

National Eligibility Framework for Adult Social Care

City of Edinburgh Council

11 March 2010

Purpose of Report

- 1 To submit recommendations, in terms of Standing Order 53, on the National Eligibility Framework for Adult Social Care.

Main Report

- 2 The Health, Social Care and Housing Committee on 2 March 2010 considered the attached report by the Director of Health and Social Care proposing a new National Eligibility Framework for Adult Social Care. The new framework had been produced following the issue of national guidance by the Scottish Government/COSLA and following a number of stakeholder consultation events.

Division

3 Motion

- (a) To adopt the new National Eligibility Framework, issued by the Scottish Government and COSLA on 28 September 2009, subject to the amendments proposed to the national definitions of risk and urgency (set out in Appendix 2 of the Equalities Impact Assessment) and to ask the Director of Health and Social Care to draw these to the attention of the Scottish Government.
- (b) To note the revised Equalities Impact Assessment (attached to the Director's report) and to approve the application of the new Eligibility Framework to all Adult Social Care client groups.
- (c) To continue the current eligibility thresholds set at the critical and substantial level, pending further work to develop Council policy on preventative services and affordable responses to needs that are below the eligibility threshold for adult social care.
- (d) To ask the Directors of Health and Social Care and Services for Communities to establish an inter-departmental group to develop Council-wide policy on preventative services for people in need, for subsequent discussion with community planning partners.

- (e) To note that full implementation, including staff guidance and communications to partner agencies, care providers, service users and carers, and the general public, would be achieved by April 2010.
- (f) To review the operation of eligibility criteria for adult social care within twelve months in the light of further progress on personalisation and in light of information collected on the numbers assessed under each category of risk and how many of those low and moderate groups are able to access preventative services.

- moved by Councillor Edie, seconded by Councillor Work.

4 Amendment

To approve the motion and to add:

- (g) To ask for a report on how the Council can set up a structure which would ensure engagement with the groups who have been involved in this report. This structure should include elected members.

- moved by Councillor Hinds, seconded by Councillor Munro

5 Voting

For the motion – 13 votes
For the amendment – 5 votes

Decision

- 6 To approve the motion by Councillor Edie.
- 7 **In terms of Standing Order 53, the requisite number of members required that the decision be referred to the Council as a recommendation.**



Alastair Maclean
Head of Legal and Administrative Services

Appendices	Report no HSC&H/58/09-10/H&SC by the Director of Health and Social Care
Contact/tel	Carmel Riley, Committee Services Tel: 529 4830 Fax: 529 7607 e-mail: carmel.riley@edinburgh.gov.uk
Wards affected	All
Background Papers	Minutes of the Health Social Care and Housing Committee of 2 March 2010

National Eligibility Framework for Adult Social Care – Revised Report and Equalities Impact Assessment

Health, Social Care and Housing Committee

2 March 2010

1 Purpose of report

- 1.1 To seek Committee's approval to changes in the eligibility criteria framework used by the Department of Health and Social Care for all adult social care groups in order to implement national guidance issued jointly by the Scottish Government and COSLA on 28 September 2009.
- 1.2 To seek Committee's approval to the current threshold for services remaining at the "critical or substantial" level, pending further work to develop Council policy on preventative services and affordable responses to needs that are below the eligibility threshold for adult social care.
- 1.3 To note the Department's implementation timetable.

2 Summary

- 2.1 Committee agreed on 11 August to receive a further report on 8 December 2009 on the National Eligibility Framework for Adult Social Care, once this was finalised by the Scottish Government and COSLA following national consultation. Committee also agreed that an Equalities Impact Assessment be carried out on any criteria before they were adopted, even if no change was recommended to existing criteria. Other decisions were also agreed and they are given in full in paragraphs 3.3 and 3.4 of the main report that follows this summary.
- 2.2 The Scottish Government and COSLA issued final guidance on eligibility on 28 September and asked local authorities to implement this by 1 December 2009. This timescale only allowed the Department of Health & Social Care to conduct a short consultation with key voluntary organisations, service users and carers. Committee on 8 December 2009 agreed to defer the report until 2 March 2010 to allow a fuller consultation to take place and to be reflected in a revised Equalities Impact Assessment.
- 2.3 The Department held three Stakeholder consultation events on 1.2.10, 5.2.10, and 8.2.10, attended by 78 people including representatives of 44 organisations. (Questionnaires were also issued to a further 80 organisations

electronically). Consultation materials and analyses of responses are on the Council's website, at:
http://www.edinburgh.gov.uk/internet/Social_care/Adult_social_care_services/Assessment/CEC_eligibility_criteria_1

- 2.4 The version of the criteria that the Scottish Government and COSLA used for the national consultation in summer 2009 applied to *all* Adult Social Care client-groups. The wording of criteria definitions has not changed in the final version but the Scottish Government decided that “the national guidance will apply to older people to reflect the original political agreement between Council Leaders and Scottish Ministers on Lord Sutherland's recommendations about Free Personal and Nursing Care”. However, the Guidance goes on to say that “the framework is generic and need not be confined solely to the management of older people’s care. It has been written in such a way that it can be applied consistently across all adult care groups if individual councils choose to do so”. (The relevant paragraphs are quoted in full at paragraphs 3.8 and 3.9 in the main report below).
- 2.5 The new Guidance also included a commitment that older people in the critical and substantial risk categories assessed as requiring personal and nursing care services will receive these within six weeks from the “confirmation of need” date. The Scottish Government and COSLA recently consulted on draft data definitions and reporting requirements and finalised guidance will be issued shortly, after a pilot in a small number of local authorities including Edinburgh.
- 2.6 There are strong similarities between the Department’s current eligibility criteria and the new National Eligibility Framework – both define four broad categories of “**critical**”, “**substantial**”, “**moderate**”, and “**low**” need, risk and urgency. However the Council cannot comply with the Scottish Government implementation request without adopting the new definitions offered for these four categories.
- 2.7 The Department of Health and Social Care has completed an **Equalities Impact Assessment**, which is attached to this report. It concludes, on equalities grounds, that the new criteria should apply to *all* social care client-groups, but that the **definitions of risk and urgency of response** should be improved, to take account of concerns raised during the consultation about the application of the national definitions to people with learning disabilities.
- 2.8 The other main outcome from our extended consultation process is that the Council’s policy on **preventative services** requires further clarity and development, both in relation to all adults with social care needs, and in relation to people whose need for adult social care has been assessed at below the threshold that normally triggers adult social care services. This agenda overlaps with **personalisation**. The Department recommends retaining the current eligibility thresholds at critical and substantial levels, alongside work on preventative policy.
- 2.9 Service users and their carers will therefore not be adversely affected by the change in the definitions of the four eligibility categories. Eligibility is not being tightened; the national eligibility definitions are similar to those used in Edinburgh since 2006, and, it is proposed, are amended to improve their fit for people with learning disabilities.

2.10 The report therefore recommends that the Committee approves the adoption of the National Eligibility Framework for all Adult Social Care client-groups and retains the existing thresholds at the critical and substantial levels. The **objectives** that this will achieve are set out in the revised **Equalities Impact Assessment** as follows:

- (1) To ensure **fair access** to adult social care services provided or arranged by the Department of Health and Social Care, based on assessments of need, risk and urgency.
- (2) To ensure that rules defining entitlement and rationing are **equitable across all groups of service users and carers**, are transparent, and are known and understood by Council staff, partner agencies, and the public.
- (3) To ensure that the **limited resources** available to meet adult social care needs are available to those with the greatest needs, or at greatest risk; and that people with lower level needs have these met by preventative services, mainstream services, or resources in their communities.
- (4) **Compliance** with the new **National Eligibility Framework** issued by the Scottish Government and COSLA on 28 September 2009, and thereby **greater consistency across Scotland**.

3 Main report

Previous decisions by Committee

- 3.1 Committee previously discussed at its meeting on 11 August 2009 a consultation paper on a National Eligibility Framework for Adult Social Care issued by the Scottish Government and Convention of Scottish Local Authorities (COSLA) in May 2009. Committee welcomed the proposal to establish a National Eligibility Framework for adult social care services that aimed "to ensure greater consistency and transparency in standards for access to care services".
- 3.2 The report noted that most councils in Scotland have developed eligibility criteria in recent years to describe the range of needs and risks that determine access to services, and that it makes sense to standardise these criteria across Scotland so that the public, carers, service users, care providers and other agencies can have clearer information and expectations about access and entitlement.
- 3.3 Committee on 11 August 2009 agreed:
 - (1) To endorse the Council's response to the draft Scottish Government Guidance on a National Eligibility Framework for Adult Social Care.
 - (2) To note the implementation timetable and work programme as detailed in the report by the Director of Health and Social Care.
 - (3) To receive a further report by the Director of Health and Social Care on 8 December 2009 prior to implementation.
 - (4) To ask the Scottish Government, taking into account the complexity of the eligibility criteria, to set up a short life working party to consider reformulating

the criteria to be appropriate for all adults in need of social care. This working party should involve all interest groups.

- (5) To ask the Scottish Government to review the "Same As You" policy.
- (6) To agree that an Equalities Impact Assessment be carried out on any new criteria before they were adopted, even if they were the same as the existing ones.

3.4 Committee on 8 December considered a report entitled *National Eligibility Framework for Adult Social Care*, including a draft Equalities Impact Assessment (which had yet to be amended to include the outcome from the short consultation, just concluded, although a summary of the consultation findings had been emailed to Committee members the day before). Committee decided:

- (7) To continue consideration of the matter to the next meeting of the Committee on 2 March 2010 to enable:
 - further consultation to take place; and
 - a further equality impact assessment to be drawn up.
- (8) To ask the Director of Health and Social Care to circulate the draft plan for this process to Group Spokespersons.

3.5 Decisions (3), (6), (7) are covered in the present report and the appended revised Equalities Impact Assessment. The draft consultation plan was circulated to Group Spokespersons (Decision 8) in early January. As stated earlier (in paragraph 2.3), the Department held three Stakeholder consultation events on 1.2.10, 5.2.10, and 8.2.10, attended by 78 people including representatives of 44 organisations. Consultation materials and analyses of responses are on the Council's website. The revised Equalities Impact Assessment contains further information on the consultation views and takes these fully into account.

Response by the Scottish Government to Committee's request

3.6 The response from the Scottish Government to decisions (4) and (5) was circulated to Committee members by email on 16 October. It said that the Scottish Government intended to commission an evaluation of the impact of "The same as you?" policy in 2010, focussing on improvements in quality of life and outcomes for people with learning disabilities and/or autism spectrum disorders, and for their family carers. The letter did not respond to the request in (4) above but stated that there would be "further engagement with relevant stakeholders to consider how eligibility criteria might be rolled out in support of the strategy that is presently being developed for self-directed support in Scotland".

3.7 Subsequently, the Scottish Government issued a consultation paper on *A Strategy for Self Directed Support* on 8.2.10; comments are requested by 7 May 2010 and will be reported to the next Committee on 18 May. The paper included the following statement:

A concern amongst people who use services is the fact that provision can vary in different council areas in Scotland. Recent guidance from the Scottish Government and the Convention of Scottish Local Authorities (COSLA) sought to address some of this and set out eligibility criteria for free personal care. The guidance recognised that some local authorities may choose to apply these criteria to all adult services. There is some evidence of retraction in lower level and preventative services which may ultimately result in poorer outcomes for

individuals and the need for more intensive support, and this is partly attributable to budgets being allocated solely to those with critical and substantial needs. Self-directed support aims to give people control of their lives, to sustain independence and prevent escalation of need where possible. It is vital that sufficient resource is allocated to this level of support, and to allow the growth of self-directed support.

Recommendation 1: In 2010 the Scottish Government in conjunction with COSLA should review, and clarify the use of eligibility criteria for adults and older people as it applies to self-directed support.

National Guidance on Eligibility Criteria

- 3.8 New guidance to councils on *National Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People* was jointly issued on 28 September 2009 by the Scottish Government and COSLA. Whereas the draft guidance had explicitly applied to all adult social care client-groups, a view supported by 22 out of the 28 consultation responses from local authorities, the final guidance was restricted to older people only:

Following further consideration it has been decided that the national guidance will apply to older people to reflect the original political agreement between Council Leaders and Scottish Ministers on Lord Sutherland's recommendations about Free Personal and Nursing Care. (Covering letter issued with guidance, 28.9.09)

- 3.9 The covering letter and the Guidance (para 1.5) both go on to say that the National Eligibility Framework can be applied to *all* adult care groups:

However, it is also recognised that some councils might choose to apply the eligibility framework set out within this guidance to all community care groups – the framework is generic and need not be confined solely to the management of older people's care. It has been written in such a way that it can be applied consistently across all adult care groups if individual councils choose to do so. However, this is a matter solely for individual Councils and is not tied to the agreement between Scottish Government and Councils Leaders on Free Personal and Nursing Care.

Comparison with Edinburgh's current Adult Social Care criteria

- 3.12 The Department's current eligibility criteria (see **Annex 1**), adopted in December 2006, and the new national Scottish framework, both derive from "Fair Access to Care Services" (FACS) eligibility criteria that have been mandatory in England since 2003 for all adult care groups. In Scotland, the national 'Access and Entitlement' working group had available Edinburgh's criteria, together with those used in other Scottish councils, and the new national Scottish framework has strong similarities to the current Edinburgh framework:

- (a) There are four eligibility categories: **critical**, **substantial**, **moderate**, and **low** risk (with a fifth category of "no risk" for completeness);
- (b) **urgency** as well as **risk** to "an individual's independent living or health and well-being" is used to define these four eligibility categories;
- (c) the **risk definitions** cover four domains:
 - Risks relating to neglect or physical or mental health
 - Risks relating to personal care /domestic routines /home environment
 - Risks relating to participation in community life
 - Risk relating to carers.

- 3.13 The Scottish definitions for *urgency* and *risk* are set out in **Appendix 1 of the revised Equalities Impact Assessment (EQIA)**, appended at **Annex 2**. While there are similarities between the current Edinburgh and the proposed Scottish definitions, the Council cannot comply with the new National Framework without adopting the new definitions for the eligibility categories.

Applicability to all Adult Social Care client-groups

- 3.14 This issue was a major focus of the extended consultation and the revised Equalities Impact Assessment considers the applicability of the new eligibility criteria to all adult care groups in some detail. Two of the objectives for eligibility policy, set out in para 2.10 above, concern distributive justice for people with social care needs. The National Eligibility Framework is intended to help Councils **reduce inequality of capacity for independent living, and inequality of health and well-being**, insofar as these are affected by access to social care services and resources. It is difficult to see how this can be achieved without a framework that applies to the assessed needs of all adult client-groups, and does not treat people differently, for example, simply because they have reached the age of 65 years.
- 3.15 While there was some support during the consultation for bespoke eligibility criteria for each client-group; the Equalities Impact Assessment rejects this approach because it would make it impossible to address issues of fairness and equity consistently across all adult social care groups. However, a common framework means that it is very important that the definitions of risk and urgency used to structure the eligibility criteria are not themselves biased in any way for or against any particular client-group. Arguments were led during the consultation that the national definitions covered loss of independence through ageing, chronic illness or the onset of a disability or mental health problem, but did not adequately capture the need to improve independence compromised by learning disabilities from birth.
- 3.16 The Scottish Government consultation *Strategy for Self Directed Support* includes a helpful definition of **independent living**:

Independent living means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. ... It means rights to practical assistance and support to participate in society and live an ordinary life.

- 3.17 We agree that a fair distribution of capacity for independent living must include the need for support to gain independence as well as to offset its loss. This can be achieved by (a) the fairly modest amendments to the national eligibility definitions set out in **Appendix 3 to the revised EQIA**, and (b) implementation guidance that is being prepared for staff.

Thresholds for service entitlement /rationing

- 3.18 The Department currently sets the threshold for service eligibility at the critical and substantial level, as stated in *A Guide to Adult Social Care Services*:

"The Health and Social Care Department can help those people who have needs within the Critical or Substantial bands. If needs are assessed as Moderate or

Low, we will not be able to provide or arrange direct services, but will provide advice and information to assist people to find help elsewhere."

3.19 The vast majority of UK councils operating eligibility criteria also set the threshold here, but differ in their responses to people whose needs are assessed as moderate or low risk. The wording of this paragraph attracted some criticism during the consultation as it suggests the Department provides no services (apart from advice and information) for people in the Moderate and Low categories, whereas this is not the case. First, respite care is provided to people in Moderate and Low categories whose carer needs this form of support; secondly, some services are provided on a preventative basis to people with moderate and low level needs. The main types of preventative services currently provided or funded is briefly summarised in **Annex 4**.

3.20 The new National Eligibility Framework also states that, at a minimum, people assessed with critical or substantial level needs or risks are entitled to services:

The ... framework acknowledges that, in managing access to finite care resources, local authorities and their local partners focus first on those people assessed as having the most significant risks to their independent living or well-being. Where people are assessed as being in the 'critical' and 'substantial' risk categories their needs will generally call for the immediate or imminent provision of services. Those clients are entitled to receive such services This is the minimum expectation on local partnerships. Both COSLA and the Scottish Government encourage partnerships to seek to provide support within their available resources, beyond this minimum level, and particularly to consider the benefits of preventative and lower intensity interventions.

Developing Council-wide policy on preventive services and independent living

3.21 Committee endorsed the Department's response to the Scottish Government's consultation which argued that the final Guidance needed to place much more emphasis on developing preventative services, reablement and rehabilitation. The final Guidance does give more emphasis to the need to provide advice, and where necessary assist, people at moderate or low risk to safely access services and mainstream activities which will maintain their quality of life, which are commensurate with their levels of need and which promote independence, choice and social inclusion.

3.22 A draft policy statement on preventative services was included in the consultation on eligibility. While welcomed, many people said that it was still very unclear what rights people assessed in moderate or low eligibility categories had to any services, and whether services currently provided or funded would continue. **Greater clarity was needed about the Council's policy.**

3.23 The recent Scottish Government consultation paper on *A Strategy for Self Directed Support* also acknowledges that:

...social care budgets cannot meet all of the demands. It is therefore crucial that resources from all responsible sectors are combined effectively..... For independent living to be a reality, people need to have access to housing, transport, new technology, education, jobs and leisure and recreation in the community. It needs the combined efforts of people themselves, their personal networks, their communities, universal services and other sector providers.

- 3.24 The paper suggests that the solution lies within **community planning**, supporting “social work and other local authority departments and agencies to work together and combine their funding to achieve better outcomes for people who have personal and social support needs”.
- 3.25 In Edinburgh we need to develop a more co-ordinated cross-agency approach to investing in preventative services and support to carers that will reduce or delay the need for formal social care services at much greater unit cost. Such a policy needs to be based on clear evidence about what services and strategies genuinely reduce or delay future higher level needs, and therefore represent spend to save.

Six week target for providing personal and nursing care for older people

- 3.26 The National Guidance states that

For older people assessed as being at ‘critical’ or ‘substantial’ risk there should be a standard maximum waiting time for personal and nursing care services of **six weeks (42 calendar days)** from the ‘confirmation of need’ to the ‘delivery of service’ (para 9.5).

- 3.27 The Scottish Government has consulted on draft definitions for the monitoring of the six week target, and also wishes to collect information on assessment duration with a view to considering future targets. This consultation identified significant difficulties in achieving consistent and comparable data on waiting times between local authorities and a further pilot is underway in Edinburgh and five other councils. The final monitoring guidance is expected to be issued in March so that data collection can start from 1 April for the first quarter ending 30 June 2010.
- 3.28 The Department of Health & Social Care undertook a “dry run” for the quarter April – June 2009 to measure the length of time 803 older people had to wait to start receiving a new personal care service. **97% of people received the new service within the 6 week target.**

Implementation planning for revised eligibility framework

- 3.29 Implementation tasks include: revising and issuing guidance for staff, and information for partner agencies, services users and carers, care providers, and the public; and completing changes to SWIFT and other systems. We expect full implementation to be achieved in April 2010.

4 Legal considerations

- 4.1 Legal judgements in England have emphasised the need for elected members making decision about eligibility criteria to understand the relevant legal duties of local authorities, including the following duties under **The Disability Discrimination Act 2005**:

49A General duty

- (1) Every public authority shall in carrying out its functions have due regard to—
- (a) the need to eliminate discrimination that is unlawful under this Act;
 - (b) the need to eliminate harassment of disabled persons that is related to their disabilities;

- (c) the need to promote equality of opportunity between disabled persons and other persons;
- (d) the need to take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons;
- (e) the need to promote positive attitudes towards disabled persons; and
- (f) the need to encourage participation by disabled persons in public life.

4.2 The Disability Discrimination Act defines disability widely and in practice all adult social care "client-groups" (except people with addictions unless they also come under other categories), and children with disabilities, are included within its scope.

4.3 Scottish Government Guidance locates eligibility decisions very clearly within the **legal framework for community care assessment**. Under section 12A of the Social Work (Scotland) Act 1968, local authorities have a duty to assess any adult who appears to need community care services.

The 1968 Act clearly describes assessment **as a two-stage process**: first there is the assessment of needs and then, having regard to the results of that assessment, the local authority shall decide whether the needs of that person call for the provision of services. The operation of local eligibility criteria applies to this second stage of the assessment process. (Para 6.3)

Whether someone is eligible for a community care service is a matter that will be determined, having regard to eligibility criteria, by assessing the person's need for community care services and deciding whether there is need that calls for the provision of such a service (Para 6.5)

4.4 Community care legal judgements have also followed this distinction between the first stage of the needs assessment which cannot be influenced by the Council's available resources, or the financial circumstances of the person being assessed, and the second stage where, subject to certain constraints, resources may influence the types of need or risk that are identified as requiring services. The purpose of eligibility criteria is to provide clarity and fair treatment in relation to this second stage of assessment

5 Financial Implications

5.1 No changes to budgeted expenditure plans result from the proposed changes to eligibility definitions recommended in this report.

6 Equalities Impact

6.1 As discussed in the summary and main report, the revised Equalities Impact Assessment is attached (as a separate document) at **Annex 3**.

7 Environmental Impact

7.1 There are no discernible environmental impacts.

8 Recommendations

- 8.1 It is recommended that the Health, Social Care and Housing Committee:
- (a) Approves the adoption of the new National Eligibility Framework, issued by the Scottish Government and COSLA on 28 September 2009, subject to the amendments proposed to the national definitions of risk and urgency (set out in Appendix 2 of the Equalities Impact Assessment), and asks the Director of Health & Social Care to draw these to the attention of the Scottish Government.
 - (b) Notes the attached revised Equalities Impact Assessment and approves the application of the new Eligibility Framework to all Adult Social Care client groups.
 - (c) Approves the continuation of the current eligibility thresholds set at the critical and substantial level, pending further work to develop Council policy on preventative services and affordable responses to needs that are below the eligibility threshold for adult social care.
 - (d) Asks the Directors of Health & Social Care and Services for Communities to establish an inter-departmental group to develop Council-wide policy on preventative services for people in need, for subsequent discussion with Community Planning partners.
 - (e) Notes that full implementation, including staff guidance and communications to partner agencies, care providers, service users and carers, and the general public, will be achieved by April 2010.
 - (f) Agrees to review the operation of eligibility criteria for adult social care within twelve months in the light of further progress on personalisation.



Peter Gabbitas
Director of Health and Social Care

Appendices	Annex 1: National Eligibility Framework - definitions Annex 2: Current CEC Eligibility Framework for Adult Social Care, 2006-2009 Annex 3: Revised Equalities Impact Assessment – in separate document Annex 4: Preventative services for adults with social care needs – draft policy statement
Contact/tel/Email	Mike Brown, Manager: Performance & Information, Email: mike.brown@edinburgh.gov.uk ; Tel: 0131-553 8302
Wards affected	All
Single Outcome Agreement	Relevant to equity and fairness

Background
Papers

- *A Guide to Adult Social Care Services*. City of Edinburgh Council, Health & Social Care leaflet, June 2007 (reprint); first published December 2006. Available on the Council's website at:
http://www.edinburgh.gov.uk/internet/Attachments/Internet/Social_care/About_Social_Care_and_Health/References_and_resources/main_guide.pdf
- The City of Edinburgh Council Health, Social Care and Housing Committee 11 August 2009, Report by the Director of Health and Social Care: *National Eligibility Framework for Adult Social Care – response to consultation*. Available at:
http://cpol.edinburgh.gov.uk/getdoc_ext.asp?DocId=129113
- *National Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People*. Guidance issued by the Scottish Government and Convention of Scottish Local Authorities (COSLA) on 28 September 2009. Available on the Scottish Government website at:
<http://www.scotland.gov.uk/Resource/Doc/1095/0087758.doc>; and
<http://www.scotland.gov.uk/Resource/Doc/1095/0087757.doc>

National Eligibility Framework – definitions

The framework considers both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks.

(a) Risk definitions

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		(Medium / Preventative)	(Low/ Preventative)
Risks relating to neglect or physical or mental health			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse
Risks relating to personal care /domestic routines /home environment			
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Able to manage some aspects of domestic activities indicating some risk to independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to independence.	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to independence.	Able to manage some aspects of home environment, leaving some risk to independence.	Able to manage most basic aspects of home environment
Risks relating to participation in community life			
Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.

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

(b) Urgency of response:

- **Immediate** – required now or within approximately 1-2 weeks;
- **Imminent** – required within 6 weeks;
- **Foreseeable future** – required within next 6 months;
- **Longer term** – required within next 12 months or subsequently.

Critical Risk: Indicates that there are <u>major</u> 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 <u>significant</u> 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 <u>some</u> 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.

Current City of Edinburgh Council Eligibility Framework for Adult Social Care

The Department of Health and Social Care introduced the eligibility criteria below in December 2006 in guidance to staff and in a leaflet for the public and partner agencies *A Guide to Adult Social Care Services* (December 2006, reprinted June 2007).

<p>CRITICAL: risk is present now or may occur within one week</p>	<p>SUBSTANTIAL: risk is present now or may occur in the next three months</p>
<ul style="list-style-type: none"> ▪ Life could be threatened ▪ Significant health problems have developed and / or are likely to develop ▪ Serious forms of abuse or neglect have occurred or are likely to occur ▪ There is, or could be, an extensive loss of choice and control over vital aspects of the immediate environment ▪ There is, or could be, an inability to carry out essential personal care, domestic, family or other daily routines ▪ Vital social support systems and relationships are, or could be, at great risk ▪ Individuals cannot undertake, or will be unlikely to be able to undertake, vital family or social roles and responsibilities which are important to them and others ▪ Critical risk to the carer's ability to sustain any of the essential / critical aspects of their caring role. 	<ul style="list-style-type: none"> ▪ There is, or could be, some substantial loss of choice and control over the immediate environment ▪ Involvement in some substantial aspect of work, education or learning is, or could be, at risk of not being sustained, causing substantial risks to independence ▪ There is, or could be, an inability to carry out some personal care, domestic, or other daily routines causing substantial risk to independence ▪ Individuals cannot undertake, or will be unlikely to be able to undertake, some substantial family and social roles and responsibilities that are important to them and others ▪ Substantial risk to a carer's ability to sustain some key aspects of their caring role ▪ Substantial health problems have developed or are likely to develop ▪ Involvement in work, education, or learning is, or could be, at great risk of not being sustained, causing a major loss of independence.
<p>MODERATE: risk is present now or likely to arise in next six months</p>	<p>LOW: risk is present now or likely to occur in the next twelve months</p>
<ul style="list-style-type: none"> ▪ Several aspects of work, education or learning are, or could be, at risk of not being sustained, causing a degree of risk to independence ▪ There is, or could be, some inability to carry out several daily routines, causing a level of risk to independence ▪ Several social support systems and relationships are, or could be, at risk ▪ Individuals cannot undertake, or would be unlikely to be able to undertake, several family and social roles and responsibilities, leading to a level of risk to independence ▪ Moderate risk to the carer's ability to sustain some aspects of their caring role. 	<ul style="list-style-type: none"> ▪ There is, or could be, some inability to carry out one or two personal care or daily routines ▪ One or two social support systems and relationships are, or could be, at risk of not being sustained ▪ Individuals cannot undertake, or will be unlikely to be able to undertake, one or two family or social roles and responsibilities ▪ Low risk of the carer's ability to sustain some aspects of their caring role.

In September 2007, the Department issued further guidance to staff that they should include "*to enable hospital discharge*" within the eligible categories.

The Department has set the eligibility thresholds at critical and substantial, apart from a six month period between October 2007 and March 2009 when they were set at critical only.



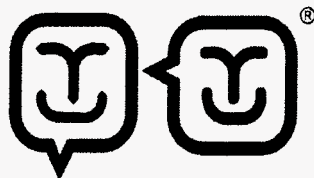
HEALTH AND SOCIAL CARE

IMPLEMENTING NATIONAL ELIGIBILITY CRITERIA FOR ADULT SOCIAL CARE

EQUALITIES IMPACT ASSESSMENT

FEBRUARY 2010

Version	Date(s)	Owner	Authors	Content/Changes
Draft 1	24-11-09	Bryan Chatham	Mike Brown	Pre-consultation draft
Draft 2	17-02-10	Bryan Chatham	Mike Brown	Post-consultation draft 1
Committee version	18-02-10	Peter Gabbitas	Mike Brown	Minor changes following EIA group comments



HAPPY TO TRANSLATE

আমাদের সঙ্গে অনুবাদ করব ترجمہ کے لئے حاضر

بسعدينا توفير الترجمة MOŻEMY PRZETŁUMACZYĆ 很樂意翻譯

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PART 1: SERVICE, POLICY, PROPOSAL, PROGRAMME, PROJECT DETAILS

<p>Title of current / proposed function or policy</p>	<p>Implementing National Eligibility Criteria for Adult Social Care.</p> <p>The adult social care eligibility criteria currently used by the Council's Department of Health and Social Care are explained in the public booklet <i>A Guide to Adult Social Care Services</i>, first published December 2006. Available on the Council's website.</p> <p>The National Criteria are defined in guidance issued by the Scottish Government and Convention of Scottish Local Authorities (COSLA) on 28 September 2009. Available on the Scottish Government website at: http://www.scotland.gov.uk/Resource/Doc/1095/0087758.doc; and http://www.scotland.gov.uk/Resource/Doc/1095/0087757.doc.</p> <p>The National Criteria definitions are appended at Annex 1 to this EQIA.</p>
<p>Lead Council Department(s) and/or partner agencies responsible for delivering/ developing the function or policy</p>	<p>Department of Health and Social Care</p>
<p>What are the intended outcomes of the function or policy, what is its primary purpose?</p>	<ol style="list-style-type: none"> 1. To ensure fair access to adult social care services provided or arranged by the Department of Health and Social Care, based on assessments of need, risk and urgency. 2. To ensure that rules defining entitlement and rationing are equitable across all groups of service users and carers, are transparent, and are known and understood by Council staff, partner agencies, and the public. 3. To ensure that the limited resources available to meet adult social care needs are available to those with the greatest needs, or at greatest risk; and that people with lower level needs have these met by preventative services, mainstream services, or resources in their communities.. 4. Compliance with the new National Eligibility Framework issued by the Scottish Government and COSLA on 28 September 2009, and thereby greater consistency across Scotland. <p>The intended outcomes include words such as "fair" and "equitable". The National Eligibility Framework is intended to help Councils reduce inequality of capacity for independent living, and inequality of health and well-being, insofar as these are affected by access to social care services and resources.</p>
<p>Who are the current / proposed service users / customers (internal / external)?</p>	<p>All adults with community care needs who are assessed or reviewed from the date of implementation, and their carers or family members.</p> <p>Staff who need to understand the Council's eligibility criteria for adult social care: in the City of Edinburgh Council (mainly in Health & Social Care), in NHS Lothian, in voluntary organisations and private care agencies, ,</p>

<p>How do they / will they find out about the function / policy?</p>	<p>The public leaflet/booklet A Guide to Adult Social Care Services will be revised and re-issued to staff and partner agencies. Copies will be made available in GP surgeries, other public places, and on the Council's website. Information will also be made available when people are referred for a community care assessment.</p> <p>An easy read version of the eligibility criteria, in symbolised plain English, will be developed as part of the implementation process, and will be made available to advocacy groups, other organisations, and on the Council's website.</p> <p>Council staff, mainly in Health & Social Care, will receive targeted communications and, where necessary, training as part of the implementation process.</p>
<p>Please list the main reasons why this function / policy is to be impact assessed?</p>	<ol style="list-style-type: none"> 1. To ensure the Council is complying with its duties under Disabilities and Equalities legislation and guidance, both local and national. 2. To test the applicability of generic eligibility criteria across all adult social care "client groups".
<p>Associated Resources (inc. budgets, funding source, and staff)</p>	<p>This policy impacts on all budgets and expenditure within the Department of Health and Social Care, where services are provided following a community care assessment. This excludes most Criminal Justice Social Work where services are provided at the decision of the courts, and other services provided under specific statutes.</p> <p>Costs associated with implementing the revised eligibility criteria will be absorbed within existing budgets.</p>
<p>Has the policy or function previously been impact assessed?</p>	<p>No.</p>

EQIA Project Team	Title	Organisation
Bryan Chatham	Head of Sector Services (chair)	CEC Health and Social Care
Mike Brown	Manager – Performance and Information	CEC Health and Social Care
Marna Green	Service Manager – Sector Services	CEC Health and Social Care
Gillian Crosby	Service Manager – Disabilities	CEC Health and Social Care
Bernadette Thornley	Regulation of Care Manager	CEC Health and Social Care
Joanna Shaw	Executive Assistant	CEC Health and Social Care
Shenaz Behadur	Equalities Officer	CEC Health and Social Care

Information and evidence used to assist the impact assessment process

Type	Yes or No	List details e.g. source, date, scale
<p>Community consultation (Geographical communities or communities of interest)</p>	<p>Yes</p>	<p>Initial consultation had been restricted by timescales for reporting to the Council's Health, Social Care & Housing Committee on 8.12.09. Many expressions of concern were received about the tight timescale, and an extended consultation followed Committee's decision to defer decisions until 2 March 2010. All consultation has been with communities of interest, although some comments received reflected geographical issues.</p> <ol style="list-style-type: none"> 1. Initial consultation (November 2009):

Type	Yes or No	List details e.g. source, date, scale
		<ul style="list-style-type: none"> • Stakeholder event: 20 November 2009 (attended only by 7 people); • Wider electronic invitation to comment by email (received from 12 organisations and 8 individual carers or service users) <p>2. Extended Consultation (24.12.09 to 8.2.10):</p> <ul style="list-style-type: none"> • 3 Stakeholder events held on 1.2.10, 5.2.10, and 8.2.10, attended by 78 people including representatives of 44 organisations (out of 101 invited). • Wider electronic questionnaire, received from 2 organisations out of 80 sent. <p>The extended consultation stakeholder events included workshops to discuss the following questions, also included in the questionnaire:</p> <p>Question 1: Do you think that application of the national eligibility criteria to all adult social care groups will ensure fairness, consistency and transparency in how decisions are made on access to services within finite resources?</p> <p>Question 2: Is it reasonable to prioritise resources in the first instance for people assessed as being in the critical and substantial risk categories?</p> <p>Question 3: What preventative arrangements and service supports do you think should be in place to manage the needs of people who are assessed at being at moderate to low risk?</p> <p>Question 4: Any other comments on the Department of Health and Social Care’s proposals</p> <p>Notes taken from the stakeholder events, analyses of themes from the stakeholder events, and of the responses to the Feedback Form questions, are available on the Council’s website at: http://www.edinburgh.gov.uk/internet/Social_care/Adult_social_care_services/Assessment/CEC_eligibility_criteria_1</p>
<p>Research (including websites)</p>	<p>Yes</p>	<p>(a) Responses to the Scottish Government consultation (2009) on draft guidance for National Standard Eligibility Criteria and Waiting Times, available at: http://www.scotland.gov.uk/Publications/2009/09/24145101/0</p> <p>(b) Work in England on the Department of Health’s “Fair Access to Care” eligibility criteria for adult social care, including:</p> <ul style="list-style-type: none"> • Commission for Social Care Inspection, <i>Cutting the Cake Fairly: CSCI review of eligibility criteria for social care</i> (2008) - http://www.cqi.org.uk/db/documents/FACS_2008_03.pdf ; • Department of Health consultation paper 2009 – Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care. Guidance on Eligibility Criteria for Adult Social Care, England 2009 (consultation stage). Available at: http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_102362; • Department of Health (2009): Response to the consultation on the revision of the Fair Access to Care Services guidance to support councils to determine eligibility for social care services, 16.12.09.

Type	Yes or No	List details e.g. source, date, scale
		<p>Available at: http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_110137;</p> <p>(c) Department of Health guidance in England on preventative strategies for adult social care: <i>Making a strategic shift towards prevention and early intervention: Key messages for decision makers</i> (October 2008). Available at: http://www.dhcarenetworks.org.uk/_library/Resources/Prevention/CSIP_Product/MSS_-_Key_Messages.pdf</p>
Officer knowledge and experience	Yes	Members of EQIA Project Team
Equalities monitoring data	Limited	Limited data available (see discussion in Part 2 of EQIA)
Service user feedback (including complaints)	Yes	<p>Service users and carers attended the Stakeholder events and/or responded in writing as part of the consultation.</p> <p>There have been a number of complaints in recent years concerning decisions based on Health and Social Care's current eligibility criteria; most of these have challenged decisions not to provide or arrange services for people whose needs and risks were assessed as "moderate" or "low".</p>
Partner agency feedback	Yes	<p>Representatives of 44 voluntary organisations participated in the consultation events in February 2010.</p> <p>In addition, responses were also considered from NHS Lothian and local voluntary organisations to the 2009 Scottish Government consultation on eligibility.</p>
Other information and evidence	Yes	Relevant statistics held by the Council's Health & Social Care and Finance Departments

PART 2. FULL EQUALITIES IMPACT ASSESSMENT (EQIA)

The Council's EQIA template requires evidence-based assessments of the potential or actual positive and negative impacts of these recommendations for each of the "equalities domains":

- Age
- Disability
- Carers
- Gender
- Social Class
- Race / Ethnicity
- Faith / Belief
- Sexual Orientation

Currently the Council has legal obligations to promote equality in relation to disability, gender and ethnicity: these duties will be consolidated and extended into some of the other domains listed above if the UK Equalities Bill is passed by the UK Parliament.

The consultation process identified **important issues that apply equally to all equalities groups**, including the need for:

- greater clarity about policy, provision, funding, and future of “**preventative services**”, for *all people with social care needs* whatever eligibility category they were assessed as falling within;
- linked to this, clarity about **eligibility thresholds**, and how people in the moderate and low eligibility categories may be assisted;
- greater consistency in **assessment** and a recognition that needs may change quickly;
- **guidance and training** on eligibility criteria for **staff** carrying out social care need assessments;
- **clearer communication** to the public, carers and services users, and other stakeholders about eligibility policy; more use of plain English, easy read and symbolised language;
- clarity on how eligibility fits with **personalisation**;
- improvement to policy and practice on **consultations**.

The consultation process revealed very few concerns about the impact of eligibility criteria on **gender, ethnicity, religious belief, sexual orientation, and social class**. The few comments made were very general, acknowledging the need for services to be responsive to the needs of individuals, and recognising the need to include all “equalities domains” in the EQIA. By contrast, there were many concerns raised about the potential impact on **disabled people and their carers**.

Age. The Department's current eligibility criteria apply to all adult age-groups, and the policy proposal under consideration is to apply the National Eligibility criteria similarly to all adult care groups.

The consultation process revealed a widespread misconception that the National Eligibility criteria had been developed only for **older people** and therefore did not take account of the needs or risks of other **non-elderly** client-groups. (Some people also thought that the English *Fair Access to Care Services* (FACS) criteria, from which the current Edinburgh criteria were developed, also were developed originally for older people, whereas in fact they were developed from the start for all adult social care groups and applied to all such groups since they were first implemented in England in 2003).

In Scotland, recommendations that local authorities should adopt a common system of eligibility were made in reports by Audit Scotland and Lord Sutherland in 2008 about *Free Personal Care for Older People*. However, the “Access and Entitlement” group that was set up by the Scottish Government, COSLA, and ADSW later in 2008 to devise national eligibility criteria for Scotland decided early on to develop criteria that could be applied to all adult social care groups, not just older people.

The Scottish Government consulted in summer 2009 on draft eligibility guidance for *all* adult social care. Of the 43 responses to the consultation almost 75% raised concerns about the impact of applying an eligibility framework on preventative services, and this issue was treated more fully in the final guidance. However, only 4 out of the 43 responses to the national consultation supported restricting the new national eligibility criteria to older people only, while another couple of responses were ambiguous on this issue. These 4 responses all came from learning disability organisations. Voluntary organisations for other client groups supported generic eligibility criteria for all adult social care, as did ADSW and 22 of the 28 Local Authorities that submitted comments (none of the 6 councils expressing reservations supported restricting eligibility criteria to older people only). 2 of the 4 NHS Health Boards that submitted comments supported generic criteria, another did so implicitly while the fourth did not answer this question.

In the event, the Scottish Government's final guidance restricted the (unchanged) eligibility criteria to older people "to reflect the original political agreement between Council Leaders and Scottish Ministers on Lord Sutherland's recommendations about Free Personal and Nursing Care" (covering letter issued with guidance, 28.9.09). The Guidance states that the National Eligibility Framework can be applied to *all* adult care groups:

However, it is also recognised that some councils might choose to apply the eligibility framework set out within this guidance to all community care groups – the framework is generic and need not be confined solely to the management of older people's care. It has been written in such a way that it can be applied consistently across all adult care groups if individual councils choose to do so. However, this is a matter solely for individual Councils and is not tied to the agreement between Scottish Government and Councils Leaders on Free Personal and Nursing Care. (Para 1.5).

What is at stake here is a fundamental issue about **fairness**. If eligibility criteria were different for older people to those used for non-elderly adults, then it would be impossible to be sure that resources were being allocated fairly across the different age-groups.

During the consultation there was general (but not unanimous) support for this basic principle. However, there was not agreement that the wording of the definitions in the National Eligibility Framework were appropriate to all client-groups. This is discussed further in the next section

Disability. Almost all adult social care client groups come within the scope of the Disability Discrimination Act definitions of disability. Both the current Departmental criteria, and the new national framework, take account of the impact of disability on risk to "an individual's independent living or health and well-being" and on need for services. The risk definitions within the new national framework cover four domains:

- Risks relating to neglect or physical or mental health
- Risks relating to personal care /domestic routines /home environment
- Risks relating to participation in community life
- Risk relating to carers.

Edinburgh's current criteria, while not expressed in this way, can be mapped onto these domains. Both the existing and proposed criteria are meant to ensure that needs arising from disabilities can be met according to the degree of risk that they pose, and their urgency. However, the wording of the National Criteria has been questioned by learning disability organisations, during the national consultation and during Edinburgh's initial and extended consultation.

LDAS, EDG, ELCAP, Enable Scotland, and Garvald Action Group argued that the risks to *health, well-being* and *independence* defined in the National Criteria **do not cover the life-long condition of learning disabilities**. Points made included:

- (a) Learning disability is a life-long condition
- (b) *Risk and maintaining independence* ignores "assisting to live a normal life"
- (c) *Urgency* definition emphasis immediate crises not needs for long-term independence
- (d) Need to promote, not just maintain, independence and social inclusion
- (e) High risk comes from lack rather than loss of skills; new skills need to be learnt
- (f) There are no criteria covering "the need to acquire core skills or gain independence"
- (g) Learning disability criteria should include "need to develop independence and to develop inclusion with family, employment, and community"

First we consider **whether the risk definitions require amendment**. The term *independence* in the National Criteria is not intended to be read only as something that is being lost through ageing, chronic illness or the onset of a disability or mental health problem; we accept that it includes the need to improve independence compromised by learning disabilities from birth.

For the avoidance of doubt, therefore, we **propose amending the national definitions** as follows:

Risk factors	National Criteria	Amended National Criteria
Personal care /domestic routines /home environment;	Risk(s) to independence	Risk(s) to gaining or sustaining independence
Participation in community life	Loss of independence	Loss or lack of independence
	Losing independence	Losing or failing to gain independence
	Unable to sustain involvement	Unable to sustain or develop involvement

Next, we consider **whether the definitions of urgency of response require amendment**. These are currently defined partly in terms of the scale of risks “to an individual’s independent living or health and well-being” (with “independence” sometimes used as shorthand for “independent living”). As noted in Part 1 of this EQIA, the National Eligibility Framework is intended to help Councils **reduce inequality of capacity for independent living, and inequality of health and well-being**, insofar as these are affected by access to social care services and resources. Therefore we propose to add “capacity for independent living” to the urgency of response definitions, to cover the point that the independence may need to be gained as well as sustained.

The effect of these **amendments** on the full national definitions is shown in **Annex 2**.

Both the national Scottish Government consultations, and that in Edinburgh, did not identify major concerns about how the definitions apply to **other client-groups**. In England, the Commission for Social Care Inspection (CSCI) published a review of the eligibility criteria used in England for adult social care since 2003 (*Cutting the cake fairly*, October 2008); one of their concerns was about:

Limitations of a risk/needs-based model that has led to inadequate and unduly standardised assessments and neglect of some groups of people using services. The groups include: people with long-term and/or fluctuating conditions; blind and partially sighted people; young adults who move from children’s services; people with Asperger’s syndrome/autism; and carers.

Nevertheless, CSCI’s overall recommendations include continuing with an eligibility framework for all adult care groups - “given the inescapable need to ration public resources”. The suggested new framework should be based on “priorities for intervention”, set within better arrangements to offer some level of assistance and advice to everyone seeking care and support, and better linkage to prevention and personalisation policies. The Department of Health (responsible for national policy for adult social services in England) has accepted many of these recommendations but has not agreed that the current Fair Access to Care Services eligibility criteria in England should be replaced with “priorities for intervention”.

Edinburgh’s eligibility criteria already combined urgency with risk/needs, (and also included explicit criteria for the needs of carers – see next section): this improved model was adopted by the national working group in Scotland, and it is therefore arguable that many of CSCI’s concerns have been addressed in Scotland.

Carers. Most social care in Britain is provided by unpaid carers, usually spouses, partners or family members, rather than by employees of the local or national state. During the consultation, concerns were expressed about increasing pressures on carers, and views expressed that carers’ eligibility for support should not be restricted to critical and substantial needs or risks.

The current H&SC eligibility criteria and the proposed National Criteria both include explicit reference to carers’ needs. In the National Criteria, **risks relating to carers** are one of four types of risk, where in the current Edinburgh criteria they are one of nine risk domains: it is arguable, therefore, that the National Criteria give greater prominence to carers.

Under existing and proposed National criteria, services will be provided if either carers or the person they care for have eligible needs/risks: it is not a necessary requirement for carer support that the person they care for themselves has needs/risks within the eligible categories, although, of

course, many will do. Currently, the “eligible categories” are set at critical and substantial, but some services for carers are provided below this threshold. For example, respite care for carers of people with learning disability is scaled with higher volumes provided to people with critical level needs and lower volumes provided to people with moderate level needs. The Department is seeking to apply this kind of approach more generally.

The Council continues to develop its Carers’ Strategy and in 2009-10 and 2010-11 has increased budgetary provision for respite care/short breaks.

Gender. The eligibility criteria make no reference to gender, and there is no evidence of unequal treatment in the application of eligibility assessments between males and females. Women live longer than men, but elderly women tend to have worse health than elderly males of the same age: fewer elderly men survive, but those who do tend to be fitter than their female counterparts. This means that elderly women have proportionally greater need for social care services than men, although both genders are high users, particularly in the 85+ age-group. Differences in service take-up between men and women, therefore, appear to be related to differences in need, and are not evidence of unequal treatment.

Social Class. The eligibility criteria make no reference to social class, and there is no evidence of any bias in their implementation for or against any social class. The need for most adult social care services tends to be higher in poorer than in richer groups, a fact that is related to well-known health inequalities. Edinburgh follows national charging policy which takes into account ability to pay through a means test. Free Personal Care for older people has increased the numbers of service users from wealthier social classes: previously people who would have had to pay the full charge for residential care, or home care, for example, arranged this care privately; now many more are assessed by the Council in order to qualify for Free Personal Care.

Race/ Ethnicity. The eligibility criteria make no reference to race/ethnicity, and there is no evidence of bias in their implementation. Monitoring service uptake by ethnic group is a statutory requirement but, in common with other public bodies, the Council often finds the data difficult to collect – this is being reviewed in Health and Social Care as currently ethnicity information is not recorded for 55% of the nearly 18,000 people on adult social care open cases.

The Department has policies and procedures intended to ensure that assessment and service provision is sensitive to the needs of people from minority ethnic communities. Non-white ethnic groups make up 3.6% of Edinburgh’s *adult* population aged 18+ (according to the 2001 Census) and account for 4.7% of Health & Social care open cases with ethnicity recorded. However, we cannot make any reliable inferences about service accessibility and uptake from these figures until the recording of ethnicity improves.

Faith / Belief. Similar remarks apply to faith/belief, partly because religion often functions as a signifier of social and individual identity. Eligibility criteria make no reference to faith/belief, and there is no evidence of bias between different faith groups in their implementation.

Sexual Orientation. The same observation applies. Eligibility criteria make no reference to sexual orientation, and there is no evidence of unequal treatment in their implementation.

* * * * *

The conclusion of this Equalities Impact Assessment is

- (1) that equalities considerations support, rather than inhibit, the recommendation to adopt the **national eligibility criteria for all adult social care groups**, but that some **amendment** to the wording of the definitions is desirable.
- (2) Further consideration is required to clarify what services or assistance will be available to people assessed with community care needs which fall below the critical and substantial eligibility thresholds. This includes policy, provision, funding, and the future of “**preventative**

services", acknowledging that these are not confined to people assessed with moderate or low eligibility for social care.

- (3) There is a need for further work on **ethnicity monitoring**, and to examine further the implications of the UK Equalities Bill (if passed) on potential **age-discrimination** issues in social care.
- (4) Other **practical recommendations** are required on issues raised during the consultation, such as assessment, guidance and training, clearer communications including easy read documentation, clarity on how eligibility fits with personalisation, and improvement to policy and practice on consultations.

The Council's EQIA template requires potential or actual positive or negative impacts to be listed for each relevant "equality domain". This is provided in the table below as a summary of the impact assessments given in more detail above:

Equality domain	Potential or actual positive impacts	Potential or actual negative impacts	Actions/ recommended
Age	National eligibility criteria are capable of application to all adult age-groups, aged 18+	Restricting eligibility criteria only to 65+ age-groups with community care needs would be age-discriminatory	Continue policy that eligibility criteria apply to all 18+ age-groups. Review current distribution of resources by age-group.
Disability	The National Eligibility Framework is intended to help Councils reduce inequality of capacity for independent living, and inequality of health and well-being, insofar as these are affected by access to social care services and resources.	The term <i>independence</i> in the National Criteria is perceived to be restricted to something being lost through ageing, chronic illness or the onset of a disability or mental health problem. It needs to include the need to improve independence compromised by learning disabilities from birth.	For the avoidance of doubt, we recommend amending both <i>risk</i> and <i>urgency of response</i> definitions, to cover the point that the independence may need to be gained as well as sustained.
Carers	In the National Criteria, <i>risks relating to carers</i> are one of four types of risk, where in the current Edinburgh criteria they are one of nine risk domains	Concerns that public spending reductions will reduce support to carers. Concerns that carers will lose support where care for person is not in critical and substantial categories.	Clarify operation of eligibility criteria for carers. Note increased budgetary provision. Increase number of carers' assessment.
Gender	Benefits are those applicable to adult population with community care needs as a whole – fair access, transparency, equity in relation to risk, appropriate targeting of resources, less variability nationally.	None identifiable	None
Social Class		None identifiable	None
Race / Ethnicity		None identifiable	Improve ethnicity recording
Faith / Belief		None identifiable	None
Sexual Orientation		None identifiable	None

Consultation record

Who was consulted with	<p>(1) Initial consultation (November 2009):</p> <ul style="list-style-type: none"> Stakeholder event: 20 November 2009 (attended only by 7 people); Wider electronic invitation to comment by email (received from 12 organisations and 8 individual carers or service users) <p>(2) Extended Consultation (24.12.09 to 8.2.10):</p> <ul style="list-style-type: none"> 3 Stakeholder events held on 1.2.10, 5.2.10, and 8.2.10, attended by 78 people including representatives of 44 organisations (out of 101 invited). Wider electronic questionnaire, received from 2 organisations out of 80 sent. 				
Methods of Consultation	Presentation At four workshops – see above	Email Yes	Internet Yes, material are available on the Council's website	Newsletter No	Other (please indicate). Utilisation of results from Scottish Government consultation

<p>Conclusions: Discussed on page 8-9 of the EQIA above. A thematic analysis of consultation responses, together with detail from each of the three February 2010 workshops, is available on the Council's website at: http://www.edinburgh.gov.uk/internet/Social_care/Adult_social_care_services/Assessment/CEC_eligibility_criteria_1</p>
<p>Recommendations: See pages 8 and 9 of the EQIA</p>

<p>Ensuring community feedback: An email will be sent to all invitees and participants to the consultation process, by the end of February 2010, informing them of the feedback analyses on the website, the completed EQIA and draft Committee Report.</p>	<p>Responsibility: BRYAN CHATHAM Head of Sector Services Department of Health and Social Care (As chair of the EQIA group for this project)</p>
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<p>Recommendations The Department is recommending to the Council's Health, Social Care and Housing Committee on 2 March 2010 that the Council adopt the new national eligibility criteria for all adult care groups with amendments discussed in this EIA.</p> <p>The full recommendations are that the Health, Social Care and Housing Committee:</p> <p>(a) Approves the adoption of the new National Eligibility Framework, issued by the Scottish Government and COSLA on 28 September 2009, subject to the amendments proposed to the national definitions of risk and urgency, and asks the Director of Health & Social Care to draw these to the attention of the Scottish Government, COSLA and ADSW.</p>
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- (b) Notes the attached revised Equalities Impact Assessment and approves the application of the new Eligibility Framework to all Adult Social Care client groups.
- (c) Approves the continuation of the current eligibility thresholds set at the critical and substantial level, pending further work to develop Council policy on preventative services and affordable responses to needs that are below the eligibility threshold for adult social care.
- (d) Asks the Directors of Health & Social Care and Services for Communities to establish an inter-departmental group to develop Council-wide policy on preventative services for people in need, for subsequent discussion with Community Planning partners.
- (e) Notes that full implementation, including staff guidance and communications to partner agencies, care providers, service users and carers, and the general public, will be achieved by April 2010.
- (f) Agrees to review the operation of eligibility criteria for adult social care within twelve months in the light of further progress on personalisation.

Is the recommendation already being addressed? If yes then whom, how and when.
If no the go to next row

See above

Whom, how and when will the recommendation be delivered?

The Council's Health, Social Care and Housing Committee will ask the Director of Health & Social Care to implement the recommendations. An action plan will then be developed to assign leads and timescales within the Department.

Any justifiable reason why the recommendation cannot be implemented? Please describe

No

Part 3 – Implementing Recommendations

3A – Monitoring officer time spent on the EQIA process (this section is optional)

Officer name	Officer Time / dates
The Eligibility EQIA Group and others assisting the consultation	Extensive consultation was undertaken for this EQIA, using very significant amounts of staff time.

3B – Monitoring equalities impact assessment recommendations

Who will ensure the implementation of the EQIA recommendations are monitored through the relevant EDHR Departmental Group?	Chris Lumb/ Shenaz Behadur
What other monitoring arrangements will be put in place to ensure recommendations are implemented?	Key recommendations have been included in the covering report to the Council's Health, Social Care and Housing Committee on 2 March 2010. Other EQIA recommendations, for example in relation to improvements in recording of ethnicity, will be monitored by the Department's Performance Management Group (PMG). Eligibility implementation will be monitored operationally by the appropriate Service Managers, with statistical monitoring overseen by PMG.

3C – Publicising the Equalities Impact Assessment Results

Publicity medium	Tick relevant box and give details	List person / group responsible
Council's website / EEN website	Yes – in progress	Shenaz Behadur
Council's intranet	Yes – in progress	Shenaz Behadur
Equalities group newsletter	TBD	Shenaz Behadur
Staff newsletter	Yes – in progress	Mike Brown
By e mail, post or presentation to specific equalities partnerships +/- organisations	Organisations consulted – by email, when EQIA is on Council Papers Online	Joanna Shaw
By e mail, post or presentation to non specific equalities partnerships +/- organisations	Organisations consulted – by email as above	Joanna Shaw
Other	No	

3D – Signing off

Signature and date of lead officer responsible for current or proposed policy / function	
<i>Hard copy signed</i>	
BRYAN CHATHAM Head of Sector Services Department of Health and Social Care	Date 18 February 2010
Signature and date of lead officer / equalities specialist facilitating equalities impact assessment	
<i>Hard copy signed</i>	
MIKE BROWN Manager – Performance & Information Department of Health and Social Care	Date 18 February 2010

3E – Recording of Equalities Impact Assessment

Who will be responsible for submitting this EQIA to the corporate equalities support staff to sign off and to publish on the Council's website?	Mike Brown
Date sent and person sent to in the Equalities Unit?	Will be sent after 2 March 2010 Committee to Anne Elliot
Who will be responsible for storing details of the EQIA in the department and where will it be stored?	Shenaz Behadur. Stored on Departmental server

NATIONAL ELIGIBILITY FRAMEWORK – DEFINITIONS

The framework considers both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks.

(a) Risk definitions

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		(Medium / Preventative)	(Low/ Preventative)
Risks relating to neglect or physical or mental health			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse
Risks relating to personal care /domestic routines /home environment			
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Able to manage some aspects of domestic activities indicating some risk to independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to independence.	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to independence.	Able to manage some aspects of home environment, leaving some risk to independence.	Able to manage most basic aspects of home environment
Risks relating to participation in community life			
Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.

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

(b) Urgency of response:

- **Immediate** – required now or within approximately 1-2 weeks;
- **Imminent** – required within 6 weeks;
- **Foreseeable future** – required within next 6 months;
- **Longer term** – required within next 12 months or subsequently.

<p>Critical Risk: Indicates that there are <u>major</u> 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).</p>
<p>Substantial Risk: Indicates that there are <u>significant</u> 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).</p>
<p>Moderate Risk: Indicates that there are <u>some</u> 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.</p>
<p>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.</p>

APPENDIX 2

REVISED NATIONAL ELIGIBILITY FRAMEWORK DEFINITIONS

The framework considers both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks. Amendments to national definitions are in blue *italics*.

(a) Revised Risk definitions

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		(Medium / Preventative)	(Low / Preventative)
Risks relating to neglect or physical or mental health			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to <i>gaining/sustaining</i> independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to <i>gaining/sustaining</i> independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse
Risks relating to personal care /domestic routines /home environment			
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to <i>gaining/sustaining</i> independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to <i>gaining/sustaining</i> independence.	Unable to do some aspects of personal care indicating some risk to <i>gaining/sustaining</i> independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to <i>gaining/sustaining</i> independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to <i>gaining/sustaining</i> independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to <i>gaining/sustaining</i> independence.	Able to manage some aspects of domestic activities indicating some risk to <i>gaining/sustaining</i> independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss or <i>lack</i> of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to <i>gaining/sustaining</i> independence.	Substantial loss or lack of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to <i>gaining/sustaining</i> independence.	Able to manage some aspects of home environment, leaving some risk to <i>gaining/sustaining</i> independence.	Able to manage most basic aspects of home environment
Risks relating to participation in community life			
Unable to sustain or <i>develop</i> involvement in vital aspects of work/ education/ learning causing severe loss or <i>lack</i> of independence.	Unable to sustain or <i>develop</i> involvement in many aspects of work/ education/ learning causing a significant risk of losing/ <i>not gaining</i> independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to <i>gaining/sustaining</i> independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to <i>gaining/sustaining</i> independence.

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		(Medium / Preventative)	(Low / Preventative)
Unable to sustain/gain involvement in vital or most aspects of family /social roles and responsibilities and social contact causing severe loss/lack of independence.	Unable to sustain/gain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to gaining/ sustaining independence.	Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to gaining/ sustaining independence.	Able to manage most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to gaining/ sustaining independence.
Risk relating to carers			
Carer has major physical/mental health difficulties due to the impact of their role as a carer causing life threatening harm or danger to themselves or others.	Carer has significant physical / mental health difficulties due to the impact of their role as a carer causing significant risk of harm or danger to themselves or others.	Carer able to manage some aspects of the caring / family / domestic / social roles. Potential risk to breakdown of their own health identified.	Carer able to manage most aspects; has difficulty undertaking one or two aspects of their caring / domestic role but with low risk.
There is a complete breakdown in the relationship between client and carer and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.	There is a significant risk of breakdown in the relationship between client and carer and carer is unable to sustain many aspects of their caring role.	Relationship maintained although at times under strain between client and carer/ limiting some aspects of the caring role.	Relationship maintained between client and carer by limiting aspects of the caring role.
Carer is unable to manage vital or most aspects of their caring / family / work / domestic / social roles and responsibilities.	Carer is unable to manage many aspects of their caring / family / work / domestic / social roles and responsibilities.	Carer is able to manage some aspects of their caring / family / work / domestic / social roles and responsibilities	Carer is able to manage most aspects of their caring / family / work / domestic / social roles and responsibilities

(b) Urgency of response:

- **Immediate** – required now or within approximately 1-2 weeks;
- **Imminent** – required within 6 weeks;
- **Foreseeable future** – required within next 6 months;
- **Longer term** – required within next 12 months or subsequently.

<p>Critical Risk: Indicates that there are <u>major</u> risks to an individual's <i>capacity</i> for independent living or health and well-being likely to call for the immediate or imminent provision of social care services (high priority).</p>
<p>Substantial Risk: Indicates that there are <u>significant</u> risks to an individual's <i>capacity</i> for independence or health and wellbeing likely to call for the immediate or imminent provision of social care services (high priority).</p>
<p>Moderate Risk: Indicates that there are <u>some</u> risks to an individual's <i>capacity</i> for 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.</p>
<p>Low Risk: Indicates that there may be some quality of life issues, but low risks to an individual's <i>capacity</i> for 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.</p>

PREVENTATIVE SERVICES FOR ADULTS WITH SOCIAL CARE NEEDS

The City of Edinburgh Council aims to:

- (1) Prioritise assistance, within available resources, to individuals whose social care needs have been assessed as critical or substantial.
- (2) Provide or fund services, or support activity, for individuals with lower level care needs where such support will improve or sustain independence and prevent their situation developing to a point of critical or substantial need.
- (3) Maximise access to mainstream public and local community services.

The level, type and source of support will vary according to needs and as preventative services are developed. Services currently provided, or funded through the voluntary sector, largely on a preventative basis, include:

- Housing Support services (formerly funded through Supporting People) enable people with particular needs to live as independently as possible in the community by providing practical support to maintain or continue their tenancies or other accommodation
- Telecare, alarm systems, and other equipment to enhance independence
- Home Care Reablement where functional improvement will be achieved
- Local Area Coordination - work with people to enable them to access mainstream services, community and informal supports. When needed, they will help people to identify their goals and work out ways of moving towards them, including brokering support in the community
- Respite services to support carers, sitter services
- Advocacy services
- Befriending
- Some types of day care
- Accessing employment, education and leisure services.