This policy/procedure was last revised on: **September 2012**

SCOPE

This policy sets out how decisions will be made in York about what types and levels of need qualify for community care services.

*(Note: it is important that other policies that relate to care management are read in conjunction with this policy. Other care management policies are, and will be subject to review to ensure compliance with organisational change and government guidance.)*

This policy only applies to social care needs that Adults, Children and Education Services are responsible for meeting. Assessments may identify needs that other departments or agencies are responsible for meeting, including housing and health services. These agencies have their own policies for determining how services will be allocated to people.

York’s Eligibility Criteria will:

- Be applied equally across **all** adult service user groups (18+)
- Be based on the assessed needs of, and risks to, individuals with particular reference to the seriousness of any consequences to independence
- Be clear about the level of risk to independence safety or wellbeing that will trigger social care support and the level that will trigger redirection and/or information and advice
- Assist the authority to balance demand for services with available budget.

The Eligibility Criteria threshold is set locally, can be changed by Members of the council and must be reviewed at least annually.
LEGISLATION

- National Health Service and Community Care Act 1990 (Section 47 (1) (a))
- National Assistance Act 1948 (Part III)
- Chronically Sick and Disabled Persons Act 1970 (Section 2)
- Health Services and Public Health Act 1968 (Section 45)
- National Health Service Act 1977 (Section 21 and Schedule 8)
- Mental Health Act 1983 (Section 117)
- Disabled Persons Act 1986
- Carers and Disabled Children Act 2000
- Care Standards Act 2000
- Carers (Equal Opportunities) Act 2004
- Carers (Recognition and Services) Act 2005
- Community Care (Delayed Discharges etc.) Act 2003
- Community Care (Direct Payments) Act 1996
- Health and Social Care Act 2001
- Data Protection Act 1998
- Disabled Persons (Services, Consultation and Representation Act 1986)
- Domestic Violence, Crimes and Victims Act 2004 (Section 5)
- Local Authority Social Services Act 1970
- Health and Social Services and Social Security Adjudications Act 1983
- National Health Service Act 1977
- Mental Capacity Act 2005 (as amended by Mental Health Act 2007)
- Mental Health Act 2007
- Sexual Offences Act 2003 (ss 30-41)
- Freedom of Information Act 2000
• Health Act 1999
• Health Act 2001
• Health and Social Care Act 2001
• National Health Service Act 2006 (ss 75-76, 254)

The principles of equality of opportunity and anti-discriminatory practice are essential to effective assessment and the application of eligibility criteria, and these are supported by:

• The Race Relations (Amendment) Act 2000
• The Disability Discrimination Act 1995
• The Human Rights Act 1998
• The Equality Standard for Local Government
• UN Convention on the Rights of Persons with Disabilities, article 19
• Standard 1 of the NSF for older people, challenging age discrimination
• Dignity in Care: Adults Services Practice Guide No. 9, CSCI 2006
REFERENCE DOCUMENTS:

- Fair Access To Care Services Policy Guidance 2002
- Fair Access To Care Services Practice Guidance 2003
- Prioritising need in the context of *Putting People First*: A whole system approach to eligibility for social care
  *Guidance on Eligibility Criteria for Adult Social Care, England 2010*
- The NHS Plan 2000
- Guidance on SAP for older people 2002
- LASSL (97) 13 [The ‘Gloucester’ and the ‘Sefton’ judgements]
- LAC (1998) 19
- National Service Framework (NSF) for mental health (including Care Programme Approach) 1999
- NSF for older people 2001
- Valuing People Now 2009
- Implementing the Carers (Recognition and Services) Act 1995 Policy
- Single Assessment Process (SAP) Policy Guidance 2002/3
- Community Care Assessment Directions 2004 & LAC (2004) 24
- Care Management and Assessment: A Practitioner’s Guide 1991
- Our Health, Our Care, Our Say 2006
- LAC (2008) 1 ‘Transforming Social Care’
- Common Assessment Framework 2006
INFOGRAPHIC FOR RESIDENTS:

- A Quick Guide to Social Services
- Assessment of Need and Care Plans CHECK

EQUALITY IMPACT ASSESSMENT:

The City of York Council is committed to equality. One of the council's priorities is to ensure that all residents can take part in the life of the city. This is supported through actions to work towards equal opportunities for all. The Council aims to ensure that no one receives less favourable treatment on the grounds of age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental disability or HIV status.

All policies and procedures are required to comply with the principles and intent of the Council’s Comprehensive Equalities Policy and will be part of a programme of Equality Impact Assessments.

An Equality Impact assessment was undertaken in August 2012 to inform the decision to review the eligibility level in York.

FURTHER ADVICE:

- Assistant Director Assessment and Safeguarding
- Assessment and Safeguarding Group Managers
- Assessment and Safeguarding Service Managers

CONTENTS:

- As set out in the attached procedure document
GENERAL REQUIREMENTS

Practitioners are responsible for:

- Adhering to the policy and practice guidance so that individuals are treated fairly and consistently.
- Completion of the Eligibility Criteria framework where required and ensuring the statements ticked reflect the information gathered during the assessment / review.
- Ensuring the resident’s eligibility is electronically recorded
- Ensuring that the resident is provided with information about the care management process/eligibility framework and a written record of the eligibility decision.
- Ensuring a completed copy of the framework is placed on the resident’s social care file.
- Ensuring eligible and non-eligible needs are clearly set out in the customer’s care plan or statement of need. Where residents decline services, the reasons must be recorded on file.
- Bringing to the attention of their line manager any circumstances where they recommend support is to be continued, but the resident is no longer eligible
- Highlighting individual learning needs and participating in and contributing to identified learning opportunities.

Managers are responsible for:

- Ensuring consistency of application of the policy and practice guidance.
- Ensuring that resources are used effectively so that individuals are treated fairly and consistently.
- Ensuring that staff record eligibility decisions electronically
- Ensuring that all staff including new staff are familiar with the Eligibility Criteria framework so that they act lawfully and within the policy of the council.
- Supporting staff to make decisions in circumstances where a service is to be continued, but the customer is no longer eligible, and to ensure this is done consistently
- Develop a culture of learning on the job through coaching, team learning opportunities and individual supervision.
PERFORMANCE STANDARDS

In carrying out an assessment a resident can expect:

- To be informed of how long they may have to wait for an assessment
- To be offered the opportunity to have a relative, friend or other person present throughout the assessment to support them or speak on their behalf
- To be fully involved in the assessment, identifying the outcomes they want to achieve and the decisions made that affect them
- To be given information of what support might be available, including community based support as well as social care support.
- To be advised of the choices they are able to make about the support they need, and the options to take a Personal Budget including a Direct Payment if they are eligible for social care funding.
- To be informed about any benefits they might be able to claim to meet the cost of their care
- To have the outcome of their assessment and the reasons for any decisions made discussed with them
- To be informed of how to ask for a review of their assessment if their circumstances change or how to appeal if they are not happy with the decisions which have been made
- To have agreed with them how the support they need, will be provided and be given this information in writing

Staff will:

- Aim to start the assessment within 24 hours, in an emergency situation where there is an immediate risk to health and safety
- Aim to start the assessment within 48 hours, if the resident’s ability to live independently is under threat, in line with Department of Health targets by December 2004
- Complete a resident’s assessment within 28 working days in line with Department of Health targets by December 2004, or within six weeks if a reablement assessment service is provided
MONITORING AND EVALUATION

Through:

- Current monitoring and Performance Indicator information systems

The qualitative and quantitative measures and indicators used will include as appropriate:

- Performance information within Adult Social Care Outcome Framework (ASCOF) and local indicators
- Customer satisfaction and feedback surveys
- Staff feedback surveys
- Analysis and evaluation of complaints and compliments
- ‘File Quality’ and other internal audit and inspection processes
- Staff Supervision and Appraisal system
- Peer review sessions
- Information from external inspections and audits such as, Care Quality Commission, peer audits and internal audits
- Monitoring financial performance against the FACS categories and service targets

DISTRIBUTION:

All Adults Social Care Policies & Procedure Holders via the Intranet
Significant Others

Approved By: Kathy Clark (Assistant Director, Assessment and Safeguarding)

Date: September 2012
Eligibility Criteria for Adult Social Care Services

Policy and practice guidance

Partially Revised February 2010
September 2012
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APPENDIX 1: FAIR ACCESS TO CARE SERVICES (FACS) ELIGIBILITY FRAMEWORK

APPENDIX 2: RELEVANT LEGISLATION
SECTION ONE: ELIGIBILITY CRITERIA POLICY

Last Revision Date

1.1 This policy /procedure was issued on 8th October 2004. Revised February 2010 and September 2012

Scope

1.2 Note: it is important that other policies that relate to care management are read in conjunction with this policy. Other care management policies are all subject to review to ensure compliance with government guidance.

1.3 This policy sets out how decisions will be made in York about what types and levels of need qualify for social services.

1.4 This policy only applies to social care needs that Adults, Children and Education Services are responsible for meeting. Assessments may identify needs that other departments or agencies are responsible for meeting, including housing and health services. These agencies have their own policies for determining how services will be allocated to people.1

1.5 York's Eligibility Criteria will:

- Be applied equally across all adult service user groups (18+)
- Be based on the assessed needs of, and risks to, individuals with particular reference to the seriousness of any consequences to independence
- Be clear about the level of risk to independence that will trigger a service and the level that will trigger redirection and/or information and advice

1 These include:

- NHS responsibilities for meeting continuing healthcare needs.
- Nursing care as set out in section 49 of the Health and Social Care Act 2001
- Intermediate care
- Supporting People
- Disabled Facilities Grants.
• Assist the authority to balance demand for services with available budget

1.6 The Eligibility Criteria threshold is set, and can be changed by Members of the council, and must be reviewed at least annually. Any changes must be agreed by Members.

Legislation

1.7 York will adopt the Eligibility Criteria framework prescribed by the government as set out in the Fair Access to Care Services Policy (FACS) [Appendix 1]

1.8 Decision making about eligibility for services is underpinned by the assessment and review process. The principles of, and standards for, assessments are set out in the following national documents:

• Fair Access To Care Services Policy Guidance 2002
• Fair Access To Care Services Practice Guidance 2003
• Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care

Guidance on Eligibility Criteria for Adult Social Care, England 2010
• National Service Framework (NSF) for mental health (including Care Programme Approach) 1999
• NSF for older people (including the Single Assessment Process guidance) 2001
• The White Paper Valuing People 2001
• Valuing people Now 2009
• Carer and Disabled Children Act 2000 & Carers (Equal Opportunities) Act 2004 – Combined Policy Guidance 2005
• Implementing the Carers (Recognition and Services) Act 1995 Policy
• Single Assessment Process (SAP) Policy Guidance 2002/3
• Community Care Assessment Directions 2004 & LAC (2004) 24
• Care Management and Assessment: A Practitioner’s Guide 1991
• Common Assessment Framework 2006

1.9 Social services may be provided to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments or from mental health difficulties. In general, the council's responsibilities to provide such services are set out in the legislation specified in Appendix 2.
1.10 The principles of equality of opportunity and anti-discriminatory practice are essential to effective assessment and the application of eligibility criteria, and these are supported by:

- The Race Relations (Amendment) Act (2000)
- The Disability Discrimination Act (1995), and
- The Human Rights Act (1998)
- The Equality Standard for Local Government
- Standard 1 of the NSF for older people, challenging age discrimination

Reference Documents

1.11 Further guidance has been published by the Dept of Health in the form of General Principles of Assessment and Practice Guidance. These are available on the Dept of Health website

Customer Information

1.12 The FACS policy requires that the Council’s eligibility criteria be published.

Further Advice

1.13 For further information on the policy, contact Service Managers, Group Managers or Assistant Director Assessment and Safeguarding.
SECTION TWO: PRACTICE GUIDANCE

The Stages For Contact

2.1 Issues to be considered at the various stages for contact are outlined in the following sections.

2.2 It is important that a preventive approach is taken at all stages of contact:
   - To encourage self determination, choice and dignity
   - To provide people with accessible and timely information and advice so that they can find solutions to their own problems wherever appropriate
   - To assist people to regain their independence so that they can undertake as many tasks for themselves without intervention from social services
   - To maintain people from deteriorating to high levels of dependency and continue to live in their own homes
   - To improve people’s quality of life by increasing their independence and reduce social isolation
   - To diminish the risks of avoidable injuries

Information Giving

2.3 Information to assist individuals to make arrangements to meet their own needs can be given at any stage, regardless of whether the person has needs above or below the threshold line for services.

2.4 Wherever possible people should be empowered to make arrangements to meet their own needs through the provision of wide-ranging information and advice, including that about welfare benefits.

2.5 Information should be made available in accessible formats, and in different languages where requested.

2.6 Practitioners should either give the information and advice requested or, with the person’s permission, contact another agency to ask them to provide the information and advice requested.

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2 See CYC ‘Guidelines on Disability Issues’ and staff manual on ‘Using Interpretation and Translation Services’
2.7 Information and advice is an appropriate response at the initial point of contact where:

- A person does not meet the legal criteria for a community care assessment
- Where the person is clear about what is required and why, their needs are clearly defined and require no further checking and the presenting situation is stable
- Where another agency is better placed to respond to the presenting needs

2.8 Information should also be provided to customers about FACS and the criteria for a Community Care assessment.

**Referral**

2.9 The Customer Access and Assessment Team (CAAT) will obtain information from potential customers/referrers at the point of contact to decide:

- Which agency is best placed to meet the presenting need(s)
- Whether information / advice only will be an adequate response
- Whether referral for a community care assessment is the most appropriate course of action
- The level of presenting risk, so that the urgency of the situation can be properly flagged and prioritised
- Whilst staff in the CAAT Team will not be responsible for applying eligibility criteria (this only ever takes place after a community care assessment), it is important that the kinds of questions asked at the referral stage are consistent with:

  The four broad domains of FACS:
  - Autonomy
  - Physical and Mental Health and Safety
  - The management of daily routines and home environment
  - Involvement in family and wider community life

  And the four levels of need:
  - Critical
  - Substantial
  - Moderate
Low Assessment

Policy context

2.10 An assessment should follow where it appears that any person for whom the council may provide or arrange for the provision of community care services may be in need of that service; for example, they are disabled, a carer, or have an illness (ref. National Health Service and Community Care Act 1990 Section 47(1) (a).

2.11 It should be noted that under FACS it is important that the Department operates a low threshold for assessment.

2.12 An assessment is undertaken alongside and in partnership with the individual requiring the assessment and their informal carers, in order for all parties to understand the nature of the risk to be addressed and the most appropriate way of addressing it. Individuals will be given full information about the criteria on which decisions are made as well as the outcome of the assessment.

Responding to a request for assessment

2.13 The case priority should be established at the referral and assessment stages. This prioritisation is an indication of the case priority based on the presenting information ascertained at the initial point of contact. It does not indicate a person’s eligibility for services.

2.14 Where there is a clearly urgent situation that requires an immediate response then services must be put in prior to any formal FACS assessment, though the person is to be informed that, following the subsequent assessment under FACS, these services might be withdrawn if there are no eligible needs the service is meeting.

2.15 The level and type of assessment carried out should be determined by presenting needs and difficulties and will require practitioners to exercise judgement about how best to respond.

2.16 Requests for support for people moving from another local authority will need to take account of the assessment of need, and support provided by the other authority. Changes in circumstance brought about by a move means that the assessment and needs may change in a new environment. Eligible needs will need to be decided on the basis of the City of York’s eligibility level.
Carrying out an assessment

2.17 The assessment will gather information to:

- Gain a better understanding of their situation
- Identify the options that are available for managing their own lives
- Identify the outcomes required from any help that is provided
- Understand the basis on which decisions are reached

2.18 Individual factors such as age, gender, ethnic group, religion, disabilities, impairments or similar difficulties, personal relationships, location, living and caring arrangements, and similar factors are not, in and of themselves, considered ‘risks to independence.’ What matters, in terms of the assessment of need, is the impact of any of these factors on the individual. (For example, eligibility under FACS is not determined by any clinical measure of the level of disability, but by the impact of that disability on the person’s life.)

2.19 Staff though must be aware, in undertaking assessments, of any relevant cultural factors that may require a particular response, and also of any aspects of a person’s life that may put them more at risk. (For example, a person who is disabled may be at risk of ‘hate crimes.’)

2.20 Alternatives to the need for social care assistance arranged by Adults, Children and Education should always be explored and recorded. This should include:

- Contributions from the individual’s family and wider community
- Housing Support services provided in-house or through Supporting People contractual arrangements
- The voluntary or independent sector contracted through or funded directly by the local authority

2.21 Staff undertaking assessments will sometimes be requested to consider needs that other agencies are responsible for meeting, and these agencies may have their own policies for determining how services will be allocated. The Eligibility Criteria framework will not be relevant to this as it is only used to determine if a person has eligible social care needs that require services to be organised and funded through social care budgets.

2.22 The provision of social care services for asylum seekers – including people whose application for asylum has been refused by the Home Office – is a complex and evolving legal area. In general terms, if an adult asylum seeker has a community care need not arising from
‘destitution’ then they will be eligible for services to meet that need using the FACS criteria. However, because case law judgement is constantly impacting on Government policy, advice from managers – and if necessary legal advice – should be sought on a case-by-case basis.

2.23 For people in receipt of s117 aftercare services under the Mental Health Act 2003 (as amended by the Mental Health Act 2007) there is an assumption that those social care services required as part of the aftercare plan will be eligible under FACS, but that assumption must be tested through a community care assessment. Section 117 aftercare support can only be withdrawn as part of a review of the aftercare plan.

2.24 There is a similar assumption that people in hospital awaiting medical discharge who are referred to social services will be eligible for a service under FACS, but that too must be tested through community care assessment.

The role of informal carers

2.25 The City of York – as with all Councils – acknowledges that without the support given by informal carers the health and social care statutory systems would not cope with the level of demand on resources. Support to carers, therefore, is perhaps the most cost-effective investment of resources any Council can make.

2.26 The determination of eligibility in individual cases should take account of the support from carers, family members, friends and neighbours which individuals can access to help them meet presenting needs. If, for example, an individual cannot perform several personal care tasks, but can do so without difficulty with the help of a carer, and the carer is happy to sustain their caring role in this way, without risk to their own needs or health and wellbeing, then the individual should not be perceived as having needs calling for community care services. That is, they should not be perceived as having eligible needs.

2.27 However, during the actual assessment, no assumptions can be made about the level and quality of such support without the agreement of the relevant parties. Even where carers and others are providing support to an individual, the nature of the individual’s needs, matters of privacy and dignity, and the level of care, could be such as to make the individual eligible for community care services.

Carer Assessments

2.28 Access to a carers assessment is defined by legislation as being required to be offered where:

- The carer provides or intends to provide a substantial amount of care on a regular basis to another person aged 18 or over, and
The council is satisfied that the person cared for is someone for whom it may arrange community care services

2.29 Practitioners must offer carers an assessment, and make the purpose of this clear to them. This is to consider the support needs of a carer independently of the support that may be needed by the individual they care for. Practitioners need to be sensitive to the fact that some carers do not like to be `assessed' and alternative terminology may be required, for agreement to consider the carer's support needs is given.

Risk Assessment

2.30 Risk assessment is an integral part of the assessment process and a critical part of determining an individual's eligibility for services, and the need for any support for carers.

2.31 Alongside identifying the individual's strengths and abilities, the individual and practitioner should clarify potential difficulties and possible risks that could lead to increased dependency, harm or danger, including risks to carers or other close relationships if needs are not addressed.

2.32 Using the assessment information, practitioners will need to assess the likelihood of the risk and the impact, that it will have on an individual's independence if it is not addressed. The definitions for critical, substantial, moderate and low provide practitioners with a framework within which to make such judgements.

2.33 In exploring the interaction between a person’s needs and risks the individual and practitioner should consider:

- Instability / unpredictability of needs
- Intensity of needs and level of distress
- Number of different needs, how they interact and how the individual reacts to the difficulties facing them: an assessment of the 'aggregate risk'
- Impact of external and environmental factors
- Sustainability of assistance from family, wider community and other agencies
- Likelihood of deterioration over the next six months

2.34 Risk assessments should also explore what is an acceptable level of risk - the individual's attitude and wishes concerning risk taking, and whether the risks are a normal part of independent living, or ones that cause serious concern. The individual's (and carer's) and practitioner's views should be recorded on the assessment form. Practitioners are to refer to guidance on use of the risk profile.
Evaluation Of The Assessment Information

2.35 Completing an assessment is not a commitment by Adults, Children and Education to provide or arrange social care services. It is the evaluation of the information, the application of the eligibility criteria and management sign-off that will decide whether a support should be provided.

Completing The Eligibility Criteria Framework

2.36 The eligibility criteria framework [Appendix 2] should be used to aid the eligibility decision at the end of an assessment, using information gathered during the assessment process and including, where relevant information gained from other specialist assessments, such as GP or Allied Health professional etc.

2.37 Practitioners are responsible for ensuring that the eligibility decision is recorded electronically as part of the appropriate assessment document.

2.38 York’s Eligibility Criteria framework is divided into:

Eight areas of need:
- Communication
- Physical health
- Psychological well-being
- Day to day activities (mobility and control of the environment)
- Day to day activities (personal care/household tasks)
- Home and social circumstances
- Family and carers
- Personal safety and risk management

Four levels of need
- Critical
- Substantial
- Moderate
- Low

2.39 The eight areas of need and four levels of need on the Eligibility Criteria framework are used to determine an individual’s eligibility for social care services by:
• Comparing the assessment information about needs and levels of risks to independence, harm or danger with the statements on the Eligibility Criteria framework

• Taking into account the contribution of – and impact on – any informal care provided, and recognising the level of risk there would be if that care was no longer available within the carer contingency planning.

• Considering the risk to the customer or carer(s) if social care services are not provided.

• The ‘threshold for services’ line on the framework identifies the point when York will make arrangements for services.

• Where no other appropriate alternatives are available social care support will be arranged by Adults, Children and Education for eligible needs above the threshold for services line. In arranging services, cultural, ethnic, religious or gender requirements must be taken into account.

Non-Duplication

2.40 Customers should not have more than one eligibility decision completed at any one time. This means that practitioners should check if the customer is already open to another worker and whether an eligibility decision has been recorded by them. This may commonly arise where a care manager/social worker and OT are both involved.

2.41 If more than one assessor is involved, the primary assessor is the person who makes the eligibility decision. So for example, where the customer is referred to an OT by another worker, the OT does their assessment but they do not create another eligibility decision. Where OTs get a single service request for equipment only, then they would record the eligibility decision.

General Points To Remember

3 For example- if a customer has an impairment which impacts on their ability to manage personal care and they do not have a carer, then they may be considered ‘SUBSTANTIAL’ in the ‘Day to day activities (personal care/household tasks)’ domain. If that customer does have a carer (who is willing/able to continue this role without undue impact upon them), then the customer’s eligibility for ‘Day to day activities (personal care/household tasks)’ would be ‘LOW’. However, if it was judged that the carer could not sustain their caring role because it would significantly impact on their physical or mental health, then the customer’s eligibility for ‘Day to day activities (personal care/household tasks)’ may be considered ‘MODERATE’ or ‘SUBSTANTIAL’. (Please note that the risk categories used here are for illustrative purposes only.)
2.42 If you have difficulty applying the eligibility framework, ask yourself the basic question: “What would be the impact on this person (or their carer) if a social care service were not provided?”

2.43 It does not follow that once a person has some eligible needs for services, that all needs become eligible – it is only those above the threshold line. Needs below the threshold line will trigger information, advice or redirection to preventive or voluntary sector services.

2.44 The framework is a tool to assist decision-making, but does not replace the need for practitioners to make judgements about levels of need and risk based on the assessment information.

2.45 Whilst an individual’s views should inform the decision making process, the practitioner is responsible for determining the types of needs, and considering the risks to a person’s independence and safety if they are not addressed.

Interpreting The Statements On The Eligibility Criteria Framework

2.46 The assessment will have identified:

- The interaction between all of a person’s assessed needs and risks
- The individual’s views and attitudes towards the needs
- The carer(s)’ views, and the impact upon their health, safety and well-being
- The likelihood, impact and time frames within which any adverse situation is likely to occur

2.47 This information will inform decision making on the framework. However, there is still a measure of professional judgement in how the Eligibility Criteria framework should be applied.
Support Planning

2.48 In considering levels and types of support in the care plan practitioners should:

- Give people information, advice, support and guidance so that they can solve their own problems where appropriate
- Consider the contributions and impact of contributions from family, friends and other agencies
- Offer carers a Carers Assessment and consider the outcomes of this in care planning. Support carers in making contingency plans to cover the eventuality that they are unable to continue their support
- Provide short term intervention to enable people to become independent without support from Housing and Adult Social Services
- Provide intervention to assist people to live independently over the longer term
- Ensure people are not discriminated against on the grounds of their age, gender, race, sexuality, ethnic group, religion, disabilities, personal relationships or living and caring arrangements
- Ensure services meet different ethnic and cultural requirements
- Offer and consider the use of Direct Payments unless there is a reason that is would be inapplicable.
- Focus on outcomes throughout – what is trying to be achieved through the intervention

2.49 The care plan itself should set out at a minimum:

- The eligible needs and associated risks
- The contributions of family, friends and other agencies
- The preferred outcomes of service provision
- The agreed service inputs
- Any charges the individual is assessed to pay
- If direct payments have been agreed
- Details of contingency plans in emergencies, where appropriate
- A review date
- The non-eligible needs
2.50 The aim is to agree the care plan with the person and make sure they have a copy and return a signed copy for our records.

2.51 In the event of a dispute:

- Services should be provided unless refused by the individual who is the subject of the assessment.
- Senior Practitioners and/or service managers should be informed and may need to make direct contact with individuals and/or their informal carer to resolve the dispute.
- In exceptional circumstances a second assessment can be commissioned on the authority of the Group manager.
- Individuals and/or their carer must be informed of the complaints process.

2.52 Practitioners should make it clear to customers/carers at the care planning (and review) stage that the care package provided to them may change over time, depending on their changing needs. Also, that the council’s eligibility criteria may be adjusted over time.

**Matching Needs, Desired Outcomes And Services**

2.53 In creating the care plan and deciding on the most appropriate service interventions, all services providers (internal and external) have been asked to develop a ‘Statement of Purpose’, as required by FACS. This outlines several aspects of the service:

- Nature of services provided
- Values and objectives
- Target group
- Number of places available
- Geographical boundary served
- Access facilities

2.54 This information, as developed, should be used to inform the matching of needs and desired outcomes.

2.55 However, this should not just be used as a menu of services, and practitioners are encouraged to:
• Use a range of other means to provide service interventions that meet individual requirements; and

• Negotiate with service providers to provide flexible services that meet particular needs

2.56 This is especially important where services currently available may not meet people’s needs on the basis of their age, disability, sexuality, gender, race, ethnicity, or religion.

2.57 It is important to note that:

• An eligible need must be met by the council

• The purpose of the assessment is to find solutions to problems and achieve outcomes for people. In order to do so creativity and imagination is required.

Service Delays

2.58 Where, for whatever reason, delays occur providing or arranging services, this should be discussed with the service user (and carer), and alternatives risk management methods offered and put in place. People should be prioritised according to the risks to their independence with critical needs first, then people with substantial needs and so on.

Service Refusal

2.59 Where the service user and/or carer refuse help and services for whatever reason, the following applies:

• If satisfied that the person has the capacity to make an informed decision, then agencies do not ordinarily have the power to compel a person to receive services.

• If an individual lacks the mental capacity to make that decision the Mental Capacity Act will apply and the relevant procedures should be followed of assessment of mental capacity and determination of best interest.

• If the person is a 'Vulnerable Adult', agencies must discuss their concerns under the Safeguarding policy and procedures.

• A letter should be sent to the person concerned setting out what services were offered and why and the fact of the person’s refusal to accept them. The letter should make it clear that the person can contact Housing and Adult Social Services at any time if they change their mind. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree.
• Where a service user has declined an assessment or service(s), a carer is still eligible for an assessment under the Carers and Disabled Children Act 2000.

• A distinction has to be made between a person refusing all services or support and someone who declines to accept a particular service for whatever reason. The person should be asked for their reason for declining a specific service – or service provider – and alternatives should be considered, prior to any decision to close the case.

**Reviews And Re-Assessments**

**Reviews**

2.60 An initial review should take place within six weeks of the service being provided to check:

• Whether the situation is stable (customer and carer)

• If not stable, whether re-assessment/new eligibility decision required

• Service suitability to meet desired outcomes

2.61 Reviews may also happen at other times to make minor adjustments to services. You should not complete another eligibility decision for these reviews, unless the review has included a full re-assessment of need.

**Re-assessments**

2.62 A re-assessment may take place at agreed intervals in line with anticipated progress towards achieving the agreed outcomes.

2.63 A re-assessment must take place for all customers every 12 months.

2.64 The purpose of a reassessment is to:

• Re-assess the needs and circumstances of the customer

• Establish how far the services provided have achieved the outcomes set out in the statement of need/care plan

• Confirm or adjust the eligibility decision

• Check eligibility against current eligibility threshold

• Confirm or amend current care plan, or lead to closure

• Comment on the effectiveness of direct payments if used
2.65 The re-assessment should be as thorough and holistic as the original assessment.

2.66 The eligibility criteria framework must be applied again following a re-assessment in the same way as described following an assessment.

**Adjusting/Withdrawing Services**

2.67 Where a reassessment has taken place, and the person’s presenting needs either:

- Fall **below** the council’s eligibility threshold, or

- Are **above** the threshold, but are at a level of need and risk which do not justify the current type/level of service input

...this means that the services they currently receive may have to be withdrawn, reduced or changed to a different (perhaps less intensive) type.

2.68 Where customers’ needs are below the threshold the practitioner will have to judge what might be the reasonably foreseeable risk to the person (or their carer) if the service were withdrawn/ reduced/ changed.

2.69 If, in the judgement of the assessor, the risk appears to be low then the withdrawal/ reduction/change should be made, and the reasons put in writing.

2.70 If, however, in the judgement of the assessor a reduction or withdrawal of a service[s] would result in a deterioration of the person’s condition such as could make them eligible for that same service[s] in the reasonably foreseeable future, then the service[s] should be maintained to prevent such an occurrence.

2.71 It is important that any such decisions are taken in partnership with the individual and that their views on their potential vulnerabilities are sought and recorded. The final decision is for the Council to take, but attention must be given to the views of the individual. In any situation in which the individual or their carer states that significant harm could or would occur if services were to be reduced or withdrawn, then this must specifically be brought to the attention of a line-manager before any decision is taken.

2.72 If the customer claims prior commitments were made to continue the service, the practitioner should explore the evidence for this with the person, and then share this with their manager before any decisions are made.

2.73 Attention must also be given to any case in which there has not been a formal review for a considerable period – beyond the minimum of a
year. Where there has been any failure to review the case within the statutory minimum period and that review results in a decision to reduce or withdraw services, then a line-manager should be made aware of this before the decision is finalised.

2.74 In the event of a complaint, by the person or their carer, about a decision to reduce or withdraw a service (see below for complaints process), it will be necessary for the Service manager to decide whether to maintain services at their current level whilst the complaint process is completed.

2.75 In any situation in which the person or their carer has stated either would be at significant risk of harm were services to be reduced or withdrawn, then services should be maintained until the complaint is resolved.

2.76 People must be informed of their right to make a complaint and given the necessary information about how to complain. It will then be for the person or their carer to decide whether to make a formal complaint.

2.77 In any situation in which the person or their carer states that either would be at significant risk of harm should services be reduced or withdrawn, then this should be taken by the assessor as a complaint and reported as such to a line-manager, even if the person or their carer does not make a formal complaint.

2.78 During this process a number of options may be considered to address the situation over time. The assessor should discuss with the person and their carer whether the intended outcomes have been achieved. All interventions should have an explicit purpose – whether in the short or the longer term – and it is appropriate to consider what should happen if the outcomes have been achieved.

2.79 It may be necessary to continue with the intervention to prevent a relapse, but it may also be necessary to consider reducing or withdrawing services to prevent 'learned dependency' that reduces rather than enhances the person’s independence.

2.80 Other options to be considered are:

- Whether it is appropriate to gradually reduce the service over time

- The possibility of transitional arrangements to a different service rather than an abrupt change

- If the person has eligible needs, explore whether Direct Payments may be a preferred option, as it may provide additional benefits through increased flexibility even if the service is reduced.
• Pulling forward the next review date to monitor progress/impact

2.81 In all circumstances, it is important to be aware that services must not be reduced or withdrawn without a re-assessment of need having taken place.

Recording The Eligibility Decision Following Assessments Or Reviews

2.82 The Eligibility Criteria framework will provide extremely useful information over time about Housing and Adult Social Services’ customer profile, the type of needs they present with, and whether these are presenting needs or eligible needs.

2.83 It will help the Department analyse the types and extent of needs for services and plan for these more effectively in future.

2.84 It is essential, therefore, that:

• The eligibility framework is accurately recorded for each customer who receives a community care assessment or re-assessment.

• Where people have non-eligible needs, this is clearly documented - giving reasons why – on the care plan/statement of need

2.85 Practitioners need to:

• Record the eligibility decision for each area of need electronically on Fwi

• Provide a copy of the statement of need to the customer, outlining whether their needs are eligible or ineligible

• Record any variations to usual procedures (such as a service being maintained even where the customer is not eligible) on the customer file, and ensure this is also communicated to the customer
Appeals / Complaints

The Procedure

2.86 Where customers and carers express dissatisfaction with the outcome or process of the assessment or review, they should be advised to use the council’s complaints procedure.

Problem solving

2.87 A customer should be encouraged to approach the assessing worker to discuss the concerns. It is anticipated that this will remedy the majority of problems, particularly if it is explained that the decision-making of all assessments is supervised by a line manager. Where the customer is still dissatisfied, the line manager should also be prepared to discuss any concerns openly with the customer. Both the customer and officer are encouraged to seek advice regarding an issue of complaint from the complaints manager at any point. The complaints manager can be reached on 554080.

2.88 All customers will be advised of their right to make a complaint if dissatisfied, and the ‘Have Your Say’ leaflet explaining how customers can complain, comment or make a commendation will be prominently displayed at council reception centres. In addition, the leaflet should be routinely distributed by the assessing officer at the initial meeting with the customer.

Registering a complaint within the complaints procedure

2.89 If a customer wishes formally to register their complaint the matter should be referred to the complaints manager. The complaints manager will discuss with the customer the options available to them under the procedure, and ensure that it is recorded in writing. Any support needs the customer might have will be explored further.

2.90 The complaints manager will ascertain what the elements of the complaint are, and how far the issues can be met through the social care complaints procedure. Other issues may be channelled into the corporate complaints procedure, or referred back to the service to be dealt with as a general comment or enquiry.

2.91 The complaints manager will provide quarterly feedback to the senior management team on the nature and outcome of registered complaints regarding the application and implementation of the eligibility criteria.
Information Requirements

2.92 To support the process, it is very important that all decisions are well documented and evidenced as set out in the eligibility criteria policy and practice guidance.

General Requirements

2.93 Practitioners are responsible for

- Adhering to the policy and practice guidance so that individuals are treated fairly and consistently
- Completion of the Eligibility Criteria framework where required and ensuring the statements ticked reflect the information gathered during the assessment / review
- Ensuring the customer’s eligibility is electronically recorded
- Ensuring that the customer is provided with information about the care management process/eligibility framework and a written record of the eligibility decision
- Ensuring a completed copy of the framework is placed on the service user's file
- Ensuring eligible and non-eligible needs are clearly set out in the customer’s care plan or statement of need. Where customers decline services, the reasons must be recorded on file.
- Bringing to the attention of their line manager any circumstances where a service is to be continued, but the customer is no longer eligible
- Highlighting individual learning needs and participating in and contributing to identified learning opportunities.

2.94 Managers are responsible for:

- Ensuring consistency of application of the policy and practice guidance
- Ensuring that resources are used effectively so that individuals are treated fairly and consistently
- Ensuring that staff record eligibility decisions electronically
- Ensuring that all staff including new staff, are familiar with the Eligibility Criteria framework so that they act lawfully and within the policy of the council
- Supporting staff to make decisions in circumstances where a service is to be continued, but the customer is no longer eligible, and to ensure this is done consistently
- Develop a culture of learning on the job through coaching, team learning opportunities and individual supervision.
MONITORING AND REVIEW OF THE FACS PROCESS

2.95 The purpose of the Eligibility Criteria is to:

- Support individuals to achieve or maintain their independence with minimum intervention, **and**
- Support the most effective and efficient use of available resources, **and**
- Ensure consistency and fairness across the city and across service user groups.

2.96 It is therefore important that the application of the Eligibility Criteria is carefully monitored and reviewed on a regular basis.

2.97 National policy requires councils to audit and monitor their performance with respect to fair access and in particular the following:

- The extent to which different groups are referred, which groups receive an assessment and, following assessment, which groups go on to receive services
- The quality of the assessment and the eligibility decisions of staff
- Service effectiveness with reference to care plans and reviews
- The speed of the assessment and subsequent service delivery
- The timing and frequency of reviews

2.98 The results of these activities will be used to undertake an annual review of the eligibility threshold applied by the council, involving a range of interested parties including customers, elected members and other local agencies.

2.99 These requirements will be met by:

- Current monitoring and Performance Indicator information systems
- Developing further monitoring and review activity as part of establishing a quality assurance and performance management system within the service
2.100 The qualitative and quantitative measures and indicators used within the Assessment, Care Planning and Review process will include:

- Performance information within Adult Social Care Outcome Framework (ASCOF) and local indicators
- Customer satisfaction and feedback surveys
- Staff feedback surveys
- Analysis and evaluation of complaints and compliments
- ‘File Quality’ and other internal audit and inspection processes
- Process mapping
- Peer reviews
- Staff Supervision and Appraisal system
- Information from external inspections and audits such as, Care Quality Commission, District Audit and the Best Value Inspectorate
- Monitoring financial performance against the FACS categories and service targets.

DISTRIBUTION

All adult Social Care Policy and Procedure holders via the Intranet.
Appendix 1: FAIR ACCESS TO CARE SERVICES (FACS)
ELIGIBILITY FRAMEWORK

The FACS eligibility framework is graded into four bands, which describe the seriousness of the risk to independence if needs are not addressed. It must be implemented in April 2003

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.
Appendix 2: Relevant Legislation

COMMUNITY CARE:

Community care "is about assisting people with social care needs, and enabling them to remain living at home, as independently as possible for as long as is possible, in the belief that this is what most people want."


Community care assessment is a statutory duty on the local authority under the National Health Service and Community Care Act 1990 Section 47(1) (a) which states:

‘... where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority – shall carry out an assessment of his needs for those services...”

This means that an assessment is triggered when:

- the individual **appears** to be a person for whom the council may provide a community care assessment, for example they are disabled, elderly or unwell

  and

- the individual’s circumstances **may** need the provision of community care services.

Carers also have a right to an assessment under the Carers and Disabled Children Act 2000 (ref. Carer Practice Guidance).

Provision of community care services is guided by a number of Acts (outlined below), but must also be regarded in light of the Gloucester Judgement. LASSL(97)13 sets out the responsibilities of SSDs:

There is a duty to arrange services where “they (SSDs) are satisfied that it is necessary to meet their (disabled person's) needs”, but also permission to take resources into account and remove services (but ONLY formally though review/reassessment).

Para 6: "...it was confirmed in the course of the judicial review cases that an authority cannot arbitrarily change the services which it is arranging for a disabled person merely because its own resource position has changed. It needs to reconsider what needs it will meet (i.e. what its eligibility criteria will be) and reassess the individual against those redefined needs."
Part III of the National Assistance Act 1948

Section 21 concerns the provision of residential accommodation to certain groups of people who are in need of care and attention, which would otherwise be unavailable to them.

Section 29 concerns the promotion of the welfare of certain groups of people. To qualify for community care services under this section a person must be:

"...aged 18 or over who are blind, deaf or dumb, or who suffer from mental disorder of any description, and other persons 18 or over who are substantially and permanently handicapped by illness, injury, congenital deformity or other such disabilities as may be prescribed by the Minister ".

LAC (93)10 asks councils to give a wide interpretation to the term substantial to take full account of individual circumstances and a flexible interpretation to the term permanent in cases where they are uncertain of the duration of the condition. The definition of disabled person must be interpreted in this context to mean people over 18 years who have a permanent and substantial disability such as a learning disability, physical disability, sensory impairment, mental health difficulty, chronic illness or a combination of these.

Section 2, Chronically Sick and Disabled Persons Act 1970
Concerns services for disabled people, both adults and children.

Section 45, Health Services and Public Health Act 1968
Concerns the making of arrangements for promoting the welfare of old people.

Section 21 and Schedule 8, National Health Service Act 1977
Concerns the prevention of illness, care and aftercare of people.

Section 117, Mental Health Act 1983
Concerns the provision of aftercare services for people who were previously detained under certain sections of the Mental Health Act 1983.

Disabled Persons (Services, Consultation and Representation) Act 1986
Confirms the duty to assess the community care needs of a disabled adult.

Mental Capacity Act 2005
Imposes duty to assess the mental capacity of a person to make a decision where there is reasonable evidence or concern that the person may lack that capacity. Also imposes a duty to act and decide in a person’s ‘best interest’ who is so assessed to lack the mental capacity to make the relevant decision.

Mental Health Act 2007
Amends the MCA 2005 to empower LAs to consider authorising ‘deprivation of liberty’ orders for people assessed as lacking the mental capacity to make a decision and in need of so depriving to ensure their safety and well-being.