progress towards the costs cap, of what the cost would be to the local authority if it were meeting the individual's needs, distinguishing daily living costs, which do not count towards the cap, from other costs (Clause 28). This places a duty on the local authority to maintain an up-to-date record of the individual's accrued care costs, to be known as a 'care account' (Clause 29), again distinguishing daily living costs from other care and support costs.

The Bill provides a framework for decisions in relation to direct payments, as a means of maximising the control people have over how money is spent to support them. It sets out conditions under which the local authority must make direct payments when

requested to do so. The conditions are different for those with capacity to request direct payments (Clause 31) and those without such capacity (Clause 32). Clause 33 makes provision for regulations about direct payments

Moving between areas (Clauses 36 to 37)

The Bill sets out new arrangements intended to ensure that if a person decides to move home to another area, their care and support are not interrupted. It sets out responsibilities on the first authority to provide a range of information to the second authority (to which the person is moving) about their existing assessments, care and support plans, and any independent personal budget or care account (Clause 36). The second authority has a duty to assess the individual's needs and how they should be met, having regard to the first authority's care and support plan).

Where the assessed needs are different, or the cost of the new provision is different, the second authority must provide written explanations to the adult, carer and any other person they ask to be informed. The second authority must take all reasonable steps to reach agreement with the adult or carer about how it should meet the needs in question. If the assessment has not been completed by the time the individual moves to their new home, the second authority must meet the needs identified in the care and support plan provided by the first authority, until it has carried out its own assessment (Clause 37).

A new framework for adult safeguarding (Clauses 41 to 46)

The draft Bill sets out the statutory framework for adult safeguarding, stipulating the responsibilities of local authorities and partner bodies to protect adults at risk of abuse or neglect. The local authority will be required to carry out enquiries into suspected cases of abuse or neglect, including financial abuse (Clause 41), and to establish safeguarding adults boards in their area (Clauses 42 to 43). Under specified conditions a person or body must supply information to a safeguarding adults board at its request. This provision could apply to a GP who has been providing medical advice or treatment to a person about whom a board conducts a serious case review. The safeguarding adults board may use the information only for the purpose of its functions (Clause 44).

Transition from children's care and support services (Clauses 55 to 63)

To support young people's transition between children's and adults' social care, and make it as smooth as possible, the Bill gives local authorities powers to assess children, young carers and the carers of children under the adult statute. The Bill provides a new protection to ensure that any service being provided under children's legislation must continue after the young person's eighteenth birthday, until assessment and care planning required under the adult statute are complete, and adult care and support is ready to meet their needs.

Useful information and definitions

Adult Social Care Outcomes Framework 2013–14 (ASCOF)	This sets outcomes measures for social care in local authorities for the year 2013–14. These relate to four overarching domains – quality of life, delaying or reducing the need for care and support, individuals and carers having a positive experience of care and support, and safeguarding.
Carers	Family members, friends or neighbours who, without payment, support another person with social care needs.
Carers and Disabled Children Act 2000	This Act sets out the responsibility of the local authority to provide assessment of the risks to a carer’s role and the power to provide support either directly to a carer or through a service to the adult needing or using support. The assessment framework for carers closely models that for adults seeking or using services, but focuses on the risk to the sustainability of the caring role. The Carers (Equality) Act 2004 requires assessments to address employment, education, training, recreation and leisure. Parents of disabled children or young people can also ask for an assessment where the local authority is clear that they have a responsibility to the child or the young person and their family.
Carers’ centres	<p>Carers’ centres are independent charities that deliver a wide range of local support services to meet the needs of carers in their own communities. All carers’ centres provide access to the following core services:</p> <ul style="list-style-type: none"> • information and advice about benefits, breaks, respite and support services, carer assessment procedures, aids and adaptations • emotional support – opportunities for carers to talk through their concerns, both individually and in group sessions, thus helping to alleviate isolation and stress • community consultation – carers need a unified voice in any locality to ensure that they have an impact on decision-making, influence local policy, planning and outcomes, and link in to the regional and national decision-making bodies.
Centres for independent living (CILs)	These are grassroots organisations controlled by disabled people using services or managing their own support that provide information, services and peer support to adults who want to consider, or are using, direct payments, personal budgets and other methods to maintain control over their own lives. They apply social model approaches and an integrated view of support needs. They can provide advice and support on recruiting and employing personal assistants, payroll and financial management, dealing with employment problems and establishing tailored arrangements for independent living.
Children and Families Bill 2013	This Bill aims to put the needs and rights of children at the centre of policy and procedures to reduce delays in getting the support they need and, when they cannot live with their own families, to move to a permanent family more quickly. The Bill proposes children with special needs should have a plan, which covers their education, health and social care needs until they are 25, that their views and those of their parents should be heard, and that they should have more choice about the support they use.

<p>Clinical commissioning groups (CCGs)</p>	<p>CCGs are clinically-led groups that include all the GP practices in their geographical area, and enable them to influence commissioning decisions for their patients. CCGs will be overseen by NHS England, which will manage primary care commissioning and hold the NHS contracts for GP practices. CCGs work with patients and health care professionals, and in partnership with local communities and local authorities. On their governing body, groups will have, in addition to GPs, at least one registered nurse and a doctor who is a secondary care specialist. All GP practices must belong to a clinical commissioning group.</p>
<p>Common assessment framework (CAF) for children in need and their families</p>	<p>The CAF for children in need and their families provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child, including how to keep them safe. The assessment has safeguarding and promoting the child’s welfare at its centre and evidence is collected in relation to:</p> <ul style="list-style-type: none"> • children’s or young people’s developmental needs • the parenting capacity of those caring for them • family and environmental factors.
<p>Communities</p>	<p>Groups of people who share common interests. These may occur because they live in the same geographical area, and feel the impact of any changes or loss of resources or amenities. Alternatively, the individuals may have issues or ways of life in common although they may be geographically spread, nationally and internationally. For example, the deaf community, faith groups, different black and minority ethnic groups and lesbian, gay, bisexual and transgender (LGBT) people share a history and a heritage, and often a shared experience of facing exclusion, discrimination and harassment.</p>
<p>Complaints: Local Authority and NHS Complaints Regulations 2009</p>	<p>These regulations provide a unified system for complaints for local authorities and the NHS. They include a duty to cooperate in the handling of complaints. There is a statutory requirement for cooperation between the two organisations.</p>
<p>Direct payments</p>	<p>Cash payments made to individuals who have been assessed as eligible for publicly funded social care support. Cash payments enable individuals to choose the support that best meets their needs and that will achieve agreed outcomes. Those who want it can receive help with handling a direct payment, and specific provision is available for those who lack capacity.</p>
<p>Eligibility criteria</p>	<p>These are set out in the 'Prioritising need' framework guidance.¹ The aim is to ensure that there is fair access to services for individuals living in the same authority and, depending on the council’s resources, for individuals with similar levels of social care needs in different parts of England. The criteria describe in an open and transparent way the evidence of levels of social care need that should be demonstrated during an assessment.</p>
<p>Eligible needs</p>	<p>The social care needs of the individual that fall into the different bands of eligibility. The bandings are: critical, substantial, moderate and low. The wording of the four bands is prescribed nationally.</p>
<p>Equality Act 2010</p>	<p>This Act brings together existing legislation and statutory instruments promoting equality and challenging discrimination on grounds of gender,</p>

	disability and ethnic background, and makes comparable provision against discrimination in provision of goods and services, including health and social care services, on grounds of age, faith and sexual orientation. It creates an extended duty for the public sector to promote equality and to tackle poverty.
General population	All adults and children living in a local authority's boundaries.
Health Watch	Health Watch is responsible at national and local levels for ensuring that the views of people using health and social care services are collected and reported. Local information is coordinated at the national level by HealthWatch England, whose chair is a board member of the CQC.
Health and wellbeing boards and strategies	The Joint Health and Wellbeing Board, convened by the local authority, brings together CCGs and health providers, adult and children's social care, education, housing, public health and police. It is responsible for identifying the health and wellbeing needs of the local population, based on the joint strategic needs assessment, and planning how they will be met. The board's analysis and plans constitute the basis for the local health and wellbeing strategy
Independent living	People are able to maximise the choice and control they have over their lives, and have access to support that best fits their needs, preferences, aspirations and culture. Supportive communities contribute to people's capacity to exercise choice and control over the way they live their lives and the support they can access.
Indicative allocation	At an early stage, the person eligible for publicly funded services is told roughly how much money it is likely to cost to obtain the support that meets their needs. The approximate amount of money informs support planning. The final amount of the personal budget will only be set when there is an agreed support plan that specifies agreed outcomes that meet eligible social care needs.
Individual seeking or using services	Any individual who has approached or been referred to a social care organisation requesting services or support of any type.
Joint strategic needs assessments (JSNAs)	JSNAs are assessments of the current and future health and social care needs of the local community – needs that could be met by the local authority, CCGs or an NHS commissioning board. The policy intention is for health and wellbeing boards also to consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.
Local authorities	Councils/local authorities with responsibilities to provide or commission social care services for adults who are living within the council's boundaries.
Mental Capacity Act 2005	This Act provides a statutory framework for acting and making decisions on behalf of people who have been assessed as lacking capacity to make specific decisions themselves. It outlines five principles that must underpin every stage of the process. It can also be used by people who want to prepare for the time when they may lack capacity in the future. The Act sets out who can act and take decisions on behalf of an individual deemed to lack capacity, the situations in which the authority to act applies and the processes that should be followed.
NHS continuing health care	A package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as defined in guidance. Such care is provided to an individual aged 18 or

	<p>over, to meet needs that have arisen as a result of disability, accident or illness. Eligibility for NHS continuing health care places no limits on the settings in which the package of support can be offered or on the type of service delivery. A decision-support tool has been developed to ensure that assessing practitioners take into account the full range of factors relevant to reaching decisions about a person's eligibility for NHS-funded continuing care. Where the need is urgent, a fast-track tool is also available. Health and social care practitioners should work together on the assessment, and ensure the adult and carers or family members are able to participate as fully as possible.</p>
Outcomes	<p>The results a person wants to achieve through accessing their own social care or receiving social care support. The aim is to evaluate how the individual's needs impact on their independence and wellbeing in the immediate and longer term, and how to reduce or remove the blocks to achieving the results that have been agreed.</p>
Personal budgets	<p>Individuals who are eligible to receive publicly funded social care support are allocated an agreed amount of money so that they can direct the funding to meet their needs in ways that best suit them. These can be managed either by the individual, a relative, a carer, the local authority, or a third-sector organisation.</p>
Personal health budget	<p>A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. The aim is to enable people with long-term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive. Consultation is taking place on the scope for a personal health budget to be allocated in the form of a direct payment. A significant programme is also under way to consider the implications of developing integrated personal health and care budgets.</p>
Personalisation	<p>This policy involves putting the outcomes that people want to achieve at the centre of assessment, planning, implementation and reviews. The aim is to promote the individual's wishes about the outcomes they are aiming to achieve, the solutions that best fit their circumstances, and the ways they prefer to maximise their independence, dignity and wellbeing. A second component of personalisation is an emphasis on early intervention and prevention to reduce or delay the need for social care support, and providing information and advice for all, including people who may not be eligible for publicly funded social care support.</p>
Presenting needs	<p>The full range of issues or problems identified when an individual first contacts, or is referred to, a local authority seeking social care support. Some or all of them may fall outside the definitions determining eligible needs.</p>
Primary prevention	<p>This refers to action taken at the strategic level locally, regionally and nationally to avoid problems occurring in the population. Examples include strategies to promote healthy lifestyles and to prevent poverty, obesity, alcohol-related problems and domestic violence. Workers in adult care are mainly involved in trying to reduce the impact of problems that have already arisen, but their work is supported by action taken at the level of neighbourhoods and whole populations.</p>
Putting People	<p>A joint protocol on adult social care, endorsed by government</p>

First 2007	departments, local authorities, cross-sector providers, professional and standards bodies, setting out a vision for the reform of adult social care services to promote personalised support, help people exercise choice and control over the way they receive support, and encourage strong and supportive communities.
Resource allocation system (RAS)	A system that seeks to calculate, in a clear and rational way, how much money a person is likely to need to arrange support for their eligible needs. The system helps the person to understand how the amount of money they have been allocated was arrived at, and to use the information to make their own choices and direct the way their support is provided.
Safeguarding adults board	Under the Care Bill, local authorities will have a responsibility for convening a statutory multi-agency safeguarding adults board, parallel to the safeguarding children board, and responsible among other things for developing inter-agency safeguarding strategies and conducting safeguarding adults reviews. The Government has consulted on whether a new power is needed for local authorities to access and see a person who may be at risk of abuse or neglect. The core members of the board are nominated by the local authority, CCGs in its area, and the chief officer of police.
Self-assessment	Self-assessment involves the council providing information a person can use to make their own preliminary assessment of their needs, and whether and how far they are likely to meet local eligibility criteria. The assessment focuses on the outcomes the individual and their family/carers want to achieve in meeting their eligible needs. It looks at the individual's situation as a whole, taking into account the resources in their own support networks and the needs of family members and others who provide support. The local authority's duty to assess needs can be met through self-directed assessments which are proportionate to the person's needs and situation. The self-assessment then feeds into the person's self-directed support plan.
Self-funders	<p>Individuals, carers or family members who:</p> <ul style="list-style-type: none"> • pay for their own care and support because their financial resources are above the level to receive publically funded care • make a contribution to the cost of their care • pay for their care for a period until their personal resources fall below the maximum level • have family members/friends supplementing the cost of their care.
Third-sector organisation	An organisation which is a registered charity, also called a voluntary organisation.
Universal services	These are services that can be accessed by the general population, and include advice and information, health, education, housing, training, employment, recreation and leisure, transport, community support groups and services provided in the commercial and business sector. Access to these services is not dependent on having been assessed to have eligible social care needs.

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Fair Access to Care Services (FACS): prioritising eligibility for care and support

This guide and associated learning materials should be useful to four main groups of people:

- staff providing initial point-of-contact information, advice and signposting services to individuals and carers seeking or referred for adult social care and support.
- staff undertaking assessments or referrals for social care support for, or on behalf of, local authorities with adult social services responsibilities
- people using or seeking services and support, and their carers, the parents of disabled children and relatives of others requesting or referred for adult services
- health staff involved in, or seeking to understand, priorities for social care, including clinical commissioning groups (CCGs), GPs, practice and community nurses, members of joint health and social care teams and health and wellbeing boards.

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