

# Adult Social Care Policies and Procedures

## ASSESSMENT OF NEEDS

**WARNING!** Please note if the review date shown below has passed this procedure may no longer be current and you should check the PPG E Library for the most up to date version

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## POLICY VERSION CONTROL

<b>POLICY NAME</b>	<b>Assessment of Needs</b>		
<b>Document Description</b>	<b>This document describes the county council's approach to conducting social care assessments of need in line with the Care Act 2014.</b>		
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<b>0.3</b>	<b>17 November 2016</b>	<b>Kieran Curran/Sue Knox/Rachel Meadows</b>	<b>Various comments and edits.</b>
<b>0.4</b>	<b>16 March 2017</b>	<b>Kieran Curran</b>	<b>Edited for clarity and links to other documents.</b>
<b>0.4</b>	<b>23 March</b>	<b>Jaswant Johal</b>	<b>Additional comments on supported self-assessments, based on statutory guidance.</b>
<b>0.5</b>	<b>15 June 2017</b>	<b>Various</b>	<b>Final comments from PPG Strategy Group</b>

## 1. POLICY STATEMENT

The assessment process is one of the most important elements of the care and support system. The assessment is one of the key interactions between the county council and an individual, whether an adult needing care or a carer. The process must be person-centred throughout, involving the person and supporting them to have choice and control.

The Care Act 2014 assessment process starts when the county council begins collecting information about the person who may require social care support. Assessments are not just a gateway to care and support but a critical intervention in their own right. They can help people to understand their situation and the needs they have, help to reduce or delay the onset of greater needs, promote access to support when required, and help people to understand their strengths and capabilities, and the support available to them in the community from other networks and services.

An assessment should be appropriate, flexible and proportionate. The nature of the assessment will not always be the same for all people, depending on their circumstances, and could range from an initial contact which helps a person with lower needs to access support in their local community, to a more intensive, ongoing process which requires the input of a number of professionals over a longer period of time.

Assessments will differ in breadth and depth depending on an individual's circumstances. This means:

- additional exploration of underlying needs may be required;
- an individual or their carer may have needs which require more consideration only within some aspects of their lives;
- individuals with a clear understanding of those needs and/or the care and support system may require less intensive assessment than someone who has recently developed needs and has less clarity about their needs and the care and support system.

The assessment must be strength-based and person-centred throughout and should not be delayed by any [ordinary residence](#) dispute. The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing. The assessor should consider the person's strengths and capabilities, and what support might be available from their wider support network or within the community. The outcome of the assessment is to provide a full picture of the individual's needs so that the county council can provide an appropriate response at the right time to meet the level of the person's needs. This response may range from offering guidance and information to arranging for services to meet those needs.

The assessment will determine whether needs are eligible for care and support from the county council, and create an understanding of how care and support may assist the person in achieving their desired outcomes. Eligibility determinations will be made on the basis of a proportionate assessment and cannot be made without that assessment being completed.

The county council will undertake an assessment for any adult with an appearance of need for care and support, *regardless of whether or not the county council thinks the individual has eligible needs and irrespective of their financial situation.*

Putting the person at the heart of the assessment process is crucial to understanding the person's needs, outcomes and wellbeing, and to delivering better care and support. The county council will involve the person being assessed in the process because they are best placed to judge their own wellbeing. In the case of an adult with care and support needs, the county council will also make every effort to involve any informal carer the person has (which may be more than one carer) with the person's permission, and in all cases, the county council will make every effort to involve any other person requested.

During the assessment the county council will consider the impact of the person's needs for care and support on family members or other people the county council may feel appropriate. The county council will, where applicable, offer a carers assessment. The county council will also include anyone who may be part of the person's wider network of care and support with the person's permission.

Some individuals may be unable to request an assessment or may struggle to express their needs due to their circumstances or due to an impairment. In such situations the county council must consider accepting requests from other people such as carers, family or health professionals. The county council will then use the Care Act and Mental Capacity Act to decide whether to accept the request and carry out an assessment.

Where a person appears to have substantial difficulty understanding, retaining and weighing up information and communicating their wishes, the county council will carry out supported decision making, helping the person to be as involved as possible in the assessment, and will undertake a Mental Capacity Assessment where appropriate and refer to local [Independent Advocacy Services](#) if required.

When a person with possible care needs refuses an assessment the county council is not required to carry out an assessment. If there is a question over a person's capacity to make this decision the county council will, if required, use the Mental Capacity Act to determine whether carrying out an assessment would be in their best interests. If a person is experiencing or at risk of abuse or neglect the county council will conduct an assessment as far as is possible and document the risk of abuse or neglect or evidence of such. The county council will carry out an assessment if a person changes their mind after having previously refused an assessment.

The person must be given a record of their assessment.

Therefore to fulfil its duty under section 13 of the Care Act, the county council will, working with its statutory, voluntary and private sector partners, comply with the national threshold in a manner that is relevant, coherent, timely and sufficient.

The county council will make all reasonable adjustments to ensure that all disabled people have equal access to participate in the eligibility decision in line with the Equality Act 2010.

The geography and population of Lancashire is diverse and our Adult Social Care Policies and practice will aim to deliver services and supports that are representative of the communities in which we work.

The county council will follow the Care Act and other relevant legislation, policies and guidance to ensure our practice is of high quality and legally compliant. Where our customers or those we come into contact with wish to challenge or raise concerns in regard to our decisions, regarding eligibility, the county council's complaints procedures will be made available and accessible.

## **2. KEY DEFINITIONS AND PRINCIPLES APPLICABLE TO THIS POLICY**

### **Assessment:**

An assessment must be an accurate and complete reflection of the person's needs, desired outcomes and the impact of their needs on their independence and wellbeing. The assessment should be flexible and proportionate, as described above and can be undertaken either by telephone, in person or using a self-assessment tool, as appropriate and in response to the needs of the person

### **Appropriate and proportionate assessments:**

This means that the assessment is only as intrusive as it needs to be to establish an accurate picture of the needs of the individual or their carer, regardless of whatever method of assessment is used.

This will have regard to:

- The person's wishes and preferences and desired outcomes.
- The severity and overall extent of the person's needs.
- The potential fluctuation of a person's needs, for both adults and carers.

### **Supported self-assessment:**

A supported self-assessment is an assessment carried out jointly by the adult with care and support needs or carer and the county council. It places the individual in control of the assessment process to a point where they themselves complete their assessment form. But the duty to assess the person's needs, and ensure that they are accurately and completely recorded, remains with the county council. Once the person has completed the assessment, the county council must ensure that it is an accurate and complete reflection of the person's needs, outcomes, and the impact of needs on their wellbeing. Before offering a supported self-assessment local authorities must ensure that the individual has capacity to fully assess and reflect their own needs. Local authorities must establish the individual's mental capacity in accordance with the [Mental Capacity Act](#).

**Assessor:**

An assessor must be appropriately trained to assess the needs of the person according to their nature and complexity. The assessor may be a county council employee or a health professional involved in a person's care.

**Eligibility for care and support:**

A person's eligibility for care and support will be determined following a proportionate assessment. The person must have needs arising from a physical or mental impairment or illness and be unable to achieve two or more outcomes, as defined in the Care Act 2014. This is further explained in [our Eligibility Criteria policy](#).

**Universal Services:**

These are services available to everybody not just individuals with care and support needs and would include non-statutory services such as community-based, third and voluntary sector services. For example this could be a shopping delivery services, social clubs, hobby groups, local church groups, etc.

**Preventative Services:**

The term “prevention” or “preventative” measures can cover many different types of support, services, facilities or other resources. There is no one definition for what constitutes preventative activity and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual services aimed at improving skills or functioning for one person or group, or lessening the impact of caring on a carer's health and wellbeing and therefore reducing or delaying the need for commissioned support.

**Fluctuating Needs:**

The county council must consider whether the person's current level of need is likely to fluctuate and what their on-going needs for care and support are likely to be, including short term fluctuations. In establishing the on-going level of need, local authorities must consider the person's care and support history over a suitable period of time. The local authority may also take into account at this point what fluctuations in need can be reasonably expected based on experience of others with a similar condition.

### 3. PROCEDURES

#### Introduction

As all assessments must focus on an individual's unique needs and circumstances, not all assessments are the same. Assessments can be initiated by different teams or staff members but must always be centred on personal need and steer the individual through the assessment process, wherever or however that process begins and whichever "type" of assessment is most appropriate. Assessments are not the sole and exclusive duty of a specific team within the council: We all have a duty to ensure that assessments are appropriate and proportionate. Please see the accompanying Flow Chart (p. 13) for more information.

#### 3.1 Initial Information Gather and Signposting – first point of contact

At the initial point of contact, the [Customer Access Service \(CAS\)](#) will gather information from the individual and/or referrer and determine whether: Information, Advice and Guidance is required; further signposting and referrals to either 3<sup>rd</sup> sector or voluntary organisations is appropriate; whether an onward internal referral is required to resolve the query (i.e. finance, Care Navigation); and whether an Assessment of Needs is required.

If an Assessment of Needs is required, CAS will begin this assessment process, via telephone, with the individual and/ or representative (consent should be gained from the individual with needs, taking account of Mental Capacity and requests from professionals). This will be a proportionate assessment, determined by the information provided and may end with information/advice/guidance/signposting being provided at the initial contact.

If eligibility for support, as determined within the Care Act 2014 is established or where eligibility cannot be established, CAS will transfer the referral to an area-based Screening and Initial Assessment Service (SIAS) for a continuation of the Assessment of Needs.

#### 3.2 Role of the Screening and Initial Assessment Service (SIAS)

The role of SIAS is to undertake a proportionate initial Assessment of Needs (where this has not been undertaken by CAS) or to continue an Assessment of Needs as appropriate in order to identify the eligibility, requirement and urgency for social care support for an individual and/or their carer(s).

Following this assessment (which may be done via telephone if appropriate), SIAS will:

- Signpost/refer to 3<sup>rd</sup> sector/voluntary organisations to meet identified outcomes as appropriate;
- Refer for/provide low level interventions/equipment ([Telecare](#), minor equipment where a full needs assessment is not required) to meet identified outcomes;

- Refer for support in order to promote wellbeing and independence and further delay the need for ongoing care and support (i.e. Reablement);
- Commission social care support, where the need identified requires urgent intervention in order to maintain or promote wellbeing, safety and independence.
- Identify the requirement for a continuation of the Assessment of Needs by a local Social Care Service Team, establishing the priority and complexity of the Individual.

## Urgent Needs

The Care Act provides all local authorities with the powers to meet urgent needs where they have not yet fully completed an assessment of needs. The county council may meet urgent need for care and support regardless of the [person's ordinary residence](#). Where an individual with urgent needs approaches or is referred to the council, then the council should provide an immediate response and meet the individual's care and support needs. Following this initial response, the individual should be informed that a more detailed assessment of needs, and any subsequent processes, will follow. Once the county council has ensured these urgent needs are met, it can then consider details such as the person's ordinary residence and finances.

## Refer to preventative services and opportunity to pause the assessment

Early or targeted interventions such as universal services, a period of reablement and providing equipment or minor household adaptations can delay an adult's needs from progressing.

The first contact with the county council, which triggers the requirement to assess, may lead to a pause in the assessment process to allow such interventions to take place and for any benefit to the adult to be determined. The council must ensure that its staff are sufficiently trained and equipped to make the appropriate judgements needed to steer individuals seeking support towards information and advice, preventative services or a more detailed care and support assessment, or all of these.

In parallel with assessing a person's needs, the council must consider the benefits of approaches which delay or prevent the development of needs in individuals. This applies to both people with current needs that may be reduced or met through available universal services in the community, and those without needs who may otherwise require care and support in the future. This could include directing people to services such as community support groups which ensure that people feel supported and provide an opportunity to participate in their local community.

## Council Financial Implications

Information will be provided during the assessment period as to the [potential financial implications to the person receiving care and support](#) when the outcome of the assessment has been determined and agreed by both the assessor and the person being assessed and/or a suitable person e.g. family member, advocate and/or Power of attorney. This will detail how a person's contribution to care calculated and — where an assessment determines that future care needs would be best met in a residential

setting – describes the implications to the person if they own a property and the deferred payment options offered by the council.

### 3.3 Individual Assessments of Needs

Where the individual requires a continued Assessment of Needs by a local Social Care Service Team, this will be undertaken in a timely manner according to the priority and complexity of the individual and their requirement for support. The assessment undertaken will be based on a "Strength Based Approach", taking into account the abilities and strengths of the individual, their informal care/support/networks, their community-based assets and other sources of informal support which are appropriate and able to support them to meet their identified outcomes. The assessment will focus on promoting wellbeing and independence whilst preventing and delaying the need for care and support on an ongoing basis. There are a number of different types of assessment, each of them appropriate to particular individual need and circumstance:

#### Supported self-assessment

A supported self-assessment is an assessment carried out jointly by the adult with care and support needs or carer and the county council. It places the individual in control of the assessment process to a point where they themselves complete their assessment form. But the duty to assess the person's needs, and ensure that they are accurately and completely recorded, remains with the county council. Once the person has completed the assessment, the county council must ensure that it is an accurate and complete reflection of the person's needs, outcomes, and the impact of needs on their wellbeing. When the county council is assuring itself that a self-assessment is comprehensive the assessor should not look to repeat the full assessment process again. In assuring self-assessments assessors may consider it useful to seek the views of those who are in regular contact with the person self-assessing, such as their carer(s) or other appropriate people from their support network, and any professional involved in providing care.

If the person does not wish to self-assess, then the local authority must undertake an Assessment of Needs (as below).

#### Assessments of Needs

The county council must undertake an assessment for any adult with an appearance of need for care and support, regardless of their financial situation or whether the authority thinks the individual has eligible needs.

During the assessment, the county council must consider all of the adult's care and support needs, regardless of any support being provided by a carer. Where the adult has a carer, information on the care that they are providing can be captured during assessment, but it **must not** influence the eligibility determination. For example the carer may be undertaking the individual's personal care but this is still to be identified as a care and support need. This ensures that the entirety of the adult's needs are identified and the county council can respond appropriately if the carer feels unable or unwilling to carry out some or all of the caring they were previously providing.

The county council **is not required** to meet any needs which are being met by a carer who is willing and able to do so, but it should record where that is the case.

After the eligibility determination has been reached, if the needs are eligible or the county council otherwise intends to use its power to meet them, the care which a carer is providing can be taken into account during the care and support planning stage.

To help the adult with needs for care and support, or the carer, prepare for the assessment the county council should provide in advance, and in an accessible format, the list of questions to be covered in the assessment. This will help the individual or carer prepare for their assessment and think through what their needs are and the outcomes they want to achieve. This will or can be determined by the assessor in conjunction with the adult/ carer.

The Assessment of Needs will help to collect information about the adult or carer and details their wishes and feelings and their desired outcomes and needs. Where the county council has decided that a person does not need a more detailed assessment, it should consider which elements of the assessment tool it should use and which are not necessary. When carrying out a proportionate assessment the assessor should continue to look for the appearance of further needs which may be the result of an underlying condition. This could be by the use of 'Just Checking' system over a short period of time to assist information gathering. Where the assessor believes that the person's presenting needs may be as a result of, or a part of, wider needs, then the local authority should undertake a more detailed assessment and refer the person to other services such as housing or the NHS if necessary, relevant or appropriate.

### **Combined Assessments (i.e. individual and carer; also known as a "joint" assessment in some cases)**

The county council may combine an assessment of an adult needing care and support or of a carer with any other assessment it is carrying out, either of that person or another where both the individual and carer agree, and the consent condition is met in relation to a child. This will also avoid the authority carrying out two separate assessments when the two assessments are intrinsically linked. If either of the individuals concerned does not agree to a combined assessment, then the assessments must be carried out separately.

### **Integrated assessments**

People may have needs that are met by various bodies. Therefore, a holistic approach to assessment which aims to bring together all of the person's needs may require the input of different professionals such as adult care and support, children's services, housing, experts in the voluntary sector, relevant professionals in the criminal justice system, and health or mental health professionals.

The county council may carry out a needs or carer's assessment jointly with another body carrying out any other assessment in relation to the person concerned, provided that person agrees. Where more than one agency is assessing a person, they should all work closely together to prevent that person having to undergo a number of assessments at different times, which can be distressing and confusing.

## Assessments for people who are deafblind

The county council must ensure that an expert is involved in the assessment of adults who are deafblind, including where a deafblind person is carrying out a supported self-assessment jointly with the authority. People are regarded as deafblind “if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss” (Think Dual Sensory, Department of Health, 1995).

During an assessment, if there is the appearance of both sensory impairments, even if – when taken separately – each sensory impairment appears relatively mild, the assessor must consider whether the person is deafblind as defined above. If a person is deafblind, this **must** trigger a specialist assessment. This specialist assessment must be carried out by an assessor or team that has training of at least Qualifications and Credit Framework (QCF) or Open College Network (OCN) level 3, or above where the person has higher or more complex needs.

### 3.4 Impact on Wellbeing and Fluctuating needs

The assessment of an individual and/or their carer should take into account whether there may be a fluctuation in their need for support (i.e. medical conditions adversely affected by seasonal weather). This should be taken into account during both the assessment and support planning process in order to support the individual to continue to achieve their identified outcomes without the individual being required to request a further assessment or reassessment of their need for support.

### 3.5 National Eligibility Criteria

See the [Eligibility Criteria PPG](#).

### 3.6 Refusal of assessment

An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care or they may not want the county council's support. In such circumstances the county council is not required to carry out an assessment. However, where the county council identifies that an adult lacks mental capacity and that carrying out an assessment of needs would be in the adult's best interests, then the county council is required to do so. The same applies where the county council identifies that an adult is experiencing, or is at risk of experiencing, abuse or neglect.

An individual may be unable to request an assessment or may struggle to express their needs. The county council must in these situations carry out supported decision making, helping the person to be as involved as possible in the assessment, and must carry out a capacity assessment. The requirements of the Mental Capacity Act and access to an [Independent Mental Capacity Advocate](#) apply for all those who may lack capacity. Those who may lack capacity will need extra support to identify and communicate their needs and make subsequent decisions, and may need an Independent Mental Capacity Advocate.

In instances where an individual has refused a needs or carer's assessment but at a later time requests that an assessment is carried out, then the county council must do so. Additionally, where an individual previously refused an assessment and the county council establishes that the adult or carer's needs or circumstances have changed, the county council must consider whether it is required to offer an assessment, unless the person continues to refuse.

### 3.7 Record keeping

Following the assessment, individuals must be given a record of their needs (or carer's) assessment. The record should **at least** be a summary of the eligible needs and outcomes. A summary must also be shared with anybody else that the individual requests the county council to share one with. Where an independent Care Act advocate, an Independent Mental Capacity advocate or an Independent Mental Health advocate is involved in supporting the individual, the county council should keep the advocate informed so that they can support the person to understand the outcome of the assessment and its implications.

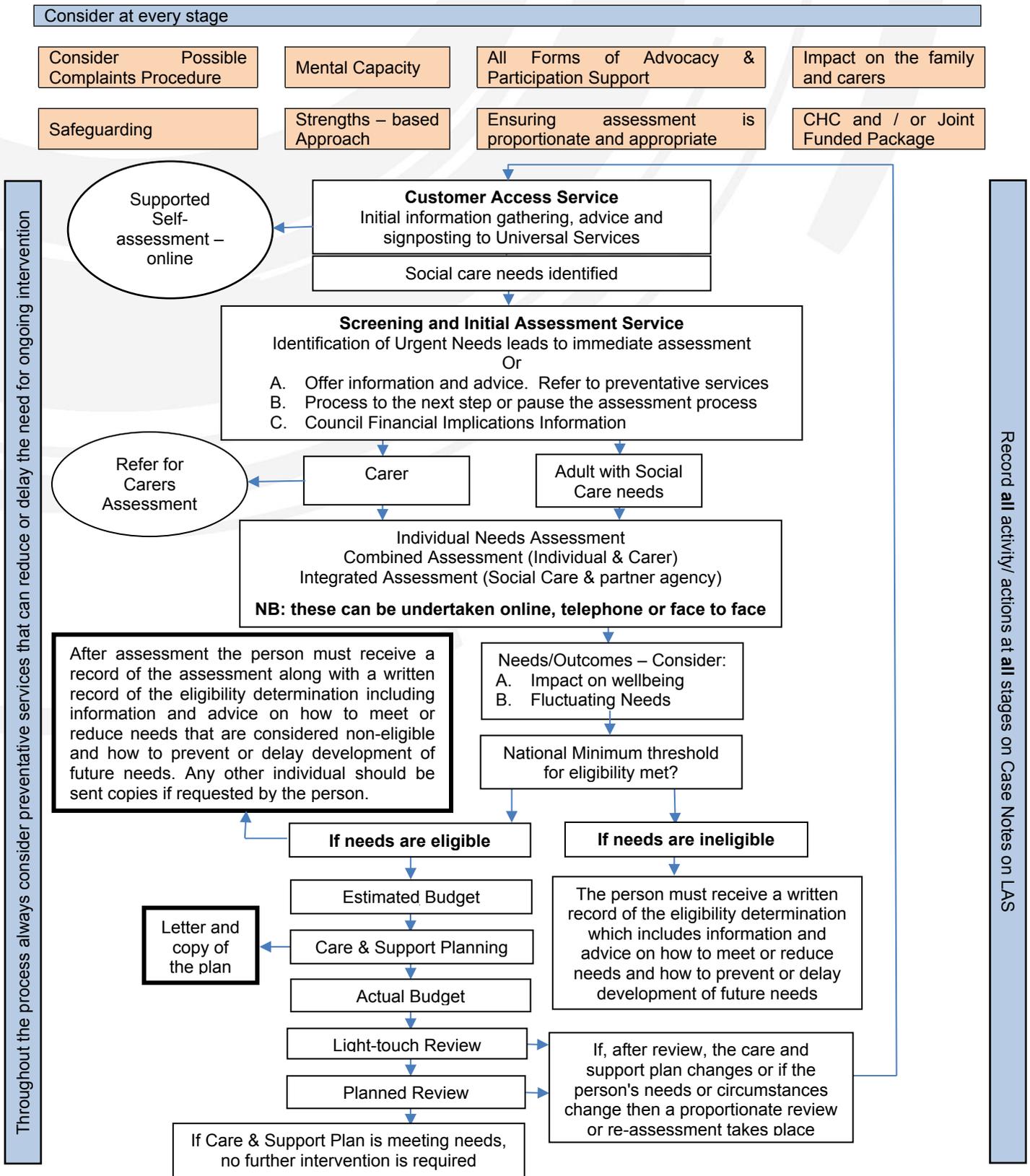
Following the assessment stage, please note that the individual's estimated personal budget must be shared when the care and support plan is being drafted.

The assessor must also complete a [Summary Case Note](#) (excluding CAS) either at the end of their involvement with the individual or at regular points throughout their involvement.

The Summary Case Note should always state the reason for the assessor's involvement, the actions they have taken along with the rationale for any decision-making and the outcome of their involvement, inclusive of next steps or a conclusion of the current and ongoing circumstances.

### 4. FLOW CHARTS/ DIAGRAMS OR EXAMPLES

A visual representation of the steps in the procedure, showing the sequence of actions within the process in a format that is quick and easy to explain.



## 5. DOCUMENT HISTORY

RELATED DOCUMENTS	
OTHER RELATED DOCUMENTS	<ul style="list-style-type: none"> <li>• <a href="#">Eligibility Criteria Policy</a></li> <li>• <a href="#">Wellbeing Principle Policy</a></li> <li>• <a href="#">Independent Advocacy Policy</a></li> <li>• Care and Support Planning Policy</li> <li>• <a href="#">Ordinary Residence Policy</a></li> <li>• Continuity of Care Policy</li> <li>• Review of Care and Support Planning Policy</li> <li>• Support for people who fund their own care policy</li> <li>• Reablement Policy</li> <li>• Continuing Health Care Policy</li> <li>• Carers Assessments Policy</li> <li>• Hospital discharge Policy</li> <li>• Information Sharing Policy</li> </ul>
LEGISLATION OR OTHER STATUTORY REGULATIONS	<ul style="list-style-type: none"> <li>• The Care Act 2014 - Part 1 Assessing Needs Sections 9 – 13</li> <li>• The Care and Support (Assessment) Regulations 2014</li> <li>• The Care and Support (Eligibility Criteria) Regulations 2014</li> <li>• Chapter 6 Assessment and eligibility Statutory Guidance</li> </ul>