

Case study 1 - Social work needs assessment

Questions we need to answer for the case study

- We wish to focus on the decision making process rather than the complaints end of the process
- What is the underpinning legislation/statutory guidance?
- What eligibility criteria have the council set - is there a framework / proforma?
- Is there discretion over the support offered - how does the council make decisions where they have discretion?
- At what points in the process can people and there carers challenge the process?
- How many challenges have been made at each point, how many have been successful, and what is the (ballpark) cost of a challenge at each stage?

Background

1. Councils have a statutory duty to assess people's social care needs. If they assess a person as needing support and eligible to receive services, councils must provide or pay for services to meet these needs. People with social care needs include children and families, people with physical, sensory or learning disabilities or mental health problems, and older people. The duty to meet people's care needs can be difficult to manage as demand can be hard to predict and the amount of money available to pay for these services is finite.
2. Scotland's population is ageing. Between 2010 and 2035, the percentage of the population aged 65 or over is projected to increase from 17 per cent to 25 per cent (from 879,000 to 1.43 million). The number of people aged over 75 is projected to increase by 82 per cent from 406,000 to 738,000. This will increase demand on the care system, including social work.
3. Councils' spending on social work has been almost flat in real terms over the past five years, and will continue to be constrained in the medium term. Given the projected increase in demand for social work services and restricted budgets, councils need a process for prioritising resources to those most in need. They do this by assessing each person's needs using a consistent process and using eligibility criteria to focus the available resources on those most in need.

The needs assessment process

4. Local authorities assess users' and carers' needs using a common framework of four eligibility levels (Appendix 1 provides more detailed information on eligibility levels):
 - **Critical Risk:** Indicates that there are major risks to an individual's independent living or health and well-being likely to call for the immediate* or imminent* provision of social care services (high priority).

- **Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing likely to call for the immediate or imminent provision of social care services (high priority).
 - **Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the foreseeable future* without service provision, with appropriate arrangements for review.
 - **Low Risk:** Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.¹
5. Councils have discretion over the eligibility thresholds they set. Levels in an individual council will depend on the resources available and on the council's policies and priorities. Individuals assessed as having needs below a certain threshold may not be eligible for care arranged or funded by the local authority. In addition, assessments need to be regularly reviewed, this could mean that people who currently receive services could have them withdrawn, for example if their health improves.
6. A persons needs may be complex, for example involving health and housing as well as social work. Therefore, the needs assessment process may need to involve other council services and health services (Exhibit 1).

Exhibit 1

The social work needs assessment process needs to involve other agencies

Social work	Other council services	Health services
Counselling and therapies	Welfare rights & housing advice	Drug and alcohol services
Home care	Housing benefits	District nursing
Community centres	Transport services	Mental health services
Day care Meals	Disability benefits	GP services
Care homes	Advocacy	Occupational therapy and equipment
Adaptations to the home	Social housing	

Source Audit Scotland

¹ National standard eligibility criteria and waiting times for the personal and nursing care of older people, guidance, COSLA, Scottish Government, September 2009.

How the needs assessment process works

10. The purpose of the process is to assess a person's care needs and decide how to meet them. A social worker, district nurse, occupational therapist or another care professional, will carry out the assessment, depending on the person's circumstances. There may be the 'lead' care professional, but they work closely with other care professionals to prepare a care plan.
11. A number of people can request an assessment, including the person themselves, or their relatives or carers, a GP, district nurse, member of hospital staff, local housing officer or welfare rights officers. Councils carry out assessments in order of priority of need. If needs are very urgent, a person can receive help before the assessment. With a person's consent, carers can be involved in the needs assessment. People can also choose to have a friend, relative or advocate present during the assessment.
12. The care professional carrying out the assessment will ask questions to help them understand the person's needs and assess the suitability of their home. They will document the assessment and will ask the person's consent to share specific information with other professionals. After completion of the assessment, a person will be sent a copy of the outcome of the assessment. A review date will be set, usually six months after the date of the assessment. If the person meets the council's eligibility criteria, the care professional will develop a care plan setting out how their assessed needs may be met.
13. Councils may charge for some services and social work will carry out a separate financial assessment to determine the level of payments.
14. If a person disagrees with the assessment, they can request a further discussion of their needs. A person can also appeal the assessment, in East Lothian this goes to a tribunal with a suitably qualified independent chair.
15. If a person has a complaint about the way the assessment was carried out, the Social Work Department's has a complaints procedure. If the person is still unhappy at this stage they can complain to ... (This will be the Ombudsman after 2015).

Examples of how the needs assessment process can go wrong

16. Issue include (*this will be extended after further meetings*):
 - poor communication between social work and other council services
 - poor communication with the NHS
 - not having all of the information available when undertaking the assessment
 - key professionals' not being available/consulted
 - poor communication with the individual concerned or their carers (including a lack of information of why decisions are made).

"Case study 1

We will include one or two examples provided by councils of a page to a page and a half each. These should focus on where things have gone wrong in the process.

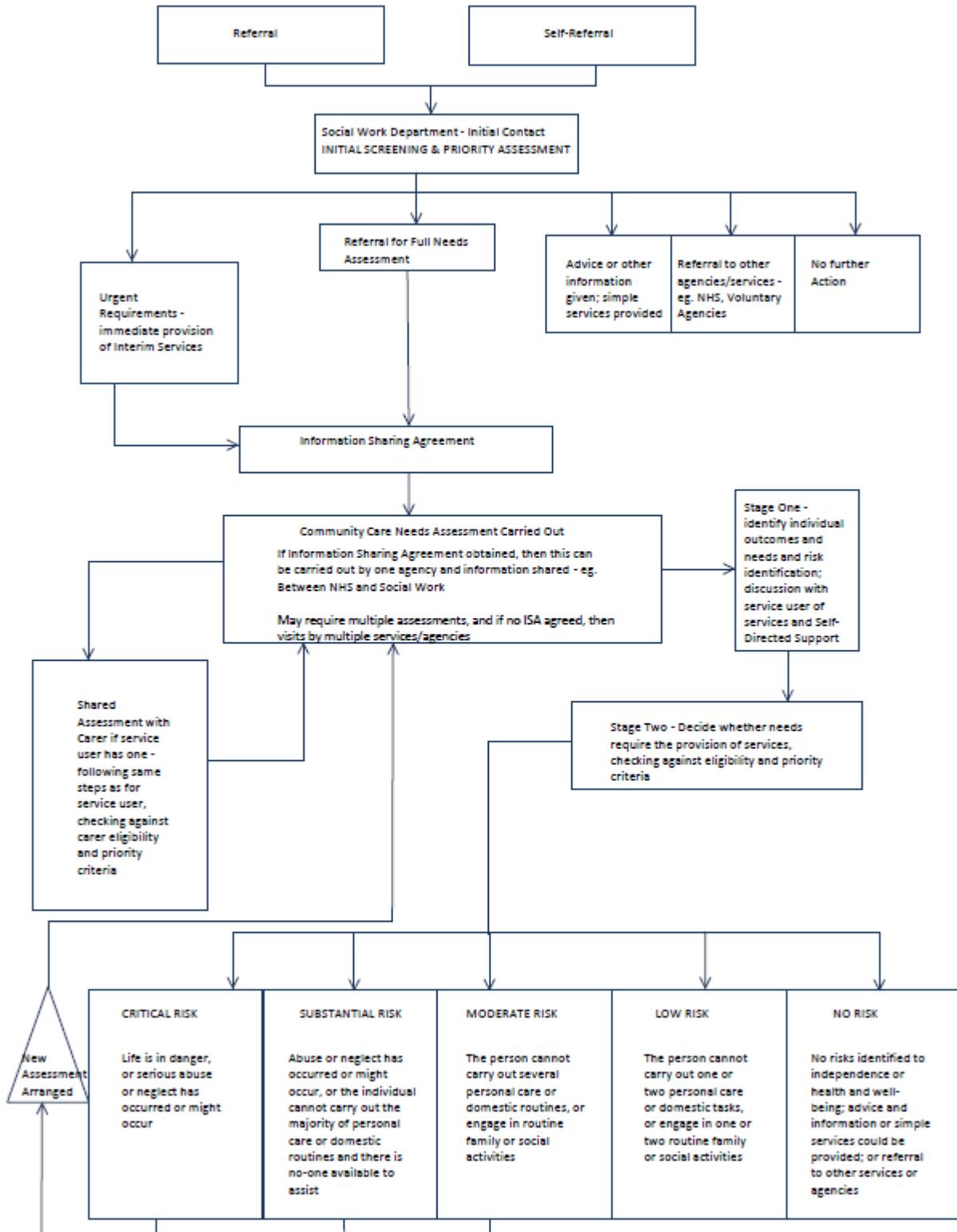
Improving the needs assessment process

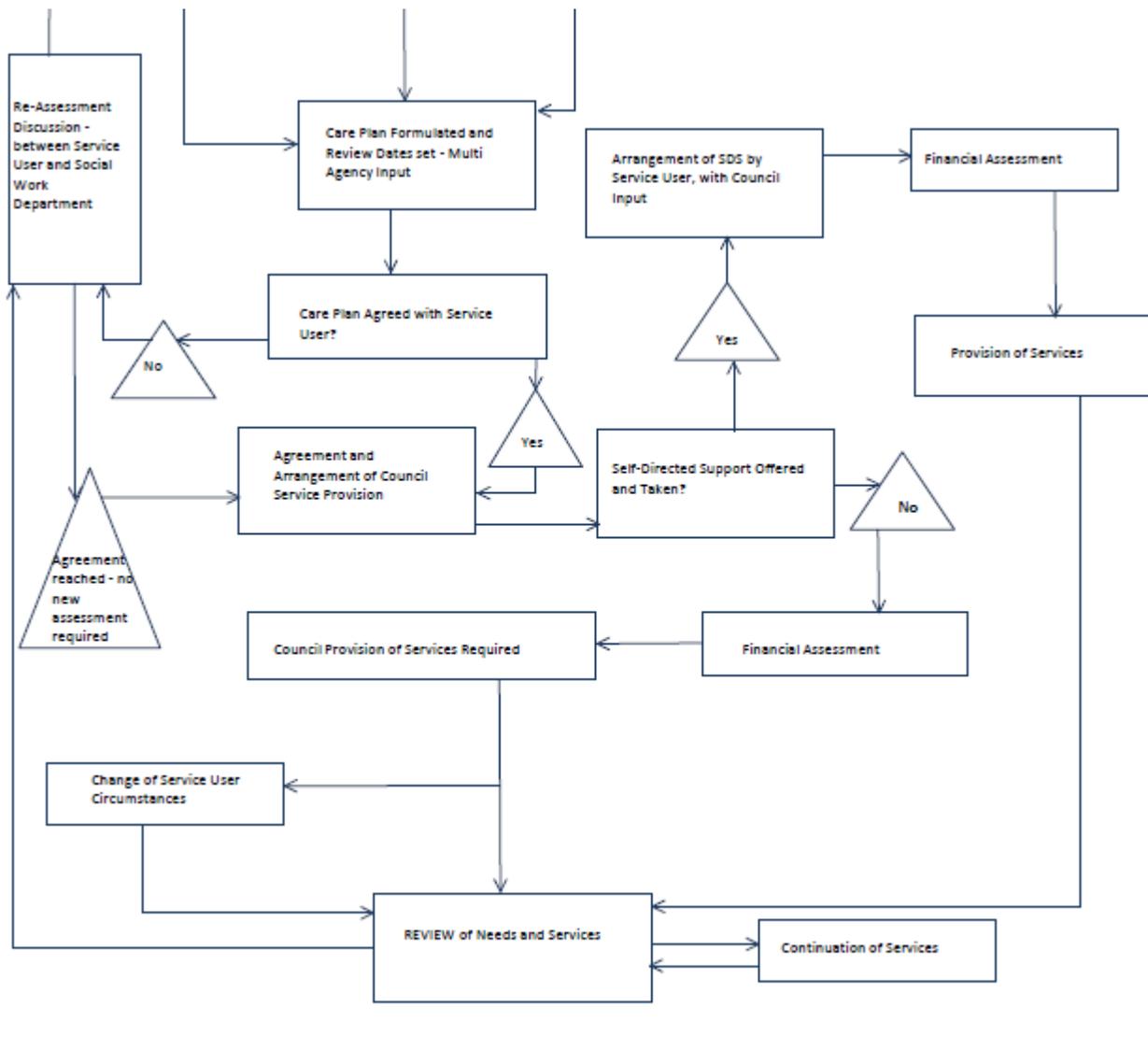
17. Exhibit 2 shows a map of the assessment process showing the number of assessments, appeals, complaints and cases being dealt with outside the council. Although there are relatively few appeals and complaints, they can be disproportionately expensive to investigate.

Exhibit 2

Map of the assessment and appeals process showing numbers of assessments, appeals, complaints and referrals

Although there are relatively few appeals and complaints, they can be disproportionately expensive to investigate





Source: East Lothian Council

Discussion

Recommendations

I don't think we would include recommendations in the case study sections, but we would integrate the overall lessons from all the case studies within the main report.

Appendix 1

Social Work: Needs Assessment: Legislation and Regulations

Primary Legislation

- **National Assistance Act 1948** – first introduced an obligation on Local Authorities to help the elderly who required supplementary benefits, and also to provide accommodation suitable for those who had extra care needs.
- **Social Work (Scotland) Act 1968** – the primary Act for the general social work functions of Local Authorities.
- **National Health Service and Community Care Act 1990** – amending the 1968 Act, this introduced the statutory duty upon Local Authorities to assess the needs of a person for whom community care services may be required.
- **Carers (Recognition of Services) Act 1995** – introduced a duty on Local Authorities to consider the needs of unpaid carers.
- **Community Care (Direct Payments) Act 1996** – allowed Local Authorities to consider making a payment direct to a service user so that they could arrange for their own support, as an alternative to council provision of care.
- **Data Protection Act 1998** – the primary Act in the UK for the protection of personal data.
- **Human Rights Act 1998** – enshrines the European Convention on Human Rights in UK law, guaranteeing the fundamental rights and freedoms of all UK citizens.
- **Adults with Incapacity (Scotland) Act 2000** – this Act sets out the provisions for the support and intervention in cases of adults who are not deemed to have capacity.
- **Regulation of Care (Scotland) Act 2001** – this Act established the Care Commission and the Scottish Social Services Council which, respectively, regulate registered care services and those employed in the social services.
- **Community Care and Health (Scotland) Act 2002** – this Act introduced Free Personal Care for all older people, and strengthened the rights of unpaid or informal carers.
- **Mental Health (Care and Treatment) (Scotland) Act 2003** – this Act strengthened the rights of those with mental disorders. Local Authorities were placed under additional duties to provide care and support services to people with mental disorders, and the protections against unnecessary compulsory measures and detention were strengthened.
- **Adult Support and Protection (Scotland) Act 2007** – this Act places a duty upon Local Authorities to investigate in cases where harm is known or suspected in relation to adults with disability, mental disorder, illness or mental infirmity.
- **Social Care (Self-directed Support) (Scotland) Act 2013** – this Act strengthens the rights of individuals to direct their own support, beyond simply direct payments – and allowing them to decide the level of control and input they want to have over their own support arrangements.

Secondary Legislation

- National Assistance (Assessment of Resources) Regulations 1992
- Community Care (Assessment of Needs) (Scotland) Regulations 2002
- Community Care (Direct Payments) (Scotland) Regulations 2003, as amended

Detailed Assessment Criteria**Critical**

- 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

- 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

- 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

- 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