Eligibility for Service

for

All Adults Aged 18 and Over

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Guidance Notes for Staff on use of Eligibility Framework

1. Introduction

The attached new single eligibility framework must now be used to determine eligibility for anyone over 18 years of age who is referred for social care support. It replaces all existing eligibility criteria for different services and for different care groups. Although the framework and threshold for service have been set by the County Council the specific wording contained within the framework is a national requirement.

It is unlawful for anyone over the age of 18 to be allocated or refused social services provided or commissioned by the County Council following assessment, or for services to be removed following review, without the assessor making clear reference to the Councils Eligibility Criteria.

2. Principles of Assessment of Eligibility

The decision as to whether a person is eligible for services or not relates primarily to the risk to their independence, both now and in the foreseeable future, if support were not provided. The decision as to whether someone is eligible or not must be made **following** assessment. The framework should not be used until an assessment has been completed. In line with previous Government Guidance a **low threshold** should be used when deciding whether someone is entitled to an assessment. Individuals should not be screened out until sufficient information is known about them- *" the depth and breadth of the assessment should be proportionate to the presenting needs".*

It is essential that in using the framework and these guidance notes you adopt a holistic and person-centred approach to each assessment. This means considering the unique impact on the individual (and of any carer involved) of the particular combination of their difficulties and personal circumstances. It is not intended that the framework or these guidance notes be applied mechanistically. Government Guidance stresses the role of the assessor in deciding a person's eligibility level.

3. The difference between Presenting Needs and Eligible Needs

At the point of assessment a person may present with a variety of needs. The role of the assessor, following assessment, is to consider each of these **presenting needs** and decide on the level of risk to independence if that need were not met. For example if the person being assessed says that they are no longer able to look after their garden and need assistance the assessor may feel, given their personal circumstances, that if this need were

not met, there would be no risk to the persons independence. Therefore this would not count as an eligible need. There may however be circumstances which mean that there would be a level of risk, for example where the person had Mental Ill Health and is at risk of eviction if their overgrown garden wasn't maintained.

Following assessment a level of risk should be identified for each presenting need. The assessor should then compare the needs and risks identified to the wording within the Eligibility Framework and decide whether services are to be provided. The assessor may decide, following assessment, that only some of the presenting needs are eligible for assistance (i.e. present a moderate or greater risk). Generally only those needs will be met. Sometimes it may be appropriate to meet lower level needs.

It is recognised that those needs which, if not met, would lead to a critical or substantial level of risk my be the most straightforward to identify. The more problematic decisions will relate to those needs which could be viewed as lying in either the low or moderate bands. In general if someone has a need which is viewed as having a low risk it will not be met, whereas one with a moderate risk or greater will.

Having looked at the risk to independence presented by each identified need the assessor must also consider the **cumulative** effect of the identified needs. Although the prescribed wording used in Framework could be clearer, there is a clear drive within the Guidance for assessors to consider not just the risks associated with individual needs but also the cumulative impact if a person has a number of low or moderate level needs. Should the assessor believe that individually the risks identified are low but taken together they represent a moderate risk then they may decide that it is appropriate for one or more needs to be met.

4. Resources

Guidance stresses that it is the assessors decision, based on the person's unique personal circumstances, as to the level of risk attached to that persons needs. The County Council is committed at this time to meeting all needs which are assessed as being in the moderate band or higher. Therefore once a need is identified as being a moderate risk or higher the County Council will seek to meet that need using the most cost effective and appropriate means available.

5. Links with other Legislation

So how do the new criteria link with this legislation?

The first thing to say is that FACS doesn't replace existing legislation which determine the Council's responsibilities to provide services. These are principally set out in:

- The National Assistance Act 1948
- Health Services and Public Health Act 1968
- Chronically Sick and Disabled Persons Act 1970
- National Health Services Act 1977
- Mental Health Act 1983
- Disabled Persons (Services, Consultation and Representation) Act 1986

The link between FACS and existing legislation is complex. The guidance in this section is not intended to equip every assessor with the legal understanding to address every situation. What it does seek to do is highlight possible conflict between FACS and existing legislation and ask that assessors work with line managers to resolve areas of conflict occurring on a regular basis.

Perhaps the best way to try and understand this issue is to work through the assessment process using the "simplest" scenario of a person not previously known to us coming forward asking for assistance. Much of this has been touched on previously in the assessment section.

Our first decision (under Section 47(1) of the NHS and Community Care Act 1990) relates to whether the person "may be in need of community care service". In exercising this judgement "councils should set a low threshold, and avoid screening individuals out of the assessment process before sufficient information is known about them". These decisions are unchanged by FACS.

Having decided that a person **may** need community care services then we are required under Section 47(1) to

"Carry out an assessment of his/her needs for those services".

The assessment process is covered within sections 2 and 3. At the end of the assessment the assessor will have identified the range of needs and the level of risk associated with not meeting each of those needs. The assessor will have made an overall assessment on the appropriate band of risk and identified which needs they believe need to be met.

Once we have identified the needs which should be met then we are committed, in partnership with the service user and carer, to meeting those needs in the most cost effective way. It is at this stage, when we start to identify the provision of certain services, that existing legislation will generally come into play. Our duty/power to provide services relate to primary legislation which may or may not contain its own eligibility criteria. Where legislation does not contain its own eligibility criteria then there should be no conflict in providing services to meet needs identified eg providing Domiciliary services. However where legislation contains eligibility criteria there may be a conflict. Should, for example, a need have been identified which could be met through the provision of equipment then we would turn to the Chronically Sick and Disabled Persons Act (under which equipment is generally provided). The CSDPA requires that the person must have a "substantial and long term" disability. It may be the case then that although we identify a need which could be met with equipment we would not provide because of conflict with the CSDPA. For example where someone's need for equipment was clearly short term.

6. Carers Needs and Carers Assessment

In assessing whether a person is eligible for help, it is clearly important to identify whether there is a carer involved. If so it is essential to seek the carers own views on the situation before making a decision about the referred persons eligibility. One of the areas of risk which determines a person's eligibility for social care is the risk that a 'vital social support system or relationship cannot be sustained'. This will be highly relevant if a carer is feeling they will not be able to go on coping without some support, but may not always be obvious from referral information.

Most support to carers will be provided through the community care services delivered as part of the care package for the person they care for. In planning the care package, the person doing the assessment will work out with the carer and the service user which are the areas where the additional support will produce the best outcomes.

Note- Carers who are providing a substantial amount of care on a regular basis are also entitled to assessments of their own needs. This entitlement exists even if the person for whom they care is refusing services.

7. Recording Eligibility Decisions

The overall risk band for eligibility needs to be recorded on the **Client Index/ Framework i**, the **needs assessment (Community Care Assessment/ Overview/ Specialist Assessment)** and the **Care Plan.**

(This guidance will be updated and disseminated when any systems and protocols for Single Assessment Process and Framework i are agreed)

Recording on Information Systems

Current practice requires the overall eligibility decision to be recorded on the client index system. This needs to be entered by an administrator.

Codes for recording on Client Index System

Critical Risk	CR
Substantial Risk	SR
Moderate Risk	MR
Low Risk	LR

Recording on needs assessment

The overall eligibility decisions also should be recorded at the end of a needs assessment. Current practice is that the decision on eligibility is recorded under **section 9 of the Community Care Assessment**. The Section is titled Summary of the Person Completing Assessment.

In addition, the reasons for the eligibility decision need to be documented throughout the assessment. This will provide justification for making the decision and demonstrate how the decision was reached.

The risk banding should be determined for each area of need. So the eligibility banding for each area of need should be recorded under each need in the assessment.

It is not appropriate to use codes, i.e. AC1, DC2 on Assessment and Care Plans that will be shared with service users.

Example of presentation:

7.1 **HOUSING:**

A lives with his long-term partner, B, in their bungalow. During the mornings, he is able to mobilise around the living room and the bedroom using furniture. However, during the afternoons his mobility deteriorates and he is unable to access the majority of areas in the home including the bathroom, without assistance. He needs to be able to access all areas of the home.

A is also unable to get in and out of the property due to a large step at the front door. B can no longer support him physically to climb the step. He needs to be able to get in and out of the house.
(Substantial Risk)

Recording on Care Plans

As the care plan should directly relate to the needs assessment, the risk banding for each need identified would be also recorded on the Care Plan. This would be most appropriate in the first column, **Needs to be met.** This would identify throughout the Care Plan which needs are eligible needs, along with how the eligible needs are to be met.

AREAS OF RISK

Below is a brief description of each risk criterion. For the purposes of discussion references to the framework are included in the brackets. These will not be part of the information made available to the public. It should also be stressed that in FACS all the statements within the framework are followed by **'and/or'**. The assessor should take into account the combined impact of all the risk factors. Consultation undertaken so far has identified that service users found these additions unhelpful and we have subsequently removed them from the Framework. In deciding on eligibility the combined impact of needs must be taken into account.

CRITICAL BAND

An indicator of a critical need is one which, if not met, would lead to the person's independence being immediately threatened.

(AC1) Life is or will be threatened

This includes situation where there is a high risk of fire or falls, as well as those where a person poses serious risks to the lives of others.

(AC2) Significant health problems have developed or will develop

This relates to situations where the absence of social care support is directly causing a deterioration in the person's health serious enough to require immediate or future medical intervention. Examples include risks of malnutrition, hypothermia, pressure sores due to immobility and lack of adequate care, and social isolation which is likely to result in mental ill health .

(AC3) Serious Abuse has occurred or will occur

Evidence exists that physical, sexual, financial, and/or psychological abuse or neglect has occurred or will occur in the future, and that it is likely to have a serious impact on the person's health or well being.

(BC1) There is, or will be, little or no choice and control over vital aspects of the immediate environment

e.g. person's ability to access vital areas of the home or aids to communication

(CC1) There is, or will be , an inability to carry out vital personal care or domestic routines
Below are a list of ' personal care routines' which you are likely to see as being vital

- *getting in and out of bed safely*
- *getting in and out of a chair safely*
- *using the toilet or otherwise managing continence*
- *washing whole body*
- *eating and drinking*
- *managing medication*
- *safe transfer*
- *personal hygiene*

The following Domestic Routines are likely to be viewed as Vital

- obtaining suitably prepared food
- maintain a minimum safe level of hygiene in the house , including essential laundry

If the assessor believes that the person is **totally dependant** in relation to at least one of the personal care needs or domestic routines highlighted above then it is likely to be a critical need.

(DC1) Vital involvement in work, education, or learning cannot or will not be sustained

Vital involvement in work means that a person who wishes and is otherwise able to work is either at risk of losing their current job or is being prevented from getting a job because of barriers arising from their disability, and the provision of support could help overcome these barriers to work.

Vital involvement in education or learning means that a person is unable to access or sustain a college course or other avenue of learning, which is considered essential if they are to fulfil their potential for leading as independent a life as possible in future.

(DC2) Vital support systems and relationships cannot or will not be sustained

A vital social support system is defined as a network of interconnecting relationships and/or activities on which the person depends to give life quality and meaning, although no single relationship within meets the definition of a vital support relationship. An example would be a single man in his late eighties who lives alone and is becoming increasingly frail, but still just about manages to cope with the support of various local friends and neighbours who constitute his only social contacts. These neighbours now feel very anxious about getting trapped into doing more than they can manage, so are planning to cut down on their involvement.

A vital social support relationship is defined as a relationship with someone who currently provides physical and/or emotional support to such a significant extent that its loss would mean the person's functioning would seriously deteriorate. The most common reason for eligibility under this criterion would be the presence of a "substantial and regular" carer who is likely to cease caring due to the weight of their caring responsibilities unless some additional help is provided now.

(DC3) Vital family or other social roles and responsibilities cannot or will not be undertaken

A vital family role is defined here as either the role of parent of a dependent child or the role of husband/wife/partner. It is difficult to offer a precise definition of what constitutes a vital responsibility attached to either of these two roles because individual, social and cultural factors will mean what is considered vital for the minimum performance of the role may vary considerably, and these must be taken into account. The eligibility decision will need to be based on a careful assessment of the impact of the person's inability to carry out specific family responsibilities on the independence and functioning of both the individual and of the whole family.

SUBSTANTIAL BAND

An indicator of a substantial need is one which , if not met , would lead to the persons independence being threatened within the next three months.

(AS3)   Abuse has occurred or will occur as per sheet

Evidence exists that physical, sexual, financial, and/or psychological abuse , exploitation or neglect has occurred or will occur in the future and it is likely to have a noticeable impact on the person's health or well being

(BS1) There is or will be only partial choice or control over the immediate environment

e.g. inability to manage security of home, control heating etc

(CS1) There is, or will be an inability to carry out the majority of personal care or domestic routines

Although the Government wording stresses the ***number*** of care needs or domestic routines assessors may feel that there are actually two indicators of a substantial need. The first is the level of difficulty a person faces with each personal care or domestic routine and the second is the cumulative effect of encountering difficulty with a number of personal care or domestic routines. For example if a person is having **great difficulty** with particular personal care or domestic routine then that in itself might lead to a substantial risk. Alternatively if a person has lower level needs relating to a range of personal care needs or domestic routines then the cumulative risk may be such as to place the person at substantial risk.

(DS1) Involvement in many aspects of work education or learning cannot, or will not, be sustained.

(DS2) The majority of social support systems and relationships cannot, or will not, be sustained

(DS3)   The majority of family and other social roles and responsibilities cannot, or will not, be undertaken

MODERATE RISK BAND

An indicator of a moderate need is one which, if not met, would lead to the person's independence being threatened within the next 12 months.

(CM1) There is, or will be, an inability to carry out several personal care or domestic routines .

As with the Substantial Band the Government wording stresses the ***number*** of care needs or domestic routines. Assessors may feel that there are actually two indicators of a substantial need. The first is the level of difficulty a person faces with each personal care or domestic routine and the second is the cumulative

effect of encountering difficulty with a number of personal care or domestic routines. For example if a person is having **significant difficulty** with particular personal care or domestic routine then that in itself might lead to a moderate risk. Alternatively if a person has lower level needs relating to a range of personal care needs or domestic routines then the cumulative risk may such as to place the person at moderate risk.

(DM1) Involvement in several aspects of work, education or learning cannot ,or will not, be sustained

(DM2) Several Social Support systems and relationships cannot, or will not, be sustained.

(DM3) Several family and other social roles and responsibilities cannot, or will not, be undertaken.