

working for well run evidence-based public care

South West ADASS

Assessment and Eligibility "Talking Points"

A Guide for Practitioners

March 2015



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1 Introduction

ADASS South West asked the Institute of Public Care to produce a 'guide' to support assessment and eligibility in the context of the Care Act 2014.

This document contains a range of material for assessors and other staff on assessment and eligibility requirements of the Act. It covers the following:

- Overview of the Act (looking at well-being, general responsibilities and key processes).
- Overview of assessment and eligibility and related key changes.
- Exploration of the 'must dos' in assessment.
- Exploration of Care Act changes to the assessment and eligibility process.
- Resources.

The document explores the assessment and eligibility pathway and, at each stage, identifies the key issues people will need to consider, decisions that will need to be reached, actions to be taken and what resources need to be in place to support this pathway.

Primary regard is given, throughout the guide, to the implications and impacts on assessors of changes to assessment and eligibility. However we have also looked at implications and impacts for managers and commissioners. A summary of the implications is shown at the end of each section which is intended to be used as a discussion prompt (Talking Points) for practitioners, managers and commissioners to explore their day-to-day operation and implication of the Act.

It should be noted that this document focuses exclusively on assessment and eligibility and therefore does not give detailed consideration to other areas of the Act such as prevention, information and advice, mental health etc.

2 An overview of the Care Act

The Care Act 2014 is a reforming and consolidating piece of legislation. It has replaced many previous laws relating to care and support.

- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970 (as far as it relates to adults)
- NHS and Community Care Act 1990
- Carers (Recognition and Services) Act 1995

The spirit of the Act is to:

- Make care and support clearer and fairer¹.
- Promote well-being.
- Prevent the need for care and support.

¹ Skills for Care (2014) Care Act Learning and development: Introduction and overview Workbook

- Support carers in maintaining their caring role.
- Support people in controlling their own lives and to realise opportunities.

The Act attempts to do this by creating the following:

- A single national eligibility threshold for care and support.
- Local authority requirements to provide all local people with information and advice related to care and support, to enable them to understand their rights and responsibilities, and plan for future needs.
- Protections - so that people do not go without care if their provider fails, regardless of who pays for their care.
- Clarity about local responsibilities for people in prison who have needs for care and support so that they can access the care that they need.

The Act is not overly prescriptive and has given local authorities considerable scope to co-produce solutions for local people and to implement good practice.

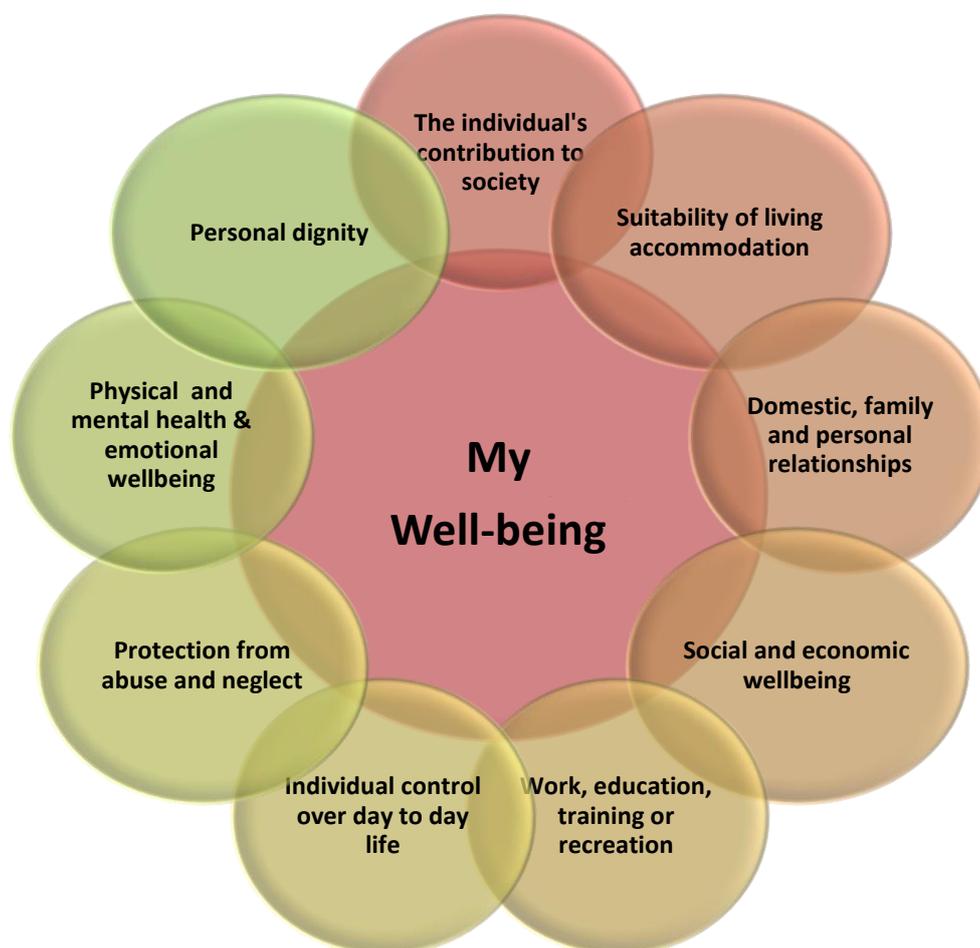
2.1 Well-being

Central to the Act is the concept of well-being. Local authorities now have a duty to consider the well-being of the individual needing care or support.

This is to be at the very heart of all interactions and arrangements of care and support. It is what care and support must be built upon. The Act defines nine areas of well-being:

- Personal dignity
- Physical and mental and emotional well-being
- Protection from abuse and neglect
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation
- Social and economic well-being
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

Figure 1: Well-being illustration²



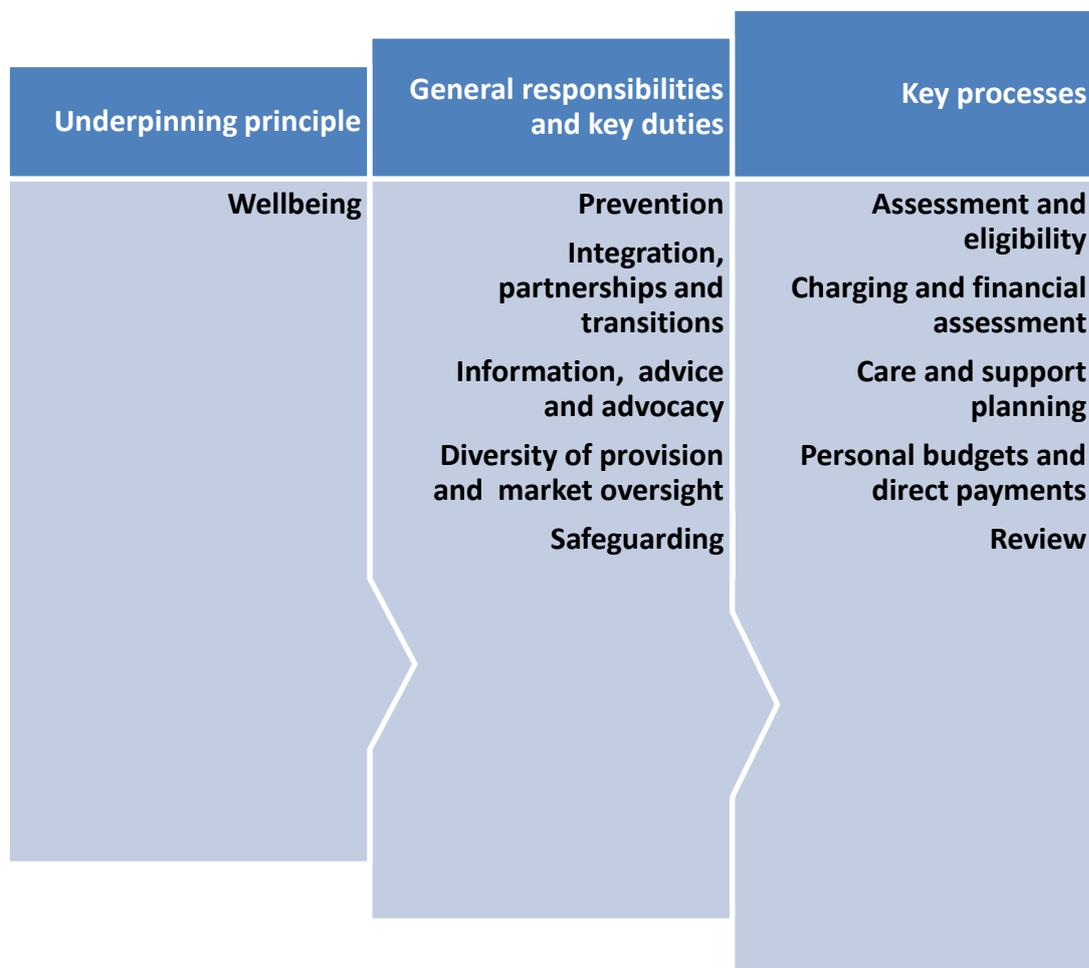
This places a central focus on the importance of understanding what well-being means to the individual.

It is likely that some aspects of well-being will be more relevant to one person than another. Local Authorities should adopt a flexible approach that allows a focus on whatever aspects of well-being matter to the individual concerned. Although the well-being principle applies specifically when the local authority performs a task, or makes a decision, in relation to a person, the principle should also be considered by a Local Authority when it undertakes broader, strategic functions.

The Act contains general responsibilities, key duties and processes which all stem from the core concept of well-being.

² Credit Hertfordshire County Council

Figure 2: The framework of the Care Act³



2.2 General responsibilities

2.2.1 Prevention

Local authorities have a responsibility for prevention and this applies to all people in the locality. The Act defines prevention as having three levels:

- Primary (prevent): aimed at individuals without a current health or care need but where services, facilities or resources may help them to avoid developing such needs; or aimed at carers to help them avoid developing support needs.
- Secondary (reduce): aimed at people with an increased risk of developing needs where interventions might slow down or reduce other needs from developing.
- Tertiary (delay): aimed at people with established or complex conditions where interventions might minimise the effect of disability, delay deterioration or maximise independence.

Prevention is something that the local authority should be promoting for its populace without current support and care needs as well as those with.

³ Skills for Care (2014) Care Act Learning and development: Introduction and overview slide pack

2.2.2 Integration, partnerships and transitions

Local authorities must carry out care and support responsibilities in a way that promotes greater integration with NHS and other health-related services to promote well-being; prevent or delay the escalation of need; and to promote quality. The NHS has reciprocal responsibilities to this end also.

Local authorities must cooperate with partners to promote well-being, improve quality of care and outcomes, effect smooth transitions from children's to adults' services, protect adults with care and support needs and learn lessons from cases where adults with needs for care and support have experienced serious abuse or neglect.

2.2.3 Information and advice

There is a specific duty on local authorities (not just the parts of councils that specifically deal with adult social care) to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. Importantly, the duty relates to the whole population of the local authority area not just those who use the care and support system or who are known to it. The aim is for people to have good information about:

- How the local care and support system works (including health, Continuing Health Care arrangements, housing, education, benefits and employment)
- How people can access care and support services
- What types of care and support are available
- Financial information and advice, including how to access independent financial advice
- How to raise concerns about the safety or well-being of someone who has care and support needs

Access to good information and advice must be available across the care pathway - from first contact, through assessment and any subsequent planning and review - so that people can make informed decisions at the right time and to enable well-being outcomes. There are also new duties in regard to advocacy and representation if a person has 'substantial difficulty' in being involved (refer to 4.2).

2.2.4 Diversity of provision and market oversight

The Act also requires better oversight of the care provider market to ensure it is diverse and sustainable, offering choice to support people's well-being and outcomes. There are new responsibilities in cases of provider failure to ensure people are not left without care.

2.2.5 Safeguarding arrangements

Local authorities must, amongst other safeguarding changes, establish Safeguarding Adults Boards to oversee cases of abuse or neglect and make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect⁴.

⁴ Skills for Care (2014) Care Act Learning and development: Introduction and overview workbook

2.3 Key processes

The Act sets out certain changes and specifies key processes that aim to enable well-being and perform the general duties. These are:

- Assessment and eligibility.
- Charging and financial assessment.
- Care and Support planning.
- Personal budgets and direct payments.
- Review.

3 Overview of the Assessment Process

3.1 Assessment

3.1.1 Duty

Local Authorities must carry out an assessment for any adult with an appearance of need for care and support, regardless of whether or not the local authority thinks the individual has eligible needs or of their financial situation.

The purpose of an assessment is to identify

- The person's needs and how these impact on their well-being, and
- The outcomes that the person wishes to achieve in day-to-day life

3.2 Carers Assessment

3.2.1 Duty

Where an individual provides care, or intends to provide care, the local authority must consider if the carer appears to have any level of need for support and if so carry out a carer's assessment.⁵

A carers' assessment should establish not only the carer's current needs for support, but also potential future needs for support; and a view should be formed of how sustainable the caring role is. This should include ability and willingness to care.

The carer's assessment must also consider the impact of caring responsibilities on a carer's desire and ability to work and to partake in education, training or recreational activities, such as having time to themselves.

⁵ Local Authorities have the discretion to view a person as a carer if they feel it is appropriate, even if they provide care on a contractual or voluntary basis, although local authorities would not usually do so.

3.3 Urgent Assessments

If a person presents with urgent need the local authority should respond immediately to meet the persons' care and support needs prior to assessment and eligibility determinations.

Following this initial response, the individual should be informed that a more detailed needs assessment, and any subsequent processes will follow⁶.

3.4 Refusal of assessment

A person may choose not to have an assessment because they do not feel that they need care or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment unless there is abuse or neglect, or the adult lacks mental capacity and it is apparent that carrying out a needs assessment would be in the adult's best interests.

3.5 Assessment as a critical intervention

Assessment should be a critical intervention in its own right, which can help people to:

- Understand their situation and the needs they have
- Reduce or delay the onset of greater needs, and
- Access support when they require it

It is not a gateway to services but a structured conversation to establish the person's situation, whether their needs can be reduced or delayed and how they may access support. An assessment is not an assumption that they will have a service either procured by the local authority or provided by the local authority. As a result of this conversation the assessor should give information and advice accordingly.

This will require the assessor to know and adequately give information about:

- How the local care and support system works
- How people can access care and support services
- What types of care and support are available across the system – services that should include:
 - Health
 - Housing
 - Benefits
 - Transport
 - Leisure
 - Education and employment
 - Community or grass roots services

⁶ Care and Support Statutory Guidance (June 2014:73)

- Financial information and advice, including how to access independent financial advice
- How to raise concerns about the safety or well-being of someone who has care and support needs

3.6 Carers Blind

Assessment should be 'carers blind'. Any care provided by a carer must not be considered until it has been determined that the adult has eligible needs; and the assessment should record the total extent of the person's needs including those met by the carer. In practice, ignoring the carer contribution at the assessment stage is likely to be a significant challenge.

3.7 Pause in the assessment

In addition it is possible (and often appropriate and necessary) to pause the assessment. For example, contact with the local authority by an individual might highlight that the need is a practical one and can be solved by accessing equipment. The assessment can be paused, equipment accessed and supplied. If this meets the need then there is no need to take matters further.

For a more detailed examination of the assessment process from first contact to a more detailed assessment for someone with care and support needs and an assessment for a carer with support needs (refer to Section 5).

3.8 Eligibility

The Fair Access to Care System (FACS) which has been used to prioritise eligibility for care and support prior to the requirements of the Care Act ended at the end of March 2015 and has been replaced by a new National Eligibility Framework and a National Carers Eligibility Framework (refer to Section 6).

4 Key duties of assessment and eligibility

There are key requirements that run through the assessment and eligibility process and any consequent planning and review activity. Practitioners and managers need to take account of these key elements when carrying out any intervention with a service user. This section looks at what practitioners and managers need to be aware of with regard to:

- Mental Capacity.
- Advocacy and participation support.
- Strength-based and whole family approach.
- Proportionate and appropriate assessment.
- Safeguarding.
- Fluctuating need.

4.1 Mental Capacity

All staff assessing care and support needs, and undertaking care planning and reviews are expected to understand the Mental Capacity Act 2005 (MCA) and be able to apply it.

Specifically, they need to understand the five MCA principles:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should have the least restrictive impact upon their basic rights and freedoms.

If the assessor has any reason to think that the person may lack capacity they must conduct a capacity assessment.

The local authority must ensure that individuals who lack capacity are able to ask for or engage with a needs assessment it should support them fully throughout the process, be person-centred and compliant with the MCA.

4.1.1 Implications for people requiring assessment

People should have access to information and advice about the assessment, eligibility, planning and review process and what support they may be able to access in the community to prevent an escalation in need and to meet agreed well-being outcomes. All support should be in place to enable people to make the right decisions for them about their lives. If the assessor has reason to think the person does not have mental capacity and has been guided by the main MCA principles then a capacity assessment will be carried out. The individual should be supported to be involved in the assessment as much as possible and should be assisted to identify and communicate their needs and make decisions. They may also need an Independent Mental Capacity Advocate.

4.1.2 Implications for assessors

Assessors should start with the assumption that people have capacity to make decisions that affect their lives; assessors are there to help them do this.

All avenues should be explored with the person to enable them to be fully involved and at the centre of their assessment and consequent interventions. Only if these avenues have not worked for the person, and it is considered by the assessor that they may lack capacity, should a capacity assessment be considered. It must be remembered that people have a right to make what others may see as unwise decisions.

From the start of the assessment process the assessor will need to bear this in mind and check with the person they are assessing that they: ⁷

- Understand the questions they are being asked.
- Are capable of providing answers to the questions.
- Understand the implications on their personal circumstances of the overall process.
- Have the capacity to express their wishes and feelings.

This requires assessors to work in partnership with the person right from the 'off' - to get to know that person well, observe carefully and to have quality communication about what is important to that person in terms of well-being and how their needs impact on their well-being. It may be that an appropriate person or an independent advocate is required to assist with this process to ensure a robust level of involvement.

Crucially assessors will need to be able to identify and articulate evidence as to why they feel someone lacks mental capacity. This requires a balanced approach to risk and confidence in observation and assessment skills.

4.1.3 Implications for Managers

Managers will need to support the outlook that people are assumed to have capacity unless proven otherwise. Managers need to coach assessors so that they have confidence in

- Understanding risk (getting a right balance between being risk averse and risk complacent).
- Observation.
- Engaging in skilled and empathetic conversations with people to establish their current situation.

Managers should place the person at the very centre of consideration, with an acceptance of the right to make unwise decisions. They also need to ensure that all team members are clear on what process assessors will follow if there is a query over a person's mental capacity

Managers will also need to assess and map current knowledge and skills in the team, to identify gaps and attempt to remedy these as appropriate. This could be through team meetings, supervision and training.

Also managers will need to ensure that whatever decisions are made on mental capacity, the correct local procedures, including use of documentation, are being followed appropriately.

⁷ SCIE (2015) Mental Capacity – Assessment and eligibility process map
<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/process-map/index.asp>

4.1.3.1. Implications for commissioners

Commissioners need to actively shape the market to ensure there is support for people who lack mental capacity. It maybe that services can be developed to support an 'appropriate person' as well as ensuring a market that can provide independent advocacy.

4.1.4 "Talking Point" – Mental Capacity

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Mental Capacity	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> ■ Right to be treated in accordance with MCA principles ■ Capacity assessment should follow where assessor believes customer lacks mental capacity ■ Where lack capacity there is a right to support from an IMCA 	
Implications for the assessor/ social worker	<ul style="list-style-type: none"> ■ Starting point that people have capacity ■ Recognise that people have right to make 'unwise' decisions – don't presume they lack capacity just because you don't like their answers! ■ Make every effort to involve ■ Where this fails, assess capacity ■ Work in partnership ■ Consider need for appropriate person or advocate ■ Have an eye to collating evidence relating to capacity 	
Implications for the manager	<ul style="list-style-type: none"> ■ Coach in understanding risk, observation, skilled, empathetic interviewing ■ Map skills and knowledge in teams ■ Ensure clarity of process ■ Ensure that procedures are followed ■ Support rights 	
Implications for the commissioner	<ul style="list-style-type: none"> ■ Ensure there are sufficient services in the market that appropriate persons can draw upon ■ Commissioning learning and development to support 	

	Mental Capacity	"Talking Points"
Key triggers	<ul style="list-style-type: none"> ■ Do people understand questions posed? ■ Can people provide answers to these questions? ■ Do people understand implications for them of overall process? ■ Do they have capacity to express wishes and feelings? 	

4.2 Advocacy and participation support

The local authority has a duty to involve people in decisions made about them and their care and support and/or where there is to be a safeguarding enquiry or safeguarding adults review. A person should be fully involved in their needs' and/or carer's assessment.

In this context 'advocacy' means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need⁸.

Where a person has difficulty in being involved the local authority should consider in the first instance whether there are any changes that can be made to arrangements that might enable better involvement – perhaps by providing information and advice or adjustments under The Equality Act 2010). But where the person continues to have 'substantial difficulty' in being involved local authorities should ensure that:

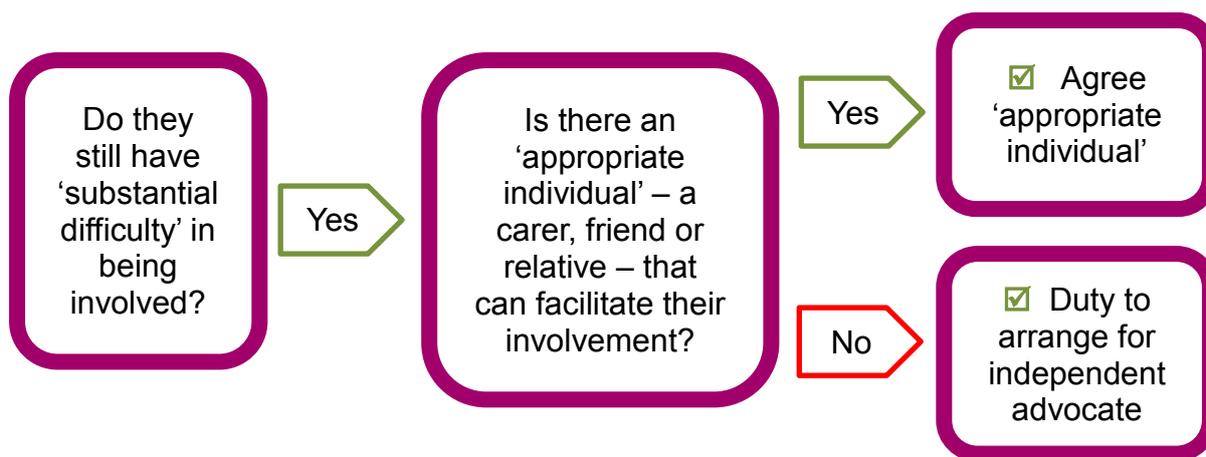
- There is an 'appropriate person' such as a friend or relative who can facilitate their involvement; or
- If there is no appropriate individual to help them, an independent advocate can support and represent them.

Figure 3: Supporting a person's involvement⁹



⁸ SCIE (2015) Advocacy and participation support – Assessment and eligibility process map <http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/process-map/index.asp>

⁹ Skills for Care (2014) Care Act Learning and development: Assessment and eligibility slide pack



The Care Act identifies four areas where a substantial difficulty might be found:

- Understanding relevant information.
- Retaining information long enough to be able to weigh up options and make decisions.
- Using or weighing up the information in order to participate fully and express preferences for or choose between options.
- Communicating their views, wishes and feelings to aid decision making and to make priorities clear.

An appropriate person should be able to facilitate a person's active involvement in decisions made about them and their care and support. It is for the local authority to work with the person being assessed to judge who should act as an appropriate individual and to communicate that decision where this may have been in question. An appropriate individual can be an informal carer, family member, an interpreter or a friend.

The person's wish not to be supported by a particular individual should be respected and if the person has capacity, or is competent to consent, the person's wishes must be followed. If the person lacks the capacity to make a decision, then the local authority must be satisfied that it is in their best interests to be supported and represented by that individual.

Some people will not be able to fulfil the appropriate person role easily even where they know the person well. This could be where a person has a very different 'agenda' to the person in question or strong personal views about rights and demands¹⁰.

If arrangements cannot be put in place to support involvement and there is not an appropriate individual then the local authority has a duty to provide an independent advocate. The role of independent advocates is to support the person to make their

¹⁰ People who are implicated in any enquiry of abuse or neglect or have been judged by a SAR (Safeguarding Adult Review) to have failed to prevent an abuse or neglect should not be deemed suitable. Also someone who is providing the person or his or her carer with care or treatment in a professional capacity or on a paid basis cannot be regarded as an appropriate person.

own decisions and be as involved as possible; and to represent them, which is likely to involve speaking on their behalf.

There are occasions when an independent advocate should be provided even where they have family or others who can facilitate the person's involvement. These are:

- Where a placement is being considered in NHS-funded provision in either a hospital (for a period exceeding four weeks) or in a care home (for a period of eight weeks or more) and the local authority believes that it would be in the best interests of the individual to arrange an advocate.
- Where there is a disagreement between the local authority and the person who would facilitate the individual's involvement, and they agree that the involvement of an independent advocate would be beneficial to the individual.

Independent advocates should place the well-being and interests of the person at the centre of their considerations. They should help a person to¹¹:

- Understand the key care and support or safeguarding processes and how their needs can be met.
- Communicate their views, wishes and feelings.
- Make decisions about their care and support arrangements.
- Challenge a decision or process made by the local authority.
- Understand their rights.

Where the individual does not have capacity, advocates must challenge any decision where they believe it is inconsistent with the duty to promote that person's well-being. They should outline their concerns to the local authority in writing, and the local authority should convene a meeting with the advocate to consider these and then provide a written response. Local authorities must take into account any representations made by an advocate.

The council should assist the advocate in carrying out their role; for instance the local authority should:

- Let other agencies know that an advocate is supporting a person, facilitating access to the person and to the records.
- Propose a reasonable timetable for the assessment and the care and support plan.
- Keep the advocate informed of any developments and of the outcome of the assessment and the care and support plan.

4.2.1 Implications for people requiring assessment

People should expect to be involved and supported throughout the process of assessment, eligibility, planning and review and be at the heart of decisions made about them. Should they have difficulties in becoming involved in any way they should expect

¹¹ Where two people in the same household are being assessed they may agree to have the same advocate so long as there is no conflict of interest.

assistance from the local authority to enable them to be more involved through changes to arrangements or use of an appropriate person or independent advocate.

4.2.2 Implication for assessors

Assessors will need to consider and make a judgement if a person has substantial difficulty and also have good knowledge of the Equality Act 2010 as to what reasonable adjustments can be made to help a person be more involved. If there are adjustments made these should be communicated to other agencies who are involved. Any reasonable adjustments should be acted on throughout the assessment and planning process. This may require 'some level of 'skilling up'' in these areas so an assessor can be professional, competent and confident to carry them out.

If a person has identified an appropriate person, this should be recorded and again shared with key agencies. The assessor may need to think laterally about securing an appropriate person where there are not obvious candidates to take on this role.

If an appropriate person or independent advocate is involved, the assessor should let other key agencies know what their role is and facilitate contact/access and information sharing. Assessors should propose a reasonable timetable for assessment and planning and keep the advocate abreast of any developments/changes.

Assessors will need to actively listen and take on board what the advocate is saying and view them as a direct 'mouth-piece' of the person they are representing. There needs to be a level of trust between the assessor and the advocate. Where the appropriate person or advocate demonstrates protective feelings, say, towards 'service users' these will need to be monitored and managed with sensitivity.

Challenge should be expected and welcomed as an opportunity to creatively work with the appropriate person or advocate, and the person being assessed, to ensure their needs and well-being outcomes are met. But assessors should be prepared to challenge appropriately where objectivity may be lacking and needs not represented effectively. They will need to think through how to handle such situations with tact and diplomacy. They should be prepared to allocate sufficient time to making any arrangement work.

4.2.3 Implications for managers

Managers likewise should be prepared to support assessors in dealing with challenges. They should actively provide feedback to commissioners and other managers within the local authority or partner agencies if it is clear that there are recurring issues and challenges. This requires managers – in turn - to systematically gather feedback from assessors and people who use services.

Engaging and involving people in the assessment takes time and managers should realistically take this into account when considering assessor workloads. More generally this may involve helping teams and individuals prioritise in a more efficient way.

4.2.4 Implications for Commissioners

Commissioners will need to make sure that there is a sufficient supply of high quality, independent advocates to respond to emerging requirements in a timely way. Working out the best balance between demand and supply is likely to have challenged commissioners in the run up to Care Act implementation. They will need to work closely with operational teams as the Act is 'rolled out' to understand the levels and nature of demand - finding out how many people require an independent advocate, analysing how best to evaluate the quality of current providers and shape the future market.

4.2.5 "Talking Points" - Advocacy

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Advocacy	"Talking Point"
Implications for the customer	<ul style="list-style-type: none"> ■ Need for support where it is difficult to get involved and be at heart of process; to understand, retain or weigh up information; and to communicate views ■ Should not be represented by someone the person does not want to represent them 	
Implications for the assessor/social worker	<ul style="list-style-type: none"> ■ Think imaginatively about adjustments that might be made to support involvement - know Equality Act 2010 ■ Make sure other agencies know about advocate ■ Propose reasonable timescales ■ Welcome and respond appropriately to challenge ■ But be prepared to challenge back where, say, objectivity is lacking ■ Assist advocate in carrying out role 	
Implications for the manager	<ul style="list-style-type: none"> ■ Support assessor in dealing with challenges ■ Ensure that staff have appropriate time to manage these situations ■ Ensure that representations are taken into account 	

	Advocacy	"Talking Point"
Implications for the commissioner	<ul style="list-style-type: none"> ■ Ensure sufficient supply of high quality, independent advocates ■ Establish reliable channels for feedback about advocate performance and recurring issues 	
Key Triggers	<ul style="list-style-type: none"> ■ Might this person have difficulty in being involved? ■ Can they be better supported to enable involvement? ■ After reasonable adjustments are made, do they still have substantial difficulty in being involved? ■ Is there an appropriate person to facilitate involvement? ■ If not, arrange independent advocate 	

4.3 Strengths-based and whole family approach

4.3.1 Strengths-based

Adopting a strengths – based approach is a core component in assessment, eligibility, planning and review. When considering and assessing the total extent of needs, impacts on well-being and a person's desired outcomes, it is important to look at what strengths – or assets - the person brings with them that can be built upon.

[A strengths-based approach] considers the individual person's strengths and capability as well as any support which may be available from their wider network and in their community. When looking at this potential support, local authorities should consider whether such networks have the capacity to continue to meet the adult's needs on a regular basis¹².

It is important to consider what strengths and resources are already relied upon and which ones support well-being. This represents a distinct shift in focus as assessment moves away from 'deficit' approaches (looking firstly at what a person cannot do and the needs they have that need to be met by services) to a positive and strengths based approach (looking at what the person can do and what resources they can draw on that might be further harnessed to support well-being). However the strengths-based approach also considers how sustainable these arrangements are in the context of the person's life.

¹² SCIE (2015) Strength-based approach – Assessment and eligibility process map
<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/process-map/index.asp>

4.3.2 Whole family

Identifying the person's family and support network and deploying a 'whole family approach' is important throughout the assessment and planning process in two key senses:

- Families can clearly be a source of strength and a source of support and resource that the person can use to address issues in their life.
- Assessors should also take into account the impact of the person's needs on the whole family and those who are part of their support/caring network. It may be necessary to offer the wider family network support to ensure that its strengths can be utilised in an optimum way.

A whole family approach "should 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".¹³

4.3.3 Implications for people requiring assessment

People should expect an assessment that locates them within their wider life including family and support networks; what strengths, assets and capabilities they have and what they can do to meet needs, improve well-being and meet agreed outcomes. They should also expect a focus upon whether current arrangements are sustainable and if not how they can be strengthened or replaced. This will mean that family members, if they have an appearance of need, must be offered carers assessments.

4.3.4 Implications for assessors

This requires a shift in focus from thinking of purely needs/service-led assessments. This change in perspective is powerful as it impacts on the whole spectrum of the assessors role as the following table shows.

¹³ Skills for Care (2014) Care Act Learning and development: Assessment and eligibility workbook page: 30 <http://www.skillsforcare.org.uk/Standards/Care-Act/Learning-and-development/First-contact-and-identifying-needs.aspx>

Table 1 - Summary of Service led and Outcomes focused assessment¹⁴

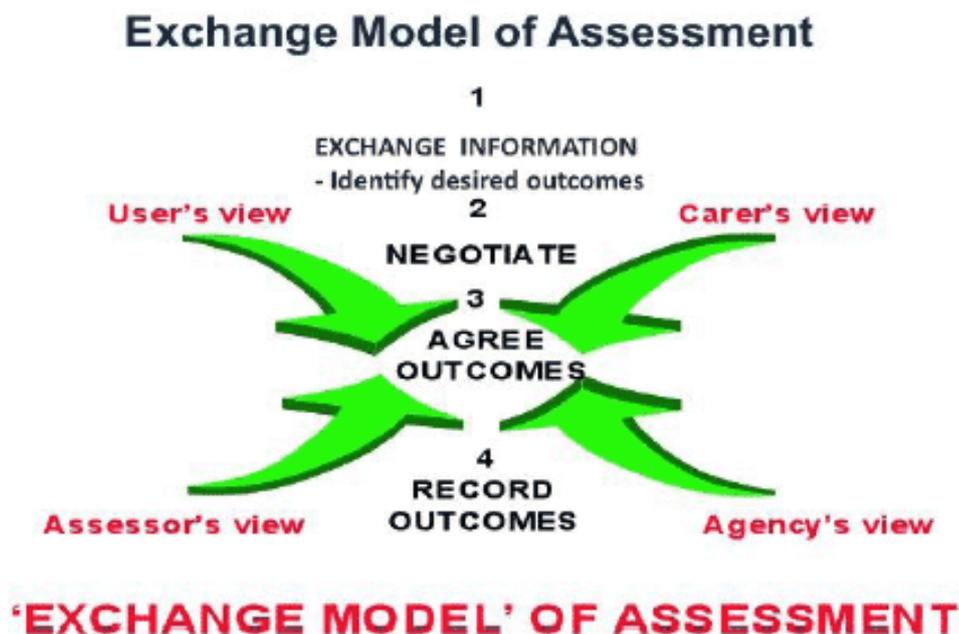
	Service led assessment		Person centred assessment
Endpoint	Delivery of service	S H I F T	Impact of the plan, achievement of outcomes
Format	Pre-determined question and answer formats		Semi structured conversation / open questions
Approach	Obtaining information required for form filling = "filtering" information		Skilled interaction including active listening and reflecting back
Person	Client, service user or patient who receives services		Person in their own right with skills, ability and a role to play in achieving their outcomes
Practitioner	Expert		Enabler & partner
Focus	Identify problems and deficits and match to a limited list of services		Build on capacities and strengths towards creative solution
Recording	Tick box		Building a picture that helps assemble a clear plan for achieving outcomes

The assessment should be a semi-structured conversation where the assessor actively listens, reflects and checks information back with the person, who leads the narrative on their life. Areas of risk should be discussed openly with the understanding that people can make unwise decisions and that their life is unique to them. This requires significant cultural change and offers an opportunity for assessors to do creative co-produced practice with the person. One such model to help assessors understand this type of interaction is the Exchange Model of Assessment illustrated below¹⁵.

¹⁴ Miller, E., Cook A (2012) *Talking Points Personal Outcomes approach Practical Guide* Joint Improvement Team (Abridged and adapted by IPC)

¹⁵ Miller, E. (April 2011) *Good conversations: Assessment and planning as the building blocks of an outcomes approach* Joint Improvement Team

Figure 4: The Exchange Model of Assessment



It is salutary for the assessor to remember they are not the 'fixer' of problems, reduced to using a set menu of services; but they are a partner working with the person to establish the total extent of their needs, impacts on well-being and help co-produce outcomes and ensure that these are met.

In using approaches that draw upon a wider set of resources in the individual, his or her family and the community and that make, perhaps, reduced use of service-based solutions, the assessor may have to deal with accusations that this is merely to make savings.

4.3.5 Implications for managers

The cultural change to ensure these approaches are embedded is huge. Team managers are instrumental in incentivising teams to behave in different ways. Changes also need to be supported through appraisals, learning and development, and reward systems across the broader organisation. Managers will have to be confident in their own approaches to risk and be free of 'deficit thinking' to ensure more positive approaches to assessment.

Co-produced approaches and person centred assessments require very skilled assessors who are able to expertly work with people in a way that takes account of an understanding of body language and behaviours; and also roots practice in evidence from research about what works. These interactions will require new skills.

4.3.6 Implications for commissioners

In parallel with – and in support of - these changes, commissioners are increasingly making a shift to commissioning for outcomes. This is a move away from the traditional use of contracts defined by quantity of service (for instance using numbers of hours, beds, places or other activity). This change presents its own set of challenges, but is

pivotal to the changes in front line assessment practice described above. Rather than continuing to put in place conventional service solutions, commissioners need to think more widely about the use and development of networks and community assets that people can draw from to live their lives as independently as possible. It will require commissioners to engage much more and learn from communities, and to secure wider council engagement. Workforce commissioners also need to consider how best to recruit talented staff that can deliver these agendas and put in place underpinning learning and development activity.

4.3.7 "Talking Points" – Strength Based Approach and Whole Family

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Strengths based approach & whole family	"Talking Points"
Implications for the customer	Real shift in focus that takes problems into account but moves swiftly to what outcomes do you want to achieve? What difference do you want to make to your quality of life? What can we use to get there using all 'resources available'?	
Implications for the assessor/social worker	<ul style="list-style-type: none"> ■ Uncovering strengths may well involve delving way back into history; looking at wider interests and skills – what are you really good at? Need to strengthen and support ■ Need to know the community and what it has to offer ■ Need to ask 'who is in the family' as cannot presume ■ Importance of thinking carer support ■ Assessor less a 'fixer', more a partner ■ Recognise that families can be a source of remarkable strength but can equally be part of the problem, show negativity etc. 	
Implications for the manager	<ul style="list-style-type: none"> ■ Need to check that solutions are sustainable ■ Time ■ Support culture change 	

	Strengths based approach & whole family	"Talking Points"
Implications for the commissioner	<ul style="list-style-type: none"> ■ Develop approaches supporting co-production ■ Give attention to learning and development requirements 	
Key triggers	<ul style="list-style-type: none"> ■ From the beginning check what the person 'brings to the party' What does the community bring to it? 	

4.4 Appropriate and proportionate assessment

4.4.1 Appropriate, proportionate

People should receive an appropriate and proportionate assessment, one that is flexible and adaptable so it best fits with a person's needs. Each assessment will not necessarily follow the same format and should be a tailored intervention as a response to the individual, their needs and circumstances.

An 'assessment' must always be appropriate and proportionate, and must have regard to:

- The person's wishes and preferences and desired outcomes
- The severity and overall extent of needs and
- The potential fluctuation of a person's needs

4.4.2 Assessment methods

Given each assessment should be a response to an individual and their set of circumstances it may mean different assessment methods are used depending on each case. For example¹⁶:

- A face-to-face assessment between the person and an assessor.
- An online or phone assessment.
- A supported self-assessment, which should use the same assessment materials as a face-to-face assessment, but where the person completes the assessment himself or herself and the local authority assures itself that it is an accurate reflection of the person's needs.
- A joint/integrated assessment, where relevant agencies work together to avoid the person undergoing multiple assessments.
- A combined assessment, where an adult's assessment is combined with a carer's assessment and/or an assessment relating to a child.

¹⁶ Skills for Care (2014) Exercise: Proportionate assessment
<http://www.skillsforcare.org.uk/Standards/Care-Act/Learning-and-development/First-contact-and-identifying-needs.aspx>

4.4.3 Supported self-assessment

We must offer individuals a supported self-assessment – that is an assessment carried out jointly by the adult with care and support needs or carer and the local authority - if the adult or carer is able, willing and has capacity to undertake it. If the person does not wish to self-assess, then we must undertake an assessment following one of the other processes outlined above.

Once the person has completed the assessment, we must ensure that it is an accurate and complete reflection of the person's needs, outcomes, and the impact of needs on their well-being; but should not look to repeat the full assessment process again.

The assessment questions should be the same as the local authority uses in its needs' and carers' assessments.

Self-assessment only applies to people who have the capacity to fully reflect and assess their own needs. For those who lack mental capacity this would not be appropriate. However:

If they have capacity, but would have 'substantial difficulty' in engaging, they can still undertake a supported self-assessment with an appropriate individual or independent advocate¹⁷

The assessor will need to ensure that:

- The individual is able and willing to undertake a self-assessment.
- All relevant information is shared.
- Carers are furnished with relevant information about the people they are caring for¹⁸.
- Information is accurate and a comprehensive reflection of needs.
- If appropriate and the person consents, the views of others who are in regular contact with the individual are sought - for example GPs, care providers and other members of the multi-disciplinary team.
- Assessments are completed within a suitable timescale.
- Any problems encountered by the person doing a self-assessment are picked up and supported appropriately.

The final decision regarding eligibility lies with the local authority.

4.4.4 Combined assessment

A combined assessment may be appropriate. This could be a combined assessment between a carer and an adult needing care and support or an assessment relating to a child. The people being assessed would need to agree to this however and the consent condition met in relation to the child. Where needs are interweaved it may be that this approach is considered. However this must not be assumed and good practice would suggest establishing if there are any conflicting interests or agendas and competing

¹⁷ Skills for Care (2014) Assessment and Eligibility Workbook page 22

¹⁸ However the local authority will need to secure the person consent to share their information and if a young carer whether the information that is being shared is appropriate.

rights and demands between the two parties. This would need to be decided on a case-by-case basis.

Whatever approach is considered:

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 needs¹⁹.

4.4.5 Implications for people requiring assessment

People should expect an individually tailored assessment that reflects their situation in life, their wishes, aspirations and well-being. The assessment should be appropriate and proportionate, not overly cumbersome, repetitive or bureaucratic and should take into account the person's individual circumstances. Self-assessment may, however, leave individuals feeling that they are left with a burdensome task. They may struggle to understand the complexity of their own situation in a rounded way.

4.4.6 Implications for assessors

Ensuring that an assessment is appropriate and proportionate is a judgement call. This will require skills in listening and understanding the initial presenting problem - not just accepting information at face value but understanding the 'breadth and depth'²⁰ of a person's situation. For example, one person may have very specific needs about a single issue whilst other people may present with a number of needs. Some people will have a very clear understanding of what their needs are and how this impacts on their well-being, whilst others may not be so self-aware or articulate. Individuals may struggle to see beyond service solutions and deal with complexity. It could be the first time someone has contacted the local authority in regard to possible support and care and they may therefore need more time, information and guidance.

Getting the assessment right in terms of depth and breadth is important as a pause in assessment might be required where other agencies, communities or networks are better placed to offer some solutions. An example could be where reablement or the provision of equipment might be put in place to prevent needs developing or escalating.

When thinking what makes an appropriate and proportionate assessment it requires a certain confidence to make a decision on what type of assessment is to be required especially if the assessment appears to be fairly straightforward and to lack complexity. It may be easier to do things in a standardised way. Deciding on a minimal assessment using a phone-call or web-based assessment rather than the customary face-to-face meeting may make assessors feel vulnerable. It is fundamental for assessors to be

¹⁹ Skills for Care (2014) Assessment and eligibility workbook page: 16

²⁰ SCIE (2015) Ensuring assessment is proportionate – Assessment and eligibility Process map

confident in their decision, and record reasons why a decision has been taken so thinking has been evidenced.

People have a right to be in control of their own lives and where possible lead on the assessment with support. This demonstrates a move from supplying 'fix-it' solutions to facilitating independence. However it must be made clear to people that if they feel they get 'stuck' and need more assistance with the assessment they should be able to contact an assessor to remedy this as appropriate. Getting this right will free up more time for complex cases that require more intensive assessment activity.

Table 2 - Helpful hints to consider appropriate and proportionate assessment

- How severe/extensive are needs?
- Do needs fluctuate?
- How complex are the circumstances?
- How significant are the impacts of these needs?
- What are the strengths of the person, any carers, and any community & family support available?
- What are desired outcomes/preferences?
- Does the person have capacity?
- Does the organisation have historical information that can inform assessment?
- Is this the first time they have been in contact with the local authority in regard to support or care?
- Does the person have any difficult engaging in the assessment?

4.4.7 Implications for managers

Managers will need to encourage confidence in assessors through training, team meetings and supervision. A manager's use of supervision is very important in getting assessment approaches right and assessors should feel able to argue/negotiate a case as appropriate.

Regular checks on records should ensure assessors have identified a clear rationale and evidence base for any approach. This can be done openly and in collaboration with assessors to improve skills and confidence. But managers must ensure that the process of assessment balances the individual's right to self-assess in an independent way whilst minimising the risk that assessors then see the need to replicate the assessment to ensure that it is thorough and robust. They also have a key role to play in making sure that assessments are founded on sufficient high quality evidence and analysis.

4.4.8 Implications for commissioners

Commissioners should ensure that teams are configured in ways that best serve the local population; optimise the use of resources including staff time; and deal effectively with important interfaces within the authority and across agency boundaries. The latter is particularly important where, say, partners are dealing with people in hospital and there is a need to work together to prevent delay in discharge but at the same time

ensure that any assessment of need is sufficiently comprehensive to support future planning.

4.4.9 "Talking Points" – Proportionate and appropriate Assessment

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Proportionate and Appropriate Assessment	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> ■ Assessment should be appropriate and proportionate, and tailored to individual's needs ■ Approach should fit with wishes, preferences, scope of needs and how these change 	
Implications for the assessor/social worker	<ul style="list-style-type: none"> ■ Think tailored – it is not just about how quickly can we get this done, or the method of assessment. Choose methods that suit the individual. ■ Assert the importance of individuals being in control of their own assessment ■ Use supported self-assessment wherever possible unless person does not want this ■ Check self assessments for accuracy and thoroughness but do not replicate ■ Tune into the person: how self-aware? How able to think beyond desired services? ■ Check if a pause might help move towards solutions through preventative interventions 	
Implications for the manager	<ul style="list-style-type: none"> ■ Recognise that assessors may lack confidence in using approaches that are not standardized ■ Ensure that whatever form assessment takes it generates high quality evidence and analysis 	

	Proportionate and Appropriate Assessment	"Talking Points"
Implications for the commissioner	<ul style="list-style-type: none"> ■ Give attention to learning and development requirements ■ Ensure appropriate team configuration ■ Ensure that interfaces across authority and with partners work smoothly 	
Key Triggers	<ul style="list-style-type: none"> ■ How severe/extensive are needs? ■ Do needs fluctuate? ■ How complex are the circumstances? ■ How significant are the impacts of these needs? ■ What are the strengths of the person, any carers, and any community & family support available? ■ What are desired outcomes/preferences? ■ Does the person have capacity? ■ Does the organisation have historical information that can inform assessment? ■ Is this the first time they have been in contact with the local authority in regard to support or care? ■ Does the person have any difficult engaging in the assessment? 	

4.5 Safeguarding

The local authority should act on any identified safeguarding issues and safeguarding enquiries should run parallel to the assessment and not be subject to eligibility considerations. The local authority must.

- Initiate an enquiry if it believes an adult is experiencing or is at risk of abuse and neglect.
- Ensure that the person is able to be involved as far as possible (refer to section 4.2).

- If the person has substantial difficulty in being involved or if there is no appropriate individual to support them an independent advocate should be appointed in the safeguarding enquiry or safeguarding adult review. This should be done at the earliest opportunity in the process.

The safeguarding duties apply to an adult who²¹:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk, or the experience, of abuse and neglect

If at any point in the assessment process and subsequent planning and review the local authority suspects or receives information from another person or agency that an adult is experiencing, or is at risk of, abuse or neglect, it must make enquiries, or cause others to do so.

When making enquiries the following actions should follow:

- Establish facts.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection, support and redress, and how they might be met.
- Protect the adult from the abuse and neglect in accordance with their wishes.
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect.
- Enable the adult to achieve resolution and recovery²².

Other organisations – such as care providers - may lead on an enquiry, but the local authority is the lead agency and has to be clear on timescales, and determine whether outcomes are appropriate and what further action may be necessary. The main priority of an enquiry is to gather the right information so immediate steps can be taken to protect adults and also others.

Local authorities must cooperate with each of their relevant partners, as described in Section 6(7) of the Care Act, and those partners must cooperate with the local authority in the exercise of their functions relevant to care and support, including those to protect adults. Partners should ensure that they have the mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention²³.

²¹ SCIE (2015) Safeguarding - Assessment and eligibility process map

<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/process-map/index.asp>

²² SCIE (2015) Safeguarding - Assessment and eligibility process map

<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/process-map/index.asp>

²³ SCIE (2015) Safeguarding - Assessment and eligibility process map

<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/process-map/index.asp>

*Conducting a safeguarding enquiry, and any action which needs to be taken as a result, is entirely independent of the person's eligibility. It is of paramount importance that establishing the impact of the concerns is dealt with **in parallel** with the assessment process. This ensures the local authority can address safeguarding concerns effectively without disrupting the assessment process and meet its duty to meet eligible needs²⁴.*

4.5.1 Implications for people requiring assessment

People should expect to be safe from harm and neglect. The local authority and other agencies must, if they suspect a person is experiencing or is at risk of abuse and neglect, make enquiries. The person should be involved as far as possible in the process. If there is an urgent need for care this should be put in place.

4.5.2 Implications for assessors

Assessors will need to keep their safeguarding knowledge up-to-date especially in regard to early identification of abuse. They will also have to be able to work with the individual and key partners to identify risks and establish which are manageable/acceptable and those that are not.

They should have good knowledge of local safeguarding procedures and be able to judge who is best placed to take an enquiry forward. If it is to be a provider, assessors will need to be active in keeping timescales on track and ensuring any outcomes from the enquiry are fed back into assessments and planning. In addition, knowledge of mental capacity legislation – and ability to apply it – and of advocacy and participation support, is fundamental (refer to section 4.1 and 4.2)

Needs assessments and consequent planning should run in parallel and support any enquiry or action.

4.5.3 Implications for managers

Managers need to be up to date with any changes in safeguarding policy and procedures and ensure that this is shared with teams. The manager must be satisfied that their teams are well versed in safeguarding and how it runs parallel to the assessment process, if a safeguarding issue has been identified.

Managers should also make sure there are necessary relationships between agencies for appropriate information sharing and collaboration.

Managing safeguarding enquiries and assessments in tandem can be a complex task, and teasing out needs where care and support may be required might fit uneasily with enquiries about whether someone has been ill-treated or abused, for example, by people close to them.

²⁴ SCIE (2015) Safeguarding - Assessment and eligibility process map
<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/process-map/index.asp>

4.5.4 Implications for commissioners

Commissioners should make sure that safeguarding procedures of local providers are up-to-date and reflect statutory requirements and good practice principles. Providers need to be able to work confidently with and effectively care for people who have been abused/neglected.

It is important that a sufficient market of good quality independent advocates is in place (refer to 4.2) if safeguarding requirements are to be met. If someone is at potential risk/subject to neglect or abuse and they need an advocate this needs to happen quickly in line with any risk recommendations from assessors and managers. Responses have to be timely and there should not be delays.

Commissioners also need to take account of the relative strengths and weaknesses of local partnership arrangements. Do these need to be developed in any way? Are partner contributions used in an appropriate and optimal way?

High quality learning and development should be commissioned to support the workforce in this challenging area.

4.5.5 "Talking Points" - Safeguarding

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Safeguarding	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> ■ Expectation that can live safe from harm and neglect ■ Awareness that local authority must cause enquiries to be made where it suspects abuse or risk of abuse ■ Should expect to be as involved as possible ■ Where there are care needs these will probably be assessed in parallel, and where need for care is urgent arrangements should be made without delay 	
Implications for the assessor/social worker	<ul style="list-style-type: none"> ■ Importance of awareness and understanding of law, policy, procedure relating to safeguarding ■ Need for skills in identifying and assessing risks ■ Need for ability to manage assessment of care needs and safeguarding enquiry as parallel 	

	Safeguarding	"Talking Points"
	processes	
Implications for the manager	<ul style="list-style-type: none"> ■ Must keep abreast of policy and legal changes and ensure that these are communicated to staff ■ Key role in sustaining partnerships ■ Important to support assessors through complexity and potential areas of conflict 	
Implications for the commissioner	<ul style="list-style-type: none"> ■ Have regard to provider compliance in terms of safeguarding procedures ■ Ensure supply of high quality, independent advocates ■ Support partnership working ■ Give attention to learning and development requirements 	

4.6 Fluctuating need

Holistic, person centred assessment should take account of any fluctuations in need that the person might experience.

In the Act fluctuating need refers to needs that may not be apparent at the time of assessment but have been an issue in the past and are likely to arise again in the future (this relates to both needs' and carers' assessments).

This requires looking at how needs change over a suitable period of time. Without this perspective the assessment can be one-dimensional or only offer a snap shot of a person's life and requirements. Assessing and considering fluctuating need means being aware of changes within days and between days; and changes that may occur within weeks and months

Importantly, fluctuating need may not just occur due to a health condition but also changes in a person's wider life such as environmental factors or changed circumstances for example in employment, education or transition to adult services.

Table 3 Possible examples illustrating fluctuating need²⁵

This list is not exhaustive and there are many more examples, which assessors will come across in these categories:

People	Examples of possible fluctuating need		
	Condition (physical or mental or both)	Environment	Changing circumstances
Adults with care and support needs	<ul style="list-style-type: none"> ■ Arthritis ■ Multiple sclerosis ■ Parkinson's Disease ■ Bipolar affective disorder ■ Depression ■ Dementia 	<ul style="list-style-type: none"> ■ Cold and/ ■ Or Hot weather affecting health and/daily routines 	<ul style="list-style-type: none"> ■ Necessary housing adaptations/ or decorative upgrades ■ Carer changes ■ Family changes
Carers with support needs	<ul style="list-style-type: none"> ■ Possible conditions as above ■ Impacts on their well-being due to the fluctuations the person they care for has 	<ul style="list-style-type: none"> ■ As above 	<ul style="list-style-type: none"> ■ Necessary housing adaptations/ or decorative upgrades ■ Changes in employment ■ Other caring responsibilities emerge i.e. ■ Grandchildren as well as caring for older parent

Fluctuation in need has to be understood so the right support can be provided or accessed and necessary contingency plans and preventative measures can be put in place. This applies whether the person is eligible or not.

4.6.1 Implications for people requiring assessment

People should expect assessors to ask about and consequently understand how their needs can fluctuate (whether this is due to a health condition, changes in their environment or changes to other circumstances). People should expect any

²⁵ SCIE (2015) Consider if needs are likely to fluctuate – Assessment and eligibility process map (taken, abridged and adapted by IPC)
<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/fluctuating-needs/how-are-fluctuating-needs-assessed.asp>

fluctuations to be acknowledged and planned for accordingly whether they are eligible or not.

4.6.2 Implications for assessors

Assessors, during an assessment, need to gain an understanding of fluctuating need. They can do this by asking questions in regard to fluctuating need, actively listening and understanding the implications of what they are being told by the person. Consideration must be given to the wider causes of fluctuating need (refer to Table 3).

The following questions can help assessors to understand any fluctuations in need:

- Ask people how their needs change over time.
- Enquire what a 'good' day and a 'not so good/bad' day looks like.
- Enquire whether anything in particular triggers fluctuations.
- Establish how much of an issue this has been for them in the past, and how likely it is that these needs will recur in the future.
- Establish how this impacts on well-being not only now but also possibly in the future.
- What outcomes would they like to achieve and might it be possible to achieve despite fluctuating need.
- Ask how they cope with fluctuations – sometimes after many years of fluctuating needs a person may get used to these being the 'norm' and as a consequence may not recognise the impact on their well-being (or other peoples' well-being).

As an assessor it may be useful to seek expert opinion in regard to a condition that results in fluctuating need (if person agrees) and consider ways in which fluctuating need can be managed or even minimised. For example, key members of a multi-disciplinary team such as occupational therapists, district nurses, specialist nurses, GPs or consultants may be able to advise or be referred to accordingly. However the assessor must take care to regard the person as rather more than their condition, environment or changed circumstances but as an individual person living his or her own unique life.

4.6.3 Implications for managers

Managers may need to support new skills required in understanding fluctuation of need particularly around the questions to ask during an assessment. It may be that some joint training led by health professionals may help with this.

Good relationships with providers are also critical in ensuring a good understanding of fluctuating need as providers can have a clear day-to-day picture of how a person's needs may change.

4.6.4 Implications for commissioners

Commissioners need to ensure that the local market can respond sensitively and with flexibility to any fluctuations in need that are presented. For example outcome based contracts offer huge scope to encompass fluctuating need as they operate on flexible 'envelopes' of hours that can be changed from day to day as need varies. Local or regional examination of these approaches should be considered. Good relationships with providers are the building blocks of this practice.

Moreover there should be a market wider than social care that can respond and offer support in regard to fluctuating need such as flexible housing provision, proactive community nursing, responsive physiotherapy and pharmacy services. Commissioners should be driving these relationships in their wider market facilitation role.

4.6.5 "Talking Point" – Fluctuating Need

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Fluctuating Need	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> Will need to provide as clear a picture as possible of how needs change over time 	
Implications for the assessor/social worker	<ul style="list-style-type: none"> Understanding how needs fluctuate crucial in ensuring right support at the right time Help people with chronic conditions to anticipate how the conditions may change over time and into future Request specialist advice on particular conditions Talk with wider stakeholders such as existing providers about fluctuations Important not to underestimate – or to over supply 	
Implications for the manager	<ul style="list-style-type: none"> Support new skills and development of knowledge Use NHS partners as source of advice 	
Implications for the commissioner	<ul style="list-style-type: none"> Ensure contracts reflect the fact that needs vary over time Look wider than social care to assemble range of support in this area 	

	Fluctuating Need	"Talking Points"
Key Triggers	<ul style="list-style-type: none"> ■ Ask people how their needs change over time ■ Enquire what a 'good' day and a 'not so good/bad' day looks like ■ Enquire whether anything in particular triggers fluctuations ■ Establish how much of an issue this has been for them in the past, and how likely it is that these needs will recur in the future ■ Establish how this impacts on well-being not only now but also possibly in the future ■ What outcomes would they like to achieve and might it be possible to achieve despite fluctuating need ■ Ask how they cope with fluctuations 	

5 Assessment Process

People with an actual or potential need for care and support – or carers with an actual or potential need for support – will come into contact with the local authority in a range of different ways. For some it will be their first contact with the council. Others may be returning for information or advice. Some will require a detailed assessment followed by determination of eligibility; and others may – as a result of a review - require a re-assessment so that an existing care package might be revised. It is important that staff and systems are configured in 'appropriate and proportionate' ways so that these varying needs can be met as efficiently and effectively as possible.

5.1 First point of contact/ initial gathering of information

First contact is a stage where a range of different activities is likely to come together:

- The provision of information.
- The provision of advice.
- Signposting to universal services and other sources of support.
- Referral to preventative services including reablement.

First contact is also the point where assessment starts through basic gathering of information.

5.1.1 What information is needed?

Information required at this point will include basic 'passport' details such as:

- Name
- Title
- NHS Number and National Insurance Number
- Contact details
- Ethnicity
- Religion
- Accommodation type/ tenure
- Relationships

The assessor should also find out whether the person has:

- Capacity to understand and articulate their needs (refer to 4.1 and 4.2)²⁶
- Difficulty communicating their needs (refer to 4.1 and 4.2)
- Any safeguarding issues (refer to 4.5)

At this stage, scoping of further information about the person's situation is required. The table below gives some examples of areas of information:

Table 4 – Gathering information about a person's situation

Activity of assessment	Person with potential support and care needs	Carer
Scoping/finding out information	What the person perceives to be his or her needs	What the person perceives to be his or her needs
	What outcomes they want to achieve	What outcomes they want to achieve
	How the current situation is impacting on their physical and/or mental health	How the current situation impacting on their physical and/or mental health
	How the current situation is impacting on their sense of well-being	How the current situation is impacting on their sense of well-being
	What are their needs regardless of who currently helps them such as an informal carer ²⁷	What areas they need more support for; what areas of support do they wish to continue to provide

²⁶ People should be assumed to have mental capacity unless proved otherwise

²⁷ If the information provided indicates that the carer might have needs for support due to their caring responsibilities, then the local authority must offer to undertake a carer's assessment

Activity of assessment	Person with potential support and care needs	Carer
	What areas of help are provided by informal carer	Are there other areas in their life that are compromised as a result of caring role(s).
	How sustainable these arrangements are	How sustainable are these arrangements
	Any risks – acceptable or unacceptable	Any risks – acceptable or unacceptable
	Any areas of safeguarding	Any areas of safeguarding

5.1.2 Relevant questions to ask

Questions should be addressed to the person who is being assessed and assessments should be in the first person. There are some questions suggested below, but efforts should be made to ask questions in a way that is understandable to the person, and free from jargon.

- Who would you wish to involve in your assessment (for example: family member/informal carer)?
- What can you tell us about your situation?
- What matters to you?
- What do you think would contribute to your well-being?
- What do you think might improve your quality of life?
- What do you want to achieve?
- What are you doing now that works well and why do you think this is the case?
- What doesn't work so well and why?
- Is this likely to be the case in the future? Or may things be different?
- Do you have caring responsibilities?

Discussion might also seek a wider view of a person's interests, skills and abilities so that a strengths-based approach can be adopted.

The assessment should also involve discussion about what 'significant others' have said in relation to the situation – such as carers and other agencies. This should all be documented.

5.1.3 Urgent needs

The local authority has the power to meet urgent needs where an assessment has not yet been completed, and should act immediately where there is an urgent need for care and support. This applies regardless of the person's ordinary residence. Where an individual with urgent needs approaches or is referred to the local authority, the local authority should provide an immediate response and meet the individual's care and support needs.

5.1.4 Decision making

A critical judgement at this early stage in contact is whether the person has the appearance of need. 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.

The assessment should then bring together what is working well and why this is so. What contributions do the person, family members or local networks make?

At this stage it would be relevant to look at needs that are not currently being met to consider whether further use of support from family, friends, community resources and universal services might help address needs.

The assessor needs to have a wide knowledge of the community and the resources that might be used to prevent an escalation of need, achieve valued outcomes, and contribute to well-being and quality of life.

Where use of 'social capital' provides a sufficient solution, then no further action may be necessary. Or it may be that the assessment can be paused at this stage to test whether preventative services – like re-ablement – or provision of equipment might have a positive impact.

Where it looks, however, like there are needs that cannot be met by such resources it may be that the person may have eligible needs which need more detailed exploration.

Following assessment the person in question must be given a record of their assessment. This can be shared with an advocate if there is one involved, or with anyone else that the person requests.

5.1.5 "Talking Point" – First point of contact

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	First point of contact	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> ■ Start to find out about the customer's needs, wishes etc. ■ Provide information, advice, suggest approaches that might be tried ■ This might be all that is required – or it may be that a fuller assessment is necessary ■ If there is an urgent need for care it should be delivered without delay 	

	First point of contact	"Talking Points"
Implications for the assessor/social worker	<ul style="list-style-type: none"> ■ Need for skill in putting people at their ease and ability to ask open ended questions that draw people out ■ Need to be able to identify strengths ■ Need to be able to share information tailored to needs, and to help people to use it effectively ■ Need to give measured advice ■ Need to understand outcomes and how to formulate them ■ Need for ability to identify possible areas of risk and urgent need ■ Knowledge of the community and its resources 	
Implications for the manager	<ul style="list-style-type: none"> ■ Key stage for managing demand ■ Critical that people are diverted at this point from formal social care where possible – to enhance independence and to contain cost ■ Important role in checking whether opportunities to divert have been recognised and explored 	
Implications for the commissioner	<ul style="list-style-type: none"> ■ Give attention to learning and development requirements ■ Ensure relevant and up to date information services that reflect local trends and needs ■ Promotion of local universal service offer and understanding what it can contribute ■ Investment in prevention 	
Key Triggers	<ul style="list-style-type: none"> ■ Is there an appearance of need? ■ Is there an urgent need for support? ■ Is there a need for information and advice? ■ Are there relevant universal or other more targeted community 	

	First point of contact	"Talking Points"
	<p>services?</p> <ul style="list-style-type: none"> ■ Is there preventative potential? ■ Does the person have capacity, or need help in optimizing involvement? ■ Are there any safeguarding issues? 	

5.2 Assessment for someone with care and support needs

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 well-being. 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.

A more detailed assessment than that achieved at first contact maybe required for a number of reasons:

- Where it appears that the person still has some unmet need that cannot be met outside of the local authority.
- Where the Local Authority feels that the person may have eligible need.
- Where a pause to the assessment process – and any interventions undertaken during the pause – have not reduced needs to any significant degree.
- Where care has been provided in response to urgent needs but a more detailed appraisal of the person's situation is necessary to determine the best ways forward.

5.2.1 Refusal of assessment

A person may choose not to have an assessment because they do not feel that they need care or they may not want local authority support. In such situations there is no requirement to carry out an assessment unless the adult lacks mental capacity and it is apparent that carrying out a needs assessment would be in the adult's best interests.

5.2.2 Assessment process

Assessment should be seen not just as a gateway to services, but in a much wider way - as a critical intervention in its own right, which can help people to

- Understand their situation and the needs they have
- Reduce or delay the onset of greater needs, and
- Access support when they require it

An assessment must consider all of the adult's care and support needs – including those currently met by any carer - before looking at eligibility for care and support and

the types of care and support can help to meet those needs. This means 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 we can take steps to meet them without further assessment. The needs' appraisal should take a holistic view of needs and identify how these impact on family members or others in the support network. It should seek to identify urgent and fluctuating needs.

In addition, assessment should be the start of a dialogue 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.

5.2.3 What information is needed? Relevant questions to ask

The starting point is likely to be to check for any changes in information already established via first contact, such as:

- Any changes in 'passport' data about the person or living circumstances.
- Any changes in capacity to understand and communicate needs (refer to 4.1 and 4.2).
- Any new or on-going safeguarding issues (refer to 4.5).

The assessor should bring together a range of information that helps to form a wider picture. Information should be obtained from the individual and – with their consent – those who are close to them and agencies that work with them. The picture may include elements set out in the checklist below:

Table 5 – Gathering information – relevant questions to consider for someone with care and support needs

- What are the person's needs and how do they perceive them?
- How is the current situation affecting their well-being?
- What outcomes do they want to achieve; what ambitions do they have; and what are their priorities?
- What are their fears and concerns?
- Are there health issues – physical and / or mental? And how do these impact on the current situation?
- Are there issues that relate to disability; mobility; sensory needs?
- Where does the person live and are there issues that relate to the home environment?
- What are the individual's financial circumstances? Are there any issues relating to money that are creating difficulties – such as debt? Would there be value in signposting to financial information and advice (where, perhaps, someone who is likely to have to fund their own care is worried about possible costs)?
- Does the person have difficulty in making decisions?
- Are there any issues that relate to safety of the person – how do they stay safe from harm?

- Are there any risks (to the person, caused by the person etc.)?
- What helps the person to cope with any challenges, and what gets in the way?

In the course of these inquiries the assessor might identify areas that require more detailed specialist assessment - for example: capacity; safeguarding; issues relating to physical or mental health where further information from NHS colleagues might be useful; and physical function including areas like mobility (where the views of occupational therapists or physiotherapists could be beneficial).

Questions should be addressed to the person who is being assessed and assessments should be in the first person. The assessor should be able to summarise the key points to have emerged from the assessment discussions and to weigh the importance of the various factors identified. The assessor should be clear about what happens next. Throughout the process the assessor should be alert to emerging need for information; and potential for preventative interventions.

5.2.4 Decision making

The assessment should therefore guide assessors towards a determination of eligibility under the new Eligibility Frameworks (refer to section 6).

Following assessment the person in question must be given a record of their assessment. This can be shared with anybody else that the person requests. If a person has an advocate then they should be likewise informed and receive assessment documentation.

5.2.5 "Talking Points" – Assessment of people with care and support needs

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Assessment of people with care and support needs	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> ■ Assessment should follow where a person appears to have a need for care and support ■ Consider the person's needs, but also impacts on wider family ■ Expectation of good quality information and involvement in decision-making ■ Facts should be checked ■ Person may refuse assessment ■ Non-judgemental / acceptance – turn off own words and listen to theirs if putting at heart 	

	Assessment of people with care and support needs	"Talking Points"
<p>Implications for the assessor/social worker</p>	<ul style="list-style-type: none"> ■ Have an eye to needs now, but also to those that might emerge over time – think sustainability ■ Assessment is not just a route to eligibility and service provision but intervention in its own right ■ Be carer blind ■ Consider specialist assessments to supplement ■ Summarise and evaluate importance of identified factors ■ Continue to be alert to need for information, advice, advocacy etc. ■ Think about whether people are more able to cope as a result of the assessment process– don't forget it is a critical intervention in its own right. Are they more aware of options? Are they better placed to make choices? Do they feel listened to? ■ Check out what is likely to work best in presented situations ■ Need for good record keeping – not just a checklist, a personalised approach ■ Show warmth, empathy and respect ■ Don't jump to conclusions - listen carefully to what is said 	
<p>Implications for the manager</p>	<ul style="list-style-type: none"> ■ Form picture of ways that people choose to experience assessment so that arrangements can be as tailored as possible ■ Have an eye to overall numbers, requests for specialist assessments, time taken, quality of assessments delivered 	
<p>Implications for the commissioner</p>	<ul style="list-style-type: none"> ■ Form aggregate picture of emerging needs to inform overall commissioning for services 	

	Assessment of people with care and support needs	"Talking Points"
	<ul style="list-style-type: none"> Give attention to learning and development requirements 	

5.3 Assessment for a carer with support needs

Where an individual provides care, or intends to provide care, the local authority should consider if the carer appears to have any need for support and if so carry out a carer's assessment. This should establish current and also potential needs for support and a view should be taken of how sustainable the caring role may be. This should encompass ability and willingness to care.

5.3.1 Refusal of assessment

A carer may refuse to have an assessment and in such circumstances there is no need to assess unless the carer lacks mental capacity. It is important to ensure that people are well informed about what is involved in an assessment and the potential benefits that might be associated. It is often important to re-assure carers that it is 'OK' to consider their own needs and not just those of the people they care for.

5.3.2 What information is needed? Relevant questions to ask

Any changes in information already established via first contact will need to be noted for example:

- Any changes in 'passport' data about the carer and their living circumstances.
- Any changes in capacity to understand and communicate needs (refer to 4.1 and 4.2).
- Any new or on-going safeguarding issues (refer to 4.5).

The assessor should bring together a range of information that helps to form a wider picture. Information should be obtained from the individual and – with their consent – those who are close to them and agencies that work with them. The picture may include elements set out in the checklist below:

Table 6 - Gathering information – relevant questions to consider for someone with care and support needs

- What are their needs?
- How is the current situation affecting their well-being?
- What outcomes do they want to achieve; what ambitions do they have; and what are their priorities?
- What are their fears and concerns?
- Do they have physical or mental health difficulties; and how is their current situation impacting on their physical and/or mental health?
- Where does the person live and are there issues that relate to the home environment?

- What helps the person to cope with any challenges, and what gets in the way?
 - Do they have any other caring responsibilities?
 - Are there areas of their lives that are being neglected or compromised due to their caring role
 - What resources can the person bring to bear to ease the situation or contribute to outcomes?
 - Are there any issues that relate to safety of the person – how do they stay safe from harm?
 - Are there any risks (to the person, caused by the person etc.)?
- What helps the person to cope with any challenges, and what gets in the way?

This will also uncover any supplementary assessments that may need to be carried out, for example: moving and handling; capacity; safeguarding.

Questions should be addressed to the person who is being assessed and assessments should be in the first person.

The assessment should also involve a discussion and documentation on what others have said in relation to the situation. The assessor should be able to summarise the key points to have emerged from the assessment discussions and to weigh the importance of the various factors identified. The assessor should be clear about what happens next.

It is during a more detailed assessment of the carer that the assessor will start to identify if the carer is providing necessary care for the adult and if so whether this affects their health or other significant areas of the carer's life.

5.3.3 Decision making

The assessment should therefore guide assessors towards a determination of eligibility under the new Eligibility Frameworks (refer to Section 6).

Following assessment the person in question must be given a record of their assessment. This can be shared with anybody else that the person requests.

5.3.4 "Talking Points" – Assessment of carers

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

	Assessment of Carers	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> ■ Where someone provides care, local authority should consider if there is likely to be a need for support and if so carry out assessment 	

	Assessment of Carers	"Talking Points"
	<ul style="list-style-type: none"> ■ Expectation of good quality information and involvement in decision-making ■ Carer may refuse to have assessment 	
Implications for the assessor/social worker	<ul style="list-style-type: none"> ■ Have an eye to needs now, but also to those that might emerge over time – think sustainability ■ Assessment is not just a route to eligibility and service provision but intervention in its own right ■ Summarise and evaluate importance of identified factors ■ Continue to be alert to need for information, advice, advocacy etc. ■ Be prepared for reluctance – provide information about process and counsel about benefits of assessment 	
Implications for the manager	<ul style="list-style-type: none"> ■ Form picture of ways that people choose to experience assessment so that arrangements can be as tailored as possible ■ Have an eye to overall numbers, requests for specialist assessments, time taken, quality of assessments delivered ■ Anticipate likelihood of increases in carer assessments impacting on caseloads and hence assessor time 	
Implications for the commissioner	<ul style="list-style-type: none"> ■ Form aggregate picture of emerging needs to inform overall commissioning for services ■ Give attention to learning and development requirements 	

6 Eligibility

After an assessment has been carried out the local authority assessors will determine if the person has eligible needs. The Fair Access to Care System (FACS) - which has been used to prioritise eligibility for care and support prior to the requirements of the Care Act – ceased to apply on 1st April 2015 and was replaced by a new National Eligibility Framework and a National Carers Eligibility Framework. Both have three criteria, each of which have to be met if a person is to be considered eligible for care and support.

6.1 Overview of the National Eligibility Framework

In considering whether an adult with care and support needs has eligible needs, the local authority must consider whether:

- The adult's needs arise from or are related to a physical or mental impairment or illness.
- As a result of the adult's needs the adult is unable to achieve two or more of the specified outcomes (which are set out below).
- As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's well-being.

An adult's needs are only eligible where they meet all three of these conditions.

Local authorities must consider if the adult has a condition as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. The authority should base its judgement on the assessment of the adult and a formal diagnosis of the condition should not be required.

Regulations provide that "being unable" to achieve an outcome includes circumstances, where the adult:

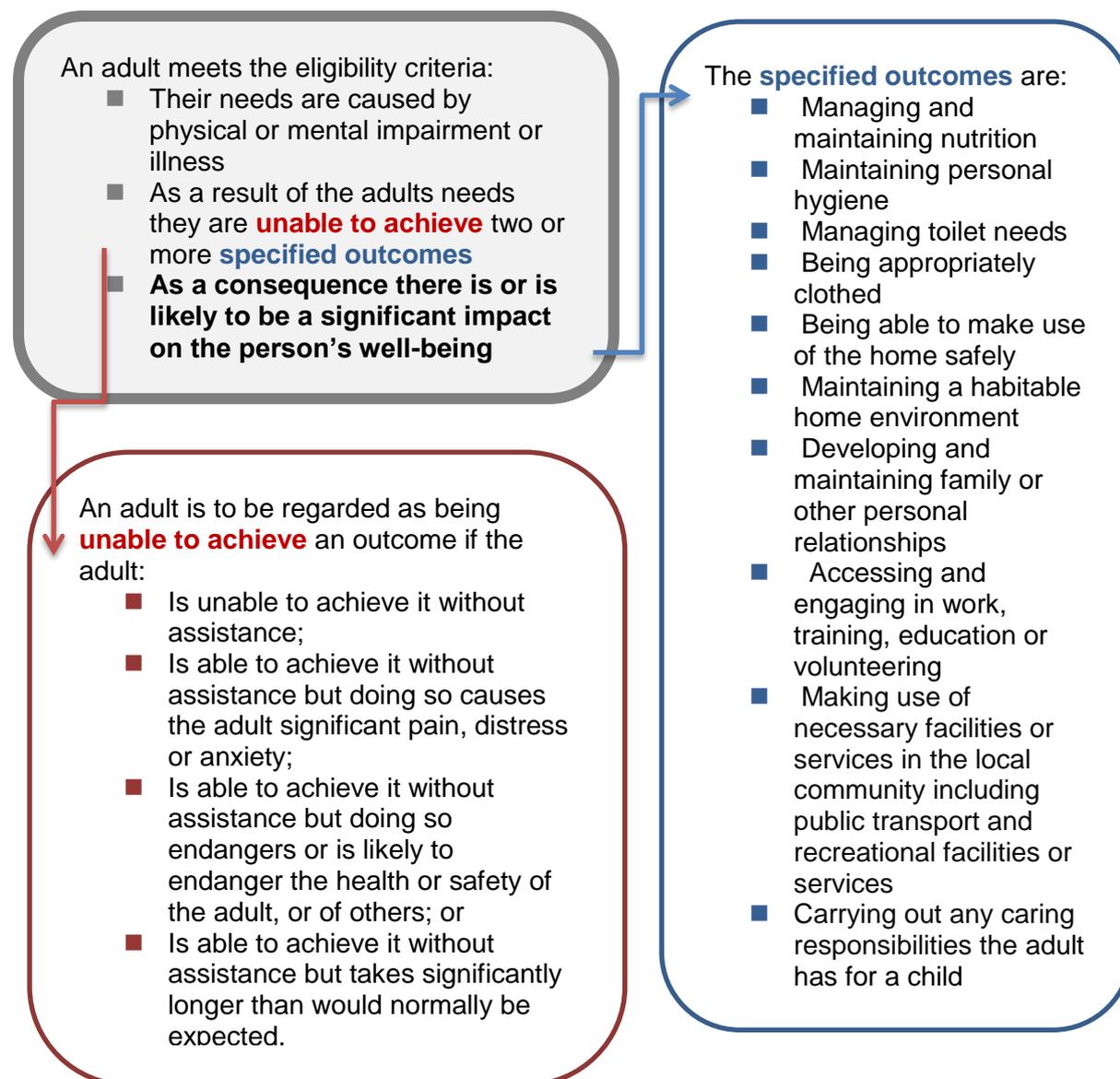
- Is unable to achieve the outcome without assistance.
- Is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety.
- Is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others.
- Is able to achieve the outcome without assistance but takes significantly longer than would normally be expected.

Local authorities must consider whether the adult is unable to achieve two or more of these outcomes when making the eligibility determination:

- Managing and maintaining nutrition.
- Maintaining personal hygiene.
- Managing toilet needs.
- Being appropriately clothed.
- Being able to make use of the home safely.

- Maintaining a habitable home environment.
- Developing and maintaining family or other personal relationships.
- Accessing and engaging in work, training, education or volunteering.
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services.
- Carrying out any caring responsibilities the adult has for a child.

Figure 5 Eligibility Threshold²⁸



Summary: A person will be eligible for support and care if the identification of needs, due to an impairment or illness, means that they are unable to achieve two or more specified outcomes and as consequence there is or is likely to be a significant impact on the person's well-being

²⁸ Skills for Care (2014) Care Act Learning and development: Assessment and eligibility slide pack

6.2 Overview of the National Carers Eligibility Framework

Carers can be eligible for support in their own right. A carer will be eligible if they meet all of the three criteria in the national carers eligibility threshold.

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 physical or mental health at risk; and
- As a consequence this has a significant impact on their well-being

The Act does not define what 'necessary care' is and this should be worked out by the assessor, the carer and cared for in a person centred way on a case by case basis. The following examples may be useful in this respect:²⁹

Table 7 – Carer eligibility threshold – examples

- 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 cared for.
- Carers may be providing care and support for needs that cared for persons are able to meet themselves. 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 more independently 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.

The local authority should consider if the carer is unable to achieve an outcome listed in the regulations:

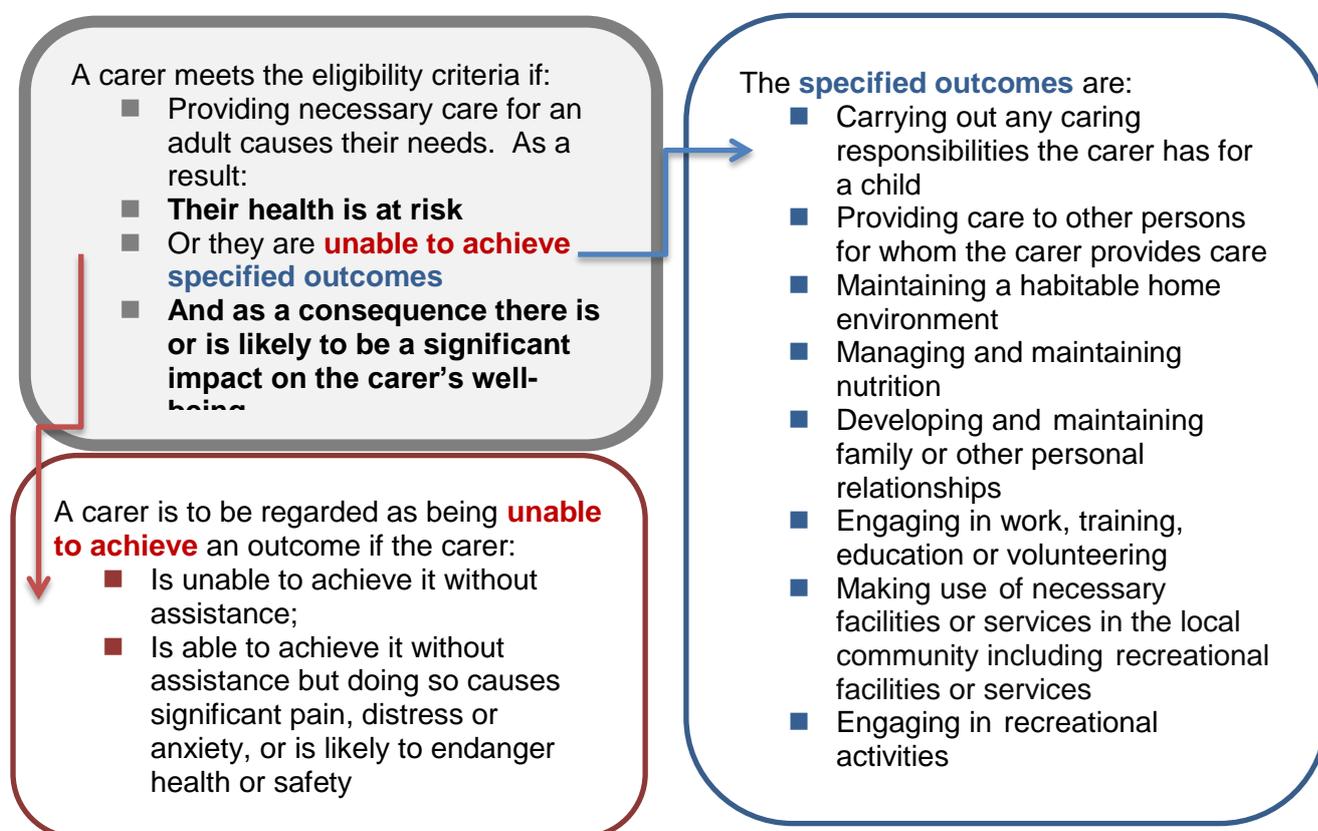
- Carrying out any caring responsibilities the carer has for a child.
- Providing care to other persons for whom the carer provides care.
- Maintaining a habitable home environment.
- Managing and maintaining nutrition.
- Developing and maintaining family or other significant personal relationships.
- Engaging in work, training, education or volunteering.
- Making use of necessary facilities or services in the local community.
- Engaging in recreational activities.

²⁹ Skills for Care (2014) Care Act Learning and development: Assessment and eligibility workbook page 50

Being unable to achieve an outcome includes situations where the carer is unable to achieve the outcome without assistance; is able to achieve the outcome without assistance, but doing so causes or is likely to cause significant pain, distress or anxiety; is able to achieve the outcome without assistance but doing so is likely to endanger the health or safety of the carer or any adults or children for whom the carer provides care.

Summary: A carer will be eligible for support and care if they are providing necessary care and as a result their health is at risk or they are unable to achieve specified outcomes and as consequence there is or is likely to be a significant impact on the person's well-being (as reflected in the nine areas defined by the Care Act).

Figure 6 Carers Eligibility Criteria³⁰



6.3 Significant Impact

The Act does not describe what 'significant impact' means. Establishing significant impact on well-being has to be understood by the assessor through working together with the person/carers and any other person who is involved; and gathering and analysing information. SCIE³¹ gives three main examples of what significant impact could represent:

³⁰ Skills for Care (2014) Care Act Learning and development: Assessment and eligibility slide pack (footnote)

³¹ SCIE (2015) Assessment and Eligibility – What does significant impact mean?

<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/what-does-significant-mean.asp>

- *Significant impact could be a consequence of a single effect: this means that the inability to achieve two or more outcomes affects at least one of the areas of well-being in a significant way.*
- *Significant impact could be a consequence of a cumulative effect: this means that the individual may have needs across several of the eligibility outcomes, perhaps at a relatively low level, but as these needs affect the individual in various areas of their life, the overall impact on the individual is significant.*
- *Significant impact could be a consequence of a domino effect: this means that currently the individual may have needs in relation to few eligibility outcomes, but it can be anticipated that in the near future other outcomes will be affected, causing a significant impact on the individual's well-being.*

6.4 Impact on well-being

Impact on well-being is key to eligibility. For example, a person may have needs which mean they are unable to achieve specified outcome(s). But where the person feels that it does not impact on their well-being then they may not be eligible. Person centred approaches are fundamental and the individual in question has to be at the heart of deciding what impacts on their well-being and how it is best supported.

As the guidance states:

"Needs may affect different people differently, because what is important to the individual's well-being may not be the same in all cases. Circumstances which create significant impact on the well-being on one individual may not have the same effect on another"³²

6.5 Local Authority discretion

Local Authorities can decide to meet needs that do not meet the eligibility criteria if they wish to do so. 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 well-being 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 plan³³.

This may also be the case with carers. Some local authorities may decide – for example – that carers save them significant amounts of money due to the care they provide and to meet needs even if they do not strictly fulfil the three criteria set out in the carer's eligibility threshold.

6.6 How to make an eligibility decision

Determining eligibility requires working methodically through the respective eligibility thresholds and the criteria to reach a judgement.

³² Department of Health (2015) Care and support statutory guidance: 99

³³ Skills for Care (2014) Assessment and eligibility workbook page: 39

The tables below list a number of components that can help assessors to make an eligibility decision³⁴:

- Use of knowledge and information gathered during assessment
- Application of eligibility criteria
- Consideration of risk in relation to well-being
- Enabling effective decision making
- Being transparent and collaborative
- Ensuring that decisions are evidenced appropriately

Table 8 – Making a decision on eligibility

Use of knowledge and information gathered during the assessment

A key task is analysing evidence gathered in assessment about what is important to the individual in terms of life and well-being, what needs they have and what outcomes they want to achieve.

Note that there are two types of outcomes. Outcomes that have been discussed with the person relating to what they want to achieve by the assessment intervention; and outcomes specified in The Care and Support (Eligibility Criteria) Regulations 2014, which are used to determine eligibility.

The local authority must consider an individual's need over an appropriate period of time to ensure that all needs – including any fluctuating needs - have been accounted for during assessment and when eligibility is being determined.

Although information on any input by carers should be captured in the assessment this must not effect an eligibility decision for the cared-for. The eligibility decision is to be made solely on the person's needs.

Applying the National Eligibility Criteria

Analysis of the information gathered during assessment is considered and weighted in terms of significant impact on the individual's well-being in relation to the outcome criteria.

The Act is not prescriptive in how this is to be done – this is a matter for the individual assessor's professional judgment. However the assessor might want to consider the following factors:

- Needs and outcomes can be identified, tested and measured through observant and skilled conversations that form part of the assessment
- It may help the assessor to consider whether the person might have been able to achieve a given outcome if they did not have a physical or mental impairment or illness/ or if they were not a carer
- It is useful to think of outcomes in terms of conditions that support quality of life: are they struggling in these areas? As a consequence is their well-being affected?
-

³⁴ SCIE How to make an eligibility determination – Eligibility (Taken, abridged and added to by IPC)
<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/eligibility-determination.asp>

Applying the National Eligibility Criteria

- It is up to the assessor to check whether these outcomes are being met or not in the whole context of the person's life:
 - People may articulate desired outcomes in day to day terms rather than using the phraseology set out in regulations. Hence – rather than refer to 'developing and maintaining family or other personal relationships' they might instead say that they quite enjoy watching a game of football in a pub. It is up to the assessor to then encourage the person to say what they get out of that (i.e. what outcomes it delivers). Does an inability, say, to access a social space mean that the person cannot access the community or maintain social relationships, or both? If there are other things in their lives contributing to the same outcomes, the game in the pub may not be that important. But equally that single activity could fill several voids in the person's life.
 - Understanding how needs can fluctuate and the impact that this might have on any pathway might usefully involve accessing specialist information and advice. But it is vital to keep in mind that well-being is a subjective matter that should always be considered on a case by case basis. Particular descriptions of an individual's well-being are likely to be quite specific rather than factors that can be selected from a checklist.
 - A person-centred assessment built on a skilled conversation should reveal the person's values and priorities – 'what is important to you?' This is a very strong indicator about how they feel about personal well-being and impacts upon it.
 - Consider the nine well-being domains to help clarify possible areas of impact
- SCIE suggests that In judging what impact there may be on a person's well-being, the assessor may find it helpful to ask themselves the following questions, to help bring out a clearer picture of the person's requirements for care and support:
- Why has the person approached the local authority in the first place?
 - How does their inability to achieve x and y outcomes make the person feel?
 - Are other people affected too?
 - 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 not put in touch with a voluntary organisation?
 - What would we reasonably expect should be in a person's life?
 - How often does the person say they need support? Occasionally? Frequently? Always?
 - Would the person describe the impact on their life as none? Some? Or major? Does the assessor have reason to doubt his or her own assessment?
 - What risks are the person currently choosing to take (for instance to maintain control over their life or independence) and are these acceptable?
- Assessors may also wish to consider the following questions:
- Why has the person approached the local authority in the first place?
 - How does their inability to achieve x and y outcomes make the person feel?
 - Are other people affected too?
 - How often does the person say they need support? Occasionally? Frequently? Always?

Applying the National Eligibility Criteria

- How would the person describe the impact on their life in terms of significance? Is this evidenced?

What risks are the person currently choosing to take (for instance to maintain control over their life or independence) and are these acceptable?

Consider principles of risk in relation to well-being

The Care and Support (Eligibility Criteria) Regulations 2014 allow assessors to consider risk.

"It is important for practitioners to analyse risk by using the information they have gathered during the assessment, along with their knowledge of the person within their social context. It is the risk of the inability to achieve the outcomes that causes, or risks causing, a consequential significant impact on the person's well-being. The assessor's decision-making on whether the impact on the individual's well-being is significant will always be a matter of professional judgement ³⁵.

The following factors may be relevant:

- Likelihood
- Severity
- Imminence
- Physical safety
- Self-harm
- Self-neglect
- Abuse (safeguarding)
- Harm to others

Where an assessor uncovers a safeguarding risk, a safeguarding enquiry must be undertaken. The safeguarding enquiry is a separate process but runs parallel with the assessment (Refer to 4.5).

Enable effective decision making

Good decision-making is at the heart of determining eligibility; this includes understanding how risk impacts on potential well-being. There will always be a certain level of subjectivity in decision-making. However it is important to be aware of common concerns and biases that may affect decision making. There are some practitioners' tools to help assessors be more self-reflective about decisions they will be making.

One example is the *Risk influences tool* (from *Good decision-making: Practitioners' handbook Research in Practice, 2013*) which includes six main areas and a useful check list to help us reflect on our thinking processes:

³⁵ SCIE How to make an eligibility determination – Eligibility (Taken, abridged and added to by IPC)
<http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/eligibility-determination.asp>

Enable effective decision making

1 Repetition

Explanation

Believing what we have been told most often and by most sources

Example question to check bias

Where have I heard about this kind of situation before?

2 Adjustment

Explanation

Selectively processing information to support judgements that have already been made

Example question to check bias

Have I already made up my mind about this situation?

3 Wariness of lurking conflict

Explanation

Anxiety that a decision may impact negatively on working relationships or lead to complaints, criticism or assault

Example question to check bias

Am I worried I might upset someone in this situation?

4 Credibility

Explanation

Being more likely to accept a statement from someone we like, or less likely to believe people, groups or organisations we have a bias against

Example question to check bias

What is my relationship with the person/people who told me about this situation?

5 Availability/recall

Explanation

Overestimating the likelihood of events familiar to us, or events excessively reported by the media

Example question to check bias

Does this situation seem familiar?

6 Prejudice

Explanation

Bias from conscious or unconscious stereotyping

Example question to check bias

How do my values and beliefs affect my view of this situation?

Be transparent and collaborative

The assessor and the individual - from first contact through to eligibility - should work together to decide what needs the latter has and outcomes to be achieved. This requires a strengths-based approach and also positive risk-taking, by enabling individuals to contribute to eligibility decisions that support them to achieve their desired outcomes³⁶.

Ensure that decisions are evidence appropriately

Decisions made must be supported by appropriate evidence to show how the determination has been arrived at. Remember good decisions do not have to be 'right': what is important is to show how they have been considered and demonstrate this through appropriate evidence. This evidence will be recorded in the eligibility statement³⁷.

6.7 Eligible needs

If a person is eligible for care and support services they must be informed that this is the case and furnished with a written record by the local authority. This should set out the person's eligibility determination and reasons for why they are eligible. Likewise a copy of a person's assessment should be supplied. This is to ensure that the decision making process is transparent to the individual and anyone else the individual wants the local authority to share this information with. Moreover this signals to the person and related professionals that support planning can now proceed.

6.8 Ineligible needs

If a person is not considered to have eligible needs, the local authority still has a number of obligations to fulfil. The decision should be set out in writing with underpinning explanations. Information and advice should be provided on what support the person may be able to access in the community or what preventative measures could be taken to prevent or delay the deterioration of a condition. This also applies where only some of the person's needs are considered ineligible while their other needs may be eligible.

6.8.1 "Talking Points" - Eligibility

Use the "Talking Points" in the table to discuss with colleagues the implications and impact in this area.

³⁶ However, the final decision on the eligibility determination remains with the local authority

	Eligibility	"Talking Points"
Implications for the customer	<ul style="list-style-type: none"> ■ Eligibility determination should follow assessment and should not be presumed ■ Clear 3 stage criteria for people with apparent care and support needs and carers ■ People should be told the outcome of determination, with clear rationale and advice about sources of assistance where regarded as ineligible 	
Implications for the assessor/social worker	<ul style="list-style-type: none"> ■ Need to apply established 'outcomes' to circumstances of person with needs and carer ■ Some elements of threshold require careful interpretation – e.g. 'significant impact on well-being' and 'necessary care' ■ Need to be methodical, utilise information acquired during assessment, understand criteria, apply these in a confident way, be able to evidence thinking and communicate decisions 	
Implications for the manager	<ul style="list-style-type: none"> ■ Application of criteria can be tricky in some circumstances and assessors will require support and training ■ Importance of promoting consistency of practice across teams ■ Have an eye to judgements as they relate to risk ■ Support effective decision-making 	
Implications for the commissioner	<ul style="list-style-type: none"> ■ Give attention to learning and development requirements ■ Establish picture of eligible needs and use to inform commissioning of services that may meet these requirements 	
Key Triggers	<ul style="list-style-type: none"> ■ For the person looking for care and support 	

	Eligibility	"Talking Points"
	<ul style="list-style-type: none"> ■ Are their needs are caused by physical or mental impairment or illness? ■ As a result of the adults needs are they unable to achieve two or more specified outcomes ■ As a consequence is there or is there likely to be a significant impact on the person's well-being ■ For carers <ul style="list-style-type: none"> ■ Is this a carer? ■ Is this necessary care? ■ Does C need support as a result? ■ Is there an impact that follows on health? Important not to underestimate ■ Is there an impact on at least 1 outcome? ■ Does all this affect well-being in a significant way? 	

7 Implications of changes

The Act as a whole has a number of implications for practice. All professionals working in the local authority are responsible for ensuring a smooth a transition as possible to ensure that the well-being of individuals, that come into contact with the local authority, are met.

7.1 Implications for people requiring assessments

All people should expect to have an assessment from the local authority if they feel that they have a need for support or care regardless of their financial situation. People who intend to provide care or are a carer they should expect to be offered carers assessment. If they have eligible needs they will be required to have a financial assessment. They should expect good quality information on what could help them to plan ahead; details of community resources that they might be able to access: and to be fully involved in any decisions made about/ with them.

7.2 Implications for Assessors

It follows from the above that assessors should:

- Re-evaluate current skills and any identify any skill gaps in line with the Care Act

- Take a responsibility in maintaining professional competencies in line with the Care Act.
- Get to know Care Act guidance to acquire a working knowledge.
- Get to know and use new assessment tools and documentation to aid Interviews with people.
- To reflect and build upon good practice principles in relation to person centred planning, prevention, outcomes, co-production and working towards ensuring well-being. Learn from evidence-based practice.
- Develop skills in risk assessments and planning.
- Be confident in undertaking or working alongside safeguarding enquiries and any consequent reviews.
- Develop confidence in negotiating the assessment pathway and in making judgements.
- Foster good collaborative relationships with partner agencies.
- Keep in touch with the resources that can be accessed in the local community.
- Develop the ability to deal with potential challenges that will occur – this may require a thick skin!
- Recognise the uniqueness of each individual they encounter.

7.3 Implications for managers

Managers should:

- Re-evaluate skills – personal and of staff - and identify any skill gaps in line with the Care Act.
- Address these through training, team meetings and supervision.
- Ensure that professional competencies are maintained.
- Get to know Care Act guidance - be able to guide teams to develop robust working knowledge of its content and application and address operational implementation issues.
- Reflect and consolidate good practice principles in relation to person centred planning, prevention, outcomes, co-production and working towards ensuring well-being. Ensure that practice is evidence-based.
- Have in place easy to use documentation that incorporates the Act's statutory and good practice guidelines in assessment and eligibility and evaluate their use as the Care Act becomes more embedded into practice.
- Assist staff to develop approaches linked to well-being as opposed to needs.
- Work with key agencies and partners fostering good collaborative relationships.
- See themselves as active change agents.

There are also some very real practical challenges that might occur with the introduction of the Care Act in regard to assessment and eligibility:

- The possible increase in assessments especially carer assessments impacting on caseloads and hence assessor time.

- Practice that is more person-centred and outcomes focused will also potentially demand more assessment time, though this might – over time - be balanced by assessments that are more appropriate and proportionate.
- Learning and development so that skills are improved upon in a timely and resourceful way.
- Making sure that team configurations – and composition – are thought through to best reflect assessment and eligibility functions as well as broader aims of the Act.

7.4 Implications for commissioners

Commissioners have the key task under the Care Act of ensuring that a market is in place locally that responds to need, well-being and outcomes; and to increasingly diverse demand from communities/populations. This will include people who fund their own care as well as people using direct payments to purchase support.

There will also need to commission information and advice services; and ensure an adequate supply of good quality independent advocates.

This will require market facilitation and market shaping activities as listed in the table below³⁸:

Table 9 – Market Facilitation and Shaping activities

- Evidence based understanding of need and demand: the need to influence the market must be based on a sound understanding of need and demand
- Sufficient appropriate provision: to make sure there is a sufficient volume of service for everyone who has assessed needs; also that commissioners have a good perspective on what works and what people want
- Right price: the right price from the perspective of the purchaser - whether that is the individual or the commissioning body - but also right from the perspective of the provider. For example, if a contract price is pitched too low then the long-term effect may be to limit supply and/or drive some providers out of business. 'Right' has to mean not just lowest but profitable, sustainable and capable of delivering the quality and outcomes required
- Deliver effective outcomes: starting to move the focus of purchasing away from outputs, in terms of beds, days and hours, and onto purchasing by the outcomes that are desired from the intervention
- Now and in the future: the need to use an understanding of current demand to act as a baseline for future provision
- Overall, these activities can be refined into a three part model:
 - **Market intelligence:** the development of a common and shared perspective of supply and demand (including any gaps in provision), leading to an evidenced, published, market position statement for a given market

³⁸ Taken from Developing Intelligent Commissioning website
<http://www.yhsccommissioning.org.uk/index.php?pageNo=578>

- **Market structuring:** this covers the activities of commissioners designed to give any market shape and structure, where commissioner and provider behaviour is visible and the outcomes they are trying to achieve agreed, or at least accepted
- **Market intervention:** the interventions commissioners make in order to deliver the kind of market believed to be necessary for any given community

8 Underpinning change

Change required under the Care Act is whole-scale change across the whole social and health care system. Well-being, prevention and outcomes sit at the core of the Care Act and the emphasis is on shaping responses around the individual.

The approach needs to be under-pinned by shared beliefs and commitments:

- To support well-being and support people to enjoy a quality of life
- To promote independence
- To work with people requiring care and support and their carers as partners
- To maintain strong collaboration with partners in other agencies
- To be open in approach, and deal with differences and difficulties in a non-defensive or non-adversarial way
- To promote self-reflection and confidence in individual skills and the ability of staff to contribute to solutions
- To adopt a sensible relationship to risk – to find the right balance between being risk averse and risk complacent
- To combine innovation with a concern to deliver sustainable solutions

9 References and resources

9.1 Information and Advice

[Department of Health \(2015\) Guidance. Factsheet 1 The Care Act - General responsibilities of local authorities: prevention, information and advice, and shaping the market of care and support](#) *Government guidance on general responsibilities of local authorities including information and advice, relevant to all professionals working in the health and social care sector.*

[Skills for Care \(2014\) Information and advice workbook](#) *A comprehensive workbook that forms part of the suite of learning materials that has been developed to support the implementation of the Care Act 2014 and is specific to the requirements of information and advice. There are also power point and audio slides on information and advice.*

[Which? Social Care \(2014\) The Care Maze - The challenges of navigating care for older people.](#) *A report that looks at consumer experiences of arranging care and support for older people. Drawing on research conducted by Which, it outlines recommendations for improving information and advice for people needing care and their families under the new system of care and support being brought in by the Care Act.*

[Think Local Act Personal - Personal Information, advice and brokerage](#) *A webpage that provides links to information and a range of resources to support the development of information, advice and brokerage services. These include an interactive map of a typical 'advice and information journey', principles to underpin provision and case study examples. There are also reports on the policy agenda and implementation of information, brokerage and advice services.*

[Think Local Act Personal and Independent Age \(2013\) Advice and information needs in adult social care.](#) *This link is to an interactive map tracing peoples' typical journeys through care system and identifying where information and advice needs risk not being sufficiently met. A useful map when trying to self-assess and identify areas of potential development in regard to good local information and advice.*

9.2 Assessment and eligibility

[Department of Health \(2015\) Guidance. Factsheet 3 The Care Act - Assessing needs and determining eligibility](#) *Government guidance on assessment and determining eligibility relevant to all professionals working in the health and social care sector.*

[Skills for Care \(2014\): Assessment and eligibility workbook](#) *A comprehensive workbook that forms part of the suite of learning materials that has been developed to support the implementation of the Care Act 2014 and is specific to the requirements of assessment and eligibility. There are also power point and audio slides on assessment and eligibility.*

[SCIE \(2015\) Guide: Care Act 2014. Supported self-assessment](#) *An extensive yet concise guide for practitioners which covers the key elements of a supported self-assessment for adults requiring care or their carers.*

[SCIE \(2015\) Guide: Ensuring assessment is appropriate and proportionate](#) A practitioner guide that provides an overview of the key areas to consider when ensuring that an assessment, for either a cared for person or a carer, is appropriate and proportionate.

[SCIE \(2015\) Guide: Eligibility determination for the Care Act 2014](#) A very thorough practitioner guide on new eligibility requirements and what is involved in understanding and making eligibility determinations.

[SCIE \(2015\) Guide: Fluctuating needs in assessment and eligibility for the Care Act 2014](#) A short guide on what to consider in relation to fluctuating needs.

[SCIE \(2015\) Assessing fluctuating needs film](#) A film of two people talking about how their needs fluctuate and the importance of assessments being able to incorporate such fluctuations.

9.3 Independent advocacy

[Skills for Care \(2014\): Independent Advocacy Workbook](#) A comprehensive work book that forms part of the suite of learning materials that have been developed to support the implementation of the Care Act 2014 and is specific to the requirements of independent advocacy. There are also power point and audio slides.

[Empowerment Matters Website](#) This website contains a wealth of resources focusing on good practice in advocacy for advocates as well as commissioners of advocacy services. It looks at how advocacy should be delivered under the Care Act, Mental Health Act and Mental Capacity Act.

[The Institute for Research and Innovation in Social Services \(IRISS\) \(2013\) Advocacy: Models and Effectiveness](#) A concise research and practice review on the development and practice of advocacy in the UK. It draws on evidence in relation to advocacy with both children and adults and on literature from the fields of health and social care. The review outlines key elements to the most prevalent models of advocacy and identifies good practice, as well as the limitations of some advocacy models.

[Dementia Advocacy Network and Advocacy Plus \(2012\) Taking Their Side: Fighting Their Corner 16 Stories Demonstrating the Difference Independent Advocacy Makes to the Lives of People with Dementia](#) A collection of inspirational stories about the contribution made by advocates working in different organisations and different settings including care homes, hospitals and in the community, from across the UK. The stories are written from the perspective of the advocate, with some comments from people with dementia themselves. Although the network has now closed this resource is still available.

9.4 Safeguarding

[Department of Health \(2015\) Guidance. Factsheet 7 The Care Act - protecting adults from abuse or neglect](#). Government guidance on safeguarding, relevant to all professionals working in the health and social care sector.

[SCIE \(2015\) Adult safeguarding website](#) *A huge yet concise resource on all the key aspects of safeguarding, relevant to all staff within the local authority and their key partners, from operational to strategic staff.*

[Local Government Association and Association of Directors of Adult Social Services \(2014\) Making Safeguarding Personal 2013/14: Selection of tools used by participating councils.](#) *A very useful collection of practical tools to actively involve adults in their own assessment, planning and control.*

9.5 Transition to adulthood

[Department of Health \(2015\) Guidance Factsheet 11 The Care Act - transition for children to adult care and support](#) *Government guidance on transition, relevant to all professionals working in the health and social care sector.*

[Skills for Care \(2014\): Transition into adulthood](#) *A comprehensive workbook that forms part of the suite of learning materials that have been developed to support the implementation of the Care Act 2014 and is specific to the requirements of transition. There are also power point slides and audio slides on transition to adulthood.*

[SCIE \(2015\) The Care Act: Transition from childhood to adulthood](#) *A web resource with a considerable range of information and resources on transition from childhood to adulthood. Relevant to all local authority staff and partner agencies working within services related to transition.*

9.6 Partnerships, co-operation and integration, including links with health and housing

[Skills for Care \(2014\): Partnerships, cooperation and integration](#) *A comprehensive workbook that forms part of the suite of learning materials that have been developed to support the implementation of the Care Act 2014 and is specific to the requirements of integration. There are also power point and audio slides on integration.*

[SCIE \(2015\) The Care Act: Integration](#) *A web resource with a considerable range of information and resources on integration. Relevant to all local authority staff and partner agencies working within integrated services.*

9.7 Market Oversight

[Department of Health \(2015\) Guidance Factsheet 10 The Care Act - market oversight and provider failure](#) *Government guidance on changes in the law in regard to market oversight and provider failure, relevant to all professionals working in the health and social care sector, particularly those responsible for commissioning and performance.*

[Institute of Public Care \(IPC\) publication for the Care Quality Commission \(CQC\) \(February 2014\) The Stability of the Care Market and Market Oversight in England](#) *A paper examining market oversight within Adult Social Care and what this may look like in terms of approaches and activities. There is also a [summary document](#).*

[Institute of Public Care \(2015\) Implementing the Care Act Developing Care Markets for Quality and Choice \(DCMQC\)](#). A web resource which hosts information on the DCMQC programme that ran from 2013-14. There are many resources on Market Position Statements (MPSs) and papers on market intervention.

9.8 Carers

[Department of Health \(2015\) Guidance Factsheet 8 The Care Act - the law for carers](#) Government guidance on changes in the law in regard to carers, relevant to all professionals working in the health and social care sector.

[Skills for Care: Carers](#) This link takes you to the Skills for Care website where you can find a number of resources that have been created to help employers and staff to better support the carers they come into contact with as part of their work, by being aware of how to identify a carer and any needs they may have.

[SCIE \(2015\) Carers](#) A web resource with a considerable range of information and resources on carers, relevant to all local authority staff and partner agencies working with carers.

9.9 Prisoners and people in resident approved premises

[Department of Health \(2015\) Guidance Factsheet 12 The Care Act - Prisoners and people in resident approved premises](#). Government guidance on changes in the law in regard to prisoners and resident approved premises, relevant to all professionals working in the health and social care sector.