

# **Falkirk Council Social Work Services**

## **Eligibility Criteria Operational Procedure**

**Issued:**

**To be Reviewed:**

## **Falkirk Council Social Work Services**

### **Assessment and Eligibility Framework – Operational Guidance**

#### **1. Purpose**

This paper is designed to provide guidance on the application of the eligibility framework to provision of services to ensure equitable, transparent prioritisation and allocation of available resources from assessment to provision.

It will always be the service aim to promote the personalisation and enablement approach reflecting national policy drivers. By the end of 2010 all assessments, reviews and care planning will be carried out using an outcomes based approach. This approach starts with the outcomes people want in their lives.

#### **2. Background**

Under section 12A of the Social Work (Scotland) Act 1968 Local Authorities have a duty to assess any adult who appears to need community care services. Local Authorities are encouraged to set a low threshold for access to assessment of need. Falkirk Council provides assessments of need to people at all levels of priority.

Falkirk Council approved the introduction of the national eligibility criteria for the Falkirk area in December 2009. This paper builds upon that decision and provides guidance to practitioners on the application of eligibility criteria.

This guidance should be read and applied alongside guidance on assessment.

Following on assessment where the need is identified the next stage is the provision of services to meet assessed needs.

Falkirk Council's Eligibility Criteria for assessment of need are clear. There are defined referral and intake processes that are centred upon a Duty System that operates Monday to Friday, 9am-5pm and through the Emergency Duty team outwith these times.

The basis for assessment is through a standardised single shared assessment (SSA) process. The timescales for completion of assessment from allocation are as follows:

- Initial assessment - two weeks
- Standard Assessment - four weeks
- Comprehensive Assessments - eight weeks

As part of SSA there is a mandatory requirement to complete all IORN (Indication of Relative Need) assessments in relation to service users aged 65 and over.

There are finite budgets within community care services and there is a need to manage the assessment and provision for service within the context of existing budgets.

### **3. The Eligibility Framework**

The Eligibility Framework applies to all care groups and is set out in four bands, which describe the seriousness of risk to independence, harm or danger and the assessed outcomes or consequences if the needs are not met. Table 1 at the end of this document gives further details on the definition of risk/priority.

The bands are:

#### **Critical (Priority Level 1)**

Indicates that there are major risks to an individual's independent living or health and wellbeing and is likely to require immediate provision. Immediate provision is defined as within 1-2 weeks (14 calendar days).

#### **Substantial (Priority Level 2)**

Indicates significant risk to independent living or health and wellbeing and likely to require imminent provision. Imminent provision is defined as within 6 weeks, with a minimum standard of provisions within 42 calendar days from completion of the assessment of need.

#### **Moderate (Priority Level 3)**

Indicates that there are some risks to an individual's independence, wellbeing or health. At this level some social care services may be managed or prioritised, with appropriate arrangements for review.

#### **Low (Priority Level 4)**

Indicates that there may be some quality of life issues, with service provision possibly required within the next 12 months.

The framework is applied to all areas of response and outcomes – referral screening, allocation priority, assessment or review outcome, resourcing and delivery of care provision.

The application of the eligibility criteria should not remain static and be reviewed on an annual basis in line with the resources available to the service.

The service will, as far as possible, respect individual service user and carer choice and preference, subject to priority and best value.

## **4. Services**

There are a range of services that are provided to people who have been assessed as having community care needs and requiring support. The service is committed, wherever practical and possible, to support people in their own homes and to promote independence.

The level of priority agreed at assessment or review will indicate the nature, level and timescale for service provision to service users or carers.

The most common types of services are:-

- Assessment and Care Management
- Care at Home – including Home Care, MECS, Housing with Care, meals delivery service, shopping, rehab at home and crisis care
- Equipment and Adaptations – including Telecare
- Day services
- Short Breaks (respite care) – either at home or in another setting
- Supported accommodation
- Residential or Nursing Care in a Care Home
- Transport in relation to accessing assessed services
- Benefits and income maximisation advice

## **5. Carers**

A carer is someone who looks after and supports a husband/wife/partner, friend, relative or neighbour who could not manage without his or her help. This could be due to age, physical or mental illness or disability.

It does not mean a professional care-worker or personal assistant that gets paid for their work.

Carers should be offered an assessment in their own right. Where the assessment or review concludes that the carer requires support to continue in their caring role the eligibility framework will be applied to the outcome of the assessment and the level of provision.

## **6 Applying the Eligibility for Services Framework**

### **6.1 Care at Home**

Care at Home services support people in their own homes with a wide range of daily tasks. These can include:

- working alongside family carers to support people at home
- preparing meals or snacks
- personal care
- dress and undress

- ❑ basic health care including routine catheter/stoma care and to support medication and prescription collection
- ❑ household cleanliness
- ❑ shopping
- ❑ manage routine financial and correspondence tasks e.g. pension, benefits and bills

Care at Home services are either directly provided by the Council or are arranged to be provided from external providers.

The service works within a re-ablement framework. This means that Care at Home services are delivered in a way that supports people to increase their skills, confidence, and ability to live independently.

People, including carers, with the greatest level of need and the least help from family and friends have priority at all times.

### **Critical**

### **Priority Level 1**

Assistance can be provided with all of the functions outlined in para 6.1, however in relation to housework, provision will be to a maximum of one half hour per week or one hour per fortnight. When assistance is required with meals, two cooked meals can be provided and a third meal can be prepared, if required. In addition to this hot drinks or snacks can be provided in the context of other visits such as bedding down visit.

At this level of priority, Care at Home services can be provided to a maximum of the cost of an equivalent and appropriate care home placement. In reaching the maximum the costs to the Council of all other forms of care being provided will be taken into account.

A meals delivery and shopping service may be components of the service.

### **Substantial**

### **Priority Level 2**

Assistance can be provided with all of the functions outlined in para 6.1, however in relation to housework, provision will be to a maximum of one half hour per week or one hour per fortnight. When assistance is required with meals, two cooked meals can be provided and a third meal can be prepared, if required. In addition to this hot drinks or snacks can be provided in the context of other visits such as bedding down visit.

At this level of priority the level of provision is up to a maximum of 21 hours of care.

Services may also include a meals delivery service.

### **Moderate**

### **Priority Level 3**

Assistance can be provided with all of the functions outlined in para 6.1, however in relation to housework, provision will be to a maximum of one half hour per week or

one hour per fortnight. When assistance is required with meals, two cooked meals can be provided and a third meal can be prepared, if required. In addition to this hot drinks or snacks can be provided in the context of other visits such as bedding down visit.

At this level of priority the level of provision is up to a maximum of 7 hours.

Services may also include a meals delivery service.

## **Low**

## **Priority Level 4**

At this level of priority no care at home service will be provided. Information about other sources of assistance will be provided.

### **6.2 Day Support**

Day Support services are offered to people who require assistance with a wide range of tasks in respect of daily living. Falkirk Council provides day services which enable service users to improve their independent living skills and assists them in leading more productive and meaningful lives. This may include assisting them to access community activities during the day, including access to education, training and employment. The service will sometimes include support with personal care.

Day services will be offered as close to people's homes as possible. Personal choice will be considered within the application of best value.

Day services may be provided for people who are resident in supported accommodation where day activity is not part of the funding arrangement for care.

People resident in a care home will not ordinarily be eligible for day services on the basis that day support and services are already funded as part of the care home fee.

## **Critical**

## **Priority Level 1**

Day Services can be provided up to a maximum 5 days per week.

## **Substantial**

## **Priority Level 2**

Day Services can be provided up to a maximum of 3 days of day care.

## **Moderate**

## **Priority Level 3**

Day Services can be provided up to a maximum of 1 day.

## **Low**

## **Priority Level 4**

Day Services will not normally be provided. Information about other sources of assistance such as lunch clubs, local groups and community centre activities will be provided.

### **6.3 Transport**

Transport to and from day services or other services will only be provided where there are no other means of transport available. The decision about provision is based on the person's ability to use public transport or subsidised transport such as Dial a Journey.

Where mobility allowance is payable there is an expectation that this will be used for transport to and from services.

### **6.4 Equipment and Adaptations, including MECS and Telecare**

The purpose of any equipment or adaptation is to increase or maintain functional independence. At all levels of priority the equipment or adaptation will meet essential needs only.

Equipment or aids to support people to manage more independently and safely can include bath boards, toilet frames, bath lifts, seating or Mobile Emergency Care Service (MECS) alarm unit.

Minor adaptations to a house can include items such as grab rails at the front door and banisters inside the house.

A major adaptation is any permanent work to a home costing over £1,500, which is carried out to help people with disabilities to remain independent. Major equipment and adaptations include alterations to the fabric of the building, stair lifts, hoists and ramped access.

Major adaptations are complex and have longer lead in times. Funding for major adaptations comes from either Grant application from the Local Authority or provision of the adaptation by the relevant landlord.

#### **Critical**

#### **Priority Level 1**

Essential equipment will be provided within 2 working days of receipt of requisition at the JLES following the completion of the assessment.

Where a minor adaptation to the home is required the process of contracting the works will be initiated within 48 hours of carrying out the initial assessment. In the interim assistance will be provided to reduce and manage any immediate risk.

Where a major adaptation to the home is required the plans should be agreed (where planning permission is not required) and progressed either by referral for a grant application or request to the landlord within 3 months from completion of the assessment. These are timescales for assessment not the completion of the work carried out in a person's home.

#### **Substantial**

#### **Priority Level 2**

Equipment will be provided within 8 weeks of the completion of the assessment.

Where a minor adaptation to the home is required the process of contracting the works will be initiated within 8 weeks. In the interim assistance will be provided to reduce and manage any immediate risk.

Where a major adaptation to the home is required the plans should be agreed (where planning permission is not required) and progressed either by referral for a grant application or request to the landlord within 3 months from completion of the assessment.

**Moderate**

**Priority Level 3**

**We will aim to meet the needs of this category if this would avoid provision of/or dependence on services.**

**Low**

**Priority Level 4**

Equipment and adaptations will not be provided at this level of priority.

### **6.5 Short Breaks- Respite Care**

The definition of a short break is:

“Respite care is a means of support to give a carer and the person they care for a break from their normal routine and the often stressful demands of their caring situation. People without a carer can also benefit from a break from their home circumstances. Short breaks are an essential part of the overall support that families and carers need to help them care for a family member, partner or friend.”

Short breaks should deliver positive outcomes for both the carer and the person with care needs.

Outcomes might include:

- A break from day-to-day routines
- Time to rest and ‘recharge the batteries’
- Opportunities to meet new people and build friendships
- Time to pursue personal interests, leisure or cultural activities
- Time to learn and experience new things
- Improved health, physical and mental wellbeing
- Greater independence and self confidence

Short breaks should offer opportunities and experiences tailored to individual needs in a variety of settings.

Breaks can involve either time apart or time together with extra support and can vary from several hours to several weeks. They can be provided on a planned basis, as a holiday or in emergencies”.

(Shared Care, 2009)

Personal choice will be considered within the application of best value.

**Critical**

**Priority Level 1**

A short break at this level of priority is often in response to a crisis, or to prevent the breakdown of the home situation.

Short breaks can be provided to people living in their own home up to a maximum of six weeks (315 hours) per year.

Short breaks can be offered at a level and frequency, which ensures that the person can be supported and stay in their own home for as long as possible.

Short breaks will not be available to people already resident in supported accommodation or a care home.

**Substantial**

**Priority Level 2**

Short breaks may be provided to people living in their own home up to a maximum of four weeks (210 hours) per year.

**Moderate**

**Priority Level 3**

Short breaks may be provided up to a maximum of two weeks (105 hours) per year.

**Low**

**Priority Level 4**

Short breaks may not be offered at this level of priority.

**6.6 Care Home - Residential or Nursing Care**

Where people cannot remain or be maintained in their own home due to significant health and risks a care home placement will be offered.

As noted above care home placements may also be offered where the costs of maintaining someone at home are in excess of the net cost of the care home placement.

A nursing home placement should only be offered to people who require nursing care, which requires to be overseen by a health care professional.

For all older people care home placement will be subject to the completion of an Iorn scoring at level F and above.

Where a placement of first choice is unavailable, people will be asked to identify second and third choices of care home. Placement will be offered to the first available vacancy.

**Critical**

**Priority Level 1**

Care home placement will only be offered at this level of priority.

**Substantial**

**Priority Level 2**

Care home placement will not be offered at this level of priority.

**Moderate**

**Priority Level 3**

Care home placement will not be offered at this level of priority.

**Low**

**Priority Level 4**

Care home placement will not be offered at this level of priority.

**6.7 Community Advice Services (offers welfare benefits and debt advice)**

Referrals for welfare benefits advice can be made through our Welfare Benefits Helpline on 01324 501404. We will prioritise welfare benefit referrals based on the required need, taking into account whether the service user has any income at all or if there are any specific time limits determined by the Department for Work and Pensions (DWP) or Her Majesty's Revenues and Customs (HMRC), or by the Tribunal Service (TS).

Referrals for debt advice can be made through the Debt Helpline on 01324 506735 or through the local Social Work Office. We will prioritise referrals based on the required need.

**Critical**

**Priority Level 1**

This priority level will be relevant where a service user is facing eviction, house repossession, court summons or any other legal action for recovery of debt.

**Substantial**

**Priority Level 2**

This priority level will be relevant where a service user is in a multi-debt situation with either no or little disposable income, mental health problems or where the creditors are threatening legal action for recovery of debt.

**Moderate**

**Priority Level 3**

This priority level will be relevant where a service user is in a multi-debt situation but is managing to keep payments up to date but requires enter a debt management strategy to reorganise their finances.

## **Low**

## **Priority Level 4**

General advice and guidance is given to individuals with this priority. Individuals in categories 1, 2 or 3 above will be given priority and be seen before individuals requiring a low service input.

### **6.8. Direct Payments**

Direct Payments are cash payments made by the Local Authority, sometimes including payments from Health, to people who have been assessed as needing help from Social Care Services (and Health Services), and who would like to arrange and pay for their own care and support services instead of receiving them directly from Health or the local Council.

A person must be able to give their consent to receiving direct payments and be willing and able to manage them even if they need help to do this on a day-to-day basis. Support to manage a direct payment is available from local support organisations.

The payment made will be the equivalent of the costs to Falkirk Council (and NHS Forth Valley) to provide the level of care required. To establish the level of care the eligibility framework will be applied as if the Council was providing the care.

### **7. Authorisation outwith maximum criteria**

There will be instances where a service users care package will potentially exceed the maximum limits set in this guidance note. If this situation arises the discussion to offer additional funding for all cases should take place with the Team Manager and a clear view given of the necessity exceeding the limits set by the eligibility criteria. The Team Manager should forward the request and information to the Service Manager for approval. The following timescales should be applied:

|             |                            |
|-------------|----------------------------|
| Critical    | - Decision within 24 hours |
| Substantial | - Decision within 10 days  |
| Moderate    | - Decision within 4 weeks  |

### **8. Review Process**

The above guidance applies to both existing and new service users and carers across all care categories. In order that fairness and equity is applied across Community Care services.

### **9. Complaints**

Any complaints by a service user / carer should be dealt with through the Social Work complaints procedure. Enquiries from Elected Members will be dealt with following the guidance for Members enquiries / complaints.

**Table 1: Definitions of Risk / Priority**

**Risks relating to neglect or physical or mental health**

| CRITICAL   | SUBSTANTIAL   | MODERATE   | LOW   |
|--|---|--|---|
| (High)   |   | (Medium/<br>Preventative)  | (Low/<br>Preventative)  |
| Major health problems which cause life threatening harm or danger to client or others.   | Significant health problems which cause significant risks of harm or danger to client or others.      | Some health problems indicating some risk to independence and/or intermittent distress. Potential to maintain health with minimum interventions. | Few health problems indicating low risk to independence, potential to maintain health with minimum interventions. |
| Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination). | Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination). | Vulnerable person need to raise their awareness to potential risks of abuse.   | Preventive measures including reminders to minimise potential risk of abuse.                                      |

**Risks relating to personal care / domestic routines / home environment**

| CRITICAL  | SUBSTANTIAL  | MODERATE   | LOW  |
|---|--|--|--|
| (High)  |  | (Medium/<br>Preventative)  | (Low/<br>Preventative)   |
| Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.  | Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.                | Unable to do some aspects of personal care indicating some risk to independence.         | Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence. |
| Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.                           | Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.                   | Able to manage some aspects of domestic activities indicating some risk to independence. | Able to manage most aspects of basic domestic activities.  |
| Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to independence. | Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to independence. | Able to manage some aspects of home environment, leaving some risk to independence.      | Able to manage most basic aspects of home environment.   |

**Risks relating to participation in community life**

| CRITICAL  | SUBSTANTIAL   | MODERATE  | LOW   |
|---|---|---|---|
| (High)  |   | (Medium/<br>Preventative)   | (Low/<br>Preventative)  |
| Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.  | Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.   | Unable to manage several aspects of involvement in work/ learning/ education and this will, in the foreseeable future, pose a risk to independence. | Has difficulty undertaking one or two aspects of work/ learning/ education/ family and/or social networks indicating little risk to independence. |
| Unable to sustain involvement in vital or most aspects of family/ social roles and responsibilities and social contact causing severe loss of independence. | Unable to sustain involvement in many aspects of family/ social roles and responsibilities and social contact causing significant distress and/or risk to independence. | Able to manage some of the aspects of family/ social roles and responsibilities and social contact that pose some risk to independence.             | Able to manage most of the aspects of family/ social roles and responsibilities and social contact that pose some risk to independence.           |

**Risks relating to carers**

| CRITICAL   | SUBSTANTIAL   | MODERATE   | LOW  |
|--|---|--|--|
| (High)   |   | (Medium/<br>Preventative)  | (Low/<br>Preventative)   |
| Carer has major physical/ mental health difficulties due to the impact of their role as a carer causing life threatening harm or danger to themselves or others.                           | Carer has significant physical/ mental health difficulties due to the impact of their role as a carer causing significant risk of harm or danger to themselves or others. | Carer able to manage some aspects of the caring/ family/ domestic/ social roles. Potential risk to breakdown of their own health identified. | Carer able to manage most aspects; has difficulty undertaking one or two aspects of their caring/ domestic role but with low risk. |
| There is a complete breakdown in the relationship between client and carer and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role. | There is a significant risk of breakdown in the relationship between client and carer and carer is unable to sustain many aspects of their caring role.                   | Relationship maintained although at times under strain between client and carer limiting some aspects of the caring role.                    | Relationship maintained between client and care by limiting aspects of the caring role.  |
| Carer is unable to manage vital or most aspects of their caring/ family/ work/ domestic/ social roles and responsibilities.  | Carer is unable to manage many aspects of their caring/ family/ work/ domestic/ social roles and responsibilities.  | Carer is able to manage some aspects of their caring/ family/ work/ domestic/ social roles and responsibilities.                             | Carer is able to manage most aspects of their caring/ family/ work/ domestic/ social roles and responsibilities.                   |