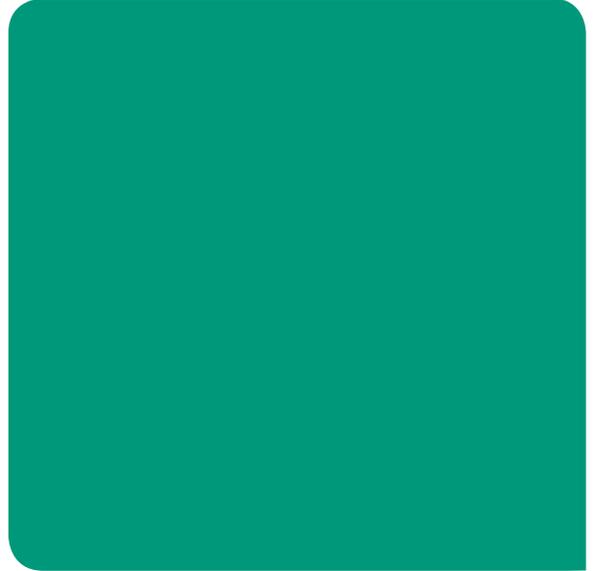


Facts about FACS 2010: A guide to Fair Access to Care Services



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Foreword

It is essential that we have a fair and transparent process for ensuring that social care support goes to the right people. Until the care and support system is reformed, Fair Access to Care Services (FACS) will remain the key mechanism for the equitable allocation of publicly funded social care support across all adult user groups in England. We know from the Commission for Social Care Inspection's (CSCI's) report *The state of social care in England 2006/07* (CSCI, 2008a) that eligibility criteria are not always applied consistently across the country.



Since the introduction of the original FACS framework in 2003 (DH, 2003), wide-ranging plans for the transformation of social care have been developed, finding their focus in *Putting people first* (DH, 2007) and the personalisation agenda. Key components of these transformative plans include the transparent allocation of funds to social care users via a personal budget, and the importance of offering high-quality, universal information and signposting services to those people not eligible for social services funding. The need for funding decisions to be fair, consistent and clear, and guidance on how to assist a wider range of people, who may not have approached social services before, is as important as ever.

SCIE is therefore pleased to be releasing *Facts about FACS 2010*, an accessible and thorough guidance document, drawn up with the Department of Health, for frontline staff and managers using FACS criteria to make funding decisions. You will be able to see in this guide what has stayed the same since FACS was first introduced; what has changed and what is completely new; and above all, what this means for their day-to-day practice. The guide comes with online training materials to help staff build on their knowledge and skills, and a leaflet about FACS that councils can adapt and use to inform their local residents about what to expect when they are assessed for social care services.

As adult social care changes to become ever more focused on the individual, it is vital that decisions about people's support needs are consistent, fair and easily understood by the people making those decisions and by those whose lives are affected by them. We hope that this guide, and the tools that support it, will make a contribution to achieving this goal.

Julie Jones CBE

Chief Executive, SCIE

Top 10 tips to the FACS guidance: what does this mean for practice?

- 1 An individual seeking or referred for help with a social care need, regardless of their impairment, is entitled to a FACS assessment that is fit for purpose.**
- 2 An individual's financial situation must not pre-empt or influence the assessment of their social care needs.** Eligibility assessment always precedes financial assessment.
- 3 Assessments and support planning are focused on ways to achieve agreed outcomes, not driven by needs or impairments.**
- 4 Do not filter individuals out too quickly on too little information.** Further investigation may reveal eligible needs behind lower level 'presenting' needs.
- 5 Think prevention, early intervention, wellbeing and safeguarding:** they can prevent or delay needs escalating.
- 6 Think signposting, information and advice as routes to wider choice,** whether or not the individual is likely to be eligible for publicly funded support.
- 7 Think personalisation** to promote greater choice and control for individuals, and sustain options for carers.
- 8 Think beyond adult social care services.** Suitably adapted housing, smart technology and equipment, improved healthcare, greater benefits take-up and community support can all help to delay or avoid the need for care.
- 9 Think self-directed support, direct payments, personal budgets and co-production** as the means to achieve more flexible, personalised solutions.
- 10 Recognise carers and personal and community networks as valued partners in care.** Providing support for them is a worthwhile investment.

1 Introduction to the FACS guidance

1.1 Purpose

The purpose of the SCIE guide *Facts about FACS 2010* is to provide information and support for those involved in implementing the 2010 Fair Access to Care Services (FACS) framework.

The guide builds on the content of the Department of Health's *Prioritising need in the context of Putting people first: A whole system approach to eligibility for social care* (DH, 2010). Hereafter, this DH document is referred to as FACS 2010. The SCIE guide is supported by an interactive e-learning programme *Facts about FACS 2010: Implications for practice*, that can be found at www.scie.org.uk

A public information leaflet, *Facts about FACS 2010: What you can expect*, is also available for people using or seeking services, and their carers, as well as parents of disabled children and relatives of others requesting or referred for adult services.

1.2 Who is the guide aimed at?

The guide is aimed at anyone undertaking assessments or referrals for or on behalf of the councils with adult social services responsibilities (CASSRs), including:

- social workers, care managers, members of other professions and other staff using FACS to make key decisions about individuals' and carers' eligibility for support
- first line managers who are responsible for overseeing the decisions being made in their organisations about people's eligibility for support
- staff handling complaints and appeals against FACS decisions
- trainers and educators of social work students, newly qualified social workers and those working in social care settings.

People using or seeking services and support, and their carers, parents of disabled children and relatives of others requesting or referred for adult services might wish to use the guide as well as the public information leaflet *Facts about FACS 2010: What you can expect*.

The guide may also be helpful to other groups with an interest in the FACS system, including: local authority members, GPs, hospital and other NHS staff, managers and trust members, staff providing information and advice to people who want to use services, advocates, brokers and independent representatives and service providers, managers and workers in the private and voluntary sector.

1.3 What is FACS?

FACS is a national eligibility framework for allocating social care resources fairly, transparently and consistently. CASSRs interpret the national eligibility bandings and criteria in respect of the needs of their community and local budgetary considerations. The framework aims to deliver:

Fair (equitable, non-discriminatory and inclusive)

Access (providing the right to services and information at the right time, the right place and appropriate to need) to

Care Services (services and information to meet the needs of individuals, carers and communities)

Table 1 outlines the four eligibility bands – critical, substantial, moderate and low – that have been specified nationally. These are implemented through the assessment process. The bands grade eligibility needs in terms of risk to an individual's independence and wellbeing and the consequences of their needs not being met.

Table 1: FACS bandings and eligibility criteria for individuals

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:

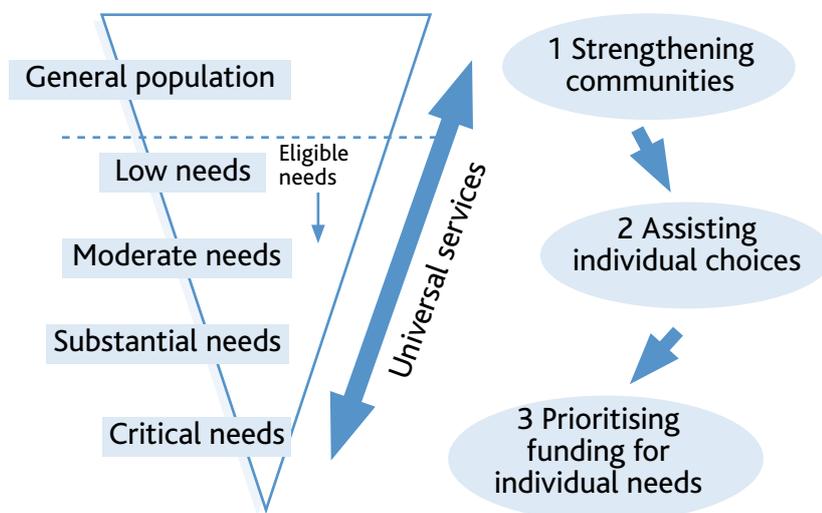
- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not be sustained; and/or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

Source: 'Eligibility criteria framework', from DH (2010, para 54)

As indicated in Figure 1 below, the eligibility bands are set in the context of the:

- general population
- recognition that universal services need to be expanded to meet the needs, demands and expectations of the general population and for individuals and carers
- need to strengthen communities, assist individual choices and prioritise funding for individual needs.

Figure 1: Eligibility needs in the context of the environment



Source: 'Eligibility for social care', Figure 2, from DH (2010, para 42)

1.4 Why was FACS reviewed?

FACS was introduced in 2003 to provide CASSRs with a framework for determining eligibility to adult care services. FACS provided guidance to CASSRs about how they should carry out assessments and reviews and support individuals through the processes.

The implementation of FACS 2010 has to be seen in the context of wider policy developments, and these include:

- *Putting people first: A shared vision and commitment to the transformation of adult social care* (DH, 2007a)
- *Shaping the future of care together* (DH, 2009b)
- *Cutting the cake fairly: CSCI review of eligibility criteria for social care* (CSCI, 2008b)
- Mental Capacity Act 2005
- *Chavda v Harrow LBC [2007] EWHC 3064 (Admin)*
- National Carers Strategy (DH, 2008a)
- Independent Living Strategy (ODI, 2008)
- *Valuing people now* (DH, 2007b)
- National Dementia Strategy (DH, 2009).

Authorities across England are at different stages in implementing these changes. In using this guide, anyone, either as an employee or on behalf of CASSRs, undertaking assessments, will need to be mindful of the situation within their area.

1.5 What's remained the same, what's changed and what's new or enhanced?

This section summarises the main aspects of FACS that are the same, those that have changed and those that are new or enhanced as a result of wider policy changes. The focus is on the implications for practice of assessors and those taking referrals. Thus areas such as commissioning, training and development, and monitoring of the assessment processes, are not included.

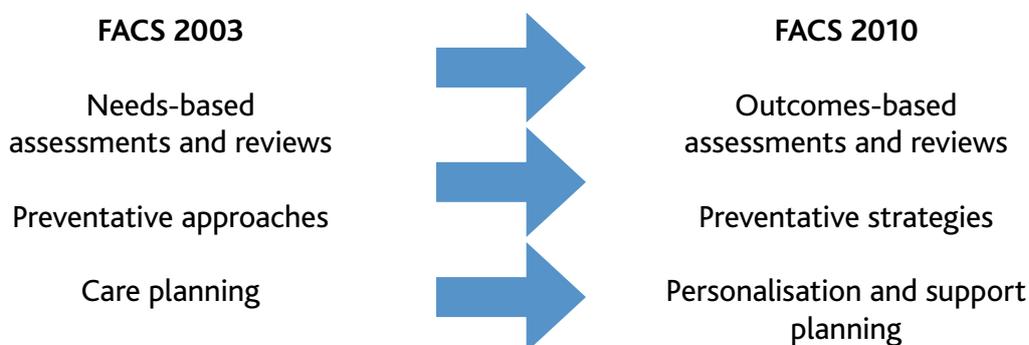
1.5.1 What's remained the same?

- The national eligibility bandings and criteria for adults using or seeking care services (see Table 1)
- The requirement to assess eligible needs prior to financial assessment
- The groups eligible for social care services
- The requirement to provide an immediate response in emergencies and crises, followed by a fuller assessment
- The provision for adults moving from one council area to another
- Practices for dealing with withdrawal of services (which should be handled with caution and sensitivity) and when adults seeking services are not eligible for support
- The need to recognise that adults who have parenting responsibilities for a child or young person may require help with these responsibilities, to promote the child/young person's wellbeing and to safeguard them.

1.5.2 What's changed?

The features of FACS 2003 which are changed in FACS 2010 are as listed in Figure 2 below.

Figure 2: Features changed in FACS 2010



1.5.3 What's new or enhanced?

The following changes in the wider policy context established by recent legislation, Putting People First, personalisation, service transformation and public service reform, need to be taken on board in applying FACS:

- Prevention, early intervention and enablement are to become the norm and are seen as an investment in wellbeing and delaying or preventing needs escalating.
- There is an enhanced focus on:
 - > rights, discrimination and equality, as well as social inclusion
 - > self-assessment, with support if necessary, before any formal assessment as a way of putting the person seeking support at the heart of the process
 - > early information on resource allocation, to assist self-directed support, personal budgets and the right to take managed risks
 - > 'first contact' as a critical aspect of assessment and referral, recognising that the first response can determine the quality of future contact and save time and cost on assessment later
 - > promoting community wellbeing and preventative approaches
 - > transitions, to ensure that young people with social care needs have every opportunity to lead as independent a life as possible and are not disadvantaged by the move between children's services and adult services
 - > improving information sharing between organisations
- The five statutory principles of the Mental Capacity Act 2005 *Code of practice* (DH, 2007c)
- The development and evaluation of the Common Assessment Framework (CAF) for adults through local authority-led demonstrators sites that run to 2012 and are working to inform improved information sharing between IT systems and across organisational boundaries
- The rights and needs of young carers as children and young people (Carers [Recognition and Services] Act 1995, Carers and Disabled Children Act 2000)
- Reforms introduced in April 2009 to establish a common approach to handling complaints in the NHS and adult social care (DH, 2008b).

2 What does FACS 2010 guidance mean in practice?

This section takes you through the implications of the FACS 2010 guidance for practice at the main stages of the process – initial contact, assessment, support planning and review.

2.1 Initial contact

2.1.1 Putting People First and the personalisation agenda in FACS 2010

'Putting People First sets out a shared ambition for radical reform of public services, promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities.' ('Introduction', DH, 2010, para 4)

Putting People First sets out policies for personalisation agreed between central and local government, the NHS and providers in all sectors. They are described in the 'Introduction' to FACS 2010 and referred to throughout the document as it is key to the implementation of FACS. To promote personalisation within the FACS framework, staff need to:

- understand the implications of the organisation's policies and procedures for promoting personalisation through referrals and assessments
- apply the principles of personalisation, enabling adults using or seeking services to participate fully from first contact, through assessment, determination of eligibility, support planning, review, monitoring and service development
- access and use information and advice on universal services, early intervention and community-based or specialist resources.

2.1.2 Who has the right to an assessment?

'Councils must not exempt any person who approaches or is referred to them for help from the process to determine eligibility for social care, regardless of their age, circumstances or the nature of their needs ... needs should be considered on person centred basis.' ('Eligibility for social care', DH, 2010, para 51)

In FACS 2010 the 'Eligibility for social care' section highlights the rights of individuals to an assessment, and not to be excluded on the basis of their means. When determining who has the right to assessment, staff will need to:

- respond in appropriate ways to a wider range of adults with a diversity of presenting needs
- access relevant up-to-date information about local resources and universal services to support and signpost adults seeking and using services.

2.1.3 First response: its importance for practice

'Getting the initial response right can save time and costs on assessment later... Councils should however be aware of the risks of screening people out of the assessment process before sufficient information is known about them....' ('Response to the first contact and assessment', DH, 2010, paras 75/76)

The 'Response to the first contact and assessment' section of FACS 2010 outlines the importance of the first response to someone seeking services. The quality of the first contact with individuals can have a major impact on their willingness to engage in the future.

Staff involved in receiving referrals and making initial contact should:

- ensure that the approach is welcoming, that the individual's or family's presenting needs and concerns have been listened to and taken seriously and at the end, that people are clear about what will happen next
- recognise levels of risk and their implications for urgency of response
- explain the organisation's procedures for implementing FACS to the individual or family if appropriate
- be aware of presenting needs that may indicate future or escalating difficulties, including any indication of safeguarding concerns
- take into account, and make provision for, additional needs arising from restricted capacity or communication difficulties
- consider whether information, advice, advocacy and signposting to universal services, local groups and user-led organisations will enable individuals to continue to have choice and control in their lives
- accurately record the referral and/or initial contact.

2.1.4 Managing risks and safeguarding

'Giving people more choice and control inevitably raises questions about risk, both for individuals exercising choice over their care and support, and for public sector organisations who may have concerns about financial, legal or reputational risk.' ('Personalisation and support planning', DH, 2010, para 133)

'Personalisation and support planning' in FACS 2010 indicates two aspects of risk that need to be addressed in practice:

1. **Safeguarding**, where staff will need to:

- implement the organisation's procedures for safeguarding, including joint working agreements with partner agencies
- work with other professionals and agencies to reduce risk and safeguard adults and carers
- respond using the organisation's procedures to signs and symptoms of possible harm, abuse and neglect
- take appropriate action when there are serious safeguarding concerns, seeking advice from line managers and accessing specialist expertise

- work with children’s services when there is any indication of child safeguarding concerns.

The Department of Health has reviewed and consulted on current policy guidance on adult safeguarding, *No Secrets*, and is considering further action (DH, 2009f, 2009g).

2. Risk assessment and management, where staff will need to:

- implement the organisation’s procedures for risk assessment and management, including joint working agreements with partner agencies
- use agreed approaches to the assessment and management of risks when working in situations of uncertainty and unpredictability
- seek support when risks to be managed are outside own expertise
- when necessary, work within the organisation’s procedures for managing media interest in risk and safeguarding situations.

2.2 Assessment

2.2.1 Personalisation and the assessment process: implications for practice

‘The purpose of a community care assessment is to identify and evaluate an individual’s presenting needs and how these needs impose barriers to that person’s independence and/or wellbeing. Information derived from an individual’s assessment should be used to inform decisions on eligibility.’
 (‘Response to the first contact and assessment’, DH, 2010, para 78)

‘Response to the first contact and assessment’ outlines good practice when undertaking assessments. Staff should:

- work in partnership with people and their carers at all stages of the assessment process
- apply the principles of personalisation to:
 - > maximise people’s control over their lives, and prioritise the outcomes they value
 - > recognise individuals’ and carers’ expert contribution to assessment
 - > explore solutions that lie within the adult’s own network or through local community resources
 - > signpost or provide information and advice on support from universal services, other agencies and community resources
- draw on the results of self-assessment to inform the assessment process
- ensure that the scope of the assessment process is proportionate to the need and fit for purpose
- collect sufficient evidence to make a sound judgement about eligibility within the FACS bandings and criteria, agree outcomes, identify and manage risks and address any safeguarding issues.

2.2.2 Using the FACS framework to assess eligibility for social care support

'Councils can use the eligibility criteria framework ... to identify the needs which call for the provision of services (eligible needs), according to the risks to independence and wellbeing both in the immediate and longer term.' ('Eligibility for social care', DH, 2010, para 52)

When implementing the section on 'Eligibility for social care' and working with people to determine their eligibility for local authority-funded social care, staff need:

- an up-to-date knowledge of the council's policies and procedures for implementing FACS, and how they should be applied
- to provide accessible information and advice about the council's policies on FACS, the levels of eligibility it has agreed to meet, how self-assessment is taken into account and the separation between the assessment of eligibility for help and any financial assessment of how much they should contribute to the cost
- an open-minded and informed approach to providing or signposting information, advice and support for a wider group of adults seeking services
- the ability to explain the organisation's procedures for receiving and acting on feedback, compliments, complaints and appeals.

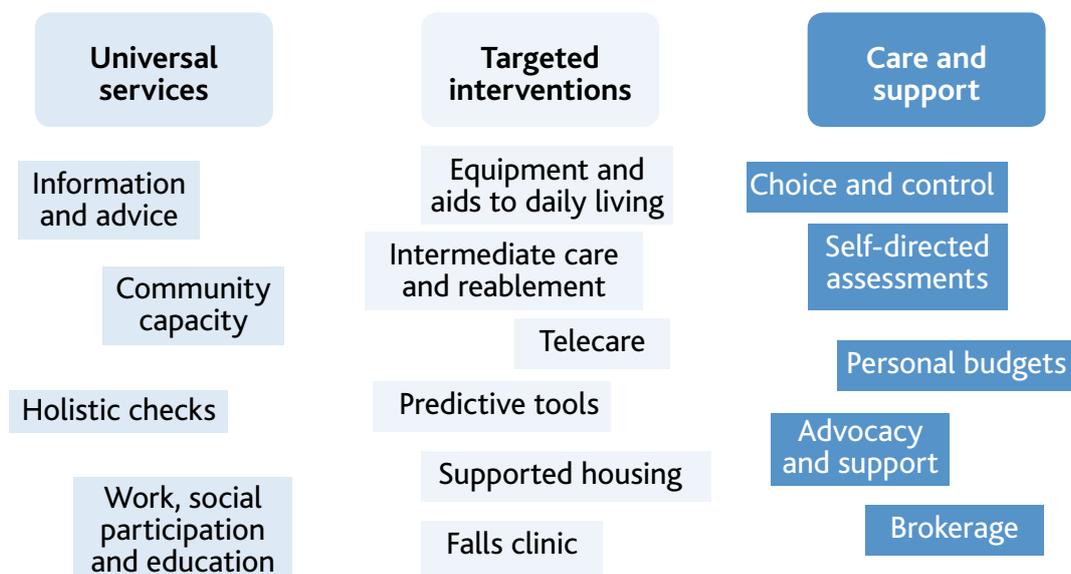
2.2.3 How will the outcomes approach in FACS 2010 impact on practice?

'Councils should work with individuals to explore their presenting needs and identify what outcomes they would like to be able to achieve. In this way they can evaluate how the individual's presenting needs might pose risk to their independence and/or wellbeing, both in the immediate and longer term.' ('Eligibility for social care', DH, 2010, para 59)

The practice implications of the emphasis on outcomes in the 'Eligibility for social care' section of FACS 2010 are that staff should be able to:

- help individuals to explore their presenting needs and circumstances, to:
 - > identify and agree outcomes they want to achieve
 - > plan how these can be achieved
 - > review progress, barriers and any changes required to the agreed outcomes
 - > identify any unmet needs that may prevent the realisation of agreed outcomes
 - > identify external and environmental factors that may cause or have caused, or exacerbate, the difficulties the individual is experiencing
- look outside as well as within social services to identify resources and services (see Figure 3) to achieve the agreed outcomes.

Figure 3: Types of resources and services



Source: 'Investing in prevention and wellbeing', Figure 1, from DH (2010, para 37)

2.2.4 Resource allocation: where do the priorities lie?

'The aim of the Resource Allocation System (RAS) should be to provide a transparent system for the allocation of resources, linking money to outcomes while taking account of the different levels of support people need to achieve their goals. It allows people to know how much money they have available to spend so that they can make choices and direct the way their support is provided.' ('Personalisation and support planning', DH, 2010, para 129)

'Personalisation and support planning' in FACS 2010 identifies the need for local authorities and other organisations involved in FACS processes to have a transparent system for allocating resources within agreed priorities. To achieve this staff should be able to:

- work within and apply the council's resource allocation system (RAS)
- explain to people and their families the different ways of holding a personal budget
- agree with individuals their preferred method of holding the personal budget and any support they need to set it up and manage it effectively and securely
- work within the council's financial systems to:
 - > provide individuals with an early indicative allocation of the level of funds for which they are likely to qualify
 - > agree the final amount of money that is available to the person on the basis of their assessment
 - > set out the arrangements for monitoring the use of the budget

- give information on what the individual and carers should do if they have difficulties with managing the personal budget, and what options the authority would consider.

2.3 Support planning

2.3.1 Personalisation, support planning and personal budgets: implications for practice

'Putting People First sets out a vision where all people in receipt of social care support and their carers should be in control of their own lives, using personal budgets to direct the funding available to them to meet their needs in the way that suits them best.' ('Personalisation and support planning', DH, 2010, para 119)

'Personalisation and support planning' in FACS 2010 identifies the vision for social care support to promote control and choice for people. To ensure effective and holistic support planning, staff need to:

- Involve individuals and their social networks in developing support plans by:
 - > promoting their capacity to use direct payments and personal budgets, and to contribute to the record of their own support plan
 - > ensuring they receive and understand information, before support is arranged, about the basis for financial assessment and any charges/contributions (The Department of Health has issued guidance on *Calculating an individual's contribution to their personal budgets*, 2009d)
 - > enabling individuals with limited capacity to participate as fully as possible in decisions about their lives
 - > providing information, advice, advocacy and/or brokerage, to help them plan their own support.
- Follow procedures to implement the law, the council's procedures, service coordination arrangements and multi-agency agreements when an individual's right to control has been limited.
- Ensure records of the support plan are in accessible formats and language, and:
 - > are person-centred and based on agreed and shared outcomes, assessments of risk and arrangements to manage them
 - > identify areas of disagreement or conflict about needs, risks and how to address them, together with any anticipated difficulties this might cause when carrying out the plan
 - > clarify resources, highlight responsibilities, identify when and how problems will be handled and set out what to do in emergencies.

2.3.2 Working with carers as expert partners in care

'The National Carers Strategy includes a ten year vision for carers, a commitment to move carers' issues to "the centre of family policy" and to reflect this by promoting the concept of whole family care planning following separate assessment. Undertaking effective carers' assessments is a key part of

making this a reality. The national strategy also calls for recognition of carers as expert partners in care.' ('Carers', DH, 2010, para 93)

The 'Carers' section in FACS 2010 identifies the need to take account of the support from carers when determining eligibility for individuals. Table 2 sets out levels of risk and criteria for assessing sustainability in the caring role.

Table 2: Levels of risk for sustainability of the caring role

Levels of risk for carers (Carers and Disabled Children Act 2000)
<p>Critical risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> • their life may be threatened • major health problems have developed or will develop • there is, or will be, an extensive loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role • there is, or will be, an inability to look after their own domestic needs and other daily routines while sustaining their caring role • involvement in employment or other responsibilities is, or will be, at risk • many significant social support systems and relationships are, or will be, at risk
<p>Substantial risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> • significant health problems have developed or will develop • there is, or will be, some significant loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role • there is, or will be, an inability to look after some of their own domestic needs and other daily routines while sustaining their caring role • involvement in some significant aspects of employment or other responsibilities is, or will be, at risk • some significant social support systems and relationships are, or will be, at risk
<p>Moderate risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> • there is, or will be, some loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role • there is, or will be, some inability to look after their own domestic needs and other daily routines while sustaining their caring role • several social support systems and relationships are, or will be, at risk
<p>Low risk to sustainability of the caring role arises when:</p> <ul style="list-style-type: none"> • there is, or will be, some inability to carry out one or two domestic tasks while sustaining their caring role • one or two social support systems and relationships are, or will be, at risk

Source: Carers and Disabled Children Act 2000 quoted in 'Carers', from DH (2010, para 102)

SCIE's Guide 9 *Implementing the Carers (Equal Opportunities) Act 2004* sets out good practice in work with adults and young people providing care (SCIE, 2005). When working with adult carers and young people providing care to family members, staff will need to:

- implement the council's policies and procedures for responding to requests for, and for carrying out, carers' assessments
- explain the council's policies on, and the bandings for, assessing risks to the caring role
- work in partnership with carers during their assessment ensuring, if they wish, they contribute through self-assessment
- identify and assess the sustainability of the support the carers or others in individuals' networks are able and willing to give in the immediate and longer term
- identify how the caring role impacts on the carer's employment, education, training or leisure, alternative employment opportunities and wellbeing
- provide, or signpost, relevant, timely, up-to-date information and advice about universal and community resources that support:
 - > the caring role
 - > the carer's own needs and wellbeing
- involve carers, when appropriate, in an individual's FACS assessment
- provide carers with accessible information on how to give feedback, raise issues or make complaints
- work to support and strengthen community-based resources that can be provided as universal services.

When working with young people providing care, staff will need to:

- identify whether anyone under the age of 18 is providing care for the individual
- work with children's services to:
 - > protect carers under 18 from having to provide inappropriate levels of care
 - > put in place support to promote young carers' opportunities to achieve positive outcomes
- provide timely information, advice and support for young people providing care, in ways appropriate to their age and understanding
- plan support for individuals that:
 - > does not rely on an inappropriate level of care from a child or young person
 - > enables young people providing care to remain and thrive within their family.

2.3.3 Signposting, information and advice

'... everyone should be able to access high-quality information and advice to point them in the right direction for help.' ('Introduction', DH, 2010, para 11)

A theme throughout FACS 2010 is the importance of providing information, advice and signposting to people whether or not they are eligible for publicly funded services. To implement this, staff will need to:

- know how to access the wide-ranging information and advice that might be required in their job role, and share this knowledge with people seeking support
- understand that what is familiar information to them is not necessarily known to people seeking support and their carers, and that information can be harder to take in when facing new or increasing levels of need, uncertainty and anxiety

- encourage and enable individuals to make the most effective use of universal services, in conjunction with their own strengths, capabilities and resources, to live as independently as possible
- avoid screening individuals out too early and ensure adequate signposting to other sources of support
- challenge inappropriate, inaccurate and discriminatory information.

2.3.4 Early intervention, prevention and wellbeing

'Putting People First says that there needs to be "a locally agreed approach ... utilising all relevant community resources especially the voluntary sector so that prevention and early intervention and enablement become the norm"' ('Investing in prevention and wellbeing', DH 2010, Section 33)

The 'Investing in prevention and wellbeing' section in FACS 2010 makes early intervention and prevention integral to the implementation of FACS. Staff should:

- always have prevention and early intervention at the front of their minds when carrying out any aspect of their work
- identify and work with individuals and their support networks whose situation presents a risk of deterioration or where problems are escalating, and where early intervention could prevent or delay the need for social care support
- provide targeted interventions (see Figure 3) to address specific barriers preventing individuals achieving agreed outcomes
- help people seeking support to access short-term health or technological support and re-ablement, to promote independence and reduce risks
- use predictive tools that can identify and target individuals at risk, or who could potentially benefit from signposting and early decision making
- identify sources of support for individuals and carers on the edge of needing social care, or who have low or moderate social care needs, to help them retain control over their lives and achieve the outcomes they want.

2.4 Review

2.4.1 Personalisation and the review process: implications for practice

'Councils should be prepared to be flexible about the way in which reviews are carried out. Individuals should be consulted about which way works best for them. Councils might wish to ask service users where they would like to have the review and who else they would want to be involved.' ('Reviews', DH, 2010, para 145)

The section on 'Reviews' in FACS 2010 acknowledges that individual needs are likely to change over time and regular reviews of support plans are required. The review should cover key aspects of the person's circumstances and the working of the support plan, including changes to outcomes, needs, risks, requirements, finances and coordination arrangements, and scope for widening the contributions the individual is making to family/community life. If outcomes are being met, people's needs and

levels of dependency may reduce or change over time, and they may therefore need less help and support. Staff undertaking reviews must:

- ensure the review process is open and transparent, promotes the participation of individuals and carers, is correctly recorded and conforms to relevant council procedures and interagency agreements
- meet any additional needs for support to participate in reviews, including those arising from a person's limited capacity or communication difficulties
- recognise signs and symptoms of deterioration because of physical, mental or emotional difficulties
- ensure the record of the review is in an accessible format and language and is compliant with council and interagency agreements
- ensure that individuals, and where appropriate their support networks, have copies of the review, know how to raise any queries or concerns and know when the next review will take place
- promote positive relationships with adults with low and moderate needs to ensure they are able to renew contact before problems reach a crisis.

2.4.2 Rights, discrimination and equality within FACS 2010: impact on practice

'Equality should be integral to the way in which social care is prioritised and delivered, allowing people to enjoy quality of life and to be treated with dignity and respect.' ('Response to the first contact and assessment', DH, 2010 para 91)

Equality and human rights form an important theme running through FACS 2010, specifically paragraphs 90 and 91. In ensuring equality and human rights are addressed, staff should:

- work within the organisation's policies and procedures for actively promoting equality and challenging discrimination
- apply a human rights and equal opportunities approach, ensuring no groups are excluded from assessment on the basis of diagnosis alone
- work with individuals to identify their cultural needs and appropriate support
- contribute to the identification, development and maintenance of community-based resources to meet diverse needs
- identify barriers to social inclusion of individuals, carers and families, and take action to address them.

2.4.3 How does FACS impact on transitions from children's to adult services?

'Successful transition depends on early and effective planning, putting the young person at the centre of the process to help them prepare for transfer to adult services.' ('Transitions', DH, 2010, para 138)

The 'Transitions' section of FACS 2010 identifies the action needed to ensure effective transitions from children's to adult services. To achieve effective transitions, staff should:

- put the young person at the centre and promote their involvement at all stages of the transition process
- implement agreements between children's and adult services, and joint multi-agency arrangements for effective transitions
- ensure planning begins early and at the agreed points prior to the date of transition, and take into account the impact on parents or carers of any changes in the young person's support
- support the young person and their family to identify and access the support available from universal and other services
- take account of the person's and family's medium and long-term needs and recognise that transition arrangements may need to continue over a period of years.

2.4.4 Ongoing support for adults with continuing needs

'Councils should ensure that a person's needs are considered over a period of time, rather than at a single point, so that the needs of people who have fluctuating and/or long-term conditions are properly taken into account.' ('Eligibility for social care', DH, 2010, para 63)

The 'Eligibility for social care' section in FACS 2010 highlights the needs of people who have continuing, long-term or fluctuating needs. When assessing or reviewing the needs of these individuals and their carers, staff should:

- promote their involvement, and where appropriate their support networks, and report on and address any identified barriers
- ensure that the approach, including when working with other agencies, is person-focused, and takes account of medium and long-term needs and their potential impact on the identification and achievement of agreed outcomes
- work within the council's agreements with the NHS on continuing healthcare, and with agencies more widely on multi-agency working
- be alert to new approaches to maximise independence and control offered through pilots (for example personal health budgets, CAF) and other initiatives
- identify and report any concerns about, or indications of, safeguarding issues.

3 Glossary

Adult seeking or using services	Any individual who has approached or been referred to a social care organisation requesting services or support of any type.
Carers	Family members, friends or neighbours who support another person with social care needs.
Carers and Disabled Children Act 2000	This Act sets out the responsibility of CASSRs to provide an assessment of the risks to a carer's role and the power to provide support either directly to a carer or through a service to the adult needing or using support. The assessment framework for carers closely models that for adults seeking or using services, but focuses on the risk to the sustainability of the caring role. The Carers (Equality) Act 2004 requires assessments to address employment, education, training, recreation and leisure. Parents of disabled children or young people can also ask for an assessment where the local authority is clear that they have a responsibility to the child or the young person and their family.
CASSRs	Councils/local authorities with responsibilities to provide or commission social care services for adults who are living within the council's boundaries.
Centres for Independent Living (CILs)	Grassroots organisations controlled by disabled people using services or managing their own support that provide information, services and peer support to adults who want to consider, or are using, direct payments, personal budgets and other methods to maintain control over their own lives. They apply social model approaches, and an integrated view of support needs. They can provide advice and support on recruiting and employing personal assistants, payroll and financial management, dealing with employment problems and establishing tailored arrangements for independent living.
Common Assessment Framework (CAF) for adults	<p>CAF for adults is being piloted in a number of local authorities. It provides a framework for the professionals involved to integrate their assessments and provides the basis for a care plan that addresses the outcomes that interventions aim to achieve in relation to:</p> <ul style="list-style-type: none"> • health • personal dignity and autonomy • choice and control • freedom from discrimination or harassment <p>Electronic systems in health and social care are linked and named professionals can share information.</p>

Common Assessment Framework (CAF) for children in need and their families	<p>This is different from the CAF for adults. The CAF for children in need and their families provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child, including how to keep them safe. The assessment has safeguarding and promoting the child's welfare at its centre and evidence is collected in relation to:</p> <ul style="list-style-type: none"> • children's or young people's developmental needs • the parenting capacity of those caring for them • family and environmental factors.
Communities	<p>Groups of people who share common interests. These may occur because they live in the same geographical area, and the impact of any changes or loss of resources or amenities in the place where they live affects their daily lives and those of their family. Alternatively, the shared interest may arise because the individuals have issues or ways of life in common although they may be geographically spread, nationally and internationally. For example, the deaf community, faith groups, different black and minority ethnic groups, lesbian, gay, bisexual and transgender (LGBT) people, share a history and a heritage, and often a shared experience of living in poverty or facing exclusion, discrimination and harassment.</p>
Complaints: Local Authority and NHS Complaints Regulations 2009	<p>These regulations provide a unified system for complaints for local authorities and the NHS. They replace the separate systems and include a duty to cooperate in the handling of complaints. There is a statutory requirement for cooperation between the two organisations.</p>
Direct payments	<p>These are cash payments made to individuals who have been assessed as eligible for publicly funded social care support. The cash payments enable individuals to choose the support that best meets their needs and that will achieve agreed outcomes. Those who want it can receive help with handling a direct payment, and specific provision is available for those who lack capacity.</p>
Eligibility criteria	<p>These are set out in the FACS 2010 framework guidance. The aim is to ensure that there is fair access to services for individuals living in the same authority and, depending on the council's resources, for individuals with similar levels of social care needs in different parts of England. The criteria describe in an open and transparent way the evidence of levels of social care need that should be demonstrated during an assessment.</p>
Eligible needs	<p>These are the social care needs of the individual that fall into the different bands of eligibility. The bandings are: critical, substantial, moderate and low. The wording of the four bands is prescribed nationally.</p>

Equality Bill 2009–10	This Bill brings together existing legislation and statutory instruments promoting equality and challenging discrimination on grounds of gender, disability and ethnic background. It makes comparable provision against discrimination in provision of goods and services, including health and social care services, on grounds of age, faith and sexual orientation. It creates an extended duty for the public sector to promote equality and to tackle poverty.
Every Child Matters	<p>Every Child Matters (ECM) is the policy framework for social care services to children, adolescents and families. It identified five outcomes that are most important to children and young people:</p> <ul style="list-style-type: none"> • being healthy • staying safe • enjoying and achieving • making a positive contribution • achieving economic wellbeing <p>The five outcomes are universal ambitions for every child and young person whatever their background or circumstances. There is particular concern to improve outcomes for children and young people who spend time in the care system. The outcomes are mutually reinforcing. For example, children and young people learn and thrive when they are healthy, safe and engaged and the evidence is that educational achievement is the most effective route out of poverty. Improving outcomes for all children and young people underpins all of the development and work of children's trusts.</p>
General population	All adults and children living in the CASSR's boundaries.
Independence	People are able to maximise the choice and control they have over their lives, and have access to support that best fits their needs, preferences, aspirations and culture. Supportive communities contribute to people's capacity to exercise choice and control over the way they live their lives and the support they can access.
Indicative allocation	At an early stage, the person eligible for publicly funded services is told roughly how much money it is likely to cost to obtain the support that meets their needs. The approximate amount of money informs support planning. The final amount of the personal budget will only be set when there is an agreed support plan that specifies agreed outcomes that meet eligible social care needs.

Mental Capacity Act 2005	This Act provides a statutory framework for acting and making decisions on behalf of people who have been assessed as lacking capacity to make specific decisions themselves. It outlines five principles that must underpin every stage of the process. It can also be used by people who want to prepare for the time when they may lack capacity in the future. The Act sets out who can act and take decisions on behalf of an individual deemed to lack capacity, the situations in which the authority to act applies and the processes that should be followed.
NHS continuing healthcare decision support tools	A tool is set out in <i>The National Framework for NHS continuing healthcare and NHS-funded nursing care</i> (DH, 2009c). It is designed to ensure that assessing practitioners take into account the full range of factors relevant to reaching decisions about a person's eligibility for NHS-funded continuing care. Practitioners can use the tool to bring together and record evidence against 12 care domains or generic areas of need. These are: behaviour, cognition, psychological and emotional needs, communication, mobility, nutrition, continence, skin, breathing, altered states of consciousness and other significant care needs. Each domain is sub-divided to enable the practitioner to reach a decision about whether the person's need in that domain is low, moderate, high, severe or priority.
Outcomes	These are the results a person wants to achieve through accessing their own social care or receiving social care support. The aim is to evaluate how the individual's needs impact on their independence and wellbeing in the immediate and longer term, and how to reduce or remove the blocks to achieving the results that have been agreed.
Personal budgets	Individuals who are eligible to receive publicly funded social care support are allocated an agreed amount of money so that they can direct the funding to meet their needs in ways that best suit them.
Personalisation	This policy involves putting the outcomes that people want to achieve at the centre of assessment, planning, implementation and reviews. The aim is to promote the individual's wishes about the outcomes they are aiming to achieve, and the solutions that best fit how they want to maximise their independence, promote their dignity and wellbeing. These may include better access to universal services. A second component of personalisation is an emphasis on early intervention and prevention to reduce or delay the need for social care support, and providing information and advice for people who are not eligible for publicly funded social care support.

Presenting needs	The full range of issues or problems identified when an individual first contacts, or is referred to, a CASSR seeking social care support. Some or all of them may fall outside the definitions determining eligible needs.
Primary prevention	This refers to action taken at the strategic level locally, regionally and nationally to avoid problems occurring in the population. Examples include strategies to prevent obesity, alcoholism, domestic violence and to promote healthy lifestyles. Workers in adult care are mainly involved in trying to reduce the impact of problems that have already arisen, but their work is supported by action taken at the level of whole populations.
Putting People First 2007	A joint protocol on adult social care, endorsed by government departments, local authorities, cross-sector providers, professional and standards bodies, setting out a vision for the reform of adult social care services to promote personalised support, help people exercise choice and control over the way they receive support and encourage strong and supportive communities.
Resource Allocation System (RAS)	A system that seeks to calculate, in a clear and rational way, how much money a person is likely to need to arrange support for their eligible needs. The system helps the person to understand how the amount of money they have been allocated was arrived at, and to use the information to make their own choices and direct the way their support is provided.
Self-assessment	Self-assessment involves the council providing information a person can use to make their own preliminary assessment of their needs, and whether and how far they are likely to equate to the local eligibility criteria. The assessment focuses on the outcomes the individual and their family/carers want to achieve in meeting their eligible needs. The assessment looks at the individual's situation as a whole, taking into account the resources in their own support networks and the needs of family members and others who provide support. The CASSR's duty to assess needs can be met through self-directed assessments which are proportionate to the person's needs and situation. The self-assessment then feeds into the person's self-directed support plan.
Universal services	These are services that can be accessed by the general population, and include health, education, housing, training, employment, recreation and leisure, transport, community support groups and services provided in the commercial and business sector. Access to these services is not dependent on having been assessed to have eligible social care needs.

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About the development of this product

Background

This was a focused Department of Health (DH) commission to re-write existing professional guidance on using FACS (Fair Access to Care Services).

Scoping and searching

No scope or searching was needed for this guide. Department of Health policy guidance was used to inform the new guidance.

Stakeholder involvement and consultation

SCIE consulted widely with sector leaders, Association of Directors of Adult Social Services (ADASS), provider and pressure groups.

Peer review and testing

The draft material for the guidance was tested with frontline social workers and managers.

Facts about FACS 2010: A guide to Fair Access to Care Services

The purpose of this guide is to provide information and support for those involved in implementing the 2010 Fair Access to Care Services (FACS) framework. It builds on the content of the Department of Health's *Prioritising need in the context of Putting people first: A whole system approach to eligibility for social care*.

The guide is supported by an interactive e-learning programme *Facts about FACS 2010: Implications for practice*. A public information leaflet, *Fair Access to Care Services: Your questions answered*, is available for people using or seeking services, and their carers, as well as parents of disabled children, and others requesting or referred for adult services. We have also produced an easy read version of this. All these resources can be found at www.scie.org.uk

This publication is available in an alternative format on request.

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