

Assessment and eligibility workbook

1. How to use the workbook

This work book forms part of the suite of learning materials that have been developed to support the implementation of part one of the Care Act 2014. These materials summarise and explain the 'Care and Support Statutory Guidance' (October 2014) ["the guidance"] and are designed to help those involved in care and support services to understand and implement the Act.

The suite of learning materials contains workbooks, PowerPoint presentations and other material for each of the following topic areas:

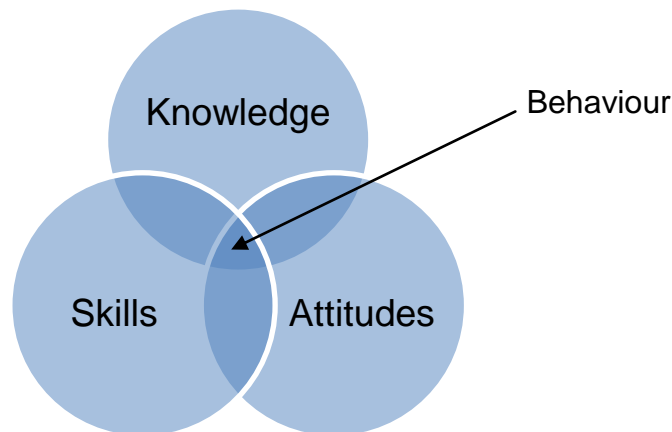
1. [Introduction and overview](#)
2. [Information and advice](#)
3. First contact and identifying needs, including **assessment and eligibility**, and [independent advocacy](#)
4. [Charging and financial assessment](#), including deferred payment agreements
5. [Person centred care and support planning](#), including personal budgets, direct payments and review
6. [Transition to adulthood](#)
7. [Integration, cooperation and partnerships](#)

This workbook is about the assessment and eligibility requirements of the Act and its statutory guidance. It has been written for learning facilitators and includes exercises, suggested group discussions, points of reflection and case studies that facilitators can use either in their entirety or to pick and choose from as they see fit when designing a learning programme based on the [PowerPoint presentation](#).

The workbook can also be used by individuals who wish to learn more about this topic area. You can watch the presentation, read the notes below, and undertake the exercises at a pace and time to suit you.

As well as this workbook and PowerPoint presentation, there are also [handouts](#) and a shorter, [overview presentation](#) on this topic area. Handouts provide easy to print resources that summarise key factual information from the guidance.

The implementation of the Act requires whole systems change and underpinning this is a need for cultural change. These learning materials alone will not affect such change, but they are one tool that can be used to support people along the journey. In many instances, implementing the Act successfully will require those involved in the care and support system to change the way they work i.e. behaviour change. Research suggests that the way people behave is influenced by their knowledge, skills and attitudes:



The PowerPoint presentation and handouts are designed to increase knowledge about the Act or guidance. The questions and exercises in the workbook are designed to spark conversations that encourage people to reflect on their own attitudes and the attitudes of others. They aim to give learners the opportunity to discuss the complexities of implementing the changes in practice, and/or provide a safe way of challenging attitudes that go against good practice. The case studies are designed to provide an opportunity for people to analyse and practice their skills.

Key learning point

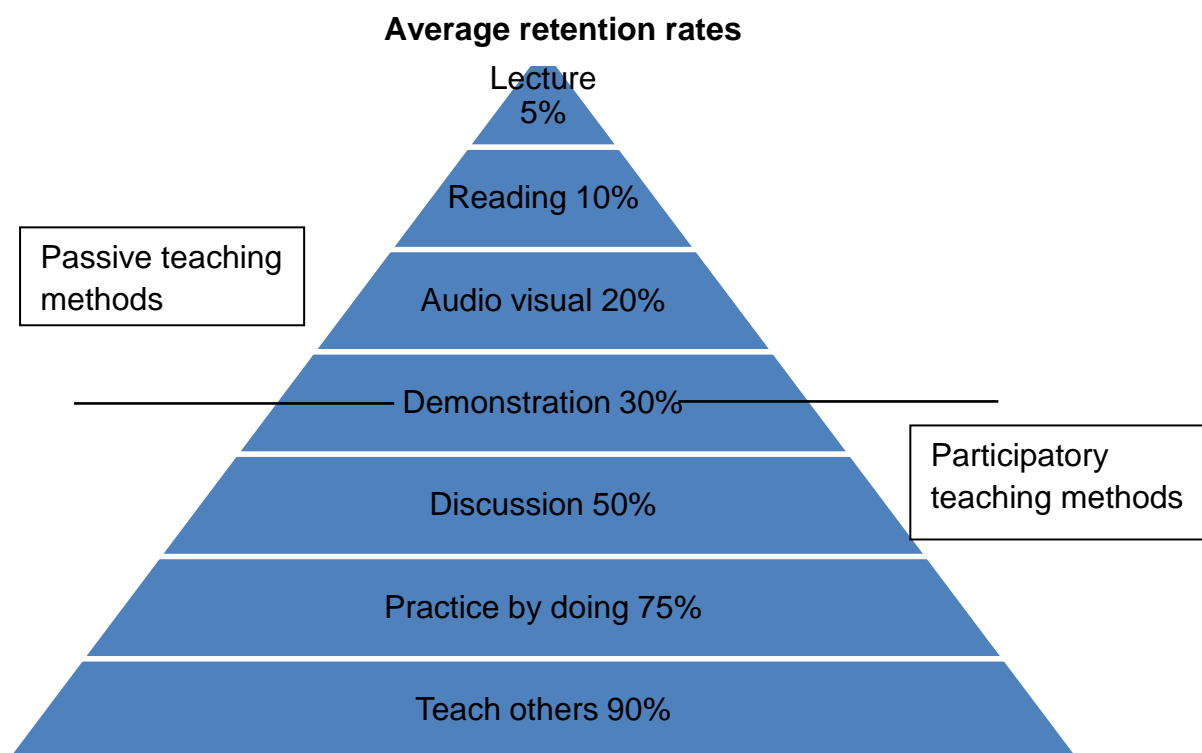
These are used in the workbook as a way of highlighting changes that are likely to have a significant impact on practice i.e. the major changes that the Act brings in.

The facilitators' hints and tips in the workbook signpost facilitators to existing good practice resources on this topic area and/or highlight key changes that are likely to have the most significant impact on practice. The aim is to help facilitators to design interactive learning programmes that are appropriate for their audience.

Facilitator's hints and tips

To successfully facilitate this module we suggest that you need to:

- have read the relevant sections of the Act, regulations and guidance
- have a good understanding of best practice in this topic area
- remember that there are various modules available and you need to choose the most suitable ones for your learning programme
- also remember that you can pick and mix questions, exercises and case studies from this workbook or from other topic areas
- design your training session in a way that accounts for the learning pyramid so as to maximize the experience and learning outcomes for your participants



Source: Adapted from National Training Laboratories, Bethel, Maine

2. Who is it for?

This workbook is about assessment and eligibility. It explores sections 9-13 of the Care Act and chapter 6 of the statutory guidance. It is intended to be used to develop learning programmes for:

- people employed in assessment roles, or who are responsible for determining eligibility
- anyone in a provider organisation who makes admission or service acceptance decisions
- managers of all of the above types of roles.

3. Contents

This workbook starts with an [overview](#), which summarises the topic area, and identifies relevant [key words](#). It then contains the following sections that match the slides in the PowerPoint presentation

- [Introduction](#)
- [Appropriate and proportionate assessment](#)
- [Preventing needs](#)
- [Taking a holistic, strengths-based approach](#)
- [Supporting a person's involvement](#)
- [Roles, responsibilities and expertise](#)
- [National eligibility framework](#)
- [National carers' eligibility framework](#)
- [Next steps and informing individuals](#)
- [Summary](#)

Appendices: [strategic implications](#); [handouts](#)

4. Overview

The assessment and eligibility process is one of the most important elements of the care and support system. The assessment is one of the key interactions between the local authority and an individual. It should not just be seen as a gateway to care and support, but should be a critical intervention in its own right, which can help people to understand their situation and access support when they require it.

Local authorities must undertake an assessment for any adult who appears to have any level of need for care and support. The aim of assessment is to identify what needs someone has and what outcomes they are looking to achieve to maintain or improve their wellbeing. The approach should look at needs over time and be sustainable. Assessments should be holistic, and consider the impact of needs upon the person's whole family and network.

Assessment is a key element of any prevention and wellbeing strategies as the process can identify needs that could be reduced, or where escalation of needs could be delayed by, for example, accessing preventive services or receiving information and advice about community support.

Assessments should be appropriate and proportionate. The assessment process must be flexible and should be adapted to best fit with the person's needs, wishes and goals. Assessment will not be the same for all people, and depending on the circumstances, it could range from an initial contact which helps a person with lower needs to access support in their local community, to a more intensive, ongoing process which requires the input of a number of professionals over a longer period of time. Assessments may be combined – where the needs of more than one person align – or be joint when different agencies are involved.

Assessments should identify and build upon the strengths of the people that they relate to. In all cases the local authority must involve the person being assessed in the process, including offering them the opportunity of undertaking a supported self-assessment. It is important to consider if the person being assessed would experience 'substantial difficulty' being involved and whether – if there is no one else appropriate - they would need an independent advocate to help them. A good assessment is person-centred and founded upon clear communication between the assessor, person being assessed and any carer(s).

The Act introduces a national threshold whereby if a person's needs meet three conditions, then their needs are eligible. The eligibility threshold is based on three conditions, all of which must be met for a person to be eligible:

- Do they have needs due to a physical or mental impairment or illness?
- Do those needs mean that they are unable to achieve two or more specified outcomes?
- Is there, or is there likely to be, a significant impact on their wellbeing as a consequence of them being unable to achieve two or more of the outcomes?

The Act also introduces a national carers' eligibility threshold as carers can be eligible for support in their own right regardless of whether the person for whom they care has eligible needs. Carers will be eligible for support if:

- they have needs due to providing necessary care for an adult
- as a result of those needs they are unable to achieve one or more specified outcomes or their health is (or is at risk of) deteriorating; and
- as a consequence there is a significant impact on their wellbeing.

5. Key words

The suite of learning materials contains a [glossary](#) of key words used in the statutory guidance. The following key words, definitions of which can be found in the glossary, are relevant to this topic area: carer's assessment, eligible needs, integrated assessment, lack of capacity, national eligibility threshold, needs assessment, outcomes, person-centred approach, preventative, proportionality, safeguarding, significant impact on wellbeing, strengths-based approach, substantial difficulty, supported decision making, supported self-assessment, wellbeing.

6. Introduction

Slide 1



Notes

1. This work book forms part of the suite of learning materials that have been developed to support the implementation of part one of the Care Act 2014. These materials summarise and explain the 'Care and Support Statutory Guidance' (October 2014) and are designed to help those involved in care and support services to understand and implement the Act.
2. This presentation is about assessment and eligibility. It is intended for:
 - people employed in assessment roles, or who are responsible for determining eligibility
 - anyone in a provider organisation who makes admission or service acceptance decisions
 - managers of people in those roles.
3. The aim of the presentation is to help you reflect on the implications of the Act for your role, so that you will know what you must do differently and what you may need to do differently.

Slide 2

Outline of content

- [Introduction](#)
- [Appropriate and proportionate assessment](#)
- [Preventing needs](#)
- [Taking a holistic, strengths-based approach](#)
- [Supporting a person's involvement](#)
- [Roles, responsibilities and expertise](#)
- [National eligibility framework](#)
- [National carers' eligibility framework](#)
- [Next steps and informing individuals](#)
- [Summary](#)

Care Act learning and development materials

Slide 3

Assessment

- Assessment is both a **key process** AND a **critical intervention**
- An assessment should identify:
 - care and support **needs**
 - what outcomes the individual is looking to achieve to maintain or improve their **wellbeing**
 - how care and support might help in achieving those **outcomes**

Care Act learning and development materials

Notes

1. Local authorities must undertake an assessment for anyone (adult needing care or a carer) who appears to have any level of needs for care and support i.e. if the person appears to have needs for care and support they will be entitled to an assessment. This is regardless of a person's financial situation, so that question must not determine access to assessment i.e. assessments are available to self-funders. If a person appears to have needs, the local authority must carry out a **needs assessment**, or a **carer's assessment** for a carer.
2. The assessment process is one of the key interactions between a local authority and an individual. It starts from when local authorities begin to collect information about the person i.e. at first contact. The aim of an assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing.
3. Assessment should be seen not as a gateway to services, but in a much wider way - as a critical intervention in its own right. It is a crucial means of helping the person to understand their needs, how they can be met, and how they can achieve their outcomes. This might not necessarily be through enabling access to care services, but could also involve networks of support, universal services, or the person's own strengths.

4. For the assessor this means seeking to establish the total extent of a person's needs – **including those currently met by a carer** - before considering their eligibility for care and support, and what types of care and support can help meet those needs. This must include looking at the impact of the person's needs on their wellbeing (even if their needs are being met) and whether meeting these needs will help the person achieve their desired outcomes.
5. **This so called 'carer blind' aspect of assessment is a new requirement.** It aims to ensure that the entirety of a person's needs are identified during assessment so that, if the carer feels unable or unwilling to carry out some or all of their caring in the future, the person's needs have already been assessed and the local authority can take steps to meet them without further assessment.
6. It is, of course, a basic requirement that people should be informed that they are being assessed and information must be shared about what they might expect from the assessment process – its format, timescales, rights to complain, and the ways in which they can be involved.
7. Note that SCIE are developing new resources about [assessment and eligibility](#) and the Care Act, including guidance on proportionate assessment and eligibility.

Key learning point

Assessment is both a key process and a critical intervention in its own right.

Questions

- What key words or phrases (on the slide) stand out to you? Why?
- Why is assessment a critical intervention?
- When does assessment start, and what are the implications of this?
- What needs to be covered in initial contact?

8. Assessment may be a critical intervention for a number of reasons:
 - It may be the first and only contact that the local authority has with a person in need at that point in time; hence it becomes critical that the most be made of this opportunity and to ensure that the 'door is left open'.

- Assessment facilitates understanding of needs for the person and, in this sense, calls for use of focussed interpersonal skills by the assessor.
 - It can serve to delay the onset of need or reduce the need for support.
 - It can lead to an understanding of personal strengths, capabilities, and community support that might be available, and how these might be used to tackle any issues.
 - Assessment may uncover neglect or abuse or an unsafe situation that could lead to the person being at risk of abuse such as someone moving in with an elderly relative and not allowing the relative to use all of their home, or an adult with a learning disability being bullied by neighbours. The guidance states that *“If it appears to local authorities that the person is experiencing, or at risk of, abuse or neglect, they must carry out a safeguarding enquiry and decide with the adult in question what action, if any, is necessary and by whom.”* (6.54). The assessment should run parallel to the safeguarding enquiry and the enquiry should not disrupt or delay the assessment process. See [handout: assessment and safeguarding](#).
9. In addition, assessment should – of course - be the start of the discussion about how the individual would like their eligible needs met. Assessment should provide a full picture of the individual’s needs so that an appropriate response can be provided at the right time to meet the level of needs.
10. Assessment starts at first contact when the local authority begins to collect information about the person. This has a number of implications.
- First contact staff must indicate to clients that particular information is being captured and may contribute to any assessment.
 - Answers to core questions (such as ‘passport data’, needs, desired outcomes) should be recorded at this stage in a way that minimises repetition later.
 - First contact staff should have access to appropriate training in assessment skills and the ways in which they can most helpfully contribute to this process. They also need access to people with expertise to whom they can refer issues that go beyond their knowledge and skill base.
 - Systems should facilitate recording and robust handover arrangements where involvement with particular clients moves to different parts of the organisation.

Facilitator's hints and tips

It will be important to emphasise, early on in this session that assessment should not be seen as a gateway to eligibility and services. This may run counter to approaches that local assessors have been used to over several years. It may be appropriate therefore to explore with learners how their current or previous approach to assessment differs (or not) from the aims for assessment outlined in the statutory guidance.

The guidance suggests a different way of approaching a task that some may have undertaken in a particular way for a long period of time. The guidance sees assessment as an opportunity for prevention, to delay or prevent people from having eligible needs and to explore strengths-based approaches – as will be explored in next few sections. It is important not to lose sight of the need to make this process person-centred and to involve the person as fully as possible. It is also important to stress the centrality of outcomes: outcomes may best be thought of in this context as the impacts that the person would like to achieve on their quality of life.

Slide 4

Carer's assessment

Care Act learning and development materials

- A carer's assessment must explore:
 - the carer's needs for support AND
 - sustainability of caring role
- It must also consider impact on the carer's activities beyond their caring responsibilities, including the carer's:
 - desire and ability to work
 - Ability to partake in education, training or recreational activities
 - opportunities to have time to themselves

Notes

1. Where an individual provides care, or intends to provide care, the local authority must consider assessment if the carer appears to have any level of **need for support**. The previous requirement to provide 'substantial' and 'regular' care (to be defined as a carer) will be removed, as will the requirement to ask for an assessment. Note that in the definition of a carer in section 10 (3) of the Care Act, someone is not considered a carer where care is provided as part of a contract or if they are a volunteer. However, the local authority has the option to view a person as a carer if they feel it is appropriate, even if they provide care on a contractual or voluntary basis, or if part of the care they provide is contractual or voluntary.
2. It follows from this requirement to undertake a carer's assessment that carers should be informed that they are being assessed and information should be shared about what they might expect from the assessment process – its format, timescales, rights to complain, and the ways in which they can be involved.

3. The exploration of **sustainability** of the caring role (including practical and emotional support the carer provides) must consider whether the carer is currently able – and will continue to be able - and is willing to continue to care for the person. The guidance states that “*Where appropriate these views may be sought in a separate conversation independent from the adult’s needs assessment*” (6.18). This is because such a conversation may be sensitive and difficult to manage with both the adult and their carer in the room. It is important to think of the dynamic of the situation you are presented with when planning an assessment, for example any situation where a person may feel uncomfortable speaking openly about their needs.
4. A carer’s assessment must also consider the **impact** on the carer’s activities beyond their caring responsibilities, e.g. their desire and ability to work, partake in education, training or recreational activities, or to have time to themselves. Impact on the carer’s activities should be considered both in the short-term and “*over a longer term cumulative sense*” (6.19).

Key learning point

A carer’s assessment must also consider the impact on the carer’s activities beyond their caring responsibilities.

Questions

- What key words or phrases (on the slide) stand out to you? Why?
- How might you best communicate with a carer that he or she is being assessed?
- How might you judge the sustainability of the carer’s role?
- Does this change in requirements for carers’ assessments raise any issues for you or your organisation?

Facilitator's hints and tips

It is important that assessors put themselves “in the shoes” of the carer and understand their experience in their terms. It may be useful to use [exercise: a carer's experience](#) to do this.

Anecdotally, carers sometimes report that they did not know they were being assessed. It is important to emphasise note 2 above – telling carers about assessment – and to encourage staff to reflect on why this can be difficult. For instance, assessors are often very aware that carers put the person they are caring for first in all respects and would not want anything to divert this focus. Carers may want to downplay their role. Where that is the case it may be helpful to ask the carer if there is anyone you can involve in the assessment who might contribute additional perspectives.

It might be helpful to explore with learners when a carer's assessment might be carried out as part of the assessment of the person cared for and when a separate assessment should be undertaken. Would combining an assessment mean an insufficient focus on the needs of the different parties? Might separate assessments mean that approaches lack co-ordination or that the needs of the family as a whole are not appreciated? How should the assessor proceed if one party wants a combined assessment and the other does not?

Slide 5

Refusal of assessment

Care Act learning and development materials

- The local authority is not required to carry out assessment where a person with possible care and support needs or a carer:
 - feels that they do not need care
 - may not want local authority support
- This can be overridden where they:
 - lack capacity to take that decision **and** an assessment would be in their best interests
 - are experiencing, or at risk of experiencing, any abuse or neglect

Notes

1. A person with possible care and support needs or a carer may refuse to have an assessment because, for instance, they do not feel that they **need care** or they may not **want** local authority support. The guidance states that *“In such circumstances local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, any abuse or neglect”* (6.20).

2. If someone refuses an assessment and has capacity, they are entitled to choose to do so. People may have strong views about being seen in any way as dependent. Good practice in such circumstances might include maintaining a relationship with the person, supporting them to consider the implications of their choice and to understand other choices, and monitoring the person's capacity to make decisions.
3. If an individual lacks capacity to e.g. refuse an assessment, request an assessment, or express their needs, good practice would include involving the person's family and/or an advocate. The guidance states *"The local authority must in these situations carry out supported decision making, supporting the adult to be as involved as possible in the assessment, and must carry out a capacity assessment. The requirements of the Mental Capacity Act and access to an Independent Mental Capacity Advocate apply for all those who may lack capacity"* (6.11).
4. The local authority must carry out an assessment at a later time if requested by a person who initially refuses assessment.
5. If the local authority later establishes that the person's needs or circumstances have changed, the guidance states that *"... the local authority must consider whether it is required to offer an assessment, unless the person continues to refuse"* (6.21).

Key learning point

The local authority must carry out an assessment when the individual lacks capacity to refuse an assessment and an assessment would be in their best interests.

Questions

- Why might it be important to conduct an assessment in these circumstances?
- How does it link to the following concepts: critical intervention; safeguarding?
- What would you do if the person has capacity but you remain concerned about their refusal of an assessment?

Facilitator's hints and tips

In this type of situation, it can be important to separate out those elements that relate to:

- individual choice
- capacity
- legal duties of the local authority
- safeguarding issues
- and considerations of good practice.

7. Appropriate and proportionate assessment

Slide 6

Appropriate and proportionate assessment

Care Act learning and development materials

- People should receive an assessment that is appropriate and proportionate
- The process can be flexible and include e.g. telephone, on-line and combined assessments
- To be appropriate assessments should meet the person's communication needs
- Appropriate assessments can include a pause to check the value of preventative services or interventions, reablement, or aids and adaptations

Notes

1. People **must** receive an **appropriate** and **proportionate** assessment i.e. one that is flexible and adaptable so it best fits with their needs. This may incorporate a range of considerations: see the scenario exercises in [exercise: proportionate assessment](#). The assessment must follow core statutory obligations, but the process should be flexible and adaptable and the format could include for instance:

- a face-to face assessment (between the person and the assessor)
- an online or phone assessment
- a combined assessment e.g. of a person needing care and their carer or with a child (where both people agree, and the consent condition is met in relation to the child)
- a supported self-assessment, where the person completes the assessment form themselves and the assessor then makes sure it is accurate and complete, perhaps by asking some further questions, or by checking with a GP if necessary
- a joint assessment i.e. multiple agencies working together to avoid the person undergoing multiple assessment (see slide 7 on integrated assessment).

2. Determining what is appropriate and proportionate, however, goes beyond the form that any involvement should take to looking at the overall process. The key consideration is whether the assessment is proportionate to the severity of need and complexity of the situation. For instance, where needs are easily recognisable the assessment may be carried out by phone or online, but where this takes place assessors will have to have the training and experience to be able to recognise issues around mental capacity and further underlying needs. Local authorities must ensure that assessments are flexible to each individual case. In carrying out a **proportionate** assessment the guidance states that *“Local authorities must have regard to;*
 - *the person’s wishes and preferences and desired outcomes.....*
 - *the severity and overall extent of the person’s needs....*
 - *the potential fluctuation of a person’s needs.”* (6.42)
3. A proportionate assessment does not have to be short; indeed there is a risk that assessments might be reduced to focussing upon presenting problems alone if proportionate were construed in that way. The key factor is to tailor assessments to need and to move away from approaches that are formulaic or overly standardised. It may be necessary to adjust approaches being taken to assessment in any given case as events unfold.
4. The person being assessed should be comfortable with the process. The rationale for undertaking proportionate assessments is the importance of not over-burdening individuals with process and of reducing intrusion into personal matters as far as this is possible. People are usually the best judge of what they need, but often report that assessors ask about every imaginable subject and often repeat questions in a range of different ways. A proportionate approach to assessments helps the local authority to use its assessor resources more efficiently and to direct greater assessment resources to situations where there are greatest needs.
5. The local authority should establish the individual’s communication needs and seek to adapt the assessment process accordingly e.g. by ensuring that the assessment material is in an understandable format for them, and that the assessment takes place in an appropriate setting. To help a person prepare for the assessment the local authority should provide in advance the list of questions to be covered in the assessment (in an accessible format). This will help the individual think through what their needs are and the outcomes they want to achieve. There is a clear link to the requirement in section 4 of the Care Act for local authorities to *“provide information and advice on ... how the [care and support] system operates in the authority’s area”*.

6. An appropriate assessment might include a pause in the assessment process to provide rehabilitation or other preventative services and then to determine the affect they might have.
7. Note that the Act contains powers for local authorities to meet needs urgently without having first carried out an assessment.

Key learning point

Assessments must be appropriate to the situation and proportionate to the severity or complexity of needs.

Questions

- What measures do you currently take to ensure appropriate and proportionate assessment?
- How will you record different types and lengths of assessment, and how might your systems/software be updated to support this?
- When making a decision about the proportionality of the assessment, how will you judge the detail that the assessment will need to go into while still being able to identify any underlying conditions?
- Can you think of situations where certain types of assessment might be inappropriate or disproportionate for a person with particular needs or circumstances?
- What changes might you need to make in light of the guidance?

Facilitator's hints and tips

Proportionate assessment may represent a cultural change for assessors used to applying more comprehensive approaches to a wide range of situations, and if relevant this dimension could be explored further with learners. This could include a discussion of what processes or behaviours can be put in place, or encouraged, so that all assessments fulfil the statutory duties, regardless of format? For example, judging the impact of a person's needs on their wellbeing, or making a decision on the person's capacity to make decisions.

It is also important to stress that this should be a person-centred process, and that

assessors will need to involve the person from the outset. You could discuss how this can be achieved in the context of different assessment formats, for example first contact over the phone, tailoring online information, meeting the person at their home, etc.

The format of assessment will depend upon the person's particular needs, which may be very different depending on their condition(s). Online sources can support assessors in making the right decisions throughout assessments for people with particular conditions. For example, the Brain Injury Rehabilitation Trust has produced online support for assessors carrying out an assessment of somebody with a brain injury, called the [Brain Injury Needs Indicator](#).

Slide 7

Integrated assessments

Care Act learning and development materials

- All of the agencies involved should work closely together to prevent a person having to undergo a number of assessments at different times
- To achieve this local authorities should:
 - ensure healthcare professionals' views and expertise are taken into account
 - work with healthcare professionals to ensure people's health and care services are aligned and set out in a single care and support plan
- In cases of abuse, the local authority should lead the assessment and ensure that all agencies follow the local multi-agency procedures to ensure coordination of information and possible evidence

Notes

1. There may be situations where people are undergoing multiple assessment processes, at the same time, by different agencies or professionals such as health, housing and/or the criminal justice system. Where a person has care and support and other needs, local authorities may carry out an assessment jointly with another body – if the person agrees.
2. The agencies involved should work closely together to deliver a coordinated assessment that is shaped around the person. Assessors should ensure other professionals' views and expertise are taken into account.
3. Note that where it appears that a person may be eligible for NHS Continuing Healthcare (CHC), local authorities must notify the relevant body. Detailed guidance is set out in The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (November 2012).
4. Where abuse is reported or suspected then the initial enquiry will be determined by the locally agreed multi-agency policy and procedures. Any actions that are agreed through the enquiry must be included in the person's protection plan. The guidance states that "*The local authority **must** determine what further action is*

necessary. Where the local authority determines that it should itself take further action ... then the authority would be under a duty to do so" (14.90). All workers must follow the agreed protocols on information-sharing which give top priority to protecting the person at risk and other adults.

Questions

- How integrated are your assessments?
- What aspects are currently working well and what aren't?
- How can you make sure that the experience, for the person needing care or carer, is simple and stress-free?
- Are you fully aware of the local multi-disciplinary procedures for dealing with cases where abuse is suspected?
- What might need to change going forward?

Facilitator's hints and tips

You might also want to consider here the value of multi-disciplinary assessments, where people with several different professional backgrounds, with different areas of expertise, working within a single agency or across a number of agencies, contribute to an assessment.

Slide 8

Fluctuating needs

Care Act learning and development materials

- In establishing the on-going level of need local authorities:
 - must consider the person's care and support history over a suitable period of time to take account of potential fluctuation of needs
 - may also take into account at this point what fluctuations in need can be reasonably expected based on experience of others with a similar condition

Notes

1. Whatever format of assessment is used, the potential for fluctuating needs should be considered. People's conditions on any one day may not be indicative of their needs more generally. Therefore consideration needs to be given to whether needs are likely to fluctuate and what someone's ongoing needs are likely to be. The guidance states that "... *local authorities **must** consider the person's care and support history over a suitable period of time, both the frequency and degree of fluctuation. The local authority may also take into account at this point what fluctuations in need can be reasonably expected based on experience of others with a similar condition.*" (6.58)
2. Note that fluctuating need over time might also be mirrored in a fluctuating picture of eligibility and this should be factored in to any subsequent care and support plan or support plan that is developed after the eligibility determination. The plan should detail the steps that will need to be taken to meet needs in circumstances where these fluctuate.
3. The assessment should also include a consideration of the individual's wider care and health needs e.g. types of care and support the individual has received in the past and their general medical history, which may be indicative of their current care and support needs.

Question

- What are the main difficulties that can arise in assessing people who have fluctuating needs?
- What information might you need to inform decisions where people have fluctuating needs

4. Where levels of need vary over time someone with, for example, bi-polar disorder or multiple sclerosis might – on a good day – have low support needs. Were needs to be assessed on this basis that person might well lack the support necessary to cope or to stay well during more challenging times, and be placed at some risk.
5. The key need is for intelligence about the condition or circumstance that fluctuates and the likely trajectory / pattern of need over a reasonable length of time. However, what is 'reasonable' is likely to vary from person to person. Establishing good evidence here might well require advice from experts in that condition. It is helpful to know whether changes in levels of need can be anticipated, and whether the impact of any deterioration can be reduced. Assessors might also test whether the person can reliably undertake activities where they have a need during periods where they usually present low needs.

Key learning point

Local authorities must consider the person's care and support history over a suitable period of time.

Facilitator's hints and tips

This is a familiar situation to most practitioners, but it may be worth exploring the issues with learners, depending on the audience. For example, it can be valuable to ask people being assessed to keep diaries that evidence the impact of any 'dips'. A holistic approach may encourage thinking about preventative interventions that help the person cope with these periods. It can be useful to check availability of lifelines, and the need for any carer assessment. Joint approaches across health and social care, including shared plans, regular reviews, and clear communication arrangements are also helpful. Finally, it might be useful to explore the differences between fluctuating conditions and fluctuating needs. For example, someone with Usher syndrome will have the same condition year-round, but will have different needs in winter when days are shorter and they may need more assistance.

Slide 9

Supported self-assessment

Care Act learning and development materials

- The local authority **must** offer the individual the choice of a supported self-assessment if they are able and willing.
- The person **should** be asked to complete the same assessment questionnaire that the authority uses in their needs or carer's assessments
- The individual **must** have capacity to fully assess and reflect their own needs
- The local authority **must** assure itself that the person's supported self-assessment is an accurate and complete reflection of their needs because there may be a difference of opinion
- Regardless of the format a needs assessment takes, the final decision on eligibility is with the local authority

Notes

1. The guidance states that *“A supported self-assessment is an assessment carried out jointly by the adult with care and support needs or carer and the local authority. It places the individual in control of the assessment process to a point where they themselves complete their assessment form”* (6.44).
2. The local authority must offer the individual (person with care and support needs or carer) the choice of a supported self-assessment if they are able and willing to undertake it. The assessor should ensure that – to be able to carry out the supported self-assessment - the individual has all the facts about their care and support history, and so should share any relevant information with them. The same is true where a carer or young carer is undertaking a self-assessment, where the assessor should ensure that the carer has any relevant information about the person they are caring for. This is so that they have all the necessary information to complete the self-assessment. This may be particularly important, for example, where a carer is judging fluctuation in their needs that may be based on the condition(s) the person they care for has. However, the local authority will need to secure the person's consent to share their information, and in the case of a young carer they will also need to make a judgement as to whether the information they are sharing is appropriate for the child.
3. For a supported self-assessment the person should be asked to complete the same assessment questionnaire that the authority uses in their needs or carers' assessments.
4. A person must have capacity (in accordance with the Mental Capacity Act) to carry out a supported self-assessment. If they have capacity, but would have 'substantial difficulty' in engaging, they can still undertake a supported self-assessment with an appropriate individual or an independent advocate. See slide 13 for more information on substantial difficulty.

5. Assessors must assure themselves that the person's supported self-assessment is an accurate and complete reflection of their needs, but in doing so you should not look to repeat the full assessment process again. You may consider it useful to seek the views of those who are in regular contact with the person self-assessing, such as their carer(s) or another professional known to them e.g. a district nurse, GP, or prison staff. If you do this, though, you should first seek the person's consent.
6. Assessors should ensure that supported self-assessments are completed in suitable time periods, and check the reasons for any delay to assure that this is not because the person's condition(s) have deteriorated and they are unable to complete the supported self-assessment. In such situations you will need to look at a more appropriate format for assessment.
7. Although the assessor and the person are working jointly to ascertain needs and eligibility, the final decision regarding eligibility will rest with the local authority.

Key learning point

The local authority **must** offer people the choice of a supported self-assessment if they are able and willing to undertake one.

Questions

- Why are supported self-assessments important?
- What issues does supported self-assessment raise for you or your organisation?
- What changes will you have to make to your assessment documents or systems to make them user-friendly for people who wish to self-assess?
- How best might you check the accuracy of a supported self-assessment? How might you be satisfied that the person has neither under estimated nor over estimated needs?
- What would you do if there was a difference of opinion between the local authority view of the supported self-assessment and the person's own view of their needs?

8. Careful thought should be given to the design of any supported self-assessment format as poor design can stand in the way of simple verification.
9. The local authority no doubt has policies in place that cover differences of opinion with people requesting assistance that might be useful in such situations. The local authority makes the final decision regarding eligibility, but will want to encourage discussion with individuals to develop mutual understanding of positions being adopted: or some form of informal or formal mediation.

Facilitator's hints and tips

It is important not to underestimate how difficult the use of supported self-assessments might be for some assessors, and it is useful to give some opportunity for them to share any anxieties they might have. Checking out, for example, the difficulty associated with carrying out various everyday living tasks can be a time-consuming process. Those who are cautious might unnecessarily repeat the whole supported self-assessment to ensure accuracy and completeness, and it is important to identify more realistic and proportionate approaches. Local guidance / checklists might assist and you might want to ask staff what they think should be included in these. Exercises that encourage assessors to look at sample supported self-assessments and then ask what might be a proportionate way to test accuracy could prove useful. Possible elements might include:

- A sense check – does this assessment make sense or do some aspects need to be clarified?
- Are key needs identified and quantified?
- What family member / friend / involved professional might be best placed to verify the supported self-assessment? Who does the client suggest? Do they consent to such contact?

Because some assessors may be reticent about using self-assessments, it is also important to stress their positive aspects – highlighting for example the ways in which they can empower people and help them to understand their own needs. There is also a longer-term benefit in involving people in assessment to the degree where they are in control of completing the assessment form – the process may be easier in the future, and it could also act as a platform to encourage people to think about their own strengths and capabilities. See slide 11: taking a holistic, strengths-based approach.

8. Preventing needs

Slide 10

Preventing needs

Care Act learning and development materials

- Assessment is a key element of any prevention strategy
- The assessment must consider whether the person concerned would benefit from the available preventative services, facilities or resources
- The guidance refers to three levels of preventative activity:
 - primary prevention, which involves promoting wellbeing
 - secondary prevention, which involves early intervention
 - tertiary prevention, which involves maximising independence

Notes

1. Assessment has a clear link to the requirement in section 2 of the Care Act for local authorities to “*contribute towards preventing or delaying the development by adults in its area of needs for care and support; contribute towards preventing or delaying the development by carers in its area of needs for support;*” It is during assessment where local authorities can identify needs that could be reduced, or where escalation of needs could be delayed by e.g. preventative services or community facilities. In these senses assessment is a key part of any prevention framework. The guidance refers to three levels of preventative activity:
 - primary prevention, which involves promoting wellbeing
 - secondary prevention, which involves early intervention
 - tertiary prevention, which involves maximising independence.
2. People can be helped to improve their wellbeing by the local authority providing specific preventive services, or information and advice on other universal services available locally. This is true of the person being assessed but also for family members or other people around the person. The statutory guidance says “*In considering the impact of the person’s needs on those around them, the local authority must consider whether or not the provision of any information and advice would be beneficial to those people they have identified.*” (6.67)
3. At the same time as carrying out the assessment, the local authority must consider what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve. This should include small adaptations as well as equipment and reablement and falls prevention. The guidance says that certain preventative services such as these make it appropriate to pause the assessment process, so their delivery could be prior to assessment being finalised.

9. Taking a holistic, strengths-based approach

Slide 11

A strengths-based approach

- The local authority must also consider what - other than the provision of care and support - might help the person in meeting the outcomes they want to achieve: a strengths-based approach
- This strengths-based approach recognises personal, family and community resources or 'assets' that individuals can make use of

Care Act learning and development materials

Notes

1. The assessor should consider in a holistic way the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help. Strengths-based approaches might include co-production of services with people who are being assessed to foster mutual support networks.
2. The strengths-based approach is a cultural shift in which the local authority focuses on the person's strengths and abilities. This means thinking positively about people with needs for care and support, and also engaging the community to reduce isolation and bring those with needs for care and support more closely into community networks. It could also involve supporting communities to build those networks as part of a preventative approach.
3. The strengths-based approach is about reducing dependency and challenging 'prescription culture' but also, crucially, protecting the person's independence, resilience, choice and wellbeing. In practical terms it could mean anything from the way an assessor approaches discussions around needs to providing services that focus on reablement and strengths.
4. Strengths based approaches challenge approaches that focus assessment on problems and weaknesses. As a consequence there is a need for different skills from assessors. In particular the ability to help people identify and explore strengths and then make creative use of them in meeting needs and achieving outcomes.

Key learning point

Assessment should take a strengths-based approach.

Questions

- What is the assessor's role in a strengths-based assessment?
- What resources do you need to carry out this role?
- How might you identify a person's strengths?

Facilitator's hints and tips

Strengths-based models of practice challenge approaches that focus assessment on problems and weaknesses and seek, instead, to build upon the knowledge, abilities and achievements of the person being assessed. You might want to explore the ways in which this impacts on the assessor's role – for instance:

- The need for a shift in culture / mind-set – akin to a change from seeing people as 'glasses half empty' to 'glasses half full'.
- The need to shift from merely gathering information from passive users and carers to facilitating their role as active participants in the assessment process – 'how might you use strengths x, y & z to address issues a, b & c and achieve these outcomes d, e & f?'
- The need to think broadly about the types of resource and 'social capital' that might be of use. Sometimes this might involve helping people to recall experiences, skills and strengths from their past that they might be able to recapture. Some memories of this sort may be buried and therefore take time to identify and explore.
- Lateral thinking means being careful to rule nothing out in first analysis. A particular area often missed relates to the ways that cultural and spiritual networks can support the meeting of needs and building of strengths.

There is an extensive literature on strengths-based working. See, for instance:

- Institute for research and Innovation in Social services (2012) [Strengths-based approaches for working with individuals](#). Insights, no.16.
- Clay Graybeal (2001). Strengths-based social work assessment: transforming the dominant paradigm, Families in Society, 82(3), May 2001, pp.233-242 Alliance for Children and Families.

Case study

Florence Brown is 75 years old and lives alone in a house that she used to share with her husband (who died six months ago) and her two daughters. She suffers from COPD¹, is frail and has restricted mobility. She has been admitted to hospital several times for short-periods because of respiratory infections. She used to smoke heavily but gave up when she was first diagnosed five years ago. She receives practical and emotional support from one of her daughters Mary who lives nearby. Mary is divorced with no children. Florence also has supportive neighbours. The other daughter Jane is willing to do what she can, but lives 100 miles away with her husband and three young children and works full-time.

Mary thinks that her mother will need more care and support than she can provide if she is to continue to live at home, which she very much wants to do. Mary works part-time as a teaching assistant, but is spending most of her spare-time caring for her mother. She has decided to follow the advice of one of her mother's neighbours, and find out what help that she can get from the Council. So she went online and completed a contact questionnaire, and as a result made an appointment with the 'contact centre' of her local council.

Mary wants an assessment of her mother and herself to take place because she is encouraged that the council could help with providing services such as homecare, and that it is possible that the council will pay something towards the cost. Before the assessment is progressed Mary agrees that she will read the section on the website about the different ways that an assessment can be undertaken, and think about any preferences she may have, and talk to her mother.

Florence agrees with Mary that she will talk to someone from Social Services, although she has some concerns about this and fears that "*they'll want to put me in a home*", despite Mary's assurances. Mary speaks to the First Contact team on the telephone at Florence's behest. The following additional information is discovered:

- Florence uses a nebuliser and may be being considered for some form of rehabilitation (Mary was uncertain about the details)
- Florence has been treated for two urinary tract infections over the last year.

Questions

1. You are planning to visit Florence and Mary to continue the assessment process. What issues do you anticipate having to manage based on the information that you have thus far?

¹ Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing.

2. Could Florence and/or Mary benefit from preventative services, facilities or resources? If this was in your local area what would be available?
3. What indications are there that Florence and Mary have particular strengths or networks that could help them better achieve what they want?

Suggested answers

1. Mary is aware that the assessment will apply both to herself and her mother, but may not be aware that she has the right to have her needs as a carer assessed as well as her mother's care and support needs. Once she is aware of the scope of a carer's assessment i.e. considering her desire and ability to work, partake in education, training or recreational activities, or to have time to herself, she may wish to discuss these with the assessor separately. There are indications of possible reluctance from Florence to engage in the assessment, and you would want to consider what approaches you might take to allay Florence's fears.
2. In any assessment there is a duty to consider preventative approaches. The fact that, in this case, there is some form of COPD related rehabilitation possibly being considered and that managing the causes of her urinary tract infections (UTI) may be an issue, strongly indicates that there is some specific prevention to be considered before the assessment can be completed. The assessor should be prepared for the necessity of pausing the assessment whilst these are investigated and be alert to the importance of working with NHS partners to address Florence's respiratory problems and UTIs. There may also be mileage in considering whether assistive technology could help Florence.
3. The assessor doesn't yet know anything definite about the strengths and capabilities of Florence and Mary, and the support available to them in the community or through other networks. Mary may just be viewing the assessment as a gateway to care and support, but it is important that the assessor helps both Florence and Mary to take into account how they might draw on and develop their own strengths and capabilities, as well as the role of any support from family, friends or others that could help them to achieve what they wish for from day-to-day life.
There are hints that Florence's neighbours may be part of a useful support network. If Florence had asked her neighbours to be involved in the assessment – and the assessor would need to seek permission to talk to them – you might want to check:
 - if they have information or insights that add to the picture available of her needs; and
 - whether they can be supported to start – or continue – helping Florence.Although Florence's other daughter Jane appears to be limited in what she can

offer by way of direct support, you might want to consider what she might be able to do in terms of, say, providing emotional support, or hands on help where this can be scheduled.

Slide 12

Whole family approach

- Takes a holistic view of a person's needs
- Considers the impact of needs on family and wider networks, in particular any children providing care:
 - The impact of the person's needs on the young carer's wellbeing, welfare, education and development
 - Whether their caring responsibilities are appropriate
- Sees the family and wider network as a source of support, where they are willing and able

Care Act learning and development materials

Notes

1. A **whole family approach** should take a holistic view of the person's needs, in the context of their wider support network. It should, for instance, consider what might assist realisation of outcomes without provision of care and support, including use of family strengths. It is not about leaning on the family or assuming that they will offer care and support, but about understanding the full picture of the person's life and the networks they have available to them. Family members may well be willing and able to offer care and support, but assessors should also think about the impact this will have on them and encourage open conversations about the impact of the person's needs.
2. The assessor should identify whether or how the adult's needs for care and support **impacts on family members** or others in their support network.
3. In particular they must identify any children who are involved in providing care, for two reasons:
 - identification of a young carer in the family should result in an offer of a needs assessment for the adult requiring care and support
 - the local authority must consider whether to undertake a young carer's assessment or a child's assessment.
4. Assessors must consider whether any of the caring tasks the child is undertaking are inappropriate. Clearly these will vary for different situations and children, but could include carrying out heavy lifting, emotional support, administering medication, and personal care.

Key learning point

The local authority must identify whether or how the adult's needs for care and support impacts on family members or others in their support network.

Questions

- What are the key questions to consider when taking a whole family/network approach?
- What issues, if any, does the need to take a whole family/network approach raise for you or your organisation?

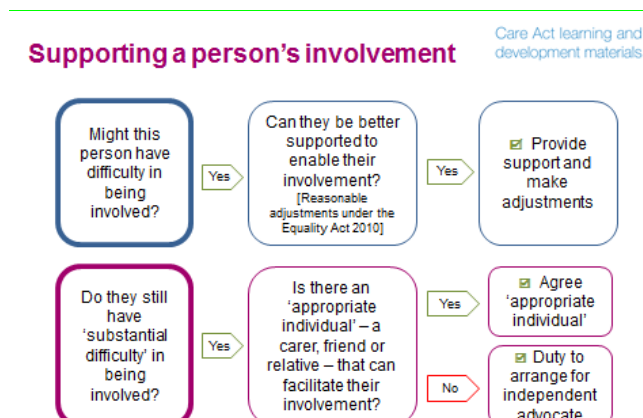
5. A range of questions might arise when taking a whole family approach, including:
- Who is in the family? You may need to spend some time identifying members of the wider family / network as sometimes that might be trickier than it first appears. Asking the person being assessed who he / she considers as being in the family is a good starting point.
 - How are needs and behaviours of the person being assessed impacting on the family? Do they require an assessment in their own right? Is there a need for information and advice, signposting or more significant inputs?
 - Are there children in the family? What kinds of contact does the person have with them? Is there a young carer in the family? Have they been offered an assessment? Where the person is a parent, does he / she require support in the parenting role?
 - What might be done to assist the whole family?

Facilitator's hints and tips

It might be helpful to consider the extensive material on whole family approaches developed for children's services and services for people with mental health problems. See for example the Children's Society [Whole Family Pathway](#).

10. Supporting a person's involvement

Slide 13



Notes

1. The Care Act requires that local authorities involve people in decisions made about them and their care and support. People should be active partners in the key care and support processes of assessment, care and support planning and review. 'Involvement' requires the local authority helping people to understand how they can be involved, how they can contribute and take part and sometimes lead or direct the process. The ultimate aim is for people's wishes, feelings and needs to be at the heart of assessment.
2. The level of involvement that someone may choose to have will vary, but the principle of involving them as fully as possible should remain central. The local authority **must** therefore involve the person being assessed in the process, and any carer the person has (which may be more than one carer), and any other person requested. This may lead to considerations of who the person being assessed wants to be involved, which may not be the same as who wants to be involved, particularly for people who find it hard to have a voice or if there are safeguarding issues.
3. Some people may have difficulty in being involved in the process. The decision pathway in this slide shows two ways in which a person could be supported if you thought that they might have difficulty being involved. At point of first contact local authorities **must** consider whether the person, including carers, would experience difficulty in being involved in the assessment.
4. Firstly, it is important to establish if and how the person could be better supported by making changes to the arrangements. For example, by providing information in an accessible format and involving an appropriately trained and registered interpreter if the person needs one e.g. if they are a sign language user or don't have enough English to be involved without an interpreter. Note that local

authorities have a duty under the Equality Act 2010 to make reasonable adjustments to meet the needs of people with particular accessibility requirements. Such adjustments should be made before the person's ability to be involved in the process is reviewed again.

5. However, some people still won't be able to be involved, even if the process has been adapted to meet their communications needs, because they have '**substantial difficulty**' in being involved.
6. Local authorities have a duty to involve people, so if someone has substantial difficulty being involved they must be supported to be involved as fully as possible by either:
 - ensuring that there is an '**appropriate individual**' such as a friend or relative who can facilitate their involvement; or
 - if there is no appropriate individual to help them, by arranging for an **independent advocate** to support and represent them.
7. The requirements of the Mental Capacity Act and access to an Independent Mental Capacity Advocate still apply for anyone who may lack capacity. For more details, including what 'substantial difficulty' means, a definition of who an 'appropriate individual' might be, and the interface with the Mental Capacity Act, see the [independent advocacy workbook](#).

Key learning point

The person **must** be involved in the assessment. If a person has substantial difficulty being involved the local authority **must** support them to be involved.

Questions

- What measures do you currently take to meet people's communication needs?
- What aspects are currently working well and what aren't?
- Should local approaches be strengthened in any way?

11. Roles, responsibilities and expertise

Slide 14



Notes

1. Assessments can be carried out by a range of people from different backgrounds, including (as listed in the guidance) social workers, OTs, and rehabilitation officers, as well as care managers or first contact staff. Anyone carrying out an assessment has to be appropriately trained.
2. Social workers and occupational therapists are very well placed to be involved in complex assessments that indicate a wide range of needs, risks and strengths and may require a co-ordinated response from a variety of statutory and community services. Social workers and occupational therapists can also support first contact staff, who the guidance notes “*should have the benefit of access to professional support from social workers, occupational therapists and other relevant experts as appropriate, to support the identification of any underlying conditions or to ensure that complex needs are identified early and that people are signposted appropriately.*” (6.27)
3. Some people who have particularly complex needs will require the support of an expert to carry out their assessment, to ensure that their needs are fully captured. Local authorities should consider whether additional relevant expertise is required on a case-by-case basis, taking into account the nature of the needs of the individual, and the skills of those carrying out the assessment.
4. Where the assessor does not have the necessary knowledge of a particular condition or circumstance, they must consult someone who has relevant expertise. This is to ensure that the assessor can ask the right questions relating to the condition and interpret these appropriately to identify underlying needs. A person with relevant expertise can be considered as somebody who, either through training or experience, has acquired knowledge or skill of the particular condition or circumstance. Such a person may be a doctor or health professional, or an expert from the voluntary sector, but there is no obligation for the local

authority to source an expert from an outside body if the expertise is available in house.

5. This is also the case when someone chooses to undertake a supported self-assessment i.e. the local authority must involve a person who has specific training and expertise.
6. The Department of Health has published guidance for certain groups of adults that should be referred to as well as the statutory guidance – [Think Autism 2014](#) provides an update to Fulfilling and rewarding Lives 2010 (the strategy for adults with autism in England). The Care Act strengthens this guidance in relation to assessors having specialised training to assess an adult with autism.
7. Local authorities must ensure that a **trained expert** is involved in the assessment of adults who are deafblind. See the [handout: assessment for people who are deafblind](#) for more details.

Questions

- What conditions or circumstances might make it necessary to consult an expert?
- What would you look for to know if somebody had 'relevant expertise' in those conditions or circumstances?
- Will you or your organisation need to make any changes to ensure that relevant expertise is available to support assessments or supported self-assessments?
- What kinds of changes will you need to make to the way you work?

Case study (continuation of Florence and Mary Brown)

Mary has read about supported self-assessment and initially favours following this procedure for the assessment of her as a carer, but says her mother wants to be assessed by “*someone who is qualified*”. In conversation with the local authority, Mary and Florence agree that a combined assessment may be the best way forward. Mary says that although her mother can be very forgetful she understands what’s going on most of the time.

An assessment of Florence and Mary takes place in Florence’s home. In introducing himself the assessor (Joe) says a little about the training that he has had that ‘qualifies’ him to undertake assessments. His concern is to offer re-assurance to Florence. Joe first of all establishes that a) Florence does not demonstrate any ‘substantial difficulty’ in being involved in the assessment process, and b) there are no objections or difficulties with proceeding with a combined assessment of Florence and Mary. He checks what outcomes Florence and Mary want to achieve. For Florence it is important to improve her health, to be able to keep her home clean and – above all – to stay in her own home. Mary is concerned to get more support to help her mother to be independent and to be able to have a life of her own. They discuss needs, and Joe concludes that Florence:

- is not able to clean her home without becoming breathless, and she often tries to do things which in turn causes distress and anxiety, which exacerbates her breathlessness and results in her not being able to get upstairs to the toilet and to her bedroom (even after using her nebuliser)
- doesn’t appear to understand the importance of wiping herself front-to-back when going to the toilet to minimise the risk of further urinary tract infections, or at least not without prompting
- cannot get out and about easily or travel without support
- could prepare herself a simple meal, although Mary does her shopping and a lot of meal preparation.

Florence is clear that maintaining her home in a reasonable state of cleanliness is very important for her. She does keep trying to do some dusting and cleaning the bathroom and gets distressed and frustrated when the breathlessness kicks in. She would like to be able to get out more, but says that she is not that bothered.

Mary says that she still wants to help her mother, but wants to do less. Mary would like to be able to go out with her friends and to try online dating, but spends the majority of her time with her mother and has to be available to respond to her mother in an emergency. Also she would like to train to be a teacher but she doesn’t have enough time to do this at present.

Joe decides to pause the assessment of Florence to find out whether her breathlessness could be better managed.

With Florence's permission Joe contacts her GP and finds out that Florence has been referred for pulmonary rehabilitation, but that this is not going to be available for 3 months. The GP thinks the programme would last for about 2 months. Joe informs Mary (by telephone) that he intends to work with the health professionals on the pulmonary rehabilitation team to integrate the care and support needs assessment with theirs, and also that Florence's care and support needs could be less following the pulmonary rehabilitation programme. Joe explains that this means that the assessment of Florence's care and support needs will remain paused, whilst the potential impact of the pulmonary rehabilitation programme is considered, and there may be a continued pause until the impact of the programme is evaluated, and that this could have an impact on what support Mary might need in the longer term.

Questions

- What are the implications of pausing the assessment?
- What are the immediate next steps that Joe should take?
- What longer term actions should Joe consider?

Suggested answers

1. The pause would allow time to gauge the benefits of any preventative approaches being considered and for these to be taken account in the assessment when it is completed. Rehabilitation services could, for instance, reduce Florence's needs to a level where they are no longer significantly affecting her wellbeing. The final assessment of need (and determination of eligibility) is based on the remaining needs that have not been met through the implementation of, in this case, the pulmonary rehabilitation programme. Consideration should be given to whether rehabilitation has provided a sustainable solution to Florence's needs; can the case be closed? The pause could also provide an opportunity to produce an integrated assessment that ensures that healthcare professionals' views and expertise are taken into account. Coordination of the assessments taking place should make it less confusing for Florence and Mary.
2. Joe could complete the assessment of Mary's support needs, now that it is known that it will take about six months before Florence's assessment can be completed. If this does happen there will need to be a review of Mary's support needs once Florence's assessment is complete, particularly if there is a significant improvement with the management of her breathlessness. However, whilst an assessment is paused the person needing care may have care and support needs that may need to be met in the short term. The Care Act provides local authorities with the powers to meet urgent needs where they have not completed an assessment, but in these circumstances it does not appear that this is relevant – although this is contingent upon Mary continuing to support her

mother, as she has been doing, during this period of Florence waiting for and then participating in the pulmonary rehabilitation programme.

3. The integration of Florence's assessment of her care and support needs with that of her health needs could provide the basis for Florence having both the health and care services that she may receive in the future set out in a single care and support plan.

12. National eligibility framework

Slide 15

National eligibility framework

Care Act learning and development materials

- After completion of the assessment process, the local authority will determine whether the individual has **eligible needs**
- The Act introduces a national eligibility threshold:
 - whether the person has needs due to a physical or mental impairment or illness
 - whether those needs mean that they are unable to achieve two or more specified outcomes
 - as a consequence there is, or is likely to be, a significant impact on their wellbeing
- Local authorities can also decide to meet needs that are not deemed to be eligible if they chose to do so

Notes

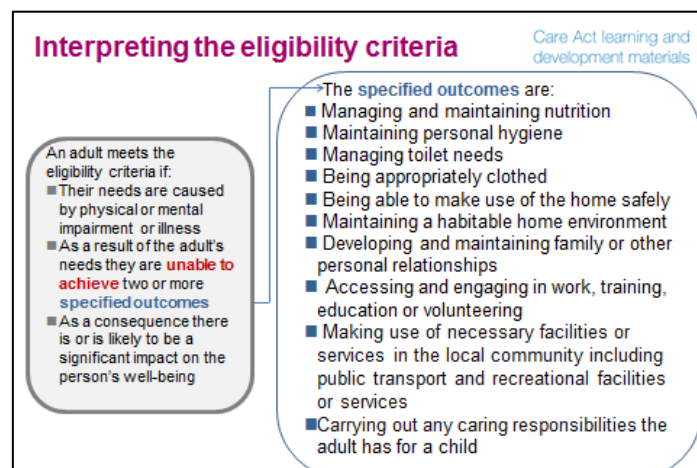
1. After completion of the assessment process, the local authority will determine whether the person has **eligible needs**. The Act introduces national eligibility criteria, which consists of three criteria, all of which must be met for a person's needs to be eligible. A person would meet the eligibility threshold if:
 - they have needs due to a physical or mental impairment or illness
 - those needs mean that they are unable to achieve two or more specified outcomes
 - as a consequence there is, or is likely to be, a significant impact on their wellbeing.
2. All of these conditions must be met for a person to be eligible. See [handout: eligibility](#) for more details and explored in the next three slides.
3. Note that this test of need is not absolute. The guidance states that *"Needs may affect different people differently, because what is important to the individual's wellbeing may not be the same in all cases. Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another."* (6.111) – the essence of the person centred approach made necessary by the Act is for local authorities' system to allow for these differences, in their staff's decision-making about eligibility.

4. Local authorities can decide to meet needs that do not meet the eligibility criteria. For example, if a person is unable to achieve one specified outcome (rather than two, which is the criteria) but it is seen to have a significant impact on their wellbeing or where the authority feels it has the resources to do this as part of its prevention agenda. Where they decide to do this, the same steps must be taken as would be if the person did have eligible needs e.g. the preparation of a care and support plan. Where you choose to exercise this power to meet other needs, you must inform the person that you are doing so.

Key learning point

The Act introduces a national eligibility threshold to which all local authorities must adhere.

Slide 16



Notes

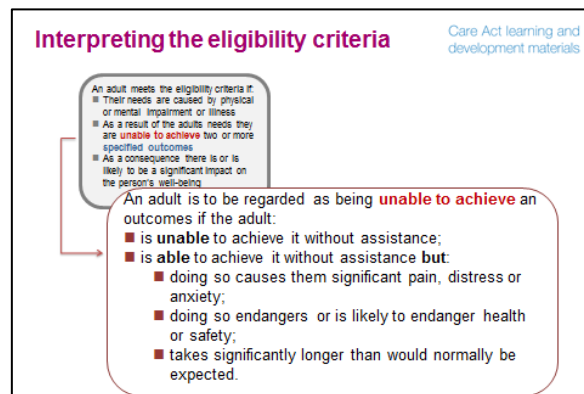
1. The eligibility threshold is based on three conditions, all of which must be met for a person to be eligible: do they have needs due to a physical or mental impairment or illness? Do those needs mean that they are unable to achieve two or more specified outcomes? Is there, or is there likely to be, a significant impact on their wellbeing as a consequence of them being unable to achieve two or more of the outcomes? We will look at those conditions in a bit more detail now.
2. Firstly, in considering whether a person's needs are eligible for care and support, local authorities must consider whether the person's needs are due to a physical or mental impairment or illness. This includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illnesses and brain injuries as well as impairments that arise from substance misuse and frailty. This can be based on the assessor's judgement i.e. a formal diagnosis is not required. Consideration could be given to questions such as:

- Would the person definitely be able to do x if they were healthier/younger/more mobile?
 - What were their circumstances like before the injury/illness/exacerbation of needs?
3. Secondly, if they do have needs, the local authority should consider if they are unable to achieve two or more outcomes as specified in the Eligibility Regulations. This contrasts with the need at the beginning of the assessment process to identify the outcomes that a person is looking to achieve to maintain or improve their wellbeing. On occasions these may not align.
4. What are the specified outcomes? The effect of the adult's needs is that the adult is unable to achieve two or more of the following outcomes:
- a) Managing and maintaining nutrition
 - b) Maintaining personal hygiene
 - c) Managing toilet needs
 - d) Being appropriately clothed
 - e) Being able to make use of the adult's home safely
 - f) Maintaining a habitable home environment
 - g) Developing and maintaining family or other personal relationships
 - h) Accessing and engaging in work, training, education or volunteering
 - i) Making use of necessary facilities or services in the local community including, public transport, and recreational facilities or services. Note that local authorities do not have responsibility for the provision of NHS services such as patient transport, however they should consider needs for support when the adult is attending healthcare appointments
 - j) Carrying out any caring responsibilities the adult has for a child

Questions

- Thinking of a person with needs for care and support that you know, or know of, which of the 'specified outcomes' do their needs effect?

Slide 17

Notes

1. What do we mean by unable to achieve two or more outcomes? The regulations provide that 'being unable' to do so includes any of the following circumstances:
 - *"is unable to achieve the outcome without assistance. This would include where an adult would be unable to do so even when assistance is provided."*
 - *"is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety."*
 - *is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others;*
 - *is able to achieve the outcome without assistance but takes significantly longer than would normally be expected"*

2. Sometimes the term '**carer blind**' assessment is used in this context. This means carer provision must not be considered until **AFTER** determination of eligibility i.e. the eligibility determination must be made without consideration of whether the person has a carer, or what needs may be being met by their carer at that time. Local authorities are not required to meet any eligible needs which are being met by a carer, but those needs should be recognised and recorded as eligible during the eligibility determination process.

3. Note that where an adult is at risk of harm or abuse then the local authority must undertake a safeguarding enquiry and take the necessary action to ensure their protection regardless of eligibility criteria.

Case study

Thinking about the case study of Florence and Mary Brown (pages 35-36):

1. Are Florence's needs due to a physical or mental impairment or illness?
2. Which of the 'specified outcomes' used in assessing eligibility are affected by her needs?
3. Is she unable to achieve them without assistance?

Suggested answer

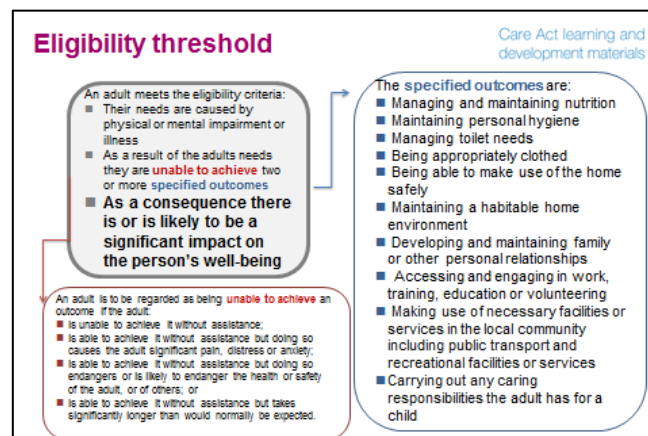
1. Florence's needs are a result of a physical or mental impairment or illness (her COPD, frailty and increasing forgetfulness).
2. Her needs seem to be having an effect on the following specified outcomes:
 - Maintaining and managing nutrition – Florence is able to consume food and drink, and do some food preparation with assistance, but it appears that she would have difficulty accessing it without Mary's help i.e. without Mary doing her shopping for her unless there are very local shops that she *could* use. Florence would be unable to meet this outcome without assistance.
 - Managing toilet needs – Florence can access the toilet, and go to the toilet, but has had two urinary infections over the last year, which might be related to her not wiping herself front-to-back when going to the toilet, although it would be hard to be sure what has caused them. Florence is able to meet this outcome, but there could be merit in checking her health needs with her GP or District Nurse.
 - Maintaining a habitable home environment – this outcome poses tricky questions for the assessor.
 Having a clean home is very important to Florence, but a clean home is not a specified outcome. Maintaining a habitable home is a specified outcome. The guidance states that “*A habitable home is safe and has essential amenities. An adult may require support to sustain their occupancy of the home and to maintain amenities, such as water, electricity and gas.*” The assessor would need to judge whether the condition of Florence's home (without Mary's assistance) would be sufficiently clean and maintained to be safe.
 If the home is not cleaned, dust in the home is likely to make Florence's COPD worse, and the home would not be regarded as safe. Florence is able to clean her home, and is able to maintain a habitable home environment without assistance, but doing so causes her breathlessness, distress and anxiety.
 If the planned pulmonary intervention is successful and there is a significant improvement in Florence's breathlessness, she may be able to maintain a habitable home without her daughter's assistance i.e. she may be able to achieve the outcome without Mary's help. For the present, however, and if the intervention fails or for some reason does not go ahead, the judgement might be made that although she is able to achieve the outcome without assistance, doing so causes her breathlessness, distress and anxiety and so, in effect, she is unable to meet this specified outcome.
 - Accessing necessary facilities or services in the local community – Mary provides support to help her mother get out and about and access local

facilities and it appears that Florence would be unable to meet this outcome without assistance.

Key learning point

Eligibility must be determined without consideration of what needs are being met by any carer at that time.

Slide 18



Notes

1. Finally, and crucially, local authorities must consider whether, as a consequence of the person being unable to achieve two or more of the specified outcomes there is, or is likely to be, a **significant impact** on the person's **wellbeing**. Local authorities should determine whether:
 - the adult's needs impact on an area of wellbeing in a significant way; or,
 - the cumulative effect of the impact on a number of the areas of wellbeing mean that they have a significant impact on the adult's overall wellbeing.
2. To do this, local authorities should consider how the adult's needs impact on the following nine areas of wellbeing in particular (but note that there is no hierarchy of needs or of the constituent parts of wellbeing):
 - personal dignity (including treatment of the individual with respect);
 - physical and mental health and emotional wellbeing;
 - protection from abuse and neglect;
 - control by the individual over day-to-day life (including over care and support provided and the way it is 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.
3. The key thing here is to understand the impact the needs are having on the person's wellbeing in light of what **they** consider important. The guidance states that "*Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another*" (6.110).
 4. In other words this test of eligibility of a given need is not absolute. For example, a person may have needs that mean they are unable to achieve particular outcomes, but if that doesn't lead to a significant impact on their wellbeing then they do not meet the eligibility threshold. Equally, a person may have a firm view that their wellbeing is not significantly impacted upon, but the assessor may conclude differently for reasons of professional judgement. Careful consideration will need to be given by local authorities to the recording of assessment and eligibility decisions.

Key learning point

Eligibility is related to whether, as a consequence of the person being unable to achieve two or more outcomes, their wellbeing is significantly affected.

Questions

- What questions might you need to ask to understand whether a person's needs affect their wellbeing, what aspect of their wellbeing and in what way?
- Thinking of a person with needs for care and support that you know, or know of, would they have eligible needs against the national threshold?
- What else might you need to know or explore to determine if their needs were eligible?

Facilitator's hints and tips

It will be important to explore with learners the impact of the national eligibility threshold on their current practice. This could include considerations such as how might you establish the difference between a person's needs having an impact on their wellbeing and a *significant* impact on their wellbeing? Potential questions for assessors to ask/consider might include:

- How does inability to achieve x and y make the person feel?
- Are other people affected too?
- What do they currently do to cope? Are the person's coping mechanisms sustainable?
- How long are they likely to be able to undertake particular tasks?
- What would happen if their carer(s) did not do x and y for them?
- What will most likely happen if the person does not receive: information and advice/care services/is put in touch with a voluntary organisation?

Case study

Returning to the case study of Florence and Mary Brown (pages 35-36) and our exploration of outcomes that Florence is unable to achieve above:

- Are Florence's needs that relate to two or more specified outcomes having a significant impact on her wellbeing and hence are they eligible needs?

Suggested answer

We explored above how Florence's needs have led to her being unable to achieve the following specified outcomes:

- Maintaining and managing nutrition – Florence is able to consume food and drink, and do some food preparation with assistance, but she would be unable to access it without assistance.
- Maintaining a habitable home environment – Florence is unable to achieve the outcome without assistance as doing so causes her breathlessness, distress and anxiety.
- Accessing necessary facilities or services in the local community – Florence would be unable to meet this outcome without assistance.

Whether these needs are eligible would then rest on whether they are having (or are likely to have) a **significant impact** on Florence's wellbeing and what matters to her.

Based on Joe's interpretation, Florence being unable to access facilities or services in the local community without assistance does not have a significant impact on her wellbeing. Therefore this would not be an eligible need.

Whether Florence would have any eligible needs would then depend on whether she is able to maintain a habitable home and access food and prepare her meals without Mary's help and, if she is not, whether this would have a significant impact on her wellbeing. Joe judges that she is not able to meet these needs, and that they do have a significant impact on her wellbeing. They are therefore eligible needs. These needs are currently being met by Mary, but that is a separate issue.

The scenario exercise set out below concerning Harry Whinstone raises similar issues to those faced by Florence.

Exercise

Harry Whinstone (68) comes to his local authority for an assessment. He has recently had a hip operation and is walking with a stick. He is in receipt of physiotherapy and his therapist says his walking will improve over time and he should be able to walk without his stick in two months' time. However, he is diabetic and his condition is effected by being a heavy drinker. He has a daughter who is an occasional carer and who helps him to get out. He wants help to go out and about more easily, and is struggling to move around his flat and get to the toilet quickly enough particularly at night when he needs to go frequently. He is also very house-proud and concerned to keep his home clean and tidy, but is struggling to do this.

Question

- Does Harry have eligible needs?

Suggested answer

First of all, the guidance is clear that just because Harry has a carer in his daughter, this should not be taken into account in assessing his eligibility.

The first eligibility condition is whether Harry's needs are due to a physical or mental impairment or illness? His needs are due to a physical impairment, although judging by the physiotherapist view his mobility may improve, but his diabetes could well be a longer term issue. It is important to take account of changing circumstances.

Harry's difficulty in getting around relates to three of the specified outcomes: c) managing toilet needs, f) maintaining a habitable home environment, and i) making use of necessary facilities or services in the local community.

- With regard to c) Harry is able to access a toilet and use a toilet but the impact of his impaired mobility on this would need to be explored.
- With regard to i) a consideration would be whether he can make use of local community facilities without assistance (possibly), without pain (possibly) and without taking significantly longer (possibly not).
- With regard to f), not having a clean flat is having an impact on Harry's

wellbeing, but, as we have seen in Florence's situation, a clean home is not a specified outcome. Maintaining a habitable home is the specified outcome. The assessor would need to judge whether the condition of Harry's home is sufficiently clean to be safe. If it is not found to be safe, and if Harry's mobility problems prevent him from cleaning, then it might be judged that he is unable to meet the specified outcome.

The final eligibility consideration would then be, would his difficulties have a significant impact on his well-being and it is here where there may be doubt. Harry's perception of what matters to his wellbeing should be given conscientious attention. However, it would be equally clear that the local authority should help in accessing perhaps the NHS falls service via the physiotherapist, offer advice, information and assistance in terms of the drinking problem and, given agreement, discuss the diabetes prognosis with the GP.

13. National carers eligibility framework

Slide 19

National carers eligibility framework

Care Act learning and development materials

- After completion of the assessment process, the local authority will determine whether the carer has **eligible needs**
- Carers can be eligible for support in their own right
- The Act introduces a national carers' eligibility threshold:
 - whether the carer's needs are due to providing **necessary** care for an adult
 - whether those needs puts the carer's health at risk **or** means that they are unable to achieve specified outcomes; **and**
 - as a consequence there is, or is likely to be, a significant impact on their wellbeing
- Local authorities can also decide to meet carers' needs that are not deemed to be eligible if they chose to do so

Notes

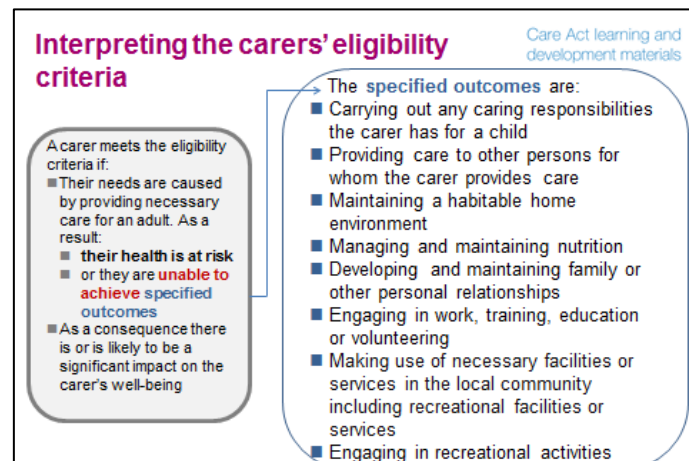
1. After completion of the assessment process, the local authority will determine whether the carer has **eligible needs**.
2. Carers can be eligible for support in their own right as their eligibility does not depend on whether the person for whom they care has eligible needs, but rather it is based on the carer's own needs and how these impact on their wellbeing.
3. The Act introduces national carers' eligibility criteria, which establish a threshold whereby if a carer meets three conditions, then their needs are eligible. A carer would meet the eligibility threshold if:

- their needs are a consequence of providing **necessary care** for an adult;
 - those needs mean that they are unable to achieve specified outcomes, or puts their health at risk; and
 - as a consequence this has a significant impact on their wellbeing.
4. All of these conditions must be met for a person to be eligible. See [handout: carers' eligibility](#) for more details and explored in slides 20-22.
 5. Note that this test of need is not absolute. The guidance states that “*The impact of needs may affect different carers differently, because what is important to the individual's wellbeing may not be the same in all cases. Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another.*” (6.127) – the essence of the person centred approach made necessary by the Act is for local authorities' system to allow for these differences, in their staff's decision-making about eligibility.
 6. Local authorities can decide to meet carers' needs that do not meet the eligibility criteria. Where they decide to do this, the same steps must be taken as would be if the carer did have eligible needs (for example, the preparation of a support plan). Where local authorities choose to exercise this power to meet other needs, they must inform the carer that they are doing so.

Key learning point

The Act introduces a national carers' eligibility threshold to which all local authorities must adhere'. Carers' eligibility does not depend on whether the person for whom they care has eligible needs, but whether the carer's needs meet this threshold.

Slide 20



Notes

1. The carers' eligibility threshold is based on three conditions, all of which must be met for a carer to be eligible: do they have needs due to providing necessary care? Do those needs mean that their health is at risk or they are unable to achieve specified outcomes? Is there, or is there likely to be, a significant impact on their wellbeing as a consequence? We will look at those conditions in a bit more detail now.
2. Firstly, in considering whether a carer's needs are eligible for support, local authorities must consider whether their needs are due to providing necessary care for an adult.
3. Secondly, if they do have needs due to providing necessary care, the local authority should consider if:
 - the carer's physical or mental health is either at risk of deteriorating or is actually deteriorating; or
 - the carer is unable to achieve one or more specified outcomes.
4. What are the specified outcomes? The effect of the carer's needs is that the carer is unable to achieve one or more of the following outcomes as specified in the Eligibility Regulations:
 - i. Carrying out any caring responsibilities the carer has for a child
 - ii. Providing care to other persons for whom the carer provides care
 - iii. Maintaining a habitable home environment in the carer's home
 - iv. Managing and maintaining nutrition
 - v. Developing and maintaining family or other personal relationships
 - vi. Engaging in work, training, education or volunteering
 - vii. Making use of necessary facilities or services in the local community, including recreational facilities or services
 - viii. Engaging in recreational activities

Questions

- What do you understand by the term 'necessary care' and what would you do if you thought that a carer was not providing necessary care?
- Thinking about the case study of Florence and Mary Brown (page 35-36), do you think that Mary's health is at risk?

Facilitator's hints and tips

The carer's needs for support must be because they are providing care and that care must be deemed to be 'necessary'. Potential questions for assessors to ask/consider to decide whether a carer's needs are as a result of providing care might include, would the carer definitely be able to do x if they did not have caring responsibilities?

It will be useful to explore with assessors what necessary care might mean. For example:

- The cared for person may have become used to support that is not strictly necessary, but which they have come to expect or rely upon. Here the assessor may need to work with the person and carer(s) to plan how to reduce this reliance and to re-skill the person being cared for.
- A carer may be providing care and support for needs which the adult is capable of meeting themselves and sometimes the parent, say, of a disabled young adult may be over involved in their care and hinder the latter from achieving independence. There may be a need here for counselling, providing advice about how the adult can meet needs themselves and informing the carer about relevant local carers' organisations.
- There may be situations where a carer is duplicating a care package because they have anxieties over its quality. Carers may require reassurance and robust information about the reliability and effectiveness of services provided.
-

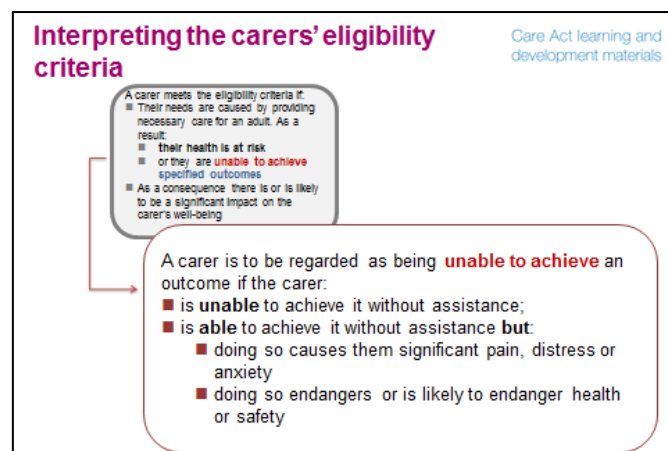
Discussion might be supported by reference to the Florence and Mary Brown case study, or other situations that assessors are able to describe.

Note that there is no firm evidence in the case study to indicate that Mary's physical or mental health is actually deteriorating or is at risk of deteriorating because of her caring role. However, it is easy to overlook the health needs of carers – who may want to minimise them –and it is important, therefore, to test whether assumptions made are well placed.

Key learning point

The assessor must consider whether the impact of a carer providing necessary care is that the carer's health is either at risk of deteriorating or is actually deteriorating.

Slide 21



Notes

1. What do we mean by unable to achieve one or more outcomes? The regulations provide that 'being unable' to do so includes any of the following circumstances:
 - *"is unable to achieve the outcome without assistance. (...) A carer might, for example, be unable to fulfil their parental responsibilities unless they receive support in their caring role."*
 - *"is able to achieve the outcome without assistance but doing so causes or is likely to cause the carer significant pain, distress or anxiety."*
 - *"is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the carer or any adults or children for whom the carer provides care."*
2. Note that where a carer is at risk of harm or abuse then the local authority must undertake a safeguarding enquiry and take the necessary action to ensure their protection regardless of eligibility criteria.

Case study

Returning to the case study of Florence and Mary Brown (pages 35-36), which specified outcomes are affected by Mary's caring role and is she unable to achieve them as a result?

Suggested answer

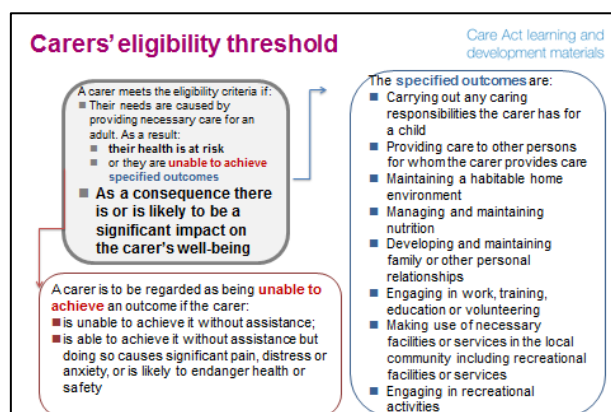
Mary's needs seem to be having an effect on the following outcomes:

- Engaging in work, training, education or volunteering – it appears that Mary's caring responsibilities are preventing her from training to be a teacher.
- Engaging in recreational activities – it appears that Mary is unable to socialise unless she receives support with her caring role. It might well be helpful to explore this further with Mary. Is she under stress, has she 'had enough'? Are there competing demands on her time, perhaps from other family members? Have personal ambitions, such as Mary's hopes for a career, taken on a new significance? Are there ways in which additional support might make a difference? Might Mary's sister, Jane, play a bigger role?

Key learning point

The assessor must consider whether the impact of a carer providing necessary care is that the carer is unable to achieve one or more specified outcomes.

Slide 22



Notes

1. Finally, and crucially, local authorities must consider whether, as a consequence of the person being unable to achieve any one or more of the specified outcomes there is, or is likely to be, a significant impact on the person's wellbeing.

2. To do this, local authorities should consider how the person's needs impact on the nine areas of wellbeing defined in section 1 of the statutory guidance and judge whether:
 - *“the adult's needs impact on an area of wellbeing in a significant way; or,*
 - *the cumulative effect of the impact on a number of the areas of wellbeing mean that they have a significant impact on the adult's overall wellbeing.”*(6.108)
3. The key thing here is to understand the impact that that this is having on the person's wellbeing in light of what **they** consider important. The guidance states that *“Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another”* (6.110).
4. In other words this test of **eligibility** of a given need is not absolute. For example, a person may have needs that mean they are unable to achieve particular outcomes, but if that doesn't lead to a significant impact on their wellbeing then they do not meet the eligibility threshold. Equally, a person may have a firm view that their wellbeing is not significantly impacted upon, but the assessor may conclude differently for reasons of professional judgement. Careful consideration will need to be given by local authorities to the recording of assessment and eligibility decisions.

Key learning point

Eligibility determination is related to whether there is a significant impact on the carer's wellbeing.

Questions

- Thinking about the case study of Florence and Mary Brown (page 35-36, do you agree with Joe that Mary's needs are eligible against the national carers' eligibility threshold? If not, why not?
- What questions might you need to ask to understand whether a carer's needs affect their wellbeing, what aspect of their wellbeing and in what way?
- Thinking of a carer that you know, or know of, would they have eligible needs against the national threshold? What else might you need to know or explore to determine if their needs were eligible?

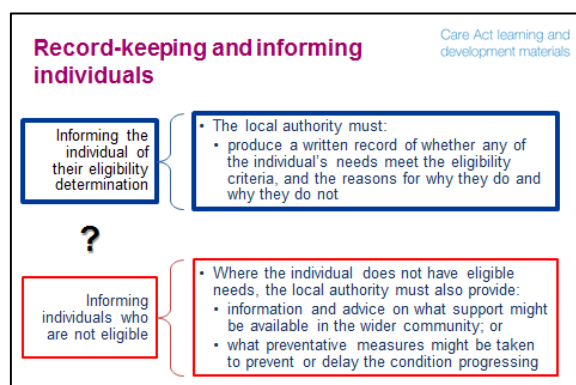
Facilitator's hints and tips

As in the discussion about eligibility relating to the person with care needs above, it will be important to explore with assessors the impact of the national carers' eligibility threshold on their current practice towards carers. This could include the same considerations as before i.e. how might you establish the difference between a carer's needs having an impact on their wellbeing and a *significant* impact on their wellbeing?

In the case study, Joe concludes that Mary's needs are eligible because having more time to socialise is very important to Mary and it is having a significant impact on her wellbeing and willingness to care for her mother. Clearly there is a need to monitor the level of on-going involvement that Mary will have in her mother's care.

14. Next steps and informing individuals

Slide 23



Notes

1. Having determined whether any of the individual's needs meet the eligibility criteria, the local authority must produce a written record of their eligibility determination and the reasons for it. This will provide transparency on how and why decisions were made.
2. The person that's been assessed, and any relevant others, must be given a copy of the assessment. The guidance states "*Following their assessments individuals must be given a record of their needs or carer's assessment, including the views of the individual. A copy must also be shared with anybody else that the individual requests the local authority to share a copy with.*" (6.98)
3. Where an individual has no eligible needs, the local authority must provide information and advice on what support might be available in the wider community or what preventative measures could be taken to prevent or delay the condition progressing. For example, this may involve directing the person (or

signposting) to available services in the local community which are specific to their needs.

4. This also applies where some of a person's needs are not eligible. So, for instance, in the case study of Florence and Mary that we explored earlier, the assessor would need to give Florence information and advice on how she could be supported with her non eligible need of accessing necessary facilities or services in the local community.

Key learning point

Individuals must be given a record of their needs or carer's assessment, including a written record of their eligibility determination and reasons for it

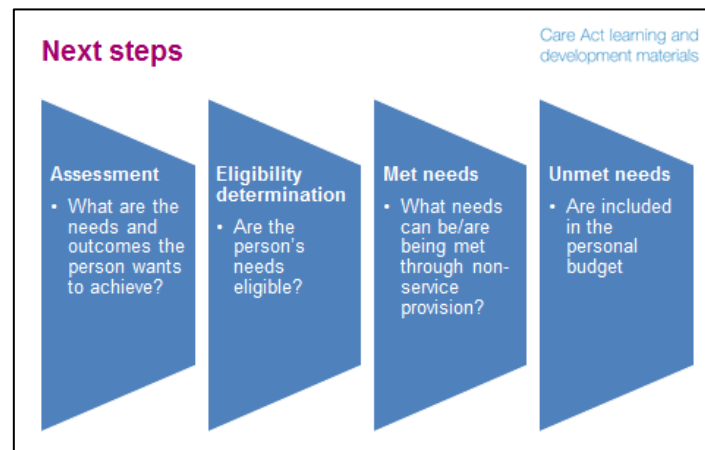
Question

- Do you already do this? Does it raise any issues for you?
-

Key learning point

The local authority **must** provide information and advice on what support might be available in the wider community for people whose needs are not eligible; or what preventative measures might be taken to prevent or delay the condition progressing.

Slide 24



Notes

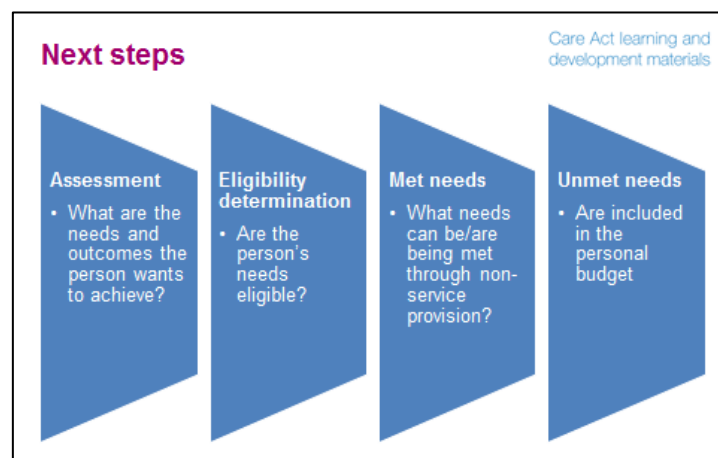
1. Assessment begins at first contact and the purpose of the assessment process is to identify a person's needs and the outcomes they want to achieve.
2. Eligibility determination happens after the assessment has concluded. An adult's or carer's needs will be deemed to be eligible or not eligible based on the information collected during the assessment process and the professional judgement of the assessor.
3. Where the individual has *some* eligible needs, the care and support planning process would start and the local authority must:
 - check if the person **wants** any or all of their care and support arranged by the local authority. They may, for example, be a self-funder who has approached the authority only for the purposes of determining eligible needs in relation to the care cap
 - establish whether the person meets the ordinary residence requirement, which is different for adults with care and support needs and for carers
 - consider how the local authority may meet those eligible needs.
4. If the local authority has a duty to meet the person's needs, it must prepare a care and support plan or support plan for carers that shows how the person's needs are to be met. See the [care and support planning workbook](#) for more detailed information. The plan will identify which needs the local authority will meet, and contain a **personal budget** that identifies the cost of their care and support.
5. A person's eligible needs might be met in a variety of ways. For example, they could be met by supporting the person's own strengths, by community or voluntary services, practitioner support and advice, or by the care that is currently being provided by their carer, as well as the provision of care and support

services. So, for instance, in the case study of Florence and Mary that we explored earlier, Florence's eligible needs in relation to maintaining and managing nutrition could continue to be met by Mary doing her shopping for her and helping with meal preparation.

6. It is only a person's remaining UNMET needs - that will be met by the provision of care and support services - that are included in their personal budget. See the [workbook on personal budgets](#) for more detailed information.

15. Summary

Slide 24



Questions

- What has struck you most about this session?
- Thinking about what you have learnt about assessment and eligibility (and on any other modules you have completed so far).....
 - What links can you make between topic areas?
 - How might the necessary changes impact on your current arrangements?
 - What might the key challenges be?

Exercise

- What are your top three priorities in relation to assessment and eligibility?
- Complete the [action plan](#) to identify the next steps for each priority.

Appendices

Strategic implications

What are some of the workforce implications?

- In terms of first contact staff, the guidance states that *“Local authorities must ensure that their staff are sufficiently trained and equipped to make the appropriate judgements needed to steer individuals seeking support towards information and advice, preventative services or a more detailed care and support assessment, or all of these. They must also be able to identify a person who may lack mental capacity and to act accordingly.”* (6.25). In addition, the guidance states *“Staff who are involved in ... first contact must have the appropriate training and should have the benefit of access to professional support from social workers, occupational therapists and other relevant experts as appropriate, to support the identification of any underlying conditions or to ensure that complex needs are identified early and that people are signposted appropriately.”* (6.27)
- Local authorities must ensure that their staff have the required skills, knowledge and competence to undertake assessments and that this is maintained. The guidance states that *“Local authorities must ensure that assessors are appropriately trained and competent whenever they carry out an assessment. This means ensuring that assessors undergo regular, up-to-date training on an ongoing basis. The training must be appropriate to the assessment, both the format of assessment and the condition(s) and circumstances of the person being assessed. They must also have the skills and knowledge to carry out an assessment of needs that relate to a specific condition or circumstances requiring expert insight, for example when assessing an individual who has autism, learning disabilities, mental health needs or dementia. This training must be maintained throughout their career.”* (6.86). All staff that deliver client contact will need to be trained in new assessment processes.

Can you think of others?

What are some of the systems implications (e.g. paper work, IT, processes, etc)?

- The obligation to offer a supported self-assessment means the authority must ensure its documentation is able to be completed by someone other than a local authority assessor. Authorities should also assure themselves that there is clarity in recording which and what needs are determined as eligible and why.

Can you think of others?

What are some of the financial implications?

- The Care Act adds an increase in depth and complexity to the assessment process. Also it is expected that more people will apply to the local authority for an assessment. Local authorities ought to try and get an estimate of what increased numbers they might be dealing with, perhaps not only through paper based assessments but through trialling with people who contact the authority now.
- The fact that a person has specialist needs is clearly not grounds to either refuse that they can self-assess or that the local authority cannot afford to help them to do this.

Can you think of others?

Handouts

Handouts, exercises and case studies relevant to this topic area:

- [Exercise: A carer's experience](#)
- [Exercise: Proportionate assessment](#)
- [Handout: People who are deafblind](#)
- [Case study: Florence and Mary Brown \(assessment and eligibility\)](#)
- [Handout: Eligibility](#)
- [Handout: Carer's Eligibility](#)