

# FAIR ACCESS TO CARE SERVICES

## GUIDANCE ON ELIGIBILITY CRITERIA FOR ADULT SOCIAL CARE

### Overview

1. This guidance provides councils with social services responsibilities (hereafter referred to as “councils”) with a framework for determining eligibility for adult social care. It covers how councils should carry out assessments and reviews, and support individuals through these processes. Councils should ensure that they can provide or commission services to meet eligible needs, subject to their resources and, that within a council area, individuals in similar circumstances receive services capable of achieving broadly similar outcomes. Councils should implement the guidance by 7 April 2003. Through using the same framework to determine eligibility, local implementation should lead to a more consistent approach to eligibility and fairer access to care services across the country. Councils should be aware that this guidance neither says that different councils should make identical decisions about eligibility, nor prescribes what services should be available to service users who have similar needs.
2. A fundamental aspect of this guidance is for individual councils to make only one eligibility decision with respect to adults seeking social care support; that is, whether they are eligible for help or not. This decision should be made following an assessment of an individual’s *presenting needs*. Councils should not operate eligibility criteria for specific types of assessment; rather, the scale and depth of the assessment should be proportionate to the individual’s presenting needs and circumstances. Neither should councils operate eligibility criteria for different services to meet *eligible needs*. The most appropriate and cost-effective help should be determined by matching services to eligible needs through the use of statements of purpose.
3. Councils should assess an individual’s presenting needs, and prioritise their eligible needs, according to the risks to their independence in both the short- and longer-term were help not to be provided. Councils should make changes in their practice to take a longer-term preventative view of individuals’ needs and circumstances. With regard to their resources and other local factors, councils should focus help on those in greatest immediate or longer-term need.
4. Reviews should be undertaken at regular intervals to ensure that the care provided to individuals is still required and achieving the agreed outcomes. These reviews should include a re-assessment of an individual’s needs.

5. The guidance advises councils on work to tackle age discrimination as outlined in the National Service Framework (NSF) for Older People (Department of Health, 2001).
6. The guidance is issued under section 7(1) of the Local Authority Social Services Act 1970. Practice guidance, offering suggestions and good practice models, will be published separately (Department of Health, forthcoming).

### **Links to other legislation**

#### ***Health and social care***

7. Local health bodies and councils were requested to agree their respective responsibilities for continuing health and social care services by 1 March 2002 (HSC 2001/015; LAC (2001)18). Once there is agreement about local responsibilities for NHS care and social care, councils should use this Fair Access guidance to determine eligibility for the services for which they are responsible by 1 October 2002 where possible, but no later than 7 April 2003. Continuing care criteria need to be agreed at a Strategic Health Authority level by 1 October 2002. As the framework for determining eligibility focuses on risks to independence, including health risks, this guidance may also be used as a starting point for eligibility criteria for packages of continuing health and social care.
8. For similar reasons, where local health bodies and councils are operating partnership arrangements under section 31 of the Health Act 1999, this guidance should be used by those agencies as a starting point to help them determine joint eligibility.

#### ***Children and Families***

9. In the course of assessing an individual's needs, councils should recognise that adults, who have parenting responsibilities for a child under 18 years, may require help with these responsibilities. In this respect, in addition to the provision of adult care assessment and support, councils should be prepared to address their duty under the Children Act 1989 to safeguard and promote the welfare of children in their area. Where appropriate, councils should consider the use of the "Framework for the Assessment of Children in Need and their Families" (or "Assessment Framework") (Department of Health, 2000) to explore whether there are any issues relating to children in need and their parenting. The Assessment Framework should be used if it appears that there are children in need. On occasions, within one family, it may be necessary to concurrently assess the needs of an adult parent using the appropriate format for adult assessment, and the needs of the children and related parenting issues using the Assessment Framework.

#### ***Carers***

10. This Fair Access guidance focuses on adults using, or seeking to use, social services. However, for many individuals the help and support of family

members or other carers is essential to them remaining independent. Often carers should, and need to be, involved in the assessments and subsequent decisions about the help that is provided to the individual. Carers' own needs may be assessed within the framework of "The Carers and Disabled Children Act 2000 : A practitioners guide to carers' assessments" (Department of Health, 2001) where the focus is the carer's needs and the sustainability of the caring role.

### ***Road Traffic Act 2000***

11. The provision of services, such as travel concessions, and disabled persons parking badges for motor vehicles, is covered by regulations and guidance under the Road Traffic Act 2000, which give prescribed eligible categories and descriptions of disabled people who may receive such services. As such, these services are outside the scope of this Fair Access guidance.

### ***Rights and discrimination***

12. When drawing up eligibility criteria for adult social care, councils should have regard to the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Human Rights Act 1998, and the Race Relations (Amendment) Act 2000.

### **Interpretation**

13. In this guidance the issues and problems that are identified when individuals contact, or are referred to, councils seeking social care support are defined as "presenting needs". Those presenting needs for which a council will provide help because they fall within the council's eligibility criteria, are defined as "eligible needs". "Eligibility criteria" describe the full range of eligible needs that will be met by councils having taken their resources into account.

### **Setting the eligibility criteria**

14. In general, councils may provide community care services to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments, or from mental health difficulties. In this regard, councils' responsibilities to provide such services are principally set out in the :
  - National Assistance Act 1948.
  - Health Services and Public Health Act 1968.
  - Chronically Sick and Disabled Persons Act 1970.
  - National Health Service Act 1977.
  - Mental Health Act 1983.
  - Disabled Persons (Services, Consultation and Representation) Act 1986.
15. Councils should use the following eligibility framework to specify their eligibility criteria. In other words, they should use the framework to describe those circumstances that make individuals, with the disabilities, impairments and difficulties described in paragraph 14, eligible for help. The eligibility framework is based on the impact of needs on factors that are key to

maintaining an individual's independence over time. The framework makes no reference to age, gender, ethnic group, religion, disabilities, impairments or similar difficulties, personal relationships, location, living and caring arrangements, and similar factors. In themselves, these factors do not threaten independence; however, they may need to be taken into account as needs are assessed and services considered.

16. The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. The four bands are as follows :

**Critical – when**

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

**Substantial - when**

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

**Moderate - when**

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

### **Low – when**

- ❑ there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
  - ❑ involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
  - ❑ one or two social support systems and relationships cannot or will not be sustained; and/or
  - ❑ one or two family and other social roles and responsibilities cannot or will not be undertaken.
17. In constructing and using their eligibility criteria, and also in determining eligibility for individuals, councils should prioritise needs that have immediate and longer-term critical consequences for independence ahead of needs with substantial consequences. Similarly, needs that have substantial consequences should be placed before needs with moderate consequences; and so on.
18. In setting their eligibility criteria councils should take account of their resources, local expectations, and local costs. Councils should take account of agreements with the NHS, including those covering transfers of care and hospital discharge. They should also take account of other agreements with other agencies, as well as other local and national factors.
19. Councils should review their eligibility criteria in line with their usual budget cycles. Such reviews may be brought forward if there are major or unexpected changes, including those with significant resource consequences.
20. Although final decisions remain with councils, they should consult service users, carers and appropriate local agencies and organisations about their eligibility criteria and how information about the criteria is presented and made available. Eligibility criteria should be published in local “Better Care, Higher Standards” charters, and made readily available and accessible to service users, the public more generally, and other relevant local bodies.

### **Preventative approaches**

21. With respect to prevention :
- ❑ Councils should develop methods of risk assessment to help them identify those individuals where risks to independence appear relatively low, but are likely to become more serious over time. In doing so, they should refer to LAC(99)13 and LAC(99)14, issued in support of the Prevention Special Grant (subsequently the Promoting Independence Grant). Councils should also consider the benefits of preventative action to support carers, and refer to the Carers and Disabled Children Act 2000 in this regard.
  - ❑ Councils may become involved with other agencies in wider community development, “Supporting People” or health promotion approaches, where there is widespread social disadvantage, or evidence that particular groups of people are socially excluded, or are geographically isolated. They should be prepared to act where it is difficult to estimate the likely benefit to a particular individual, but where there is evidence of the likely

preventative benefits from non-intensive or other help to certain populations or groups.

22. Councils' published eligibility criteria should state explicitly how they approach the preventative issues set out above.

### **Commissioning services**

23. On determining their eligibility criteria for any given period, councils should ensure that services are in place to meet eligible needs. Councils should not adhere so rigidly to budget headings for specific services that resources cannot move from one budget heading to another, if necessary. Neither should they have blanket policies not to provide specific services. In particular, as noted in the NSF for Older People, they should consider whether age-based services for adults are in the best interests of service users, and be able to justify commissioning or providing services that, for example, separate older users from other adults.
24. Councils should develop strategies to fill service gaps and improve the range, accessibility and effectiveness of current service options, ensuring that services are sensitive to, and respect, the culture and faith, and communication and sensory attributes, of service users. Services should also be accessible to those who live in remote and isolated rural areas. To assist them in their commissioning, councils should follow the good practice outlined in "Building capacity and partnership in care" (Department of Health, 2001).
25. For each service that councils directly provide or commission from others, there should be a statement of purpose. For registered services, statements of purpose will have been provided to the National Care Standards Commission. For non-registered services, councils should secure similar statements of purpose when finalising contracts or service agreements. These should set out the objectives and philosophy of care, nature of services, facilities, physical and geographical access, and likely charges. They should also describe the types of circumstances and the people for whom the service is designed. The statements of purpose should be used at the care planning stage to match services to eligible needs and desired outcomes.
26. Councils should use the framework of Best Value to ensure that services are reviewed and developed in a cost-effective, fair and transparent manner. Councils will be assisted in these reviews by the collection and analysis of information for the purposes of self-audit and monitoring, as described in paragraph 73.
27. Councils should ensure that commissioning arrangements are consistent with the objective of promoting direct payments. If a council chooses to set aside a budget for direct payments, separate from other budgets for non-residential care, it should be prepared to act flexibly if direct payments prove a more popular way than expected of meeting individuals' needs. Moreover, councils should prevent inflexible internal budget management procedures from hindering the commencement of a direct payments package.

## **General principles of assessment**

28. Appropriate assessment lies at the heart of effective service delivery for a whole range of health and social care provision. Its purpose is to identify and evaluate an individual's presenting needs and how they constrain or support his/her capacity to live a full and independent life. Councils should ensure that individuals are active partners in the assessment of their needs. Appropriate service provision can then be planned both in the immediate and the longer-term to promote or preserve independence. Information from an individual's assessment should be used to inform decisions on eligibility and services that may be offered.
29. Councils should help individuals who may wish to approach them for support by publishing and disseminating information about access, eligibility and services, in a range of languages and formats. The information should also say what usually happens during assessment and care management processes, related time-scales, and how individuals might access direct payments. Local "Better Care, Higher Standards" charters will be the means for providing this information and for setting standards and targets. Councils should promote the development of services that provide interpreters, translators, advocates, and supporters to help individuals access and make best use of the assessment process.
30. With reference to section 47(1) of the NHS and Community Care Act 1990, before starting a community care assessment councils should first ascertain whether a person appears to be in need of community care services. In exercising this judgement councils should set a low threshold, and avoid screening individuals out of the assessment process before sufficient information is known about them.
31. The presenting needs and circumstances of adults should be assessed with reference to this general assessment guidance, which builds on the "Care management and assessment : practitioners' guide" issued by the Social Services Inspectorate (SSI) of the Department of Health and the Social Work Services Group of the Scottish Office in 1991.
32. In addition, reference should be made to the relevant policy and practice guidance for assessment and care planning for particular groups :
  - ❑ The NSF for Mental Health (Department of Health, 1999) and "Effective Care Co-ordination in Mental Health Services – Modernising the Care Programme Approach" (Department of Health, 1999).
  - ❑ The NSF for Older People, and the detailed guidance on the single assessment process (Department of Health, 2002).
  - ❑ "Valuing people : a new strategy for learning disability for the 21<sup>st</sup> century" (Department of Health, 2001).
  - ❑ "The Carers and Disabled Children Act 2000 : a practitioners guide to carers' assessments" (Department of Health, 2001).

33. Where individuals of working age are subject to an assessment, councils should ensure that practices and protocols are developed that reflect the local “Welfare to Work” Joint Investment Plans for disabled people.
34. Whichever assessment framework is used, councils should not operate eligibility criteria to determine the complexity of the assessment offered; rather the depth and breadth of the assessment should be proportionate to individuals’ presenting needs and circumstances. Based on their judgement, professionals may wish to carry out initial assessments, or assessments to take stock of wider needs, or specialist assessments of particular needs, or comprehensive assessment across all potential needs. In many cases, combinations of these assessment types may be used.
35. It is important for assessment to be rounded and person-centred, and for the evaluation of assessment information to lead to appropriate eligibility decisions and services that promote independence. In addition to social care problems, where appropriate, assessment should take account of health and other problems such as housing, but at the same time aim to be as simple and timely as possible. Councils should recognise that individuals are the experts on their own situation and encourage a partnership approach to assessment. They should help them prepare for the assessment process and find the best way for each individual to state their views. The use of interpreters, translators, advocates or supporters can be critical in this regard.
36. Assessment should be carried out in such a way, and be sufficiently transparent, for individuals to :
  - Gain a better understanding of their situation.
  - Identify the options that are available for managing their own lives.
  - Identify the outcomes required from any help that is provided.
  - Understand the basis on which decisions are reached.
37. In responding to the individual’s account of his/her presenting needs, professionals should explore the intensity of particular needs including the physical pain, distress or disruption they cause, and the instability and predictability of problems, both on a day-to-day basis and over longer periods of time. They should consider with the individual any external and environmental factors that have caused, or exacerbate, the difficulties the individual is experiencing. The number of different needs faced by individuals, how needs interact, and how individuals react to the difficulties facing them are also important. Together, the individual and professional should look at the strengths and abilities that the individual can bring to bear on the presenting needs.
38. Assessment should be co-ordinated and integrated across local agencies relevant to the service user group. Agencies should share and agree the values that will underpin their work on assessment and care planning. They should ensure that information from assessment and related activities is shared among professionals, with due regard to informed consent, in such a way that duplication of assessment is minimised for service users and professionals alike. The content of the assessment process, and the systems and protocols for



how agencies interact with each other should be agreed. The result will be an assessment process that individuals experience as consistent and timely

39. Assessment should not unfairly discriminate against individuals on the grounds of their age, gender, ethnic group, religion, disabilities, personal relationships, or living and caring arrangements, or whether they live in an urban or rural area. However, councils should take account of these factors in so far as they have a bearing on either presenting needs or the type and intensity of any care that is provided.
40. As presenting needs are fully described and explored, the individual and professional should consider and evaluate the risks to independence that result from the needs both in the immediate and longer-term. This evaluation should take full account of how needs and risks might change over time and the likely outcome if help were not to be provided. The evaluation of risks should focus on the following aspects that are central to an individual's independence :
  - ❑ Autonomy and freedom to make choices.
  - ❑ Health and safety including freedom from harm, abuse and neglect, and taking wider issues of housing and community safety into account.
  - ❑ The ability to manage personal and other daily routines.
  - ❑ Involvement in family and wider community life, including leisure, hobbies, unpaid and paid work, learning, and volunteering.
41. Individuals and professionals should consider risks faced not only by individuals but also those close to them, such as carers. They should consider which risks cause serious concern, and which risks may be acceptable or viewed as a natural and healthy part of independent living.

### **Determining eligibility in respect of individuals**

42. Eligibility for an individual is determined following assessment. As part of the assessment, information about an individual's presenting needs and related circumstances is established, and should be recorded. This information is then evaluated against the risks to his/ her autonomy, health and safety, ability to manage daily routines, and involvement in family and wider community life. Councils may wish to facilitate the risk evaluation by asking their professionals to identify risks using the framework in paragraph 16 above. These identified risks to independence will then be compared to the council's eligibility criteria. Through identifying the risks that fall within the eligibility criteria, professionals should identify eligible needs.
43. Once eligible needs are identified, councils should meet them. However, services may also be provided to meet some presenting needs as a consequence of, or to facilitate, eligible needs being met.
44. The determination of eligibility in individual cases should take account of the support from carers, family members, friends and neighbours which individuals can access to help them meet presenting needs. If, for example, an individual cannot perform several personal care tasks, but can do so without difficulty with the help of a carer, and the carer is happy to sustain their caring

role in this way, both currently and in the longer-term, then the individual should not be perceived as having needs calling for community care services. That is, they should not be perceived as having eligible needs. However, during the actual assessment, no assumptions should be made about the level and quality of such support without the agreement of the relevant parties. Even where carers and others are providing support to an individual, the nature of the individual's needs, and the level of care, could be such as to make the individual eligible for community care services.

45. Councils should also be ready to support carers and others whenever necessary and appropriate, and in doing so consider a separate assessment of their circumstances.
46. Where eligible needs, and associated risks to independence, have been identified for an individual, they should be recorded, and agreed wherever possible, by them or their representatives. Councils should refer to paragraphs 65 to 68 for action they should take following decisions not to provide community care services as a consequence of either first assessments or subsequent reviews.

### **Care planning**

47. If an individual is eligible for help then, together with the individual, councils should develop a care plan. The written record of the care plan should include as a minimum :
  - ❑ A note of the eligible needs and associated risks.
  - ❑ The preferred outcomes of service provision.
  - ❑ Contingency plans to manage emergency changes.
  - ❑ Details of services to be provided, and any charges the individual is assessed to pay, or if direct payments have been agreed.
  - ❑ Contributions which carers and others are willing and able to make.
  - ❑ A review date.
48. Appropriate services should be identified with reference to the statements of purpose requested from providers and, where appropriate, with reference to local continuing care agreements. Wherever applicable, the use of direct payments should also be considered and a decision made about their use.
49. Councils should aim to agree care plans with the service user, and should provide them with a copy of the care plan. Service users should be made aware of the arrangements for review and, where appropriate, advised that services may be withdrawn or changed as a result of the review.
50. Specific service user groups are subject to particular arrangements for care planning. Reference should be made to the documents listed in paragraph 32.
51. Councils are reminded that they should consider potential outcomes for individuals, and the cost-effectiveness of providing care to them, on the merits of each case. In doing so they should tailor services to each individual's circumstances, and should only use upper-cost parameters for care packages as

a guide. Councils who only provide certain services to particular groups of adult service users including age-groups, or who have blanket policies about not providing other services including those geared towards prevention (see LAC(99)13 and LAC(99)14), should review their policies.

52. Councils are also reminded that they may take their resources into account when drawing up their eligibility criteria against which they assess individuals' needs, and when deciding which services will be provided to meet those needs. However, this does not mean that councils can take decisions on the basis of resources alone. Once a council has decided it is necessary to provide services to meet the eligible needs of an individual, it is under a duty to provide those services. For fuller details see LASSL(97)13 "Responsibilities of council social services departments : implications of recent judgments".
53. Councils should provide services promptly once they have agreed to do so, but where waiting is unavoidable they should ensure alternative services are in place to meet eligible needs.
54. A council should ensure that all service users in its area with similar eligible needs, receive packages of care that are capable of achieving broadly similar outcomes, even though the particular form of help offered will be tailored to the individual service user.

### **Transitions**

55. Councils should have in place arrangements to identify individuals who, as they move from youth to adulthood and then into older age, may need different kinds of service. In these situations, councils may wish to re-assess their needs, but in responding should note that marked changes in the type, level and location of support are usually not in service users' best interests.
56. When a service user permanently moves from one council area to another, the "receiving" council should, pending an assessment, take account of the services that were previously received and the effect of any substantial changes on the service user when reaching an interim decision about what services to provide. The "receiving" council should have regard to these factors, as well as the outcomes that were previously pursued, when carrying out the assessment and reaching longer-term decisions about what services will be provided. Where "receiving" councils intend to pursue significantly different outcomes, or provide significantly different services, they should produce clear and written explanations for service users.

### **Reviews**

57. From 7 April 2003, councils should begin to review the circumstances of all individuals in receipt of social care services, provided or commissioned by the council or purchased with direct payments. Notwithstanding closure, the circumstances of all service users in receipt of services on 7 April 2003 should

have been reviewed at least once by the beginning of April 2004, and further reviews should be planned in accordance with this guidance.

58. Reviews should :
  - ❑ Establish how far the services provided have achieved the outcomes, set out in the care plan.
  - ❑ Re-assess the needs and circumstances of individual service users.
  - ❑ Help determine individuals' continued eligibility for support.
  - ❑ Confirm or amend the current care plan, or lead to closure.
  - ❑ Comment on the effectiveness of direct payments, where appropriate.
59. If not covered by the NSFs for Mental Health and Older People, or other guidance, the re-assessment part of the review should follow the general principles of assessment in this guidance.
60. There should be an initial review within three months of help first being provided or major changes made to current services. Thereafter, reviews should be scheduled at least annually or more often if individuals' circumstances appear to warrant it. Reviews may be considered on request from service users, providers of services and other appropriate individuals or agencies.
61. Reviews should be co-ordinated by council professionals who are competent in assessment and are in a position to determine eligibility and plan care services. Councils should bear in mind that council professionals involved in providing particular residential or community care services may not be best placed to carry out these functions, and that many users would prefer reviews to be independent of those actually providing their care. Such providers, as well as those in the independent sector, can however, provide useful information for use in the review.
62. In addition to the service user, reviews should involve : carers and representatives of the service user where appropriate; agencies that have purchased services for the service user; and key providers of those services. Reviews should consist of a meeting between the individual service user and the council professional responsible for the review, and may involve key others from those just listed. In exceptional circumstances reviews may be undertaken without direct face-to-face contact with the service user; however, councils need to be assured that this is feasible, particularly with respect to the re-assessment part of the review.
63. One-off pieces of assistive equipment provided to meet eligible needs for personal care, or to help service users manage their environment, do not need reviewing after initial confirmation of suitability. Major items of equipment should be reviewed as to their suitability and safety on an annual basis. The suitability and effectiveness of periodic services such as short-term breaks should be reviewed shortly after the first period and annually thereafter.
64. Councils should record the results of reviews with reference to the functions in paragraph 58. For those service users who remain eligible councils should

update the care plan. For those people who are no longer eligible, councils should record the reasons for closure and share these with the individual.

### **Supporting individuals whose needs are not eligible for help**

65. Following assessment, councils may decide not to provide help because an individual's needs are not eligible for support. In reaching its conclusion, the council should have satisfied itself that needs would not significantly worsen or increase in the foreseeable future for the lack of help, and thereby compromise key aspects of independence, including involvement in employment, training and education and parenting responsibilities, set out in paragraph 40 above. Similarly, when following a review it is planned to withdraw services from an individual, councils should be certain that needs will not worsen or increase and become eligible for help again in the foreseeable future as independence is undermined. (In helping to evaluate needs in this way, see paragraph 21 above.) When considering needs in this context, councils should not make assumptions about the capacity of family members or close friends to offer support. As with other key decisions, it will be particularly important when councils are considering significantly reducing or withdrawing services that service users fully appreciate what is happening and the consequences. In this regard, the use of interpreters, translators, advocates and supporters will be essential where appropriate.
66. Councils should exercise considerable caution and sensitivity when considering the withdrawal of services, following implementation of the Fair Access guidance, where reviews of needs and services have not been carried out for some time. In some individual cases it may not be practicable or safe to withdraw services, even though needs and associated risks may initially appear to fall outside eligibility criteria. In addition, before proceeding with closure, councils should check any commitments they gave to service users at the outset about the longevity of service receipt.
67. Where councils do not offer direct help following assessment, or feel able to withdraw services after review, they should put such decisions and reasons in writing, and make a written record available to the individual. Councils should be prepared to provide individuals with useful information and advice about other sources of support to address outstanding issues and problems. Councils should make individuals aware that they may use the complaints procedures to challenge decisions to withhold or withdraw services. Councils should tell individuals who are not eligible for help that if their circumstances change, they should renew contact at which time their needs may be re-assessed. A contact number in the council should be given.
68. If individuals need other services, officers of the council should help them to find the right person to talk to in the relevant agency or organisation, and make contact on their behalf (see "Better Care, Higher Standards"). Councils may also consider that a cross-council or cross-agency approach in support of wider community development, "Supporting People" or health promotion is appropriate to certain individuals, and should facilitate access to relevant services.

### **Emergencies and crises**

69. Councils should provide an immediate response to those individuals who approach them, or are referred, for social care support in emergencies and crises. After this initial response, they should inform the individual that a fuller assessment will follow, and services may be withdrawn or changed as a result of this assessment.

### **Individuals' resources and capacity**

70. An individual's financial circumstances should have no bearing on whether a council carries out a community care assessment or not. Neither should the individual's finances affect the level or detail of the assessment process. Once an individual's care needs have been assessed and a decision made about the care to be provided, an assessment of their ability to pay charges should be carried out promptly, and written information about any charges payable, and how they have been calculated, should be communicated to the individual.

### **Care home residents**

71. Residents of care homes are important consumers of services. When planning to move into a care home, councils should inform individuals of suitable homes and provide them with statements of purpose for these homes including information on facilities, fees, charging arrangements, and NHS-funded nursing care where appropriate. Throughout their stay, care home residents should be kept informed of changes and developments that affect them. (For fuller details refer to "Care Homes for Older People : National Minimum Standards", Department of Health, 2001.)
72. If an individual is to move to residential accommodation, and has both the "capacity" (that is, mental ability) and the financial resources to arrange and pay for this care, the council should, if requested, provide information and advice to help him/her find an appropriate care home. However, generally, in these circumstances any contract for the residential accommodation will be between the individual and the provider of service. (There are exceptions. For example, during the 12-weeks property disregard, the contract should be agreed between the council and care home.)

### **Self-audit and management information**

73. Councils should ensure that they audit and monitor their performance with respect to fair access. In particular, they should be able to :
- Monitor the extent to which different groups are referred, which groups receive an assessment and, following assessment, which groups go on to receive services.
  - Monitor the quality of the assessment and the eligibility decisions of their staff.
  - Monitor which presenting needs are evaluated as eligible needs and which are not.

- ❑ Audit service effectiveness with reference to care plans and reviews.
  - ❑ Monitor the speed of assessment and subsequent service delivery in accordance with local “Better Care, Higher Standards” charters.
  - ❑ Monitor the timing and frequency of reviews.
  - ❑ Monitor the extent to which residents of different geographical areas within the council’s boundary receive an assessment and which go on to receive services.
74. Once information has been collected and analysed, results from all the above analyses should be shared with a range of interested parties including service users, elected members, and other local agencies.

### **Monitoring progress.**

75. While the primary responsibility for monitoring fair access to services lies with councils, the Department of Health will check the implementation of this Fair Access guidance through SSI monitoring and inspections, and other means. Councils whose eligibility criteria are most out of line will be expected to justify their positions.

### **Staff learning and understanding**

76. Councils should put in place training and development activities to enable an organisational culture that promotes person-centred care and independence. In particular, training on the assessment process should focus on improving risk assessments to identify the longer-term consequences of individuals' circumstances. Training should build on councils' achievements in this area and draw on the expertise and experience of particular service user and professional groups, anti-discriminatory practice and effective multi-disciplinary working. Training should involve staff from other agencies who may be involved in social care assessments and contribute to eligibility decisions. Training with other agencies will be essential where eligibility criteria have been developed jointly with other agencies and operate across agency boundaries.

### **Cost of implementation**

77. For the most part this guidance confirms and consolidates the 1990 Caring for People policy guidance and the 1991 “Care management and assessment : practitioners' guide”. As such this guidance has limited resource consequences. The guidance is fully consistent with the financial settlements for Personal Social Services resulting from the Government's Spending Reviews in 2000 and 2002. Nothing in it alters each council's responsibility to determine the level of resources allocated to social care for adults.

### **Summary of implementation**

78. Councils should use this guidance to review and revise their eligibility criteria and related arrangements including case reviews for adult social care. Prior to 7 April 2003, councils should review and consult on their eligibility criteria for

adult social care in line with this Fair Access guidance. From 7 April 2003, they should apply eligibility criteria based on this guidance to all new referrals and requests for help, and schedule and conduct reviews if and as appropriate. All cases open on 7 April 2003 should be reviewed and reassessed by the beginning of April 2004, and further reviews should be planned for cases that remain open.

### **Rooting out age discrimination**

79. Through implementing this Fair Access guidance, councils will fulfil the first stage requirement of Standard One of the NSF for Older People with respect to rooting out age discrimination. Namely, they will achieve the milestone, originally set for April 2002, for reviewing their “eligibility criteria for adult social care to ensure that they do not discriminate against older people”. Implementation will also assist councils to review wider policies for, and access to, adult social care in pursuit of Standard One.
80. The next milestone, for October 2002, in the NSF for Older People with respect to tackling age discrimination relates to the analysis of levels and patterns of services, particularly in the NHS. More detailed guidance will be issued in 2002. Councils are encouraged to engage in this process, through their local NSF for Older People implementation teams, and to apply it to their own services.

### **Copies and enquiries**

81. This guidance can be accessed on the Internet at **[www.doh.gov.uk/scg/facs](http://www.doh.gov.uk/scg/facs)**. Further copies of the guidance may be obtained from the Department of Health, PO Box 777, London SE1 6XH, telephone 0870 155 5455 or fax 01623 724 524.
82. Enquiries about this guidance, apart from requests for copies, can be made to :  
  
Department of Health (FACS)  
Older Peoples Services CC3  
Area 221  
Wellington House  
133 – 155 Waterloo Road  
London SE1 8UG