

Impact of the June 2013 draft eligibility regulations on social care in England: a vignette-based study of care managers assessments

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PSSRU discussion paper: DP2872

June 2014

Acknowledgments

Jose-Luis Fernandez and Tom Snell were funded by a grant from the Department of Health to the Policy Research Unit in the Economics of Social and Health Care. The views expressed are those of the authors and not necessarily those of the funders.

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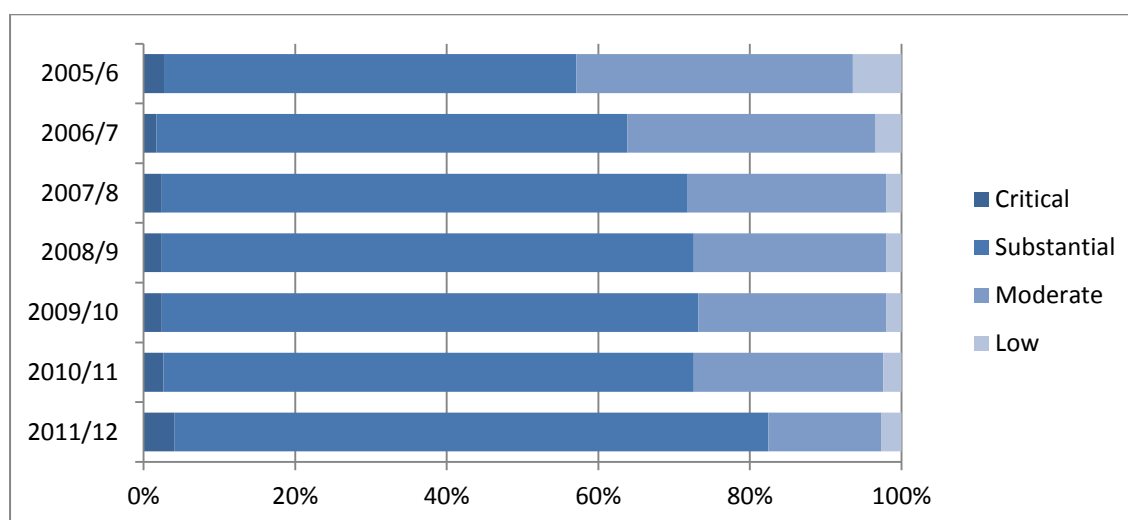
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1 Introduction: context, aims and methods

Eligibility for adult social care and support in England is currently determined according to Fair Access to Care Services (FACS) guidance. Since the introduction of FACS in 2003, local authorities have used national guidelines to assess the needs of adults as *critical*, *substantial*, *moderate* or *low*. However, local authorities have retained the autonomy to determine the minimum level of needs at which individuals are eligible to receive state-funded care.

Since 2003, the majority of local authorities have adopted a minimum eligibility level of 'substantial'. As Figure 1 shows, recent years have seen an overall tightening of minimum eligibility thresholds across English local authorities.

Figure 1: Distribution of eligibility criteria among local authorities in England



Source: Care Quality Commission/ADASS (2012)

As part of the reforms set out in the 2014 Care Bill, the Fair Access to Care Services (FACS) framework that is used to determine eligibility for local authority care and support in England will be replaced by a set of national minimum eligibility criteria. The proposed regulations aim to improve clarity around entitlement to support, to increase the emphasis on prevention and wellbeing and to establish a common minimum level of eligible needs across all local authorities, whilst allowing local authorities to offer services to those below the national eligibility threshold.

The present report evaluates the implications of a hypothetical implementation of the draft minimum eligibility regulations published by the Department of Health in June 2013. The analysis is based on the results of a survey of local authority care managers, who were asked to apply both the FACS and new draft eligibility criteria to assess the likely eligibility and support package for a large number of hypothetical individuals with different need-related circumstances.

The key objectives of the study are to establish:

- How the application of the draft minimum eligibility criteria would affect the volume of individuals eligible for local authority social care support
- Which types of service users would be most affected in terms of their likely eligibility to support.

This study follows on from previous research carried out by PSSRU examining eligibility to social care in England (Fernandez, Snell, Forder, & Wittenberg, 2013; Fernandez & Snell, 2012).

1.1 Survey methods

Invitations to participate in the study were sent out to Directors of Adult Social Care departments in January 2014.

The survey presented a series of vignettes describing the needs and circumstances of adults categorised by client group (older people, younger adults with a physical disability, younger adults with a learning disability, younger adults with mental health needs and carers).

Local authorities taking part in the study were asked to identify a sample of 5 care managers per client group to participate in the survey. Care managers were asked to provide responses to sections corresponding to the client groups they routinely carried out assessments for.

Box 1: Older people vignette 1

Mrs A, aged 94, lives alone and has recently been discharged from hospital after suffering a fall in the garden. She has a perching stool installed in her bathroom but can no longer bathe without help, and says that she finds it hard getting in and out of bed and going to the toilet although she currently receives no help to do so. Mrs A is able to strip wash and does so daily but says that she doesn't feel clean and wants to be able to have a bath once a week.+

Since Mrs A finds it difficult to walk long distances, a close neighbour has started to help with shopping and comes in every day to check on her, but otherwise she doesn't really get any visitors. She says that she often feels lonely, but has lived in her home since her 40s and doesn't want to move away.

Each client group section of the survey contained five to eight vignettes describing the needs and circumstances of a potential care user or unpaid carer. Box 1 provides an example of a vignette. The description and key results for all individual vignettes are reported in Appendix 1. Based on the details in each vignette, care managers were asked to estimate:

- The appropriate FACS rating (critical, substantial, moderate or low) of the person in need
- Whether the assessed individual would be eligible for care and support assuming (i) the current local authority FACS policy and (ii) the new eligibility regulations

If individuals were deemed to have eligible needs, care managers were asked to assess:

- How the needs would be met under (i) FACS and (ii) the new regulations (e.g. through an ongoing formal care package, signposting and/or informal care);
- Which dimensions of needs and wellbeing were identified as relevant when judging the eligibility of the case using the national minimum eligibility guidelines.

The survey also included a number of questions to elicit care managers' perceptions of

- The clarity, appropriateness and flexibility of the national eligibility criteria

- The areas where guidance would be most helpful for an effective implementation of the new regulations.

A summarised version of the draft national eligibility criteria regulations was provided to participating care managers for reference (see Appendix 2).

1.2 Response rates

1.2.1 Local authority participation

Survey responses were received from 627 care managers from 63 local authorities in England (41% LA coverage). Participation amongst local authorities was generally well distributed geographically (see Table 1) although response rates were lower in parts of the country affected by flooding at the time of the survey (particularly the South West) in which a number of authorities expressed difficulty sparing the resources necessary to participate in the study.

Unfortunately, none of the handful of local authorities which in 2012 had set their FACS social care eligibility threshold at critical took part in the study (see Table 3).

Table 1: Response rates by region

Region	Did not respond (N)	Responded (N)	Responded (%)
North East	7	5	42%
North West	16	8	33%
Yorkshire and the Humber	7	8	53%
East Midlands	5	4	44%
West Midlands	6	7	54%
East	5	7	58%
London	19	13	41%
South East	12	7	37%
South West	12	4	25%

Table 2: Response rates by ONS family type

ONS Family type	Did not respond (N)	Responded (N)	Responded (%)
Centres with Industry	12	5	29%
Coastal and Countryside	7	3	30%
Industrial Hinterlands	11	6	35%
London Centre	4	4	50%
London Cosmopolitan	3	4	57%
London Suburbs	7	4	36%
Manufacturing Towns	4	8	67%
New and Growing Towns	4	4	50%
Prospering Smaller Towns	18	15	45%
Prospering Southern England	5	5	50%
Regional Centres	10	3	23%
Thriving London Periphery	4	2	33%

Table 3: Response rates by 2011/12 FACS eligibility policy¹

FACS eligibility policy	Did not respond (N)	Responded (N)	Responded (%)
Critical	5	0	0%
Upper substantial	2	1	33%
Substantial	65	49	43%
Upper moderate	2	4	67%
Moderate	11	8	42%
Low	2	1	33%

¹ The numbers in the table described the distribution of local eligibility criteria as of 2011/12. Since, the number of local authorities with a critical eligibility threshold has fallen to 3.

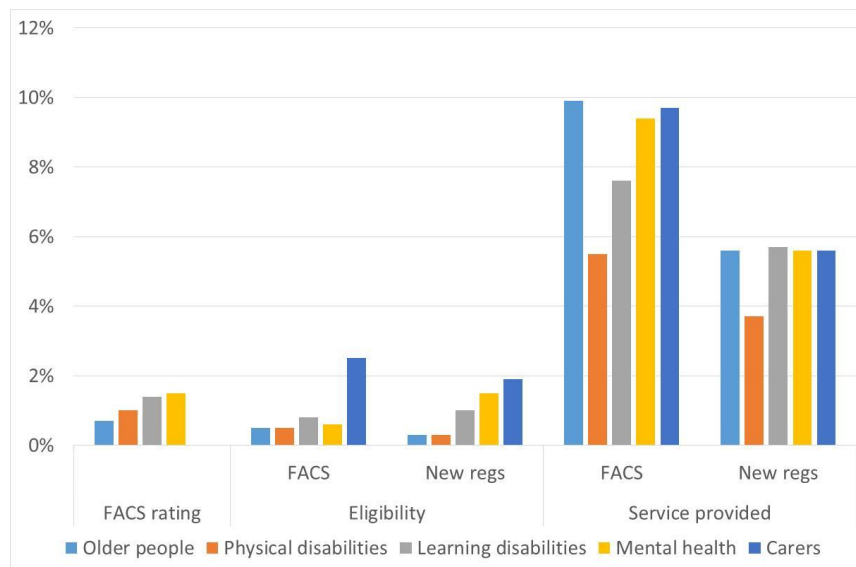
1.2.2 Missing data

The use of vignettes in research can be challenging. In particular, it requires respondents to form opinions on the basis of the highly simplified description of reality contained in each vignette. It is therefore important to consider the extent to which care managers felt able to make judgements based on the vignettes they were presented with in the study. In each question, care managers were provided with the option to respond "not sure" if they felt they did not have enough information in order to base their judgements.

Figure 2 shows the proportion of responses where care managers did not feel confident to provide a judgement about:

- The FACS rating of the individual described in the vignette
- The likely eligibility of the needs described, and
- The type of support likely to be allocated to meet any eligible needs identified.

Figure 2 Prevalence of "not sure" among replies from care managers



Given the challenge of working with the limited amount of information contained in the vignettes, the prevalence of “not sure” appears to be reassuringly low, in particular for the care managers’ judgements about the FACS rating and about the likely eligibility of needs under FACS and the new regulations. Of the three sets of questions, care managers appear to find it most difficult to make judgements about what support packages would be allocated to people with entitled needs, in particular (and surprisingly) under the current FACS system. A greater proportion of care managers were less confident about making judgements about the likely eligibility of carers needs than of service users’ needs.

Across client groups, a greater proportion of “not sure” answers were recorded for vignettes describing individuals with mental health needs.

In the descriptions of the results below, the small number of “not sure” replies was excluded from the analysis in order to simplify the interpretation of the results.

1.3 Summary of aggregate results presented

Sections 2 to 6 describe patterns of responses aggregated across all the vignettes for each of the client groups in the study.

It should be noted that the results in the report reflect the choice of vignettes included in the survey and the distribution of need characteristics they contain. The wording of vignettes was designed to cover a range of needs and circumstances rather than to provide a representative sample of cases encountered by care managers. In particular, the circumstances depicted in the vignettes were designed to over-represent cases with substantial and moderate needs, which are those most likely to be affected by changes in the eligibility regulations.

In order to explore the implications of the new regulations for individuals with different needs, the results are presented overall and stratified by need level according to FACS eligibility criteria.

Appendix 1 provides responses to individual vignettes, and can be used to explore in greater detail how both sets of regulations are interpreted according to specific user characteristics.

For each client group, the results present a common set of diagrams:

- A pie chart describing the distribution of FACS needs assessments of the vignettes.
- Horizontal bar charts describing the proportion of vignettes rated as “definitely”, “probably”, “probably not” and “definitely not” eligible under the FACS and new national regulations, overall and broken down by the FACS need rating of the vignette.
- Horizontal bar charts depicting differences in eligibility and types of support between the current FACS system and draft minimum eligibility guidelines.
- Vertical bar charts showing the type of needs identified when assessing eligibility for the different vignettes, overall and by FACS needs level and by whether the vignette was considered to be eligible under the current eligibility system.
- Vertical bar charts showing the dimensions of wellbeing identified when assessing eligibility for the different vignettes, overall and by FACS needs level and by whether the vignette was considered to be eligible under the current eligibility system.

2 Results for older people vignettes

Figure 3 depicts the distribution of attributed FACS ratings across all older people vignettes. As noted above, Figure 3 reflects the fact that the choice of vignettes in the survey emphasised cases with moderate and substantial care needs, which are those most likely to be affected by changes in eligibility regulations. Aggregating the 2,351 judgements from care managers for the eight 'older people' vignettes, 8% of cases were considered to have 'critical' needs, 49% 'substantial' needs, 31% 'moderate' needs and 12% 'low' needs.

Figure 3: Needs assessment under FACS – older people vignettes

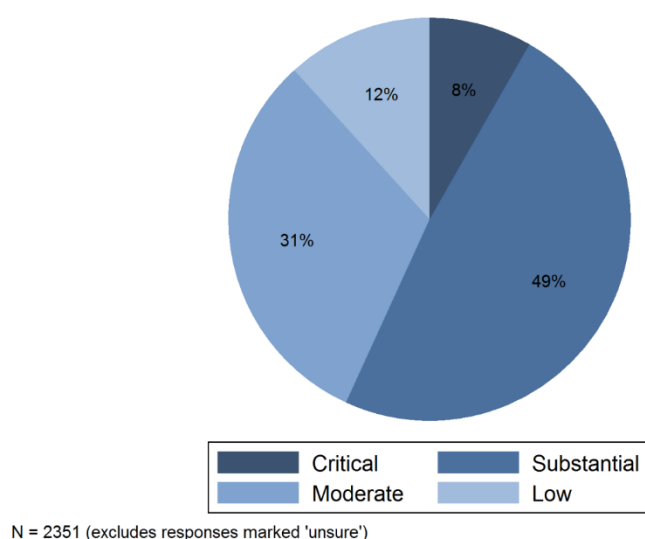


Figure 4 illustrates the distribution of care managers' assessments of eligibility for the eight 'older people' vignettes, applying the FACS and national minimum eligibility guidelines. The figure identifies a clear increase in the proportion of vignettes that are considered to be eligible using the draft national minimum eligibility criteria – under FACS, 61% of responses estimate cases to be 'probably' or 'definitely' eligible for care and support, compared to 76% under national minimum eligibility criteria.

Figure 5 and Figure 6 provide further details of which cases are most affected by the change in regulations, by disaggregating results in terms of the care managers' FACS ratings of vignettes. Although both figures are based on the same data, Figure 5 expresses the results as a percentage of responses within each FACS needs level, whereas Figure 6 reflects the distribution of actual responses.

The figures show that care managers rated the vast majority (over 95%) of 'critical' or 'substantial' older vignettes as 'probably' or 'definitely' eligible under both FACS and draft minimum eligibility guidelines. There is a small increase in the proportion considered eligible under national minimum eligibility guidelines compared to FACS. In other words, the results suggest that older people with critical and substantial needs would remain very likely to be assessed as eligible under the new regulations.

By contrast, the proportion of eligible cases with 'moderate' or 'low' needs is found to increase substantially under the draft national minimum eligibility criteria relative to FACS guidelines. Amongst cases with moderate needs, the proportion rated as probably or definitely eligible under the new regulations is estimated to increase to over 50% from approximately 18% using FACS.

Figure 4: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people vignettes

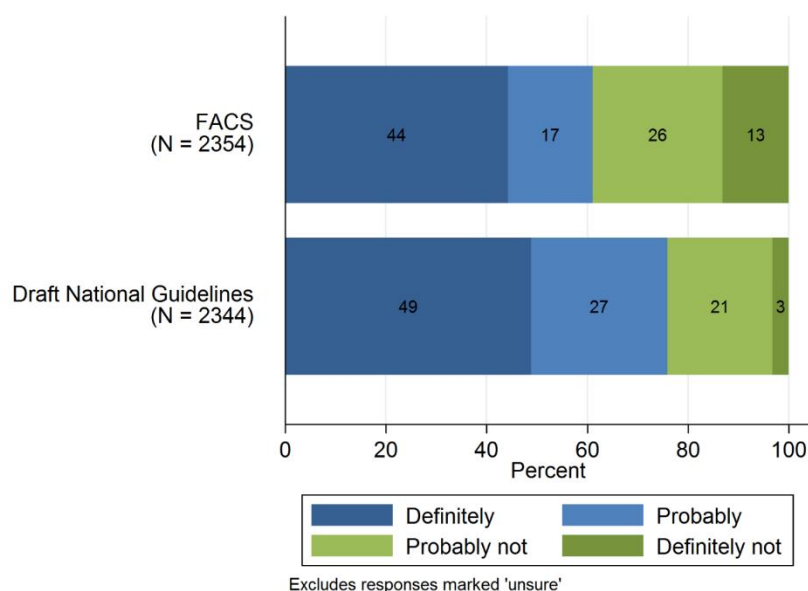


Figure 5: Assessed eligibility by FACS rating – older people vignettes (percentage of responses)

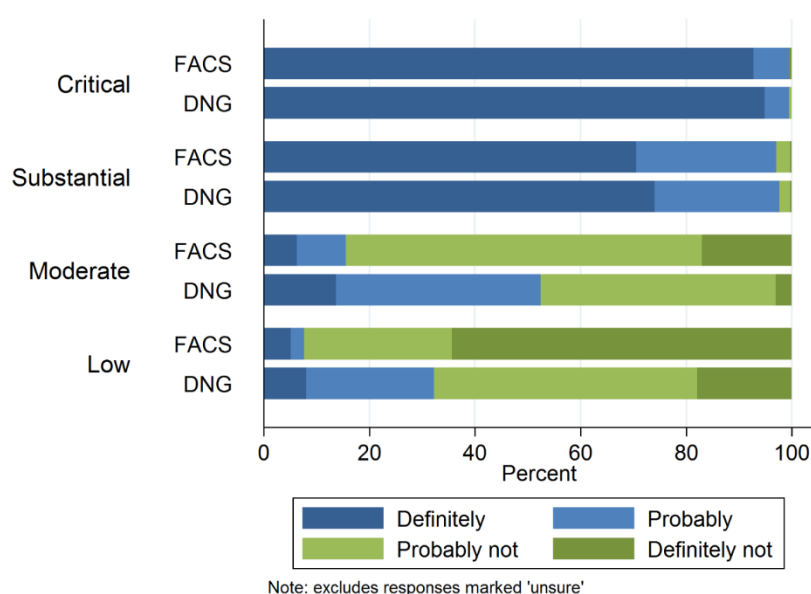
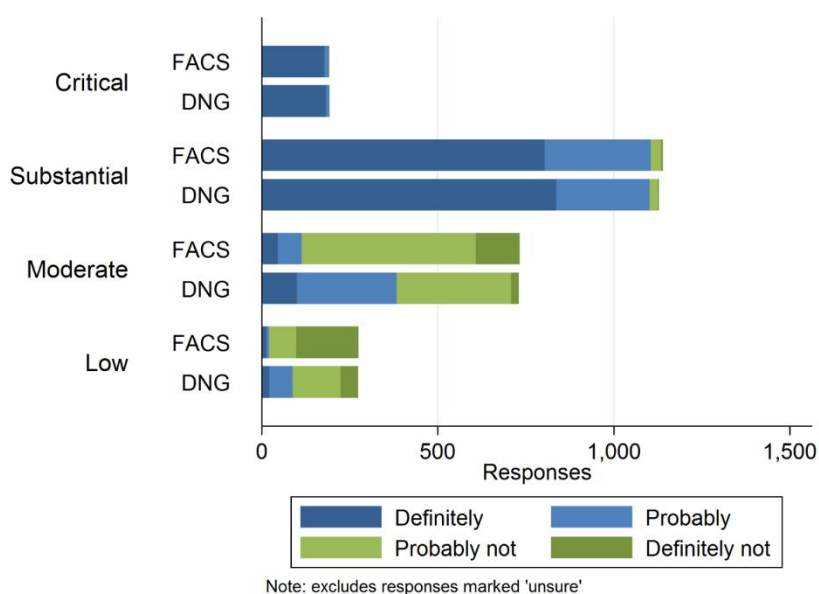


Figure 6: Assessed eligibility by FACS rating – older people vignettes (number of responses)



The results described so far have described overall eligibility to state-funded care and support. In order to understand potential differences in the nature of services provided under FACS and the national minimum eligibility frameworks, care managers were asked to select for each of the systems whether the eligible needs would be met through unpaid (informal) care, an ongoing care package, one-off services, referrals or information/advice. Figure 7 and Figure 8 compare the likely types of support that individuals would receive under FACS (on the vertical axis) and under the national minimum eligibility system (on the horizontal axis)¹.

Figure 7 shows the proportional distribution of responses by FACS eligibility, whereas Figure 8 reflects the overall distribution of responses. Given the distribution of responses depicted in Figure 8, the discussion of the results will concentrate on cases who under FACS would either receive an ongoing care package, one-off support, or would not be eligible for support.

The results suggest that over 40% of cases considered ineligible for care and support under FACS are estimated as likely to have their needs met through an ongoing care package, one-off services, referrals or information/advice under national minimum eligibility guidelines. Over a quarter of such cases are assessed by care managers to be eligible to receive an ongoing-care package. Also, almost all cases identified as eligible for an ongoing care package under FACS were also assumed to receive an ongoing care package under the draft eligibility regulations.

¹ Although care managers were allowed to select multiple options (e.g. unpaid care and ongoing care package) in practice they identified the most “intensive” form of support from the point of view of the cost to the state that the individual would be likely to receive.

Figure 7: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – older people vignettes (percentage of responses)

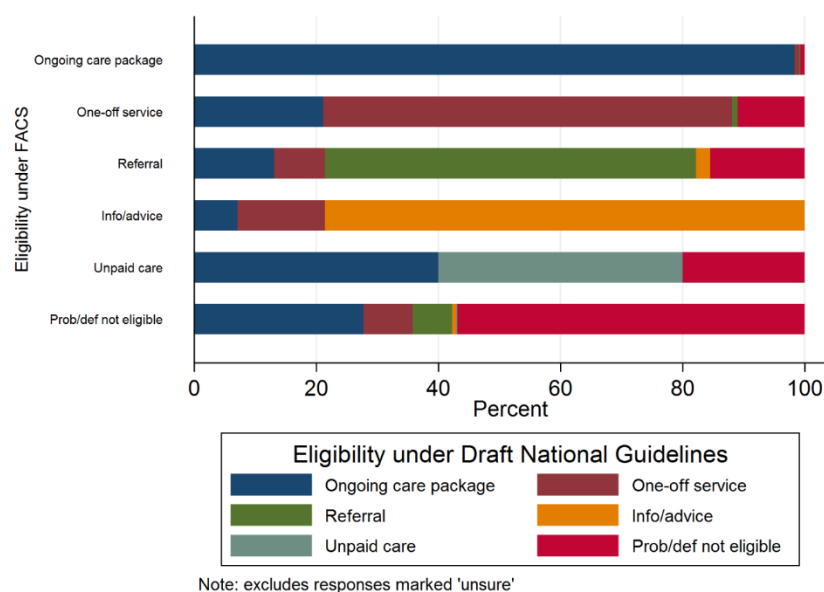
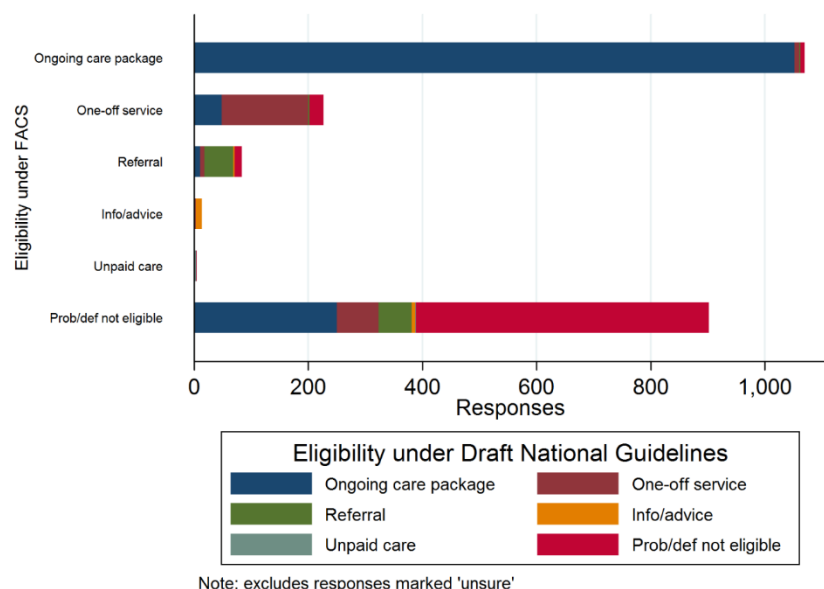


Figure 8: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – older people vignettes (number of responses)



Where cases were considered to be eligible to receive care and support under the national minimum eligibility guidelines, care managers were asked to identify the nature of the limitations and aspects of wellbeing that were key in making the eligibility decision. The clauses of the draft eligibility criteria identifying limitations in activities included the following situations:

- The adult is unable to carry out one or more basic personal care activities and as a consequence there is a significant risk to any aspect of the adult’s wellbeing; this is abbreviated in the figures as ***Personal_care***.
- The adult is unable to carry out one or more basic household activities and as a consequence there is a significant risk to any aspect of the adult’s wellbeing; abbreviated as ***Household_tasks***.
- The adult is unable to fully carry out any caring responsibilities the adult has for a child; abbreviated as ***Caring_for_Child***.
- The adult needs support to maintain family or other personal relationships, and a failure to sustain such relationships has or is likely to have a significant impact on the adult’s wellbeing; abbreviated as ***Relationships***.
- The adult is unable to access and engage in work, training, education or volunteering and as a consequence there is a significant risk to any aspect of the adult’s wellbeing; abbreviated as ***Work_education***.
- The adult is unable to access necessary facilities or services in the local community and as a consequence there is a significant risk to any aspect of the adult’s wellbeing; abbreviated as ***Access***.

Figure 9: Needs associated with eligibility under draft minimum eligibility guidelines – older people vignettes

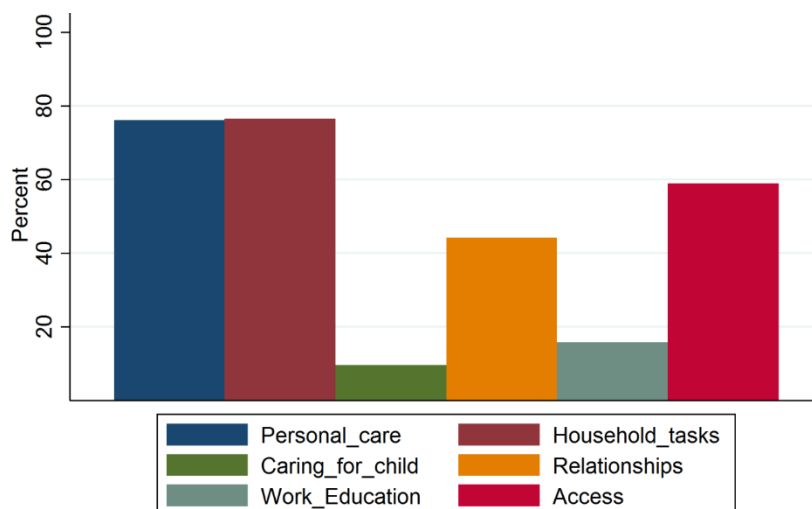


Figure 9 shows that for older people, the factors most often associated with eligibility in the study vignettes were problems with personal care and household tasks and to a lesser extent inability to access necessary local facilities or services. It is important to note again that these results reflect care managers prioritisation of needs as well as the nature of the vignettes in the study.

The areas of wellbeing associated with eligibility in the draft regulations included:

- Personal dignity (including treatment of the individual with respect); abbreviated as ***Personal_dignity*** in the figures.
- Physical and mental health and emotional wellbeing; abbreviated as ***Health***.
- Protection from abuse and neglect; abbreviated as ***Protection_from_abuse***.

- Control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided); abbreviated as **Control**.
- Participation in work, education, training or recreation; abbreviated as **Participation**.
- Social and economic wellbeing; abbreviated as **Social_economic**.
- Domestic, family and personal relationships; abbreviated as **Relations**.
- Suitability of living accommodation; abbreviated as **Accommodation**.

Figure 10 illustrates that the most prevalent areas of wellbeing linked to eligibility for older people included personal dignity and physical and mental health, and to a lesser extent control over day to day life, social wellbeing and maintaining family and personal relationships.

Figure 10: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines – older people vignettes

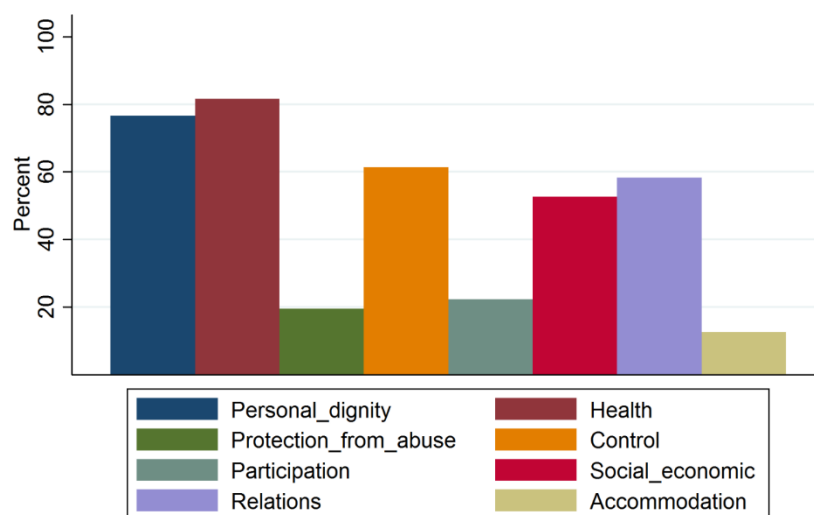


Figure 11 provides a breakdown of the limitations to activities associated with eligibility stratified by FACS needs level. As expected, the prevalence of limitations identified by care managers increases with the FACS needs level. The exception seems to be limitations with household tasks, which remain prevalent across all FACS needs levels. This finding reflects the relatively low level of need that is identified by limitations with household tasks. The increased numbers of eligible cases in the substantial and moderate groups associated with the implementation of the new draft guidelines could therefore be linked to the inclusion of household activities in the definition of the draft eligibility criteria.

Figure 11: Needs associated with eligibility under draft minimum eligibility guidelines by FACS rating – older people vignettes

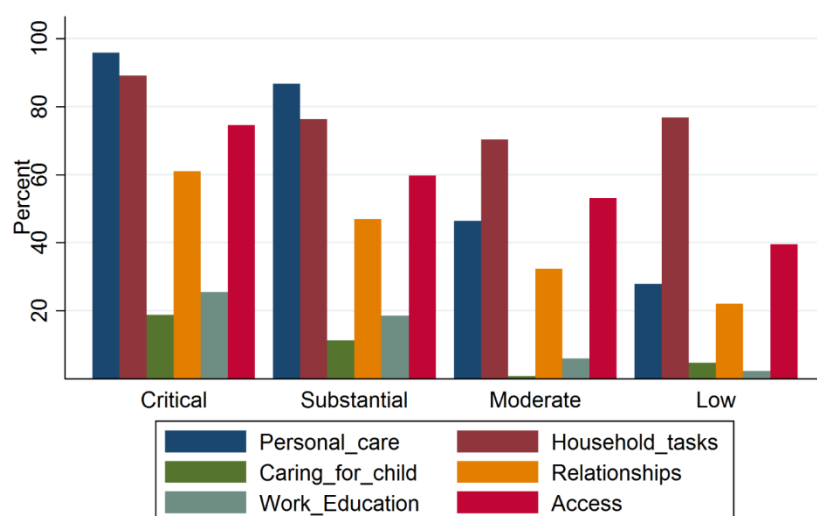
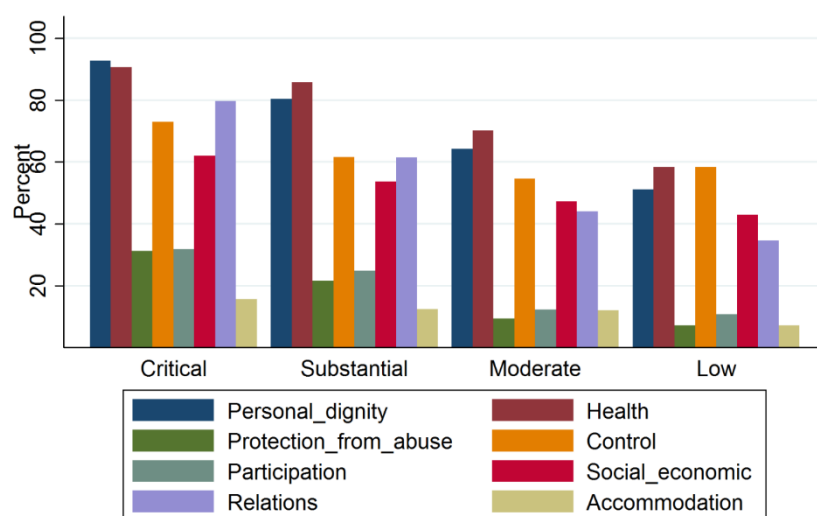


Figure 12: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by FACS rating – older people vignettes



The results in Figure 12 suggest that the prevalence of problems in most areas of wellbeing is also correlated with FACS needs levels. This is true to a lesser extent for problems with control over day-to-day life, which remains fairly prevalent across all FACS groups.

Figure 13 shows the needs dimensions identifying eligibility under the draft guidelines according to whether or not adults were considered to be eligible under FACS guidelines. By examining differences in needs amongst eligible cases under the draft guidelines by their eligibility under FACS, the results in the figure help identify differences in the role of different types of needs in determining eligibility across the two systems. The patterns in Figure 13 suggest that problems with personal care are much more prevalent among eligible cases under both systems, but that the prevalence of problems with household tasks does not change significantly by FACS eligibility. This

result chimes with previous findings, pointing to the relationship between the household tasks with the increase in the number of eligible cases under the draft eligibility criteria.

Figure 13: Needs associated with eligibility under draft minimum eligibility guidelines – older people vignettes by whether case is eligible under FACS

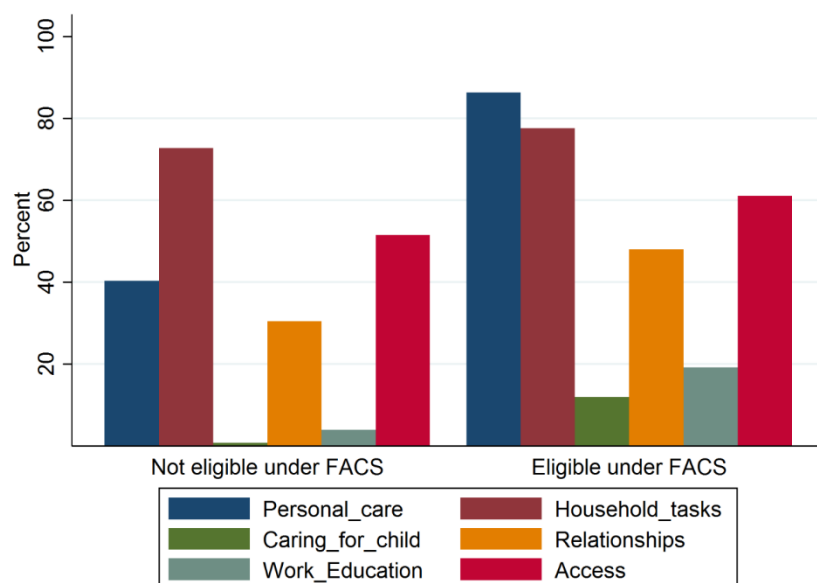


Figure 14: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – older people vignettes

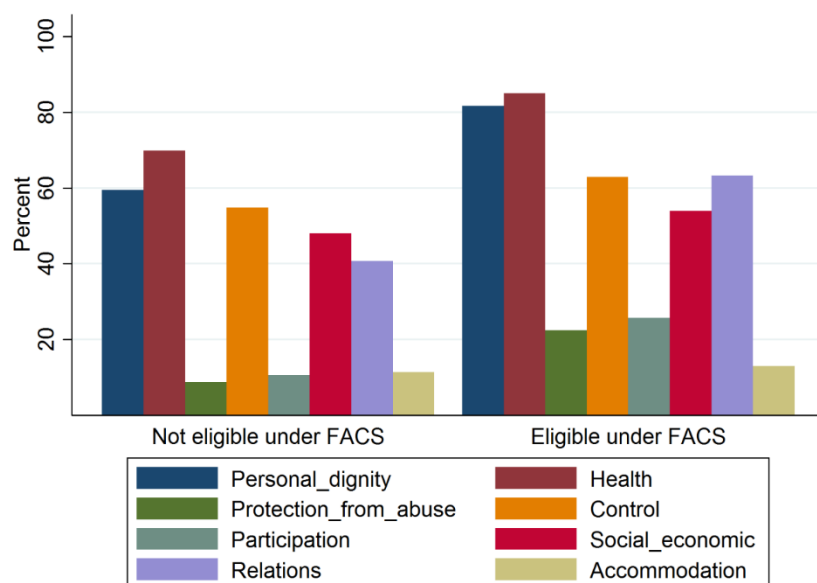
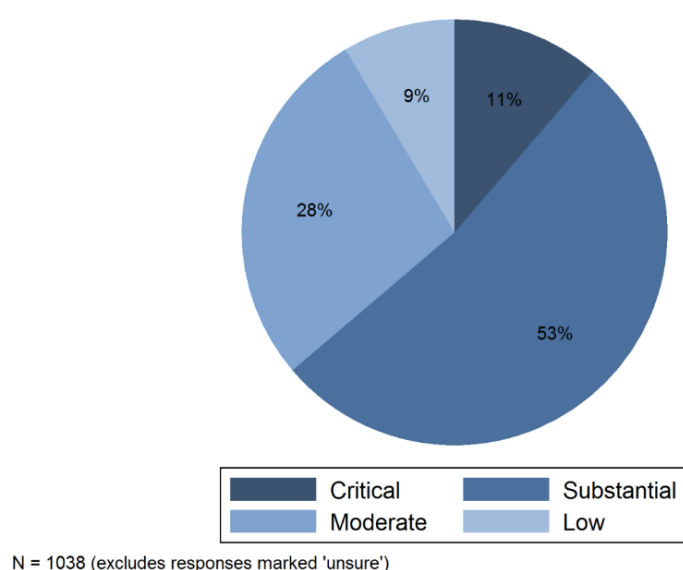


Figure 14 provides an equivalent stratification for areas of wellbeing were considered to be at significant risk. The probability of wellbeing clauses being considered applicable increases with eligibility under FACS, although again there is variation in the magnitude of the shift according to the clause.

3 Results for vignettes for younger adults with a physical disability

Chapter 3 presents the summary results for the vignettes related to younger adults with physical disabilities. The results are aggregated across all vignettes for the group, and therefore reflect the need-related characteristics of the vignettes in the study. Figure 15 shows that just over half (53%) of care managers' responses assessed the individual in the vignettes as having substantial needs, and just over a quarter (28%) as having moderate needs.

Figure 15: Needs assessment under FACS – vignettes for adults with a physical disability



As Figure 16 and Figure 17 show, there is a substantial increase overall in the proportion of vignettes considered 'probably' or 'definitely' eligible under national minimum eligibility guidelines (89% of ratings) relative to FACS (70% of ratings).

Stratifying vignettes by FACS need group (Figure 17 and Figure 18), the changes in eligibility patterns are broadly comparable to those observed for the older people group (Figure 5). Over 95% of adults with critical and substantial needs are considered eligible under both FACS and the national minimum eligibility criteria. By contrast, the proportion with moderate needs considered eligible increases from 23% under FACS to 75% under national minimum eligibility guidelines, and among those with low needs from 15% to 55%.

Figure 16: Assessed eligibility under FACS and draft minimum eligibility guidelines – vignettes for adults with a physical disability

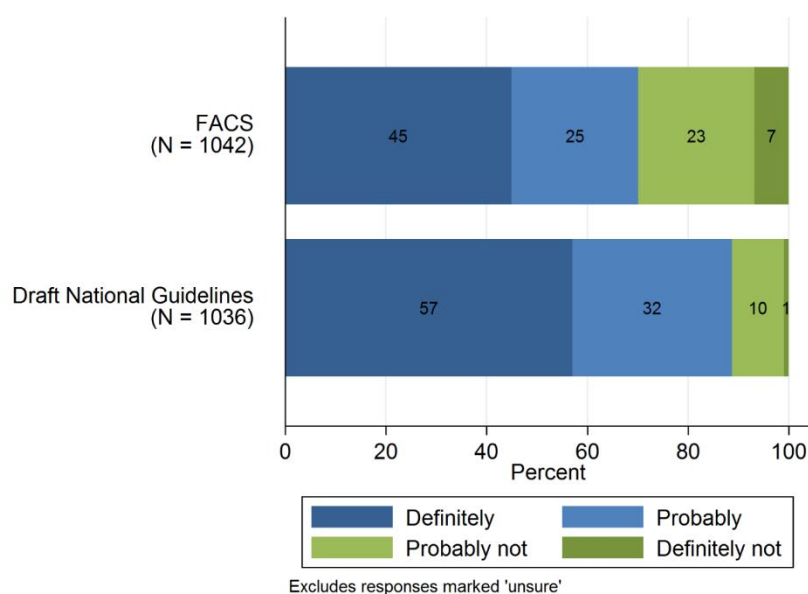


Figure 17: Assessed eligibility by FACS rating – vignettes for adults with a physical disability (percentage of responses)

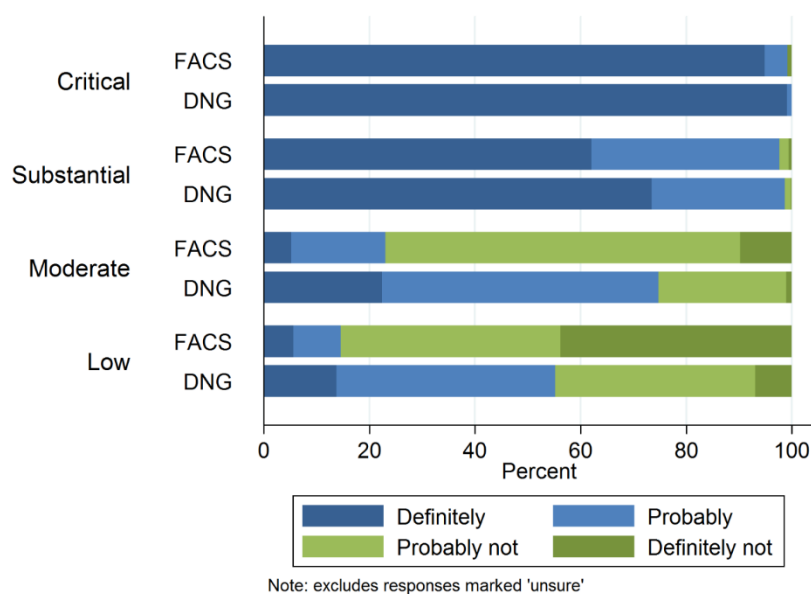


Figure 18: Assessed eligibility by FACS rating – vignettes for adults with a physical disability (number of responses)

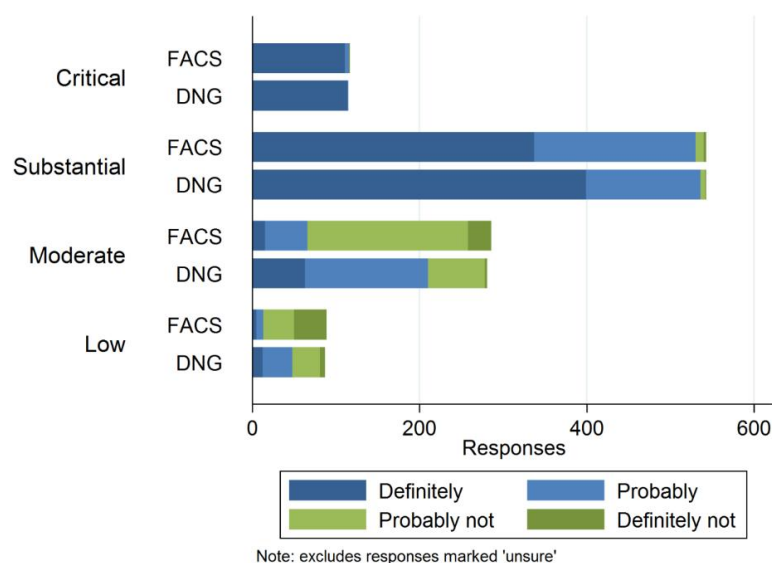


Figure 19 and Figure 20 summarise the entitlement to support under FACS (on the vertical axis) and under national minimum eligibility (on the horizontal axis). Given the numbers of responses (see Figure 20) changes in types of support can only be examined for cases assessed under FACS to receive an ongoing care packages or as not entitled to support.

The results for the group of young adults with physical disabilities are again very similar to the results for the older people group. Figure 19 implies that clients identified under FACS to receive an ongoing care package are also very likely to receive an ongoing care package under the draft eligibility criteria. However, a sizeable proportion of cases assessed as probably or definitely not eligible under FACS would go on to receive an ongoing care package under the draft regulations.

Figure 19: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – vignettes for adults with a physical disability (percentage of responses)

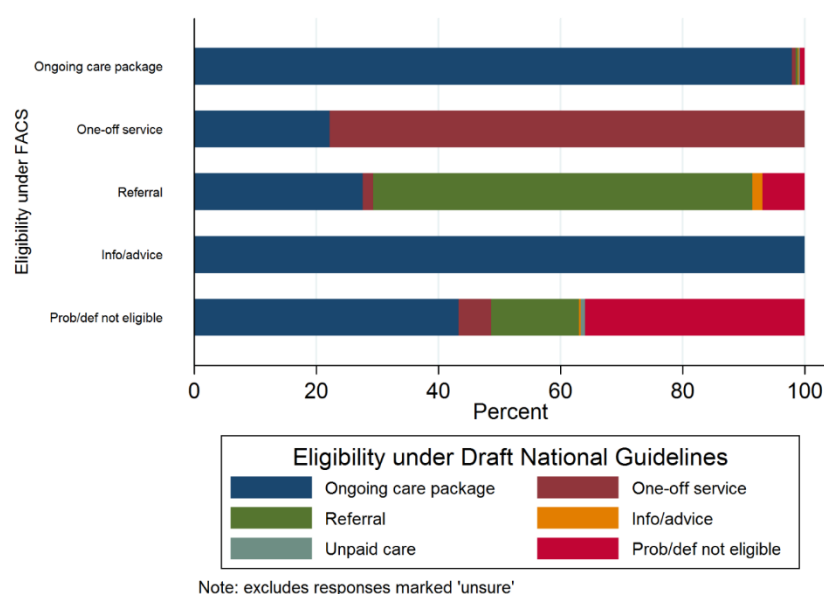


Figure 20: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – vignettes for adults with a physical disability (number of responses)

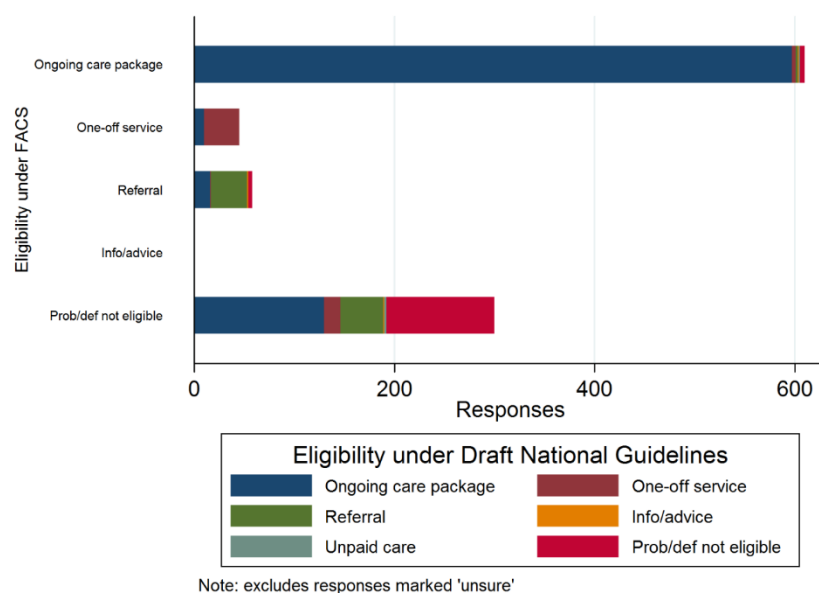


Figure 21 and Figure 22 depict the dimensions of need and aspects of wellbeing identified by care managers as driving the decision to assess the cases described in the vignettes as eligible. As previously mentioned, these results highlight the combination of the characteristics of the vignettes in the study, and the prioritisation of the different elements in the eligibility regulations.

Figure 21: Needs associated with eligibility under draft minimum eligibility guidelines – vignettes for adults with a physical disability

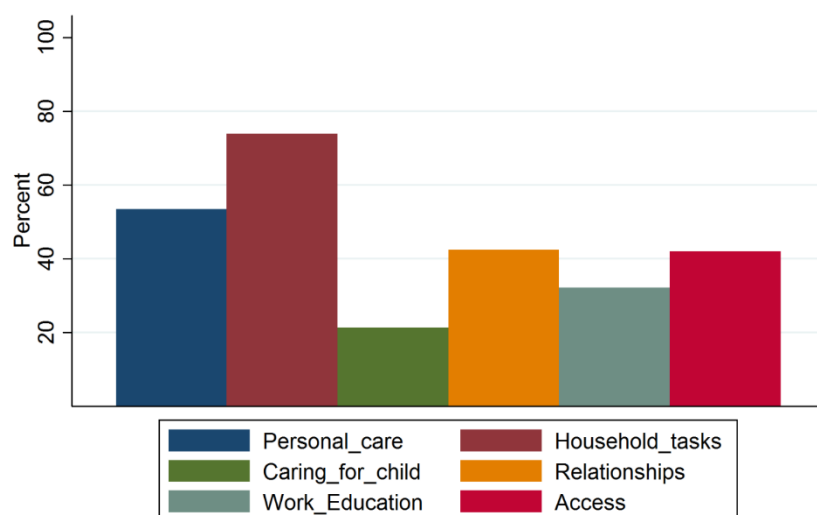


Figure 22: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines – vignettes for adults with a physical disability

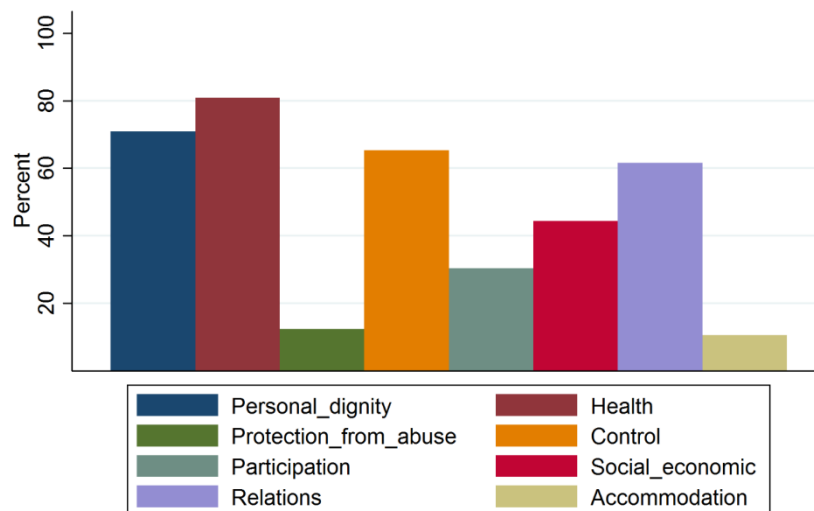
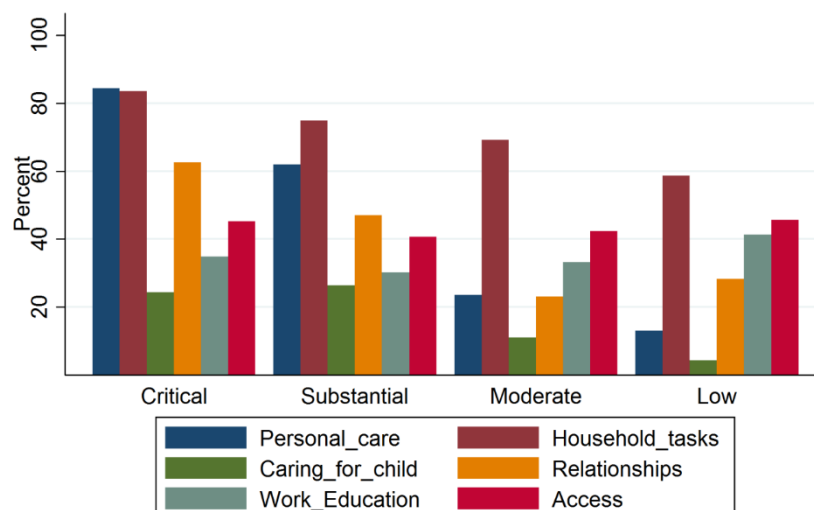


Figure 23 identifies a clear relationship between FACS needs levels and the prevalence of certain needs associated with eligibility under the draft regulations. In particular, problems with personal care activities appear to discriminate significantly between FACS levels. Two dimensions of needs, whether the adult is unable to access and engage in work, training, education or volunteering and whether he/she is unable to access necessary facilities or services in the local community appear fairly equally distributed across FACS need groups.

Figure 23: Needs associated with eligibility under draft minimum eligibility guidelines by FACS rating – vignettes for adults with a physical disability



Similar results are found in terms of the relationship between FACS needs levels and the prevalence of problems related to different dimensions of wellbeing. The prevalence of problems with wellbeing increases in line with FACS needs levels, the exception being social and economic wellbeing.

Figure 24: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by FACS rating – vignettes for adults with a physical disability

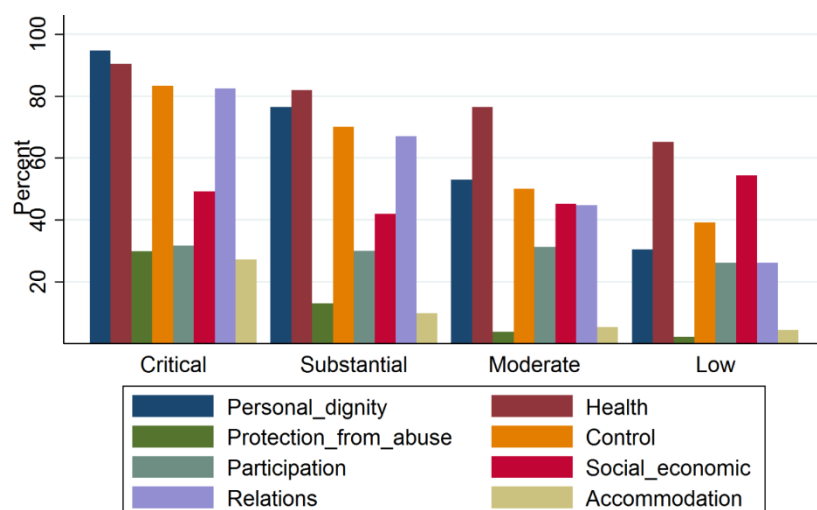


Figure 25: Needs associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – vignettes for adults with a physical disability

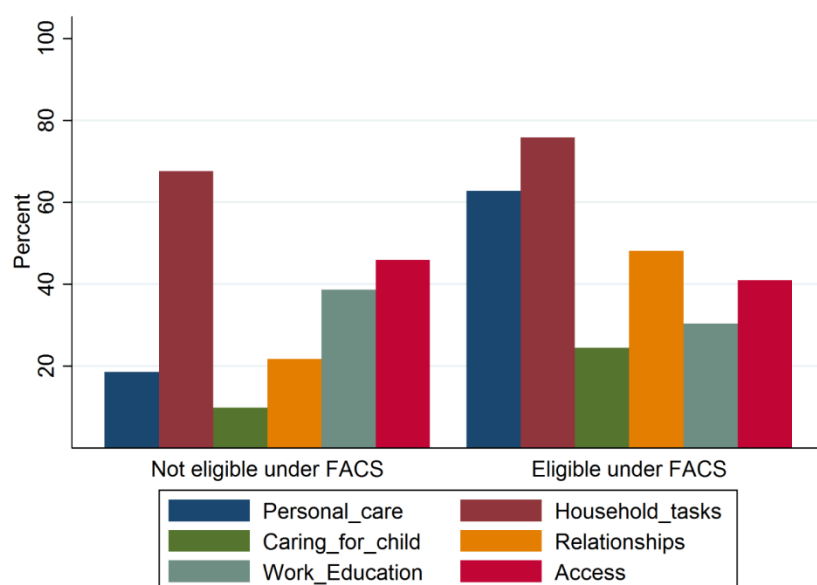
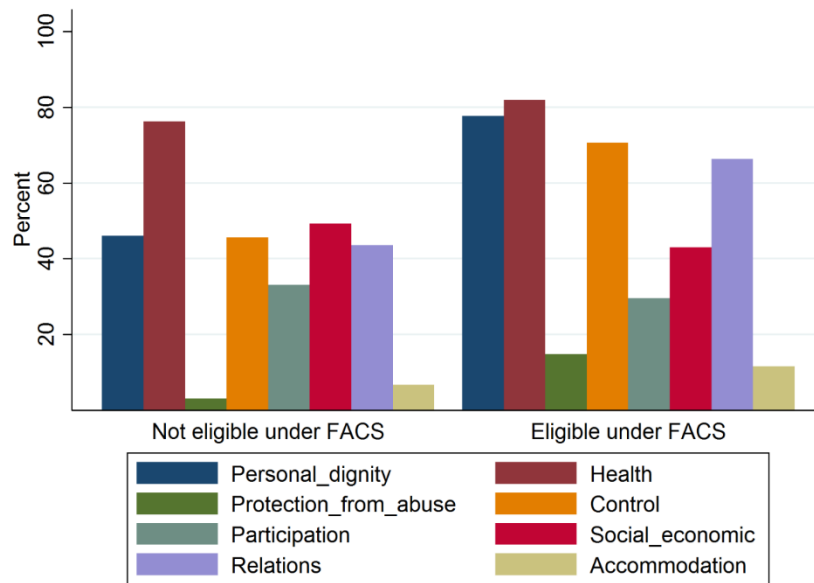


Figure 25 shows that whereas problems with personal care activities are much more frequent amongst eligible cases under FACS than under cases eligible under the new regulations but not under FACS, problems undertaking household tasks are almost as equally prevalent among cases eligible under either. This result was also found for the older people group, and suggests that the inclusion of housework tasks in the eligibility regulations is linked to increases in the number of eligible cases overall.

Figure 26: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – vignettes for adults with a physical disability



4 Results for vignettes for younger adults with a learning disability

Figure 27 depicts the distribution of FACS ratings across all vignettes for the group of younger adults with a learning disability. As in previous examples, most vignettes are rated as either having moderate or substantial needs. Aggregating the 778 judgements from care managers, 19% of cases were considered to have 'critical' needs, 49% 'substantial' needs, 26% 'moderate' needs and 5% 'low' needs.

Figure 27: Needs assessment under FACS – vignettes for adults with a learning disability

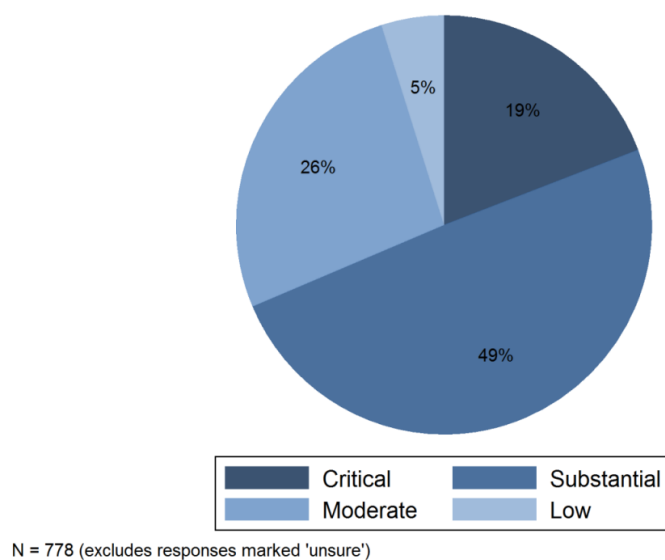
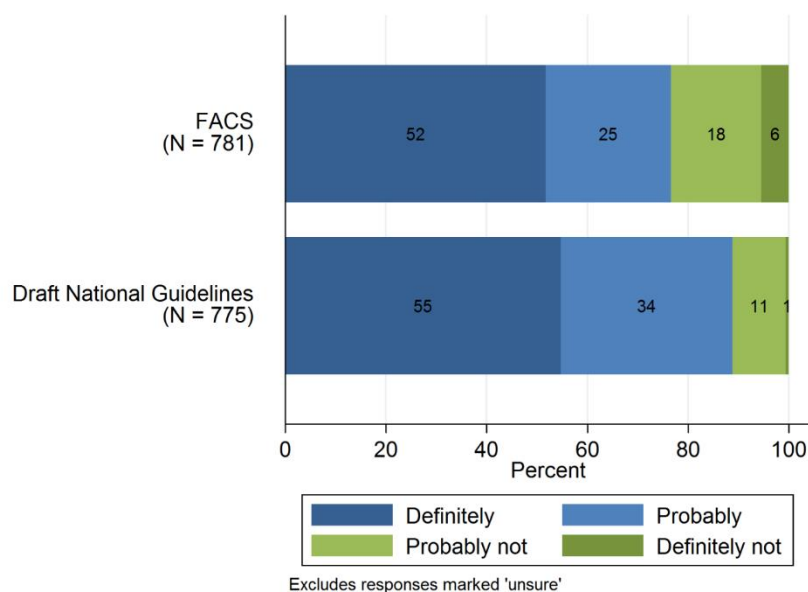


Figure 28: Assessed eligibility under FACS and draft minimum eligibility guidelines – vignettes for adults with a learning disability



As in previous examples, the draft regulations do not seem to have any significant impact on the likelihood of eligibility for cases with substantial or critical needs (see Figure 29 and Figure 30). Cases assessed as having moderate or substantial care needs under FACS, however, were more likely to have eligible needs using the draft eligibility criteria. As for the previous client groups, the draft eligibility criteria are associated with greater lead to greater numbers of eligible cases with lower needs.

Figure 29: Assessed eligibility by FACS rating – vignettes for adults with a learning disability (percentage of responses)

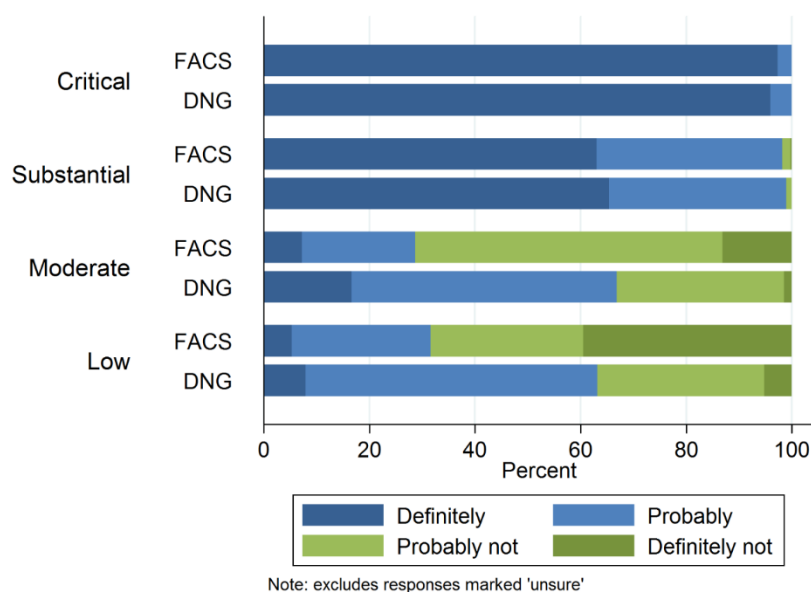


Figure 30: Assessed eligibility by FACS rating – vignettes for adults with a learning disability (number of responses)

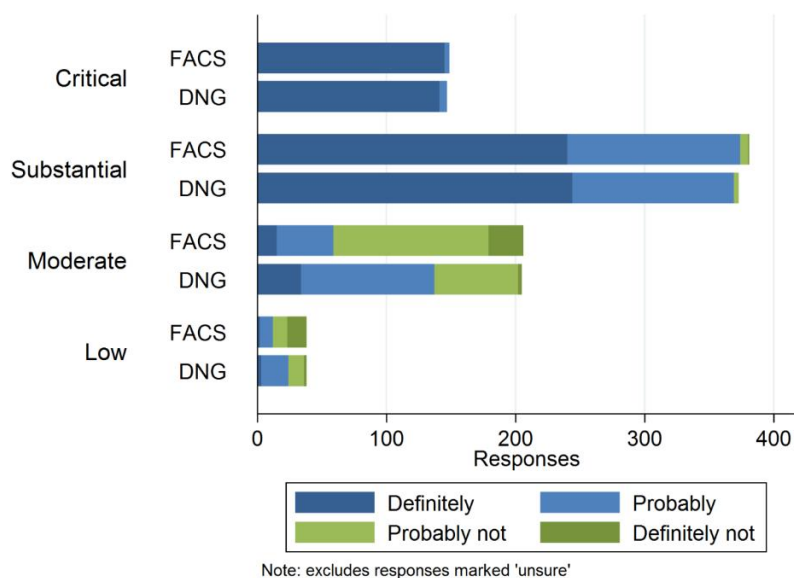
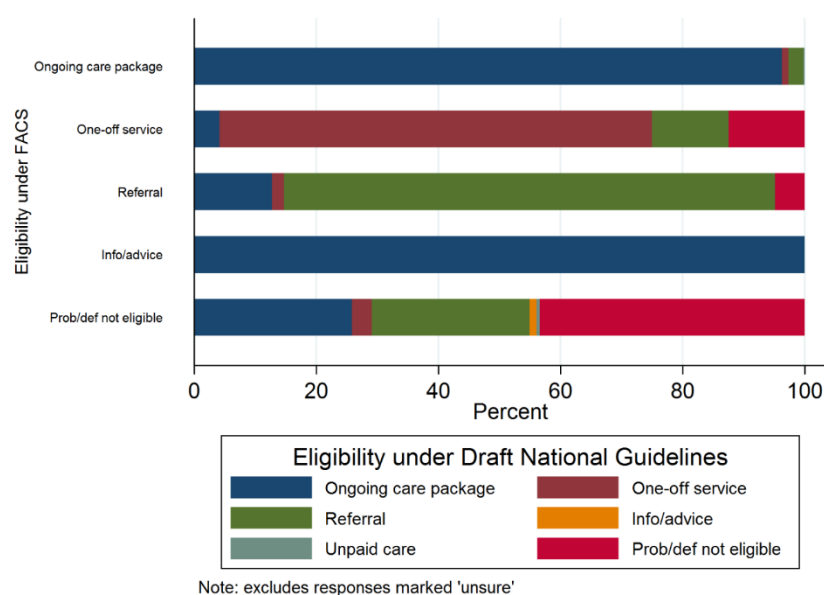


Figure 31: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – vignettes for adults with a learning disability (percentage of responses)



The changes in the types of support for the group of vignettes of people with learning disabilities are very similar to those of previous groups. Cases assessed as requiring an ongoing care package under FACS also receive an ongoing care package under the draft regulations, and approximately one quarter of cases assessed as probably or definitely not eligible under FACS are assessed as eligible for an ongoing care package under the draft regulations.

Figure 32: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – vignettes for adults with a learning disability (number of responses)

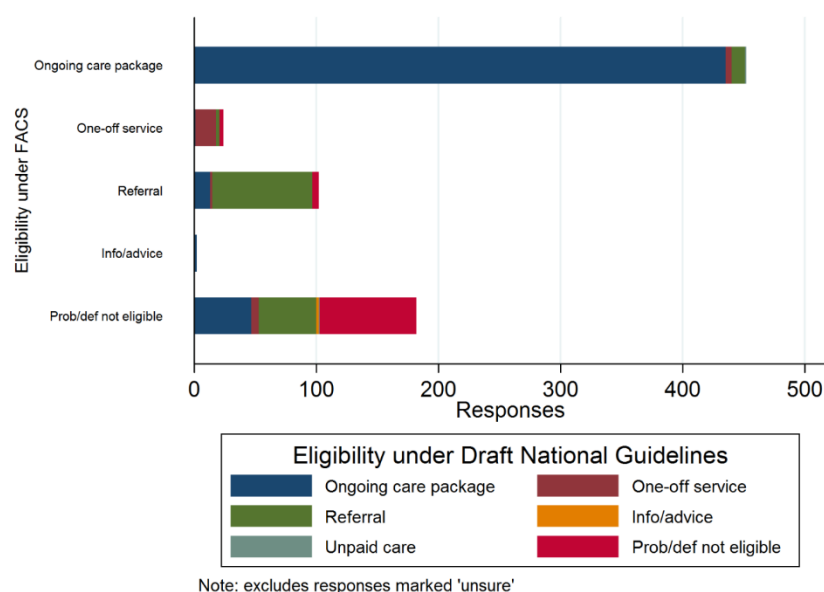
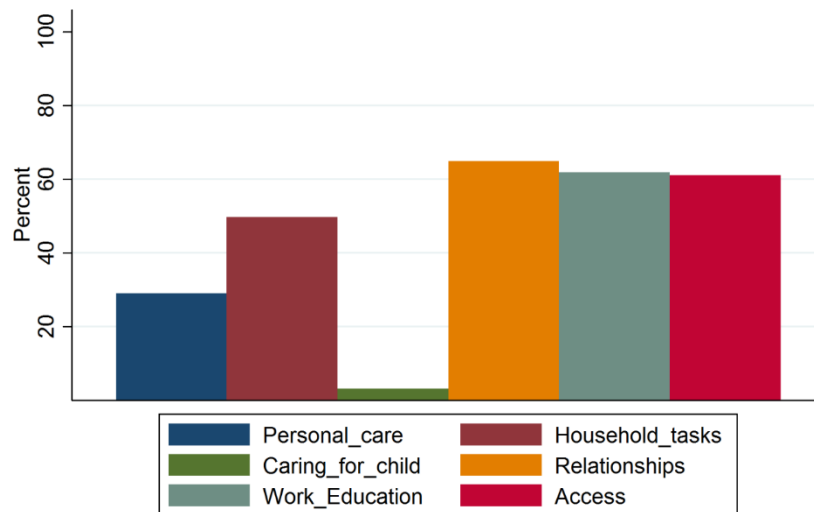


Figure 33: Needs associated with eligibility under draft minimum eligibility guidelines – vignettes for adults with a learning disability



Problems with personal care tasks appear to play less of a role in determining eligibility among the vignettes of individuals with learning disabilities than for previous client groups. Maintaining relationships, the ability to participate in work and education and to access local facilities and services are the three areas of need most frequently identified by care managers.

Figure 34: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines – vignettes for adults with a learning disability

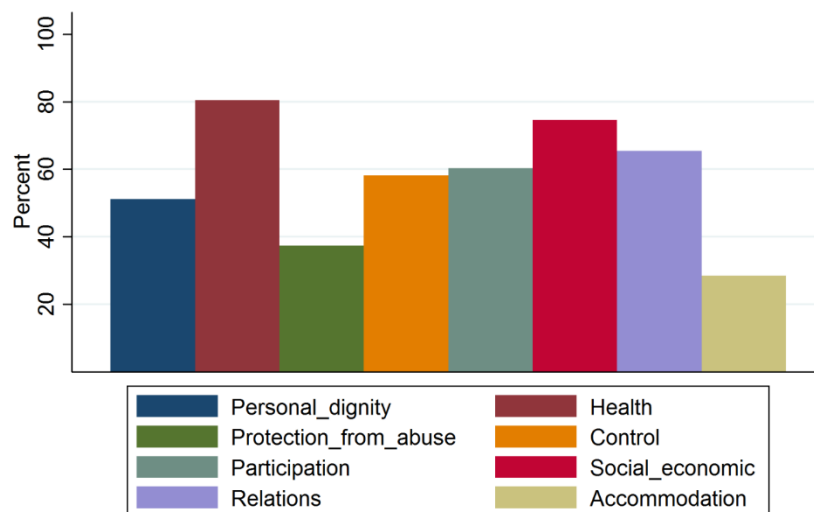


Figure 35: Needs associated with eligibility under draft minimum eligibility guidelines by FACS rating – vignettes for adults with a learning disability

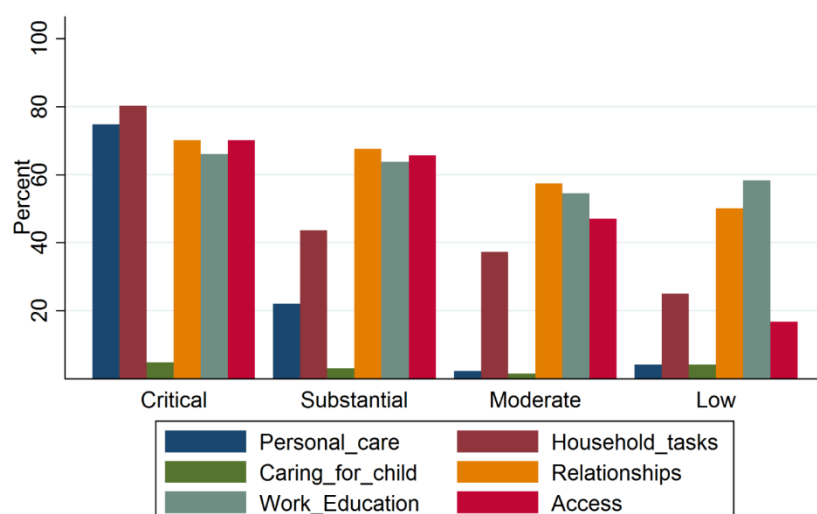


Figure 35 shows that the prevalence of the needs included in the draft regulations increases with FACS need levels. For two prevalent dimensions of need, the ability to maintain relationships and the availability of opportunities to participate in work and education, the relationship with FACS levels is less pronounced. These dimensions of needs are therefore likely to be associated with the increase in numbers of eligible cases under the draft regulations. This hypothesis is further corroborated by the patterns in Figure 37 and Figure 38.

Figure 36: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by FACS rating – vignettes for adults with a learning disability

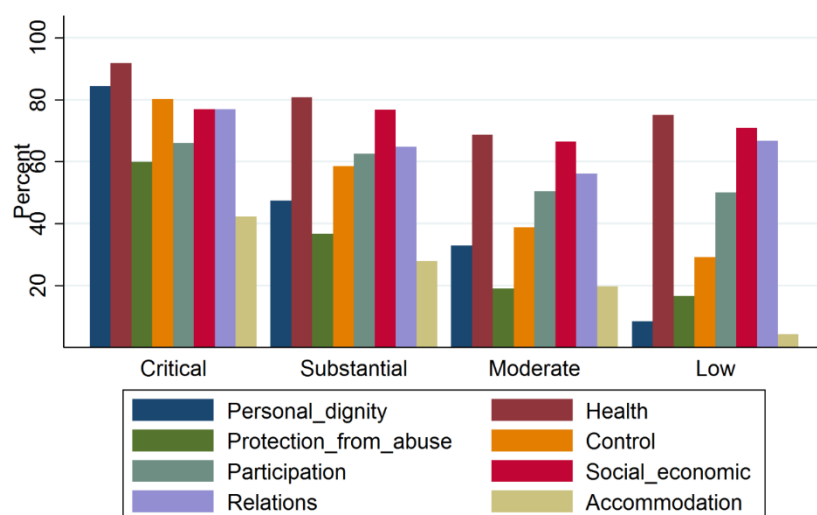


Figure 37: Needs associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – vignettes for adults with a learning disability

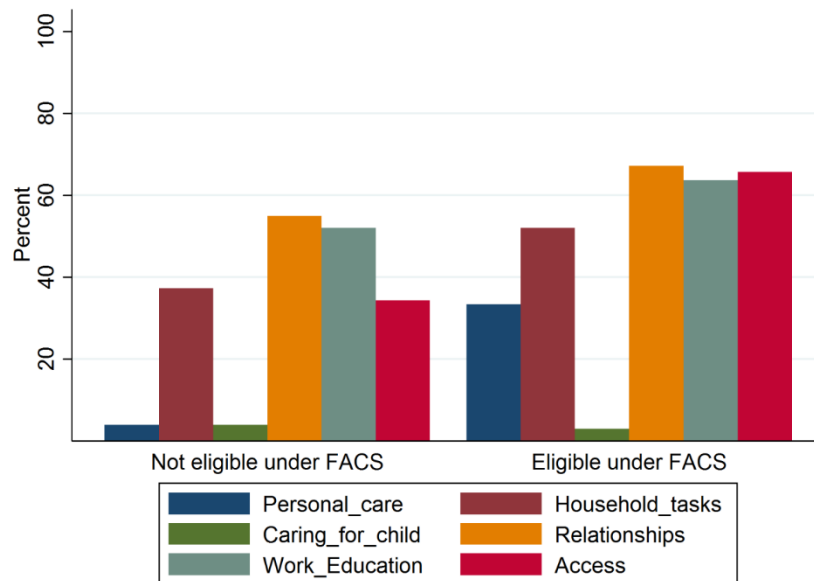
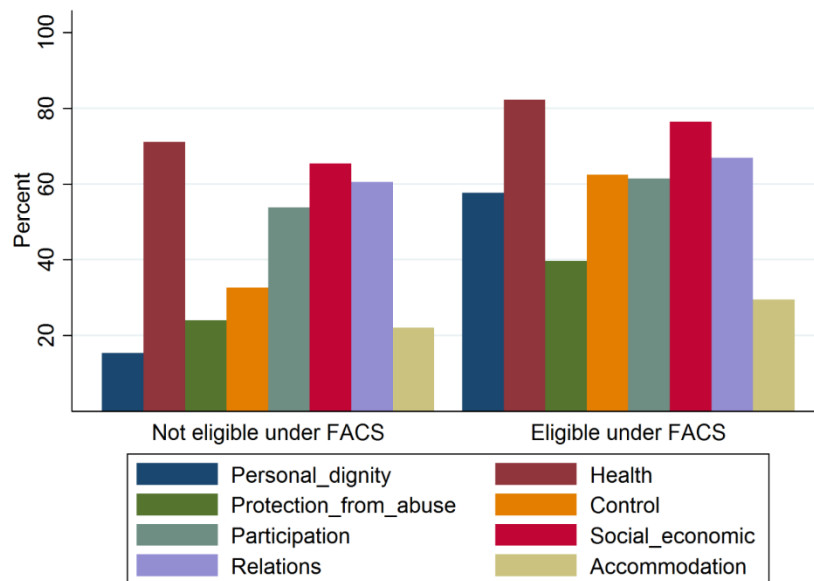


Figure 38: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – vignettes for adults with a learning disability



5 Results for vignettes for younger adults with mental health needs

Figure 39 depicts the distribution of attributed FACS ratings across all vignettes for the group of younger adults with mental health needs. Most vignettes are again rated as either having moderate or substantial needs. Aggregating the 657 judgements from care managers, 10% of cases were considered to have 'critical' needs, 45% 'substantial' needs, 30% 'moderate' needs and 14% 'low' needs.

Figure 39: Needs assessment under FACS – vignettes for adults with mental health needs

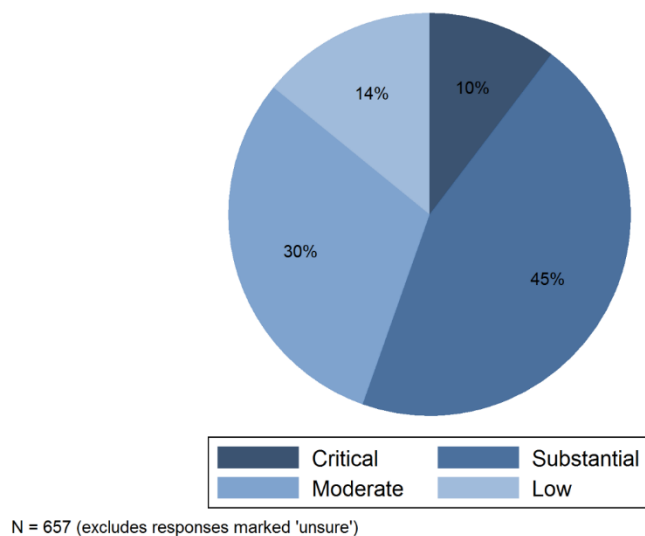


Figure 40: Assessed eligibility under FACS and draft minimum eligibility guidelines –vignettes for adults with mental health needs

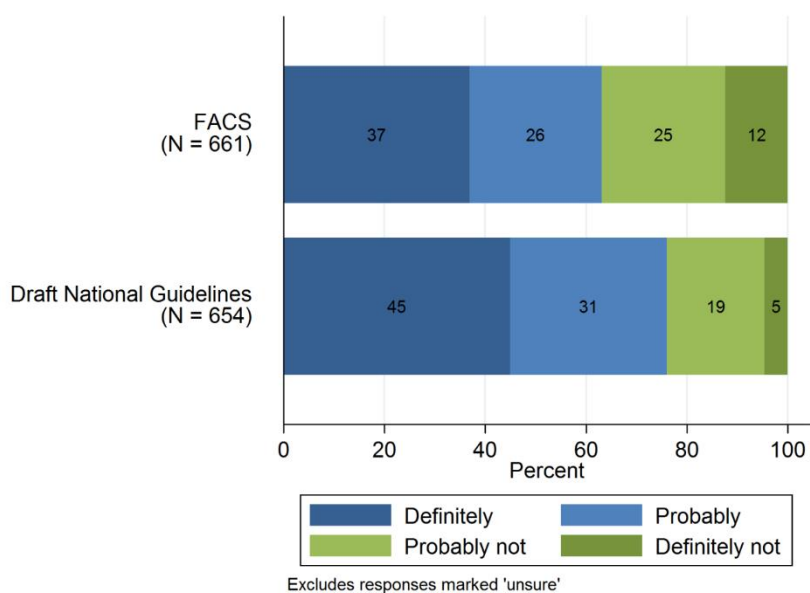
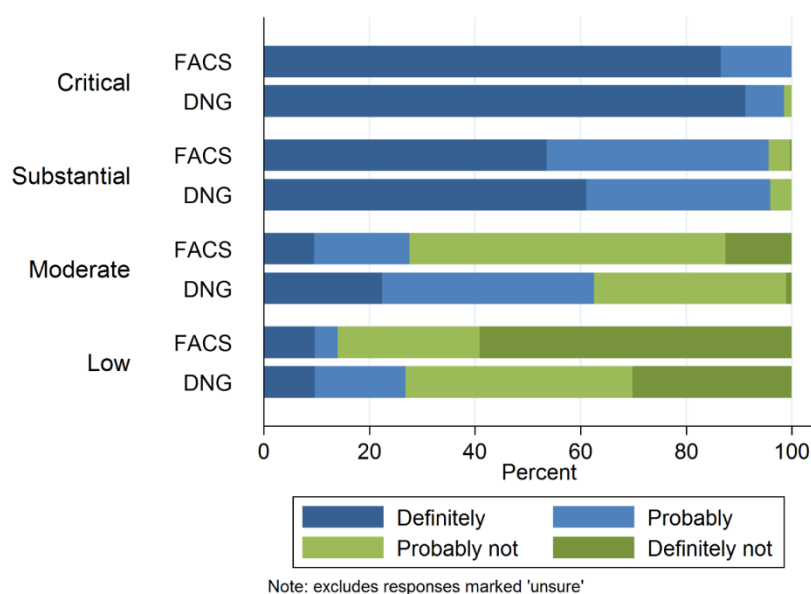


Figure 41: Assessed eligibility by FACS rating – vignettes for adults with mental health needs (percentage of responses)



The results in Figure 41 and Figure 42 show the same patterns than for previous groups: whereas FACS and the draft eligibility criteria produce the same results for vignettes with individuals with substantial and critical needs, the draft eligibility criteria increase the likelihood of eligibility among the less dependent cases (vignettes with individuals assessed as having low or moderate needs).

Figure 42: Assessed eligibility by FACS rating – vignettes for adults with mental health needs (number of responses)

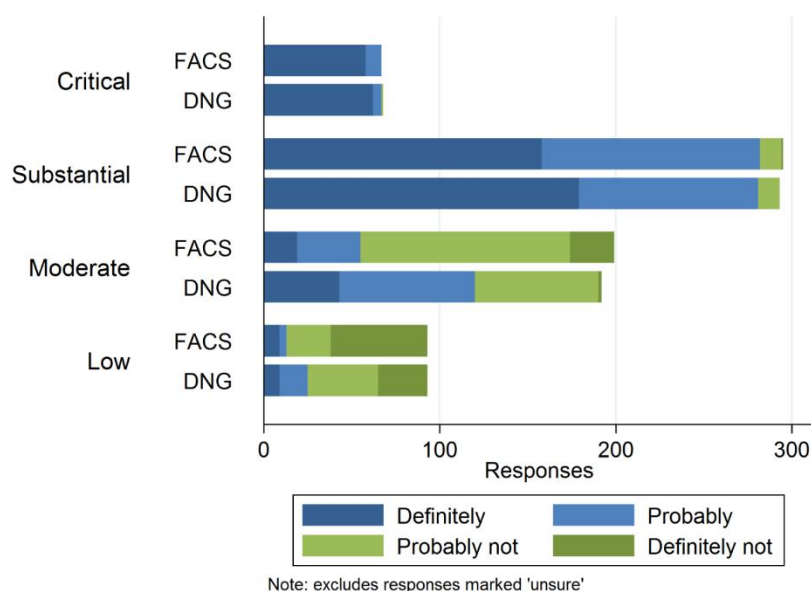
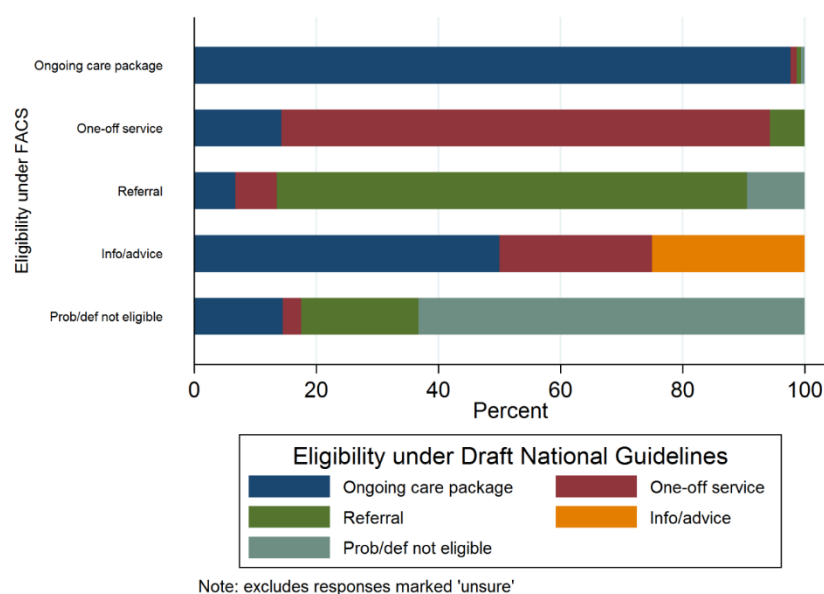


Figure 43: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – vignettes for adults with mental health needs (percentage of responses)



As found for other user groups, most of the outcomes of assessments under FACS of mental health vignettes lead to an ongoing care package, a referral to another service or the case being assessed as (probably or definitely) not eligible. A small proportion is also allocated a one-off service. Figure 44 and Figure 45 suggest, as similar figures for previous user groups, that the application of the draft eligibility criteria would increase the numbers of cases receiving ongoing care packages (in particular among those not eligible under FACS). Those receiving an ongoing care package under FACS continue to do so under the draft eligibility regulations.

Figure 44: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – vignettes for adults with mental health needs (number of responses)

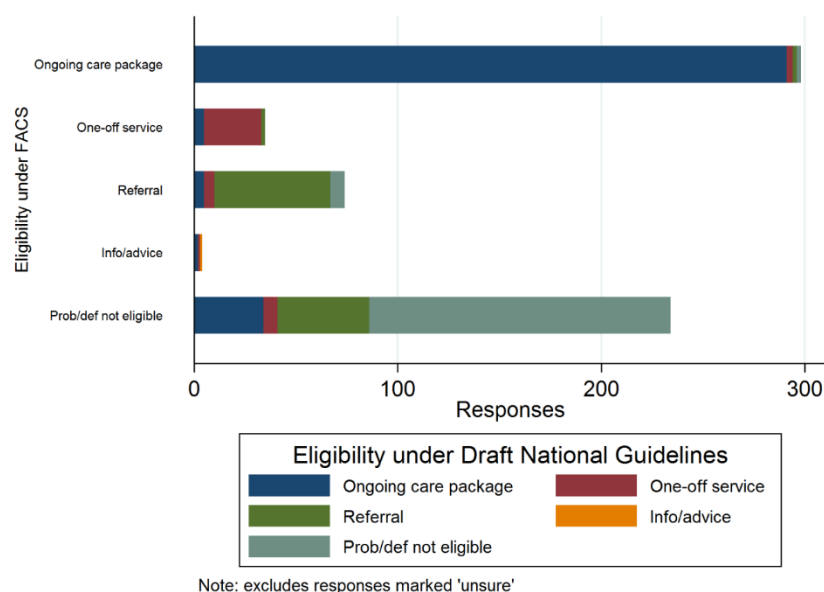
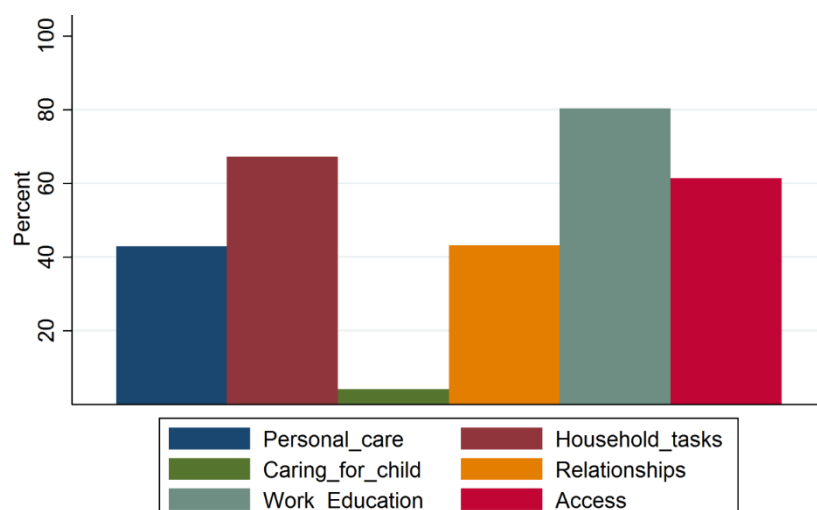


Figure 45: Needs associated with eligibility under draft minimum eligibility guidelines – vignettes for adults with mental health needs



The most prevalent need associated with eligibility in the vignettes for the group of people with mental health problems relates to opportunities to engage in work and education (see Figure 45 and Figure 46). Interestingly, this need is the most prevalent factor among eligible cases regardless of FACS need level (see Figure 47), and therefore likely to be responsible for some of the increases in eligible cases following the implementation of the draft eligibility criteria.

Figure 46: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines – vignettes for adults with mental health needs

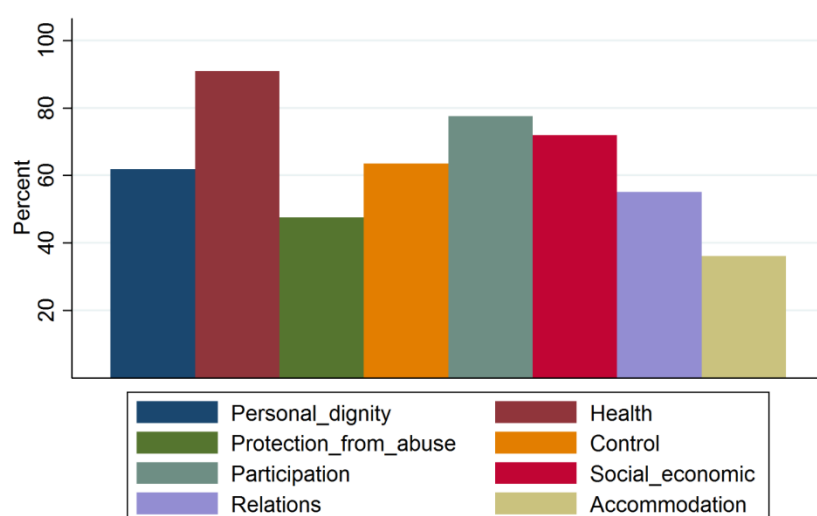


Figure 47: Needs associated with eligibility under draft minimum eligibility guidelines by FACS rating – vignettes for adults with mental health needs

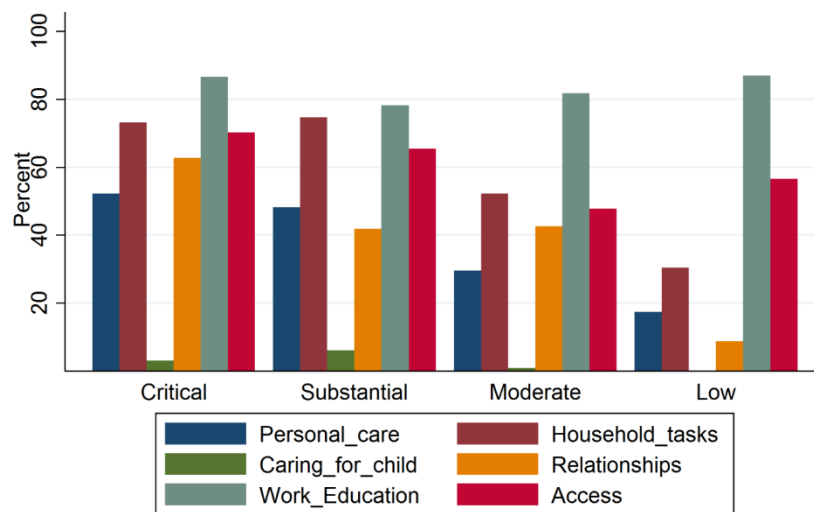


Figure 48: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by FACS rating – vignettes for adults with mental health needs

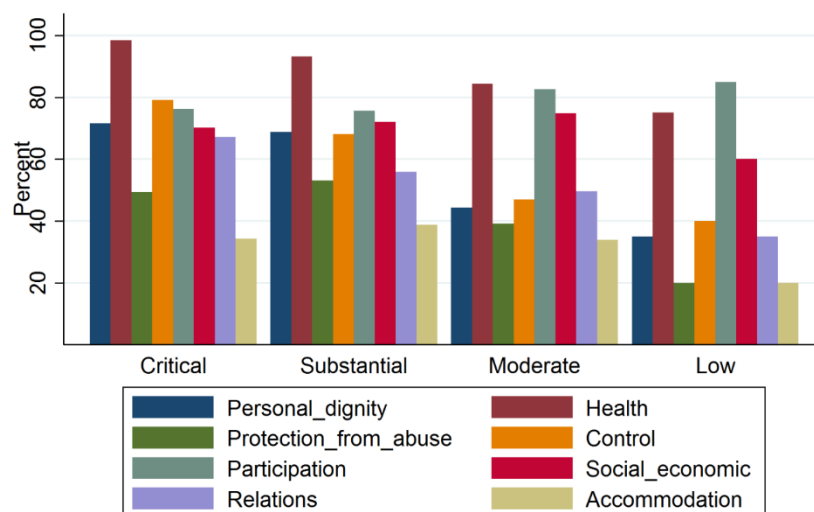


Figure 49: Needs associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – vignettes for adults with mental health needs

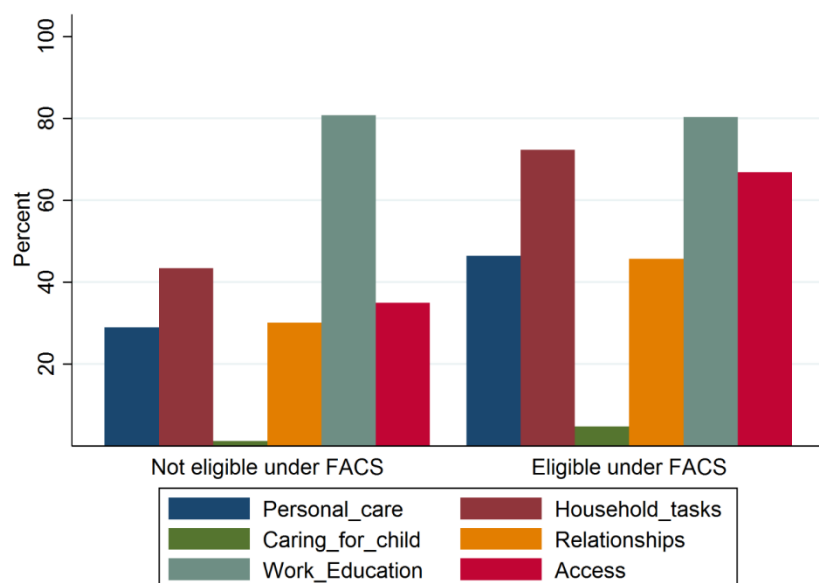
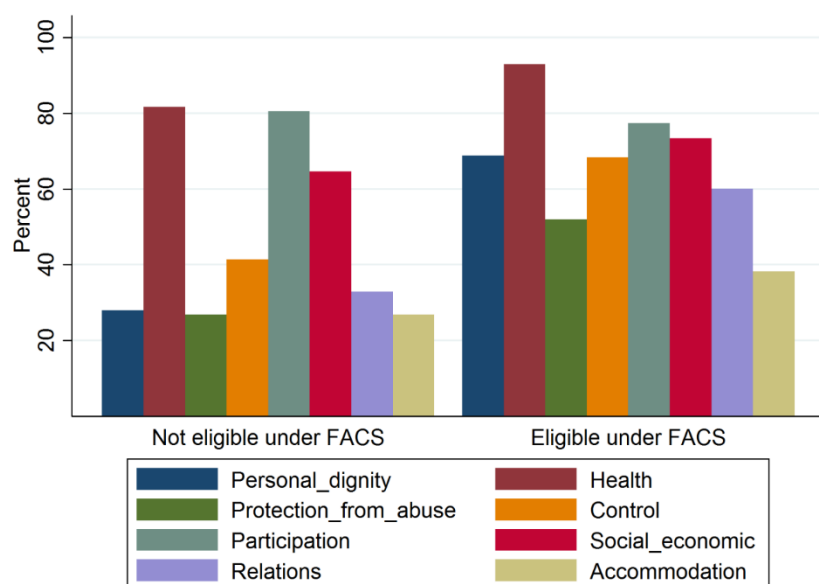


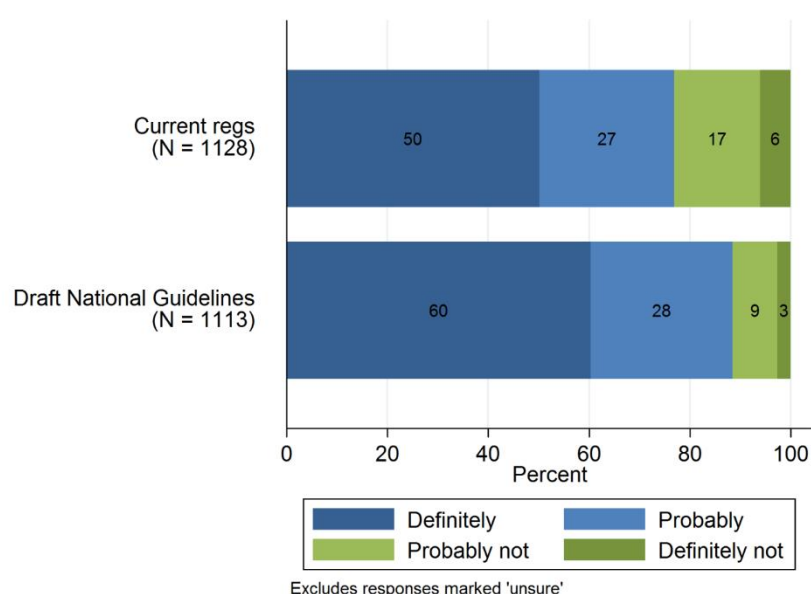
Figure 50: Areas of wellbeing associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – vignettes for adults with mental health needs



6 Results for carers' vignettes

In contrast with the previous groups, care managers were not asked to rate the carers' vignettes in terms of the FACS classification, given they are not used for that purpose. In terms of changes in the proportions of eligible cases, Figure 51 suggests that the implementation of the draft regulations also leads to increased numbers of cases assessed as eligible among carers. Whereas 77% of the assessments of carer vignettes suggested the case would be either definitely or probably eligible to services using FACS, 88% of assessments were found to be eligible when applying the draft regulations.

Figure 51: Assessed eligibility under current and draft minimum eligibility guidelines – carers' vignettes



The three most prevalent outcomes of the assessment under FACS of carer vignettes were an ongoing care package, a one-off payment, or the case been assessed as probably or definitely not eligible for support. In line with the results for all other user groups, cases assessed as requiring an ongoing care package under FACS were also very likely to be assessed as requiring an ongoing care package under the new draft regulations. Also as previously found, a non-trivial proportion of cases assessed as probably or definitely not eligible for support under FACS were assessed as needing an ongoing care package under the draft regulations (see Figure 52 and Figure 53).

Figure 52: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines - carers' vignettes (percentage of responses)

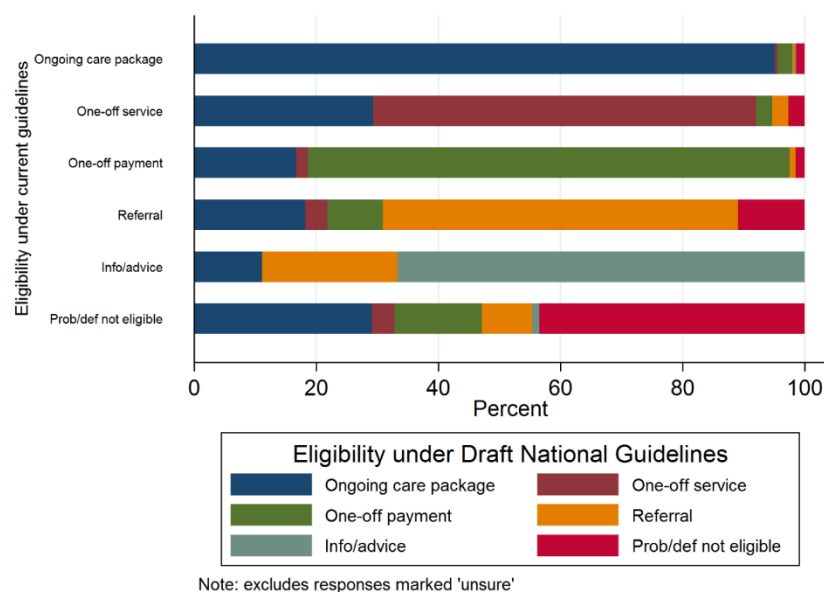
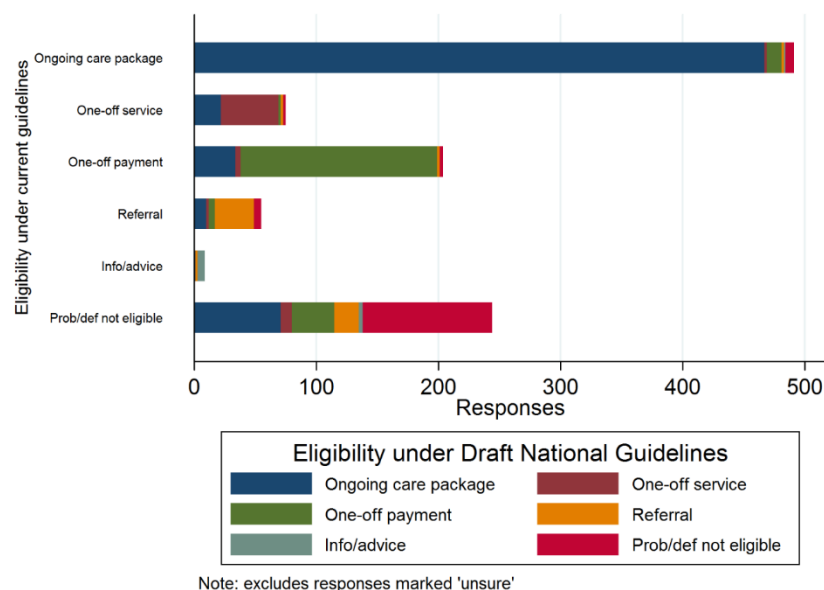


Figure 53: Differences in eligibility and support between current FACS system and draft minimum eligibility guidelines – carers' vignettes (number of responses)



The most prevalent need associated with eligibility under the draft eligibility guidelines is the concern over the health of the carer, followed by the need for the carer to access recreational activities (see Figure 54). Figure 55 suggests that the health of the carer is the most prevalent need amongst eligible cases regardless of whether they are eligible under FACS or both systems.

Figure 54: Needs associated with eligibility under draft minimum eligibility guidelines – carers' vignettes

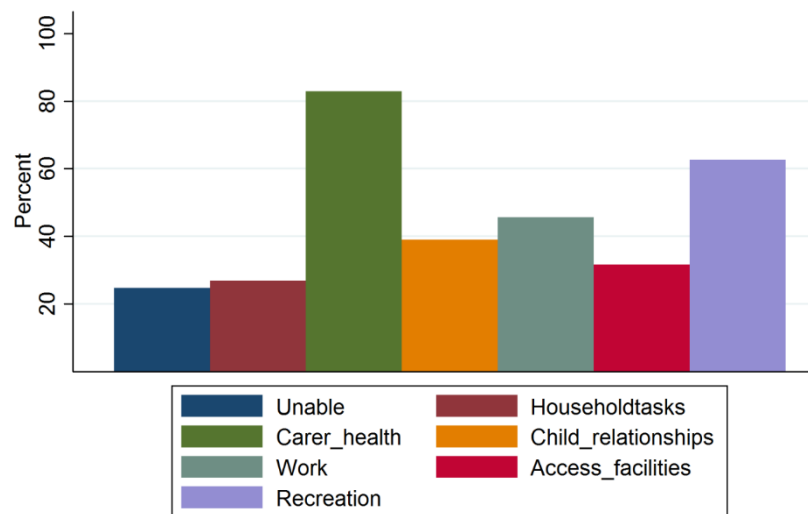
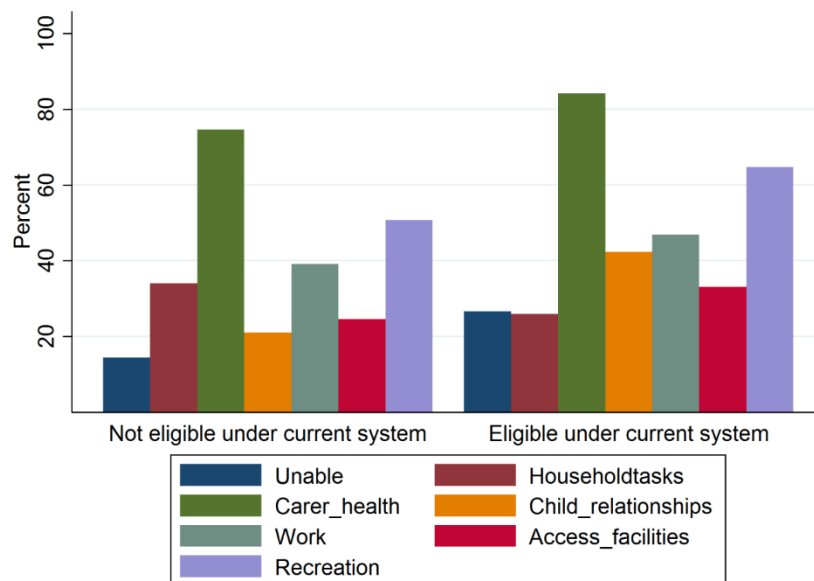


Figure 55: Needs associated with eligibility under draft minimum eligibility guidelines by whether case is eligible under FACS – carers' vignettes



7 Sensitivity of numbers eligible to need dimensions in the regulations

Whether or not a particular need dimension affects significantly the number of eligible cases depends on the number of individuals likely to present the particular need and on the extent to which the need dimension overlaps with other need factors in the eligibility criteria. Hence, not including a very severe need in the eligibility definition might not have a large effect on the numbers of eligible cases because (1) the number of potential individuals with the most severe needs is smaller and (2) because the needs of very dependent people are likely to also include less severe need criteria included in the regulations.

Figure 56: Proportional change in number of eligible cases following removal of individual need clauses from the draft regulations

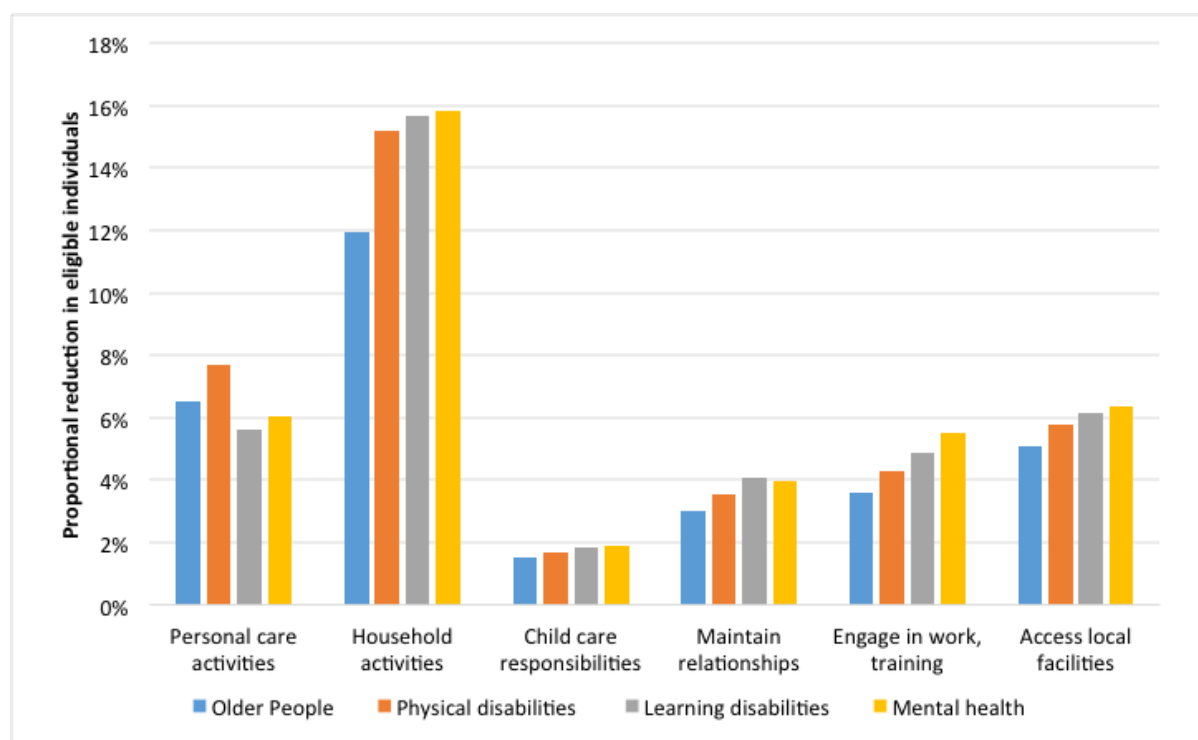


Figure 56 examines, for the different user groups in the study, the proportional drop in the number of eligible cases that would be associated with removing individual need dimensions from the draft eligibility criteria. It does so by assuming that cases who are assessed as eligible but for whom care managers only identify one individual need dimension would no longer be eligible if such dimension was no longer included in the regulations.

The results suggest that although some small differences exist between user groups, removing inability to carry out household activities would lead to the greatest proportional fall in the number of eligible cases (relative to FACS) following the implementation of the draft regulations. Hence, between 12% of older people eligible and 15% for the rest of user groups would no longer be eligible if the need with household activities was removed from the regulations.

8 Care managers views on minimum draft eligibility regulations

The study included some questions exploring care managers' perceptions of the draft regulations, and in particular whether they saw them as "easy to understand", whether they thought the regulations covered the right dimensions of need and wellbeing and whether they thought they would be easy to implement.

In addition, they were asked to rate the regulations in terms of whether they allowed for sufficient flexibility for their professional judgement to contribute to the outcome of the assessment.

Figure 57: Are the draft regulations easy to understand?

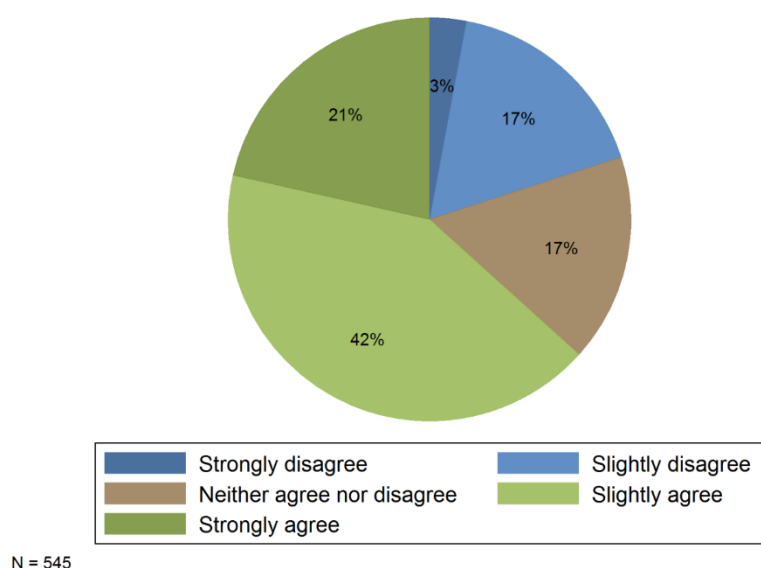


Figure 57 suggests that a large majority of care managers did not have problems interpreting the meaning of the draft regulations: 63% of care managers either slightly or strongly agreed that the regulations are easy to understand and only 3% of them strongly disagreed with the statement. Furthermore, 58% of care managers slightly or strongly agreed that the regulations would be easy to implement, and only 5% strongly disagreed with the statement (see Figure 59).

Very similar approval rates are shown in Figure 58, which explores whether the right range of factors are covered in the regulations. Hence, 66% of care managers slightly or strongly agreed with the statement that the draft regulations cover the right circumstances to be considered during the assessment of eligibility. Only 4% of care managers strongly disagreed with the statement.

Arguably, the draft eligibility criteria are more "algorithmic" in their nature than the current FACS regulations, in that they define with greater specificity the nature of the needs and dimensions of wellbeing associated with eligibility. In spite of this, a majority of care managers (63%) slightly or strongly agreed that the draft regulations were flexible enough to allow for professional judgment during the assessment process. Approximately 5% of care managers strongly disagreed with the statement (see Figure 60).

Figure 58: Do the draft regulations cover the right circumstances?

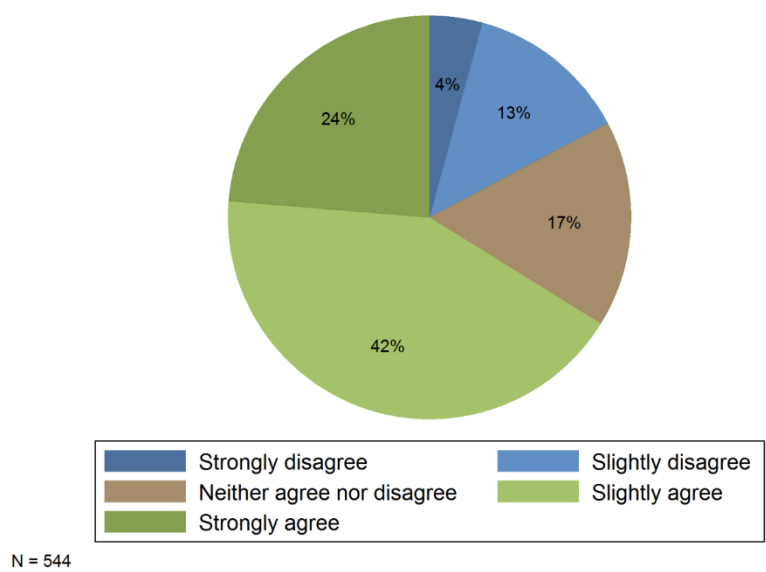


Figure 59: Are the draft regulations easy to apply?

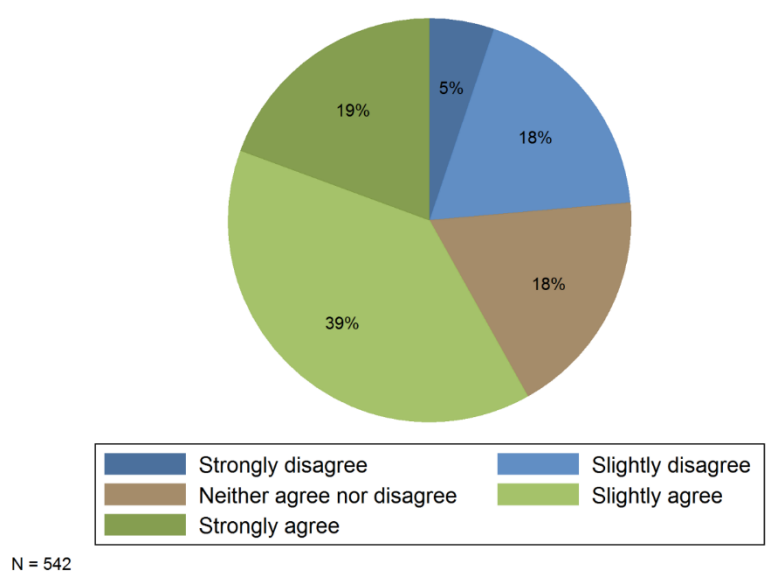
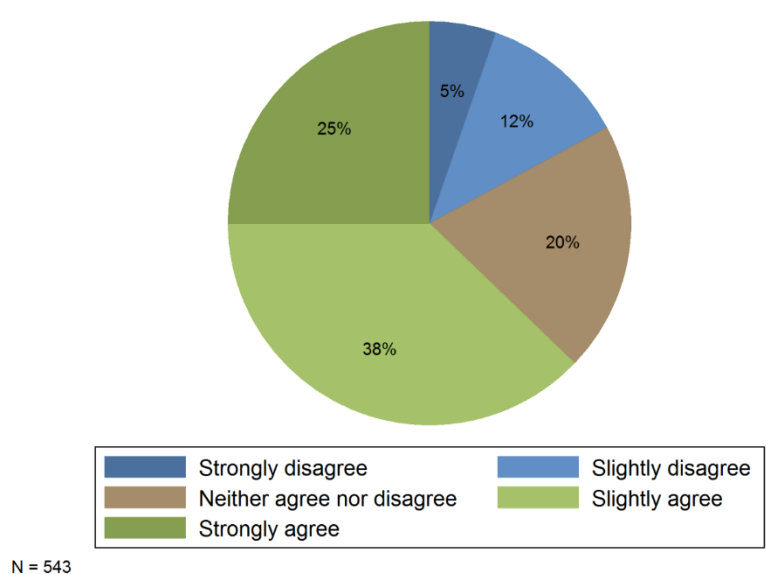


Figure 60: Are the draft regulations flexible enough to allow for professional judgement?



9 Policy implications

The study results shed light on a number of important policy questions linked to the aims of the reforms. In the discussion below we concentrate on the following two:

- To what extent do the draft regulations lead to changes in the numbers of eligible cases relative to the FACS system?
- Would the draft regulations lead to a more uniform decision-making process during the assessment of users and carers needs?

9.1 Changes in the numbers of eligible cases

In terms of the changes in the numbers of eligible cases as a result of the introduction of the new regulations, the results of the study are consistent across all user and carer groups. Whereas the application of the draft eligibility criteria leaves eligibility decisions unchanged (relative to FACS) for individuals with substantial and critical needs, they lead to increases in the numbers of eligible cases with low or moderate needs.

For several of the user groups in the study, the increase in the numbers of eligible cases appears to be associated to a large extent with the inclusion of housework tasks as a qualifying criteria in the draft regulations. In other words, whereas individuals with problems undertaking housework tasks² (and no other needs) would seem to be excluded from eligibility to services under FACS, they are assessed as eligible for support by care managers when they apply the draft eligibility regulations.

It is difficult to speculate about the net impact of the changes in eligibility criteria on levels of expenditure for local authorities. The following factors are worth noting:

- The results of the study are based on hypothetical situations, and it is likely that care managers would adapt their behaviour as information became apparent about the impact of the changes in the regulations on the budgets of the local authority.
- The results of the study suggest that a greater proportion of individuals would receive an ongoing care package as a result of the introduction of the new draft eligibility criteria. However, the study could not collect information about the likely cost of care packages. Overall, it is likely that the cost of the care packages for the additional number of eligible cases would be relatively modest given their relatively low needs. The proportional contribution to the cost of the care packages from local authorities might be limited as a result given the residual nature of the social care charging system in England (in which local authorities cover the proportion of the costs that cannot be covered by the individual's assessable income).
- Because the draft eligibility criteria appear to increase the likelihood of being eligible for individuals with relatively low needs, and the number of dependent people increases exponentially as the needs threshold is lowered, the changes could affect a nontrivial number of people (J.-L. Fernandez & Snell, 2013).

² To the extent that this is having a significant impact on their wellbeing.

9.2 Changes in the variability of assessment decisions

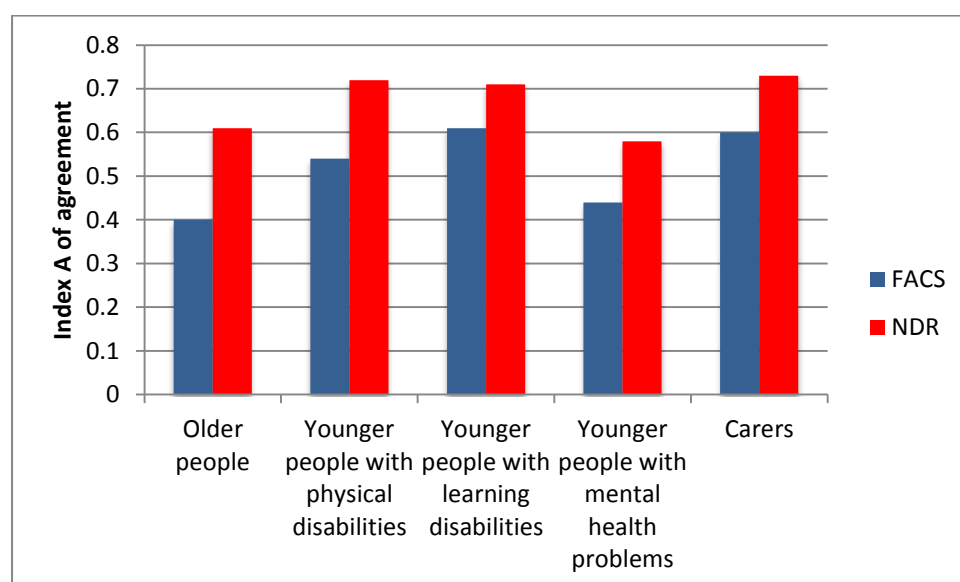
An important objective of the reforms to the eligibility system is to increase the homogeneity of decision-making during the assessment process.

An increase in the homogeneity of assessment decisions across local authorities is implicit in the draft regulations to the extent that they introduce a national minimum eligibility threshold common to all local authorities in England. However, previous research has shown worrying disparities in the assessment of needs using the FACS regulations within as well as across authorities.

Using the A index of agreement developed by Eijk (2001), **Error! Reference source not found.**

depicts an increase in the degree of agreement in the care managers' judgements about the likely eligibility of vignettes when the draft minimum eligibility regulations are applied. This increased level of agreement of judgements is apparent across all user and carer groups, but is particularly noticeable for older people and for younger people with physical disabilities, two of the groups with least homogeneity of responses using the FACS eligibility system.

Figure 61 Change in agreement over eligibility between FACS and draft regulations, by client group



The results in **Error! Reference source not found.** thus suggest that the more algorithmic nature of the draft eligibility criteria would have the intended effect of reducing variability in the judgements about the eligibility of individuals.

10 References

- Eijk, C. Van Der. (2001). Measuring Agreement in Ordered Rating Scales. *Quality and Quantity*, 35(3), 325–341. doi:10.1023/A:1010374114305
- Fernandez, J., Snell, T., Forder, J., & Wittenberg, R. (2013). *Implications of setting eligibility criteria for adult social care services in England at the moderate needs level* (p. 38). London: PSSRU discussion paper 2851.
- Fernandez, J., & Snell, T. (2012). *Survey of Fair Access to Care Services (FACS) Assessment Criteria Among Local Authorities in England. Framework* (pp. 1–72). London: PSSRU discussion paper 2825. Retrieved from <http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/FACS-eligibility-report-dp-2825f.pdf>
- Fernandez, J., & Snell, T. (2013). *Implications on expenditure and numbers of social care clients of minimum needs eligibility criteria in England*. London: PSSRU Discussion Paper 2856.

11 Appendix A: Summary results for individual vignettes

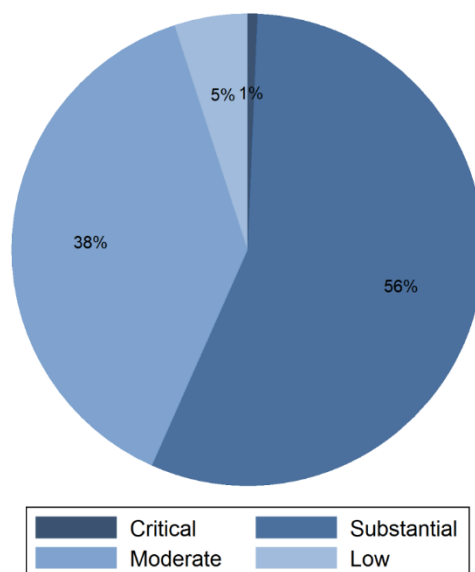
11.1 Older People

11.1.1 Older People vignette 1

Mrs A, aged 94, lives alone and has recently been discharged from hospital after suffering a fall in the garden. She has a perching stool installed in her bathroom but can no longer bathe without help, and says that she finds it hard getting in and out of bed and going to the toilet although she currently receives no help to do so. Mrs A is able to strip wash and does so daily but says that she doesn't feel clean and wants to be able to have a bath once a week.

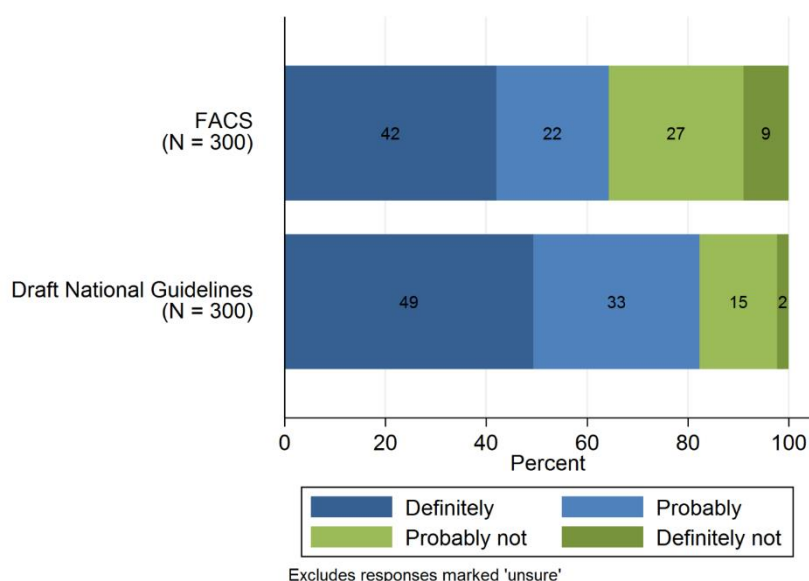
Since Mrs A finds it difficult to walk long distances, a close neighbour has started to help with shopping and comes in every day to check on her, but otherwise she doesn't really get any visitors. She says that she often feels lonely, but has lived in her home since her 40s and doesn't want to move away.

Figure 62: Needs assessment under FACS - older people, vignette 1



N = 300 (excludes responses marked 'unsure')

Figure 63: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 1



11.1.2 Older People vignette 2

Mr B, 86, is a widower of four years and has been diagnosed as suffering from the early stages of dementia. He has no real difficulties performing physical tasks, however his children (one of whom lives a mile away) are becoming increasingly worried about his condition.

Mr B's daughter says that she bought him a bath alarm after he left the bath running on one occasion, but is now very anxious since he recently left the house with the oven on, prompting the fire brigade to turn up after neighbours were alerted to his smoke alarm. His family have recently taken the precaution of having his gas cooker disconnected, and bought him a microwave. He is now using this for meals but says that he can no longer enjoy proper meals.

Mr B enjoys an active social life and likes to catch up with friends in his local pub; his children describe him as fiercely independent and say that he would hate any disruption to his routine.

Figure 64: Needs assessment under FACS - older people, vignette 2

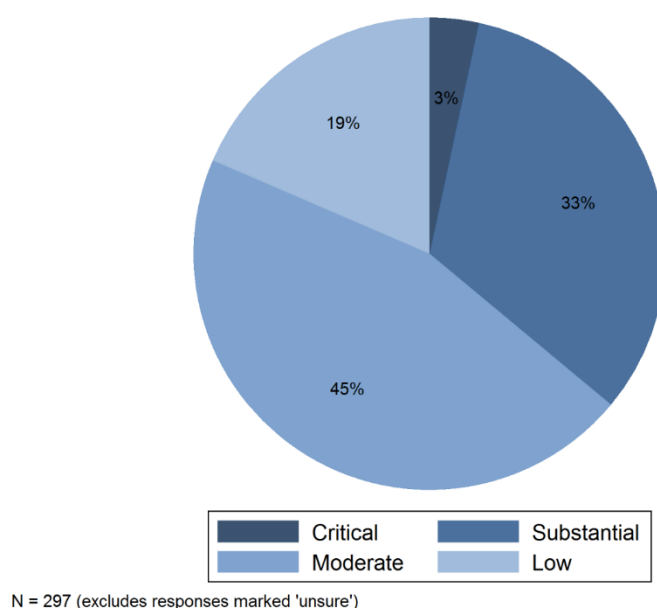
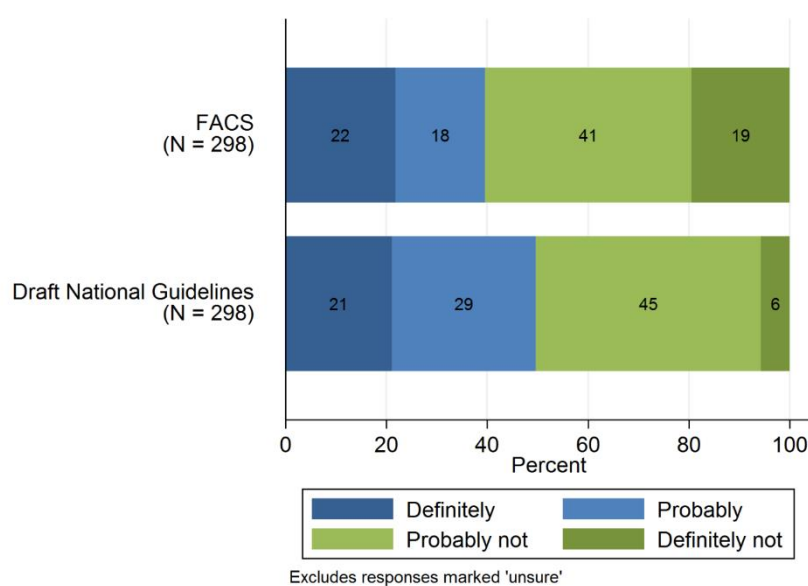


Figure 65: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 2



11.1.3 Older People vignette 3

Mr C, 66, was left blind and with mobility problems after suffering a stroke. He lives with his wife and the youngest of his children who is at secondary school.

Mr C was referred by the hospital for home discharge planning. Due to his disabilities he is unable to return to work, and needs help at home with washing and dressing and is unable

to carry out domestic tasks. His family currently provide support with domestic and personal care.

At present, his wife spends the equivalent of two days per week working in a local library. On the days that she works, Mrs C helps her husband to dress and prepares a meal before she goes to work, but other than visiting the toilet and eating Mr C has to spend most of these days in an armchair. He finds this extremely boring but is reluctant to force his wife away from a job that she enjoys.

Figure 66: Needs assessment under FACS - older people, vignette 3

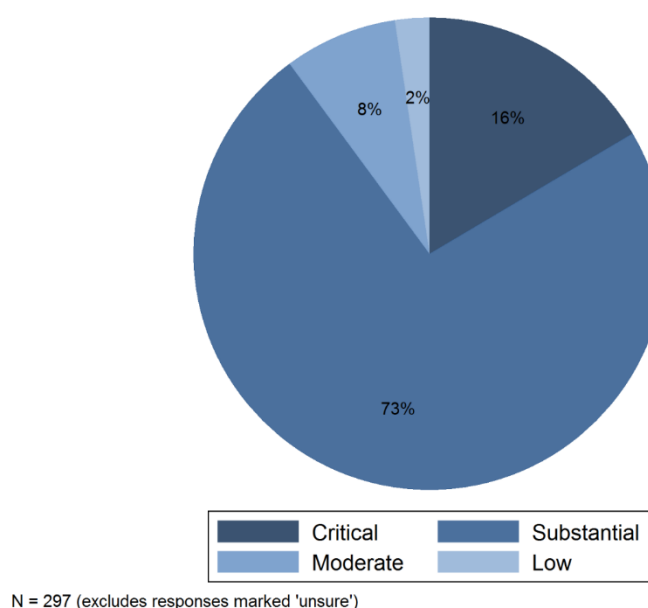
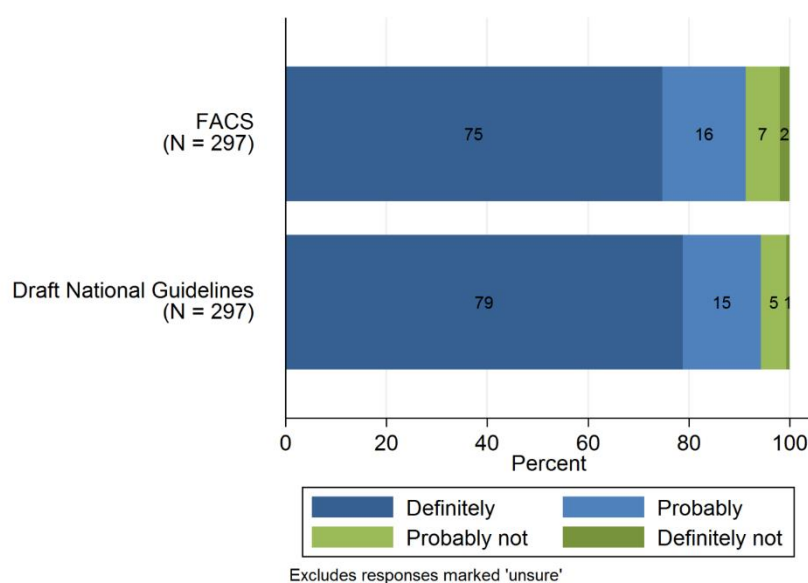


Figure 67: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 3

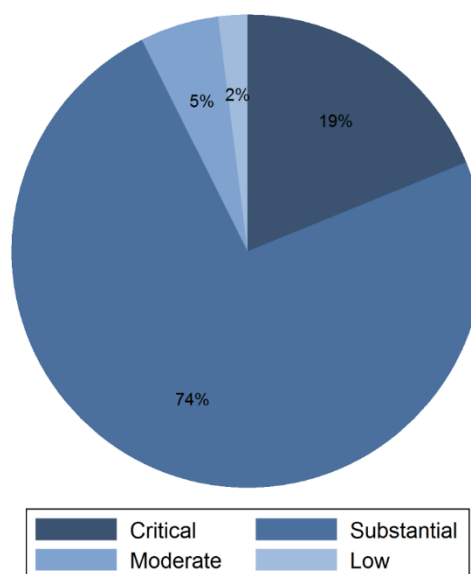


11.1.4 Older People vignette 4

Mrs D, 90, was admitted to hospital after a fall at church, in which she suffered bruised ribs and a fractured neck of femur. She is being discharged from hospital following successful rehabilitation.

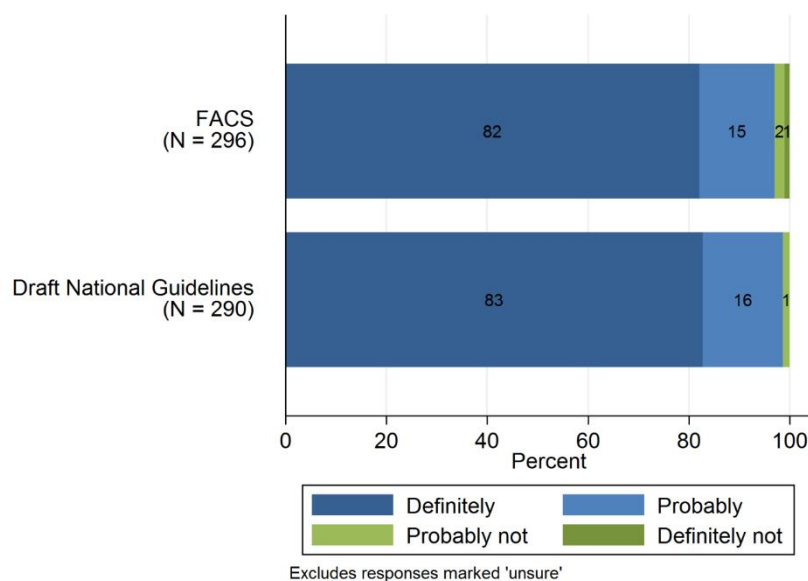
Mrs D needs personal care assistance, and her doctor confirms that she is showing signs of early stages of dementia. Her husband, with whom she lives, has been in contact as he feels he cannot cope with all of her physical needs as already struggling to carry out much of the work that she used to do around the house.

Figure 68: Needs assessment under FACS - older people, vignette 4



N = 297 (excludes responses marked 'unsure')

Figure 69: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 4



11.1.5 Older People vignette 5

Mrs E, aged 91, lives alone and has had two hip replacements and experiences ongoing mobility problems. She can move around her bungalow using a frame, but cannot bathe herself properly and struggles to get in and out of bed and to go to the toilet, which has been fitted with a seat raiser.

Mrs E suffers from pruritus (itchy skin) which has worsened since she has been unable to wash properly. A friend provides help with shopping and the odd bit of housework, but otherwise she doesn't really get any visitors.

She does not describe herself as depressed, but often feels lonely. Mrs E says that as a Jamaican-born widow living in rural Lincolnshire she has little access to people within her old community.

Figure 70: Needs assessment under FACS - older people, vignette 5

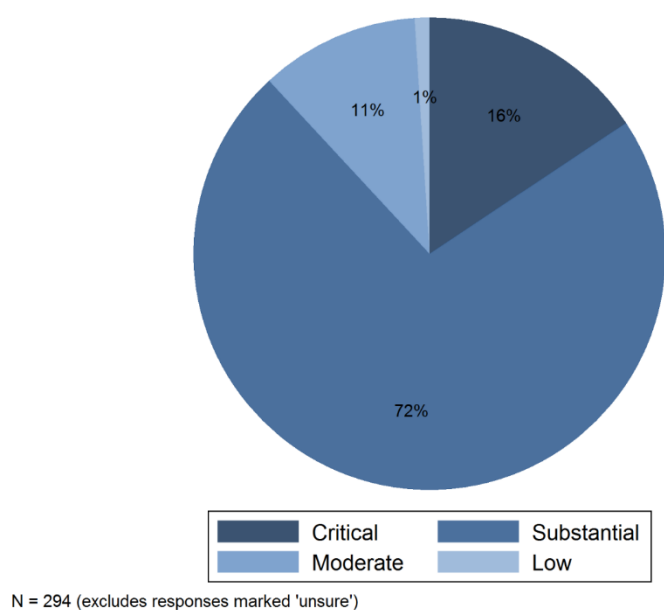
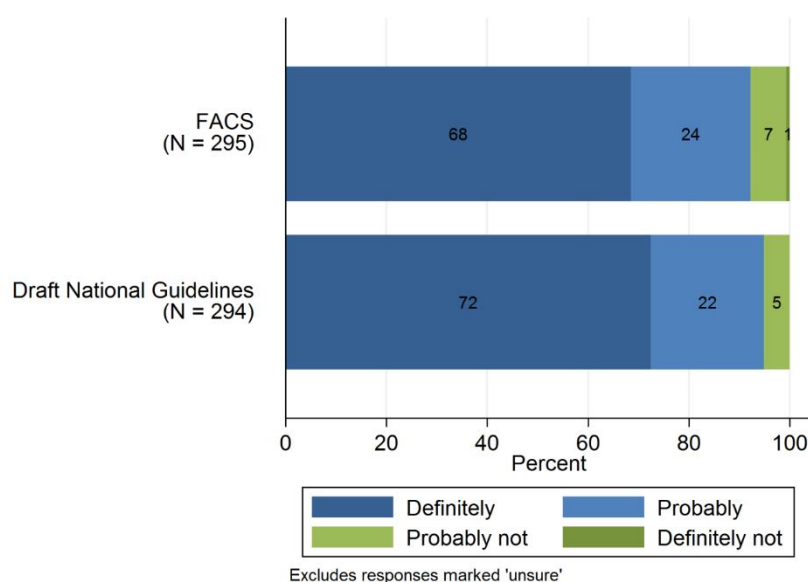


Figure 71: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 5



11.1.6 Older People vignette 6

Mrs F, aged 89, lives alone and has recently been discharged from hospital after suffering a fall at home. She manages to perform personal care tasks independently, albeit with some

difficulty, and still manages to perform most basic household tasks.

Since Mrs F finds it difficult to walk long distances, she will no longer be able to travel further than her local shop which only stocks very basic provisions. The area in which Mrs F lives has no public transport links within easy access. She has no children and few surviving friends in the local area.

Figure 72: Needs assessment under FACS - older people, vignette 6

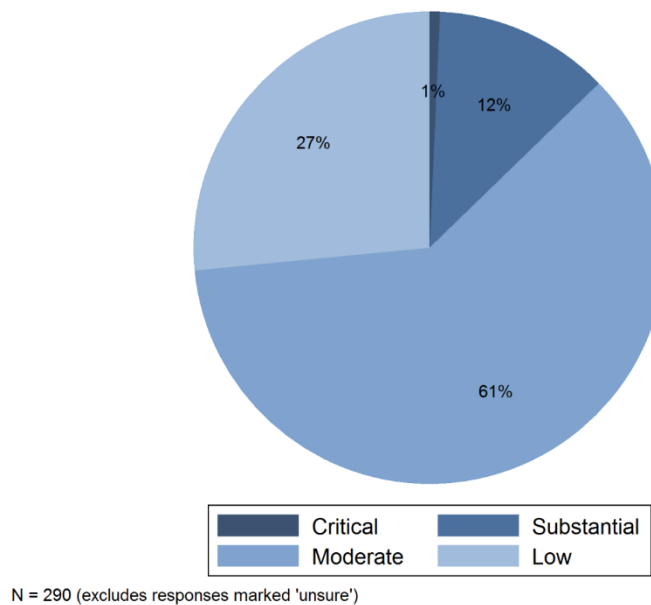
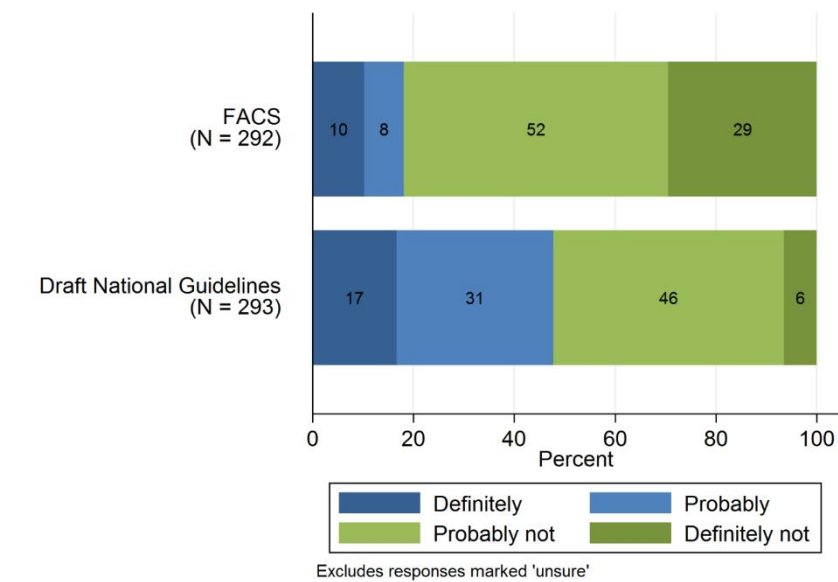


Figure 73: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 6

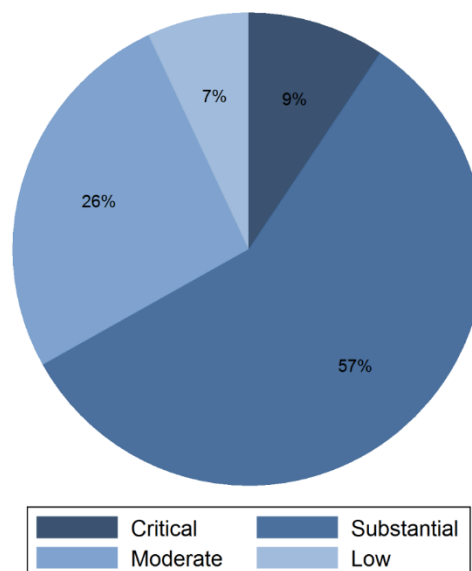


11.1.7 Older People vignette 7

Mr G, aged 92, lives in a bungalow with his wife, 83. Mr G has been finding basic care tasks increasingly difficult, and now struggles to dress or to stand up from chairs without assistance from his wife, who is his main carer. His bathroom has been adapted with a walk-in shower, toilet raiser and grab rails which allow him some autonomy.

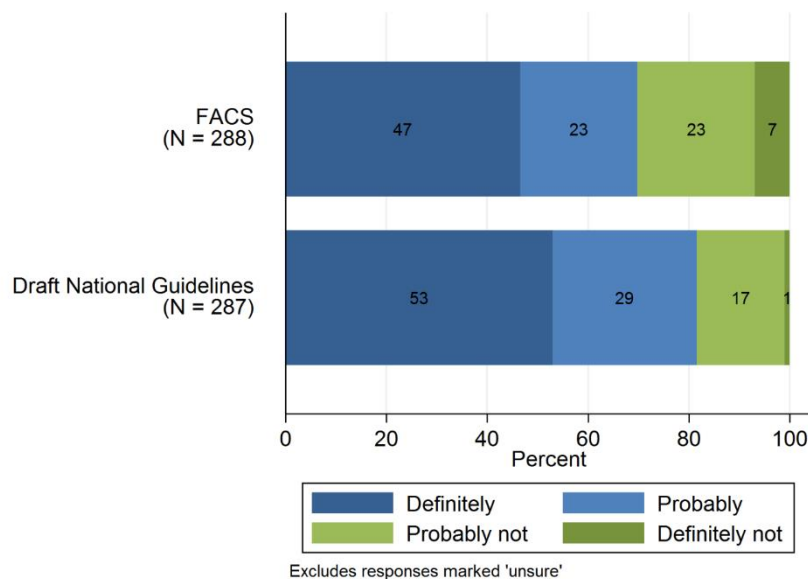
Mrs G is currently managing to care for her husband single-handedly and is willing to continue doing so, although Mr G feels guilty that it means she is no longer able to socialise and feels like a burden to her.

Figure 74: Needs assessment under FACS - older people, vignette 7



N = 287 (excludes responses marked 'unsure')

Figure 75: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 7



11.1.8 Older People vignette 8

Mrs H, aged 87, lives alone in a small rural village. Over the past year her mobility has been reduced due to arthritis, meaning that she rarely leaves the house other than to visit the local shop for groceries. She manages to keep up with personal care tasks without assistance and is able to prepare food and do her laundry, although this takes her a long time to carry out.

Although Mrs H has frequent visitors, she misses being able to go out. She also feels very embarrassed about visitors seeing the state of her house, since she cannot manage to do much cleaning due to her arthritis. Although the cleanliness of the house does not pose any risk to her safety, it clearly causes her distress that she is unable to keep it looking presentable for visitors. She says that she would not feel comfortable asking friends to help with cleaning and cannot afford to hire a private cleaner.

Figure 76: Needs assessment under FACS - older people, vignette 8

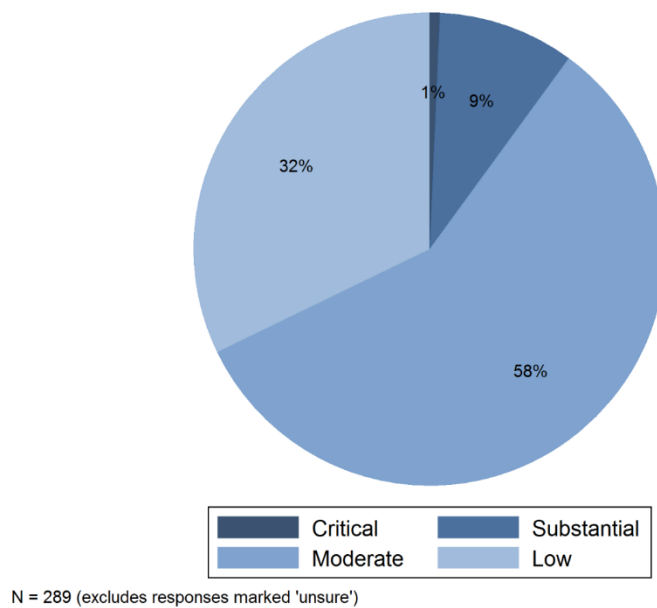
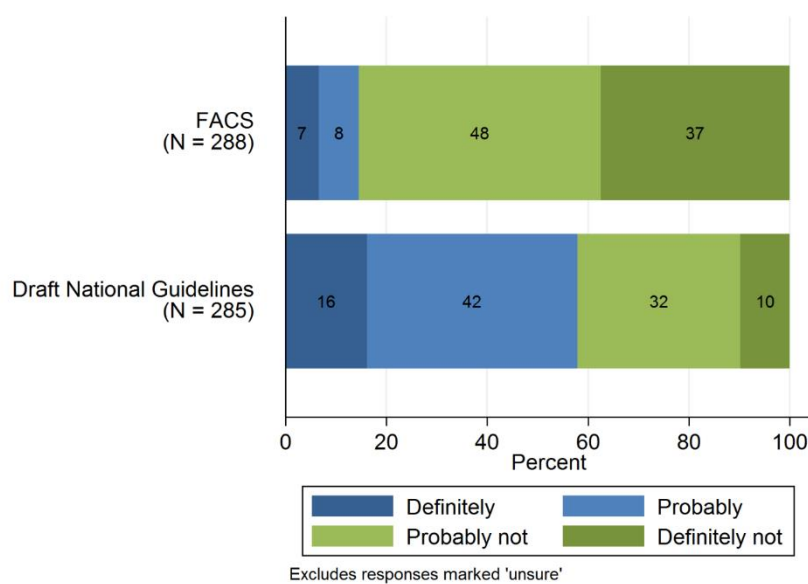


Figure 77: Assessed eligibility under FACS and draft minimum eligibility guidelines – older people, vignette 8



11.2 Young adults with a physical disability

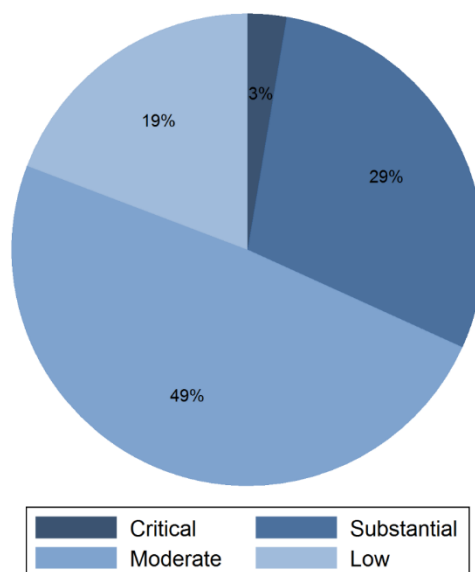
11.2.1 Young adults with a physical disability vignette 1

Mr A, 24, been severely visually impaired since birth from congenital varicella syndrome. He recently moved away from his parents to a self-contained flat as he wants to live as

independently as possible.

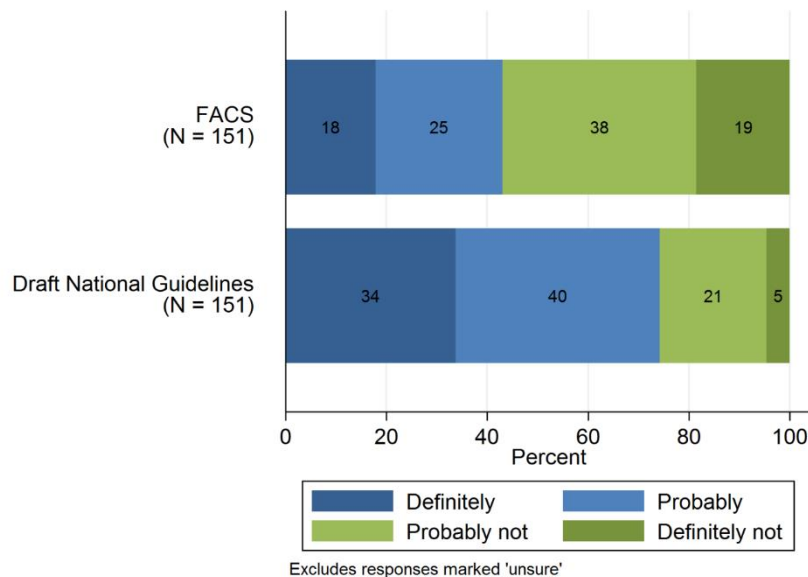
Mr A manages to carry out personal care tasks on his own with little difficulty despite suffering from moderate incontinence, but says that he needs some help with cleaning around the home due to issues with his eyesight. The cleanliness of his accommodation presents no clear risk to his health but appears to upset him. He also would like assistance with finances and other paperwork since his condition means that he struggles to deal with these on his own.

Figure 78: Needs assessment under FACS - younger adults with a physical disability, vignette 1



N = 151 (excludes responses marked 'unsure')

Figure 79: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a physical disability, vignette 1



11.2.2 Young adults with a physical disability vignette 2

Mrs B is aged 57 and lives alone. She is having increasing problems with mobility due to chronic arthritis. Currently she manages most personal care tasks with the help of her daughter, who lives at home.

The daughter, however, is about to go to university and will only be able to visit once or twice a week. Without her, Mrs B will take a long time to get herself dressed and will have to strip wash instead of bathing. Mrs B needs help to do heavy housework, and is unable to do the weekly shopping alone so will have to wait until her daughter is around at the weekends.

Figure 80: Needs assessment under FACS - younger adults with a physical disability, vignette 2

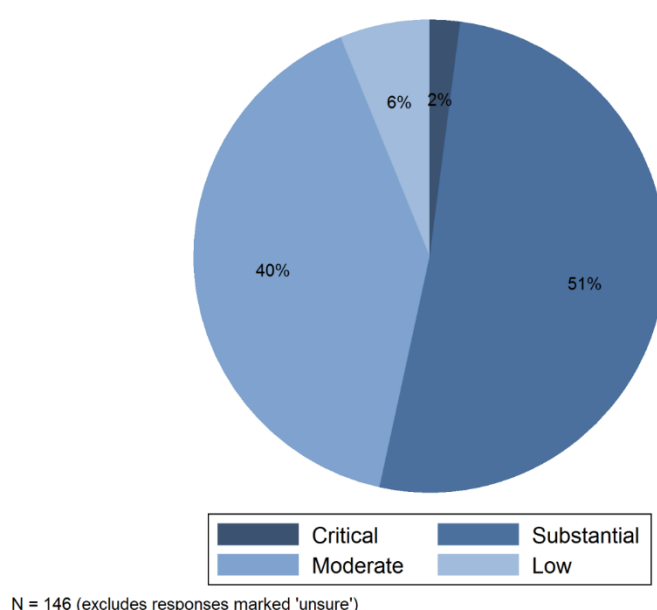
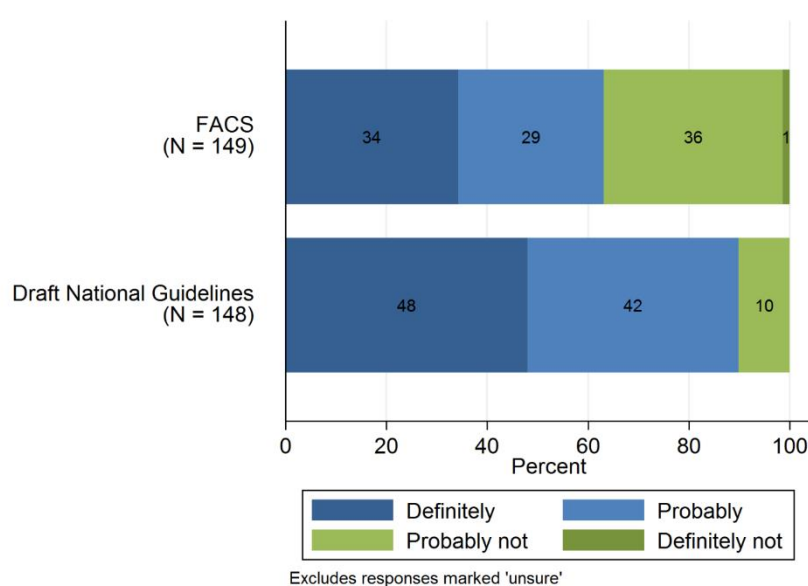


Figure 81: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a physical disability, vignette 2



11.2.3 Young adults with a physical disability vignette 3

Mr C, 55, was diagnosed with multiple sclerosis in his early forties. Due to the progression of his illness, he is unable to work and as he has very little energy, is reliant on help from his daughter, with whom he lives, with most household tasks including cleaning, cooking and shopping. As she is still at school, however, he wants some help around the home to take the pressure off his daughter.

Mr C currently manages personal care tasks fairly independently. He is sometimes depressed due to his lack of independence, and says that he feels guilty about the level of reliance on his daughter.

Figure 82: Needs assessment under FACS - younger adults with a physical disability, vignette 3

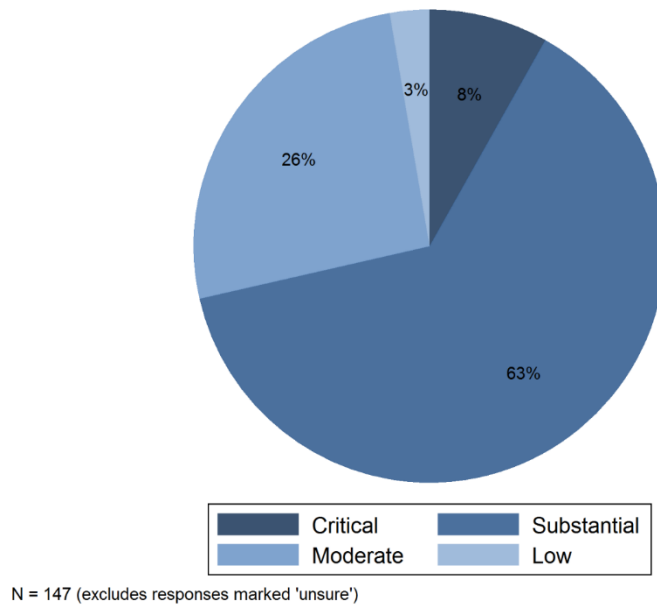
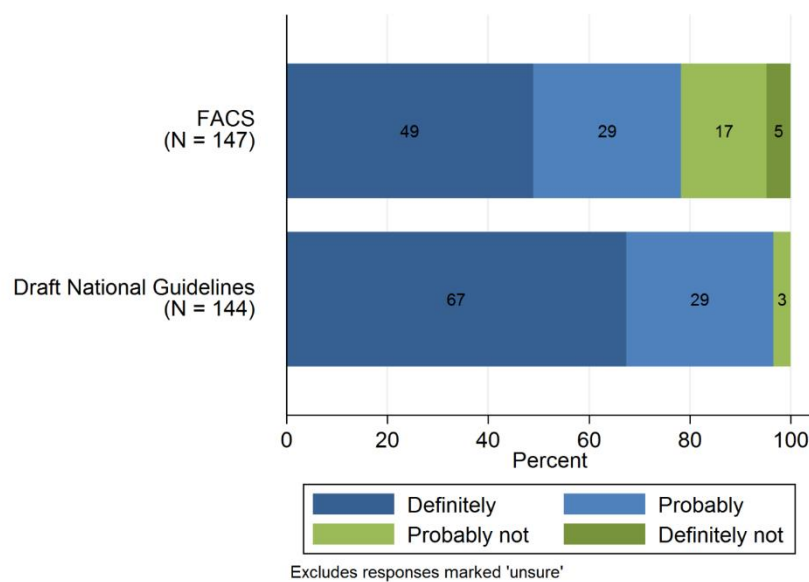


Figure 83: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a physical disability, vignette 3

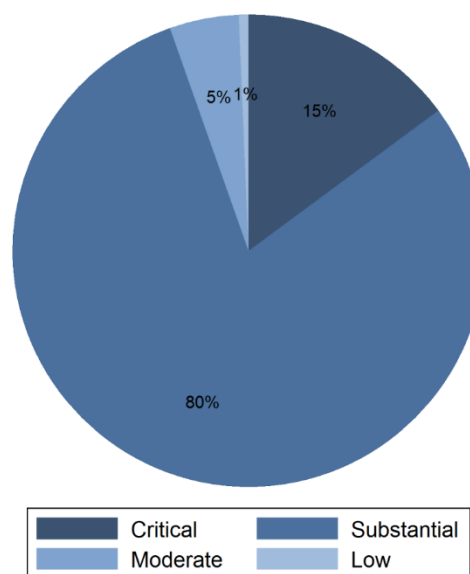


11.2.4 Young adults with a physical disability vignette 4

Ms D, 47, has had rheumatoid arthritis from a young age and has always relied on support from her parents with personal care tasks. She has had a number of adaptations fitted at home to help with bathing and getting up and down the stairs, but finds it very difficult getting in and out of bed and dressing without any help.

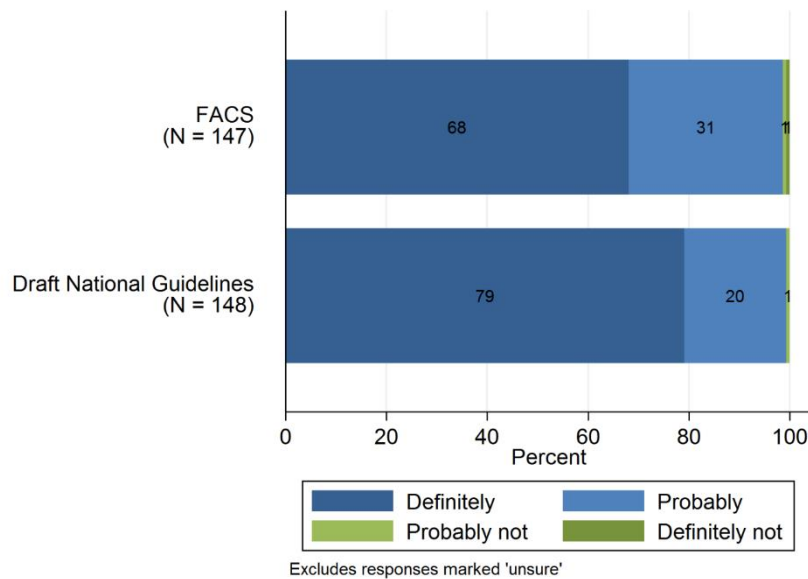
Her father died four years ago, and her mother now struggles to help with physical tasks since she now has worsening mobility problems due to arthritis.

Figure 84: Needs assessment under FACS - younger adults with a physical disability, vignette 4



N = 148 (excludes responses marked 'unsure')

Figure 85: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a physical disability, vignette 4



11.2.5 Young adults with a physical disability vignette 5

Mr E, 57, suffers from motor neurone disease and is increasingly reliant upon his wife, with whom he lives, for both personal and household support as his condition progresses. While his wife has managed to provide assistance so far, she is now struggling to provide the level of help that he needs, as she struggles to lift him easily and therefore has difficulty helping him to get in and out of bed, use the toilet and wash effectively.

The couple has a tight network of friends and family nearby, but no one else that is able to provide regular ongoing help with personal care.

Figure 86: Needs assessment under FACS - younger adults with a physical disability, vignette 5

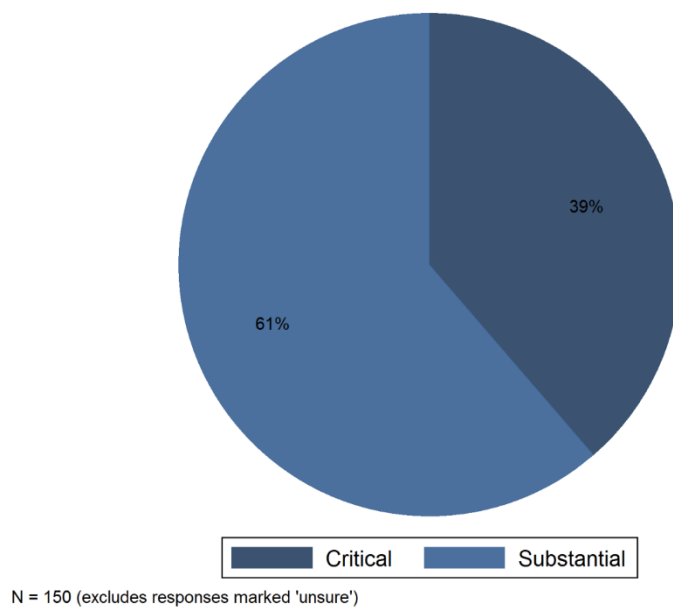
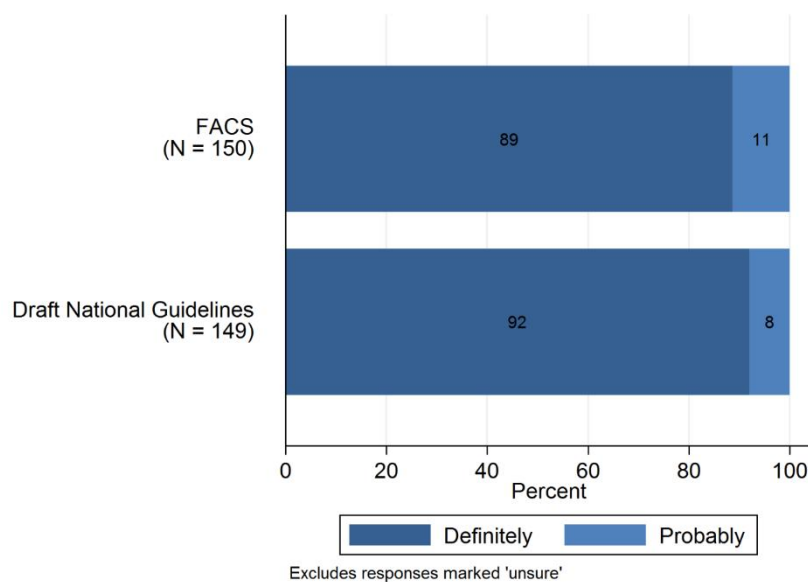


Figure 87: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a physical disability, vignette 5



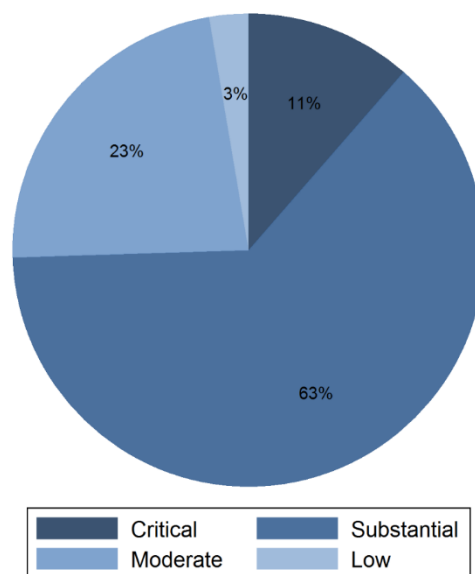
11.2.6 Young adults with a physical disability vignette 6

Mrs F, 40, was diagnosed with Huntington's disease in her late 30s and was forced to quit work due to increasing impairments in her psychomotor functions. Mrs F is a widow and lives with her 15 year old daughter, who is still at school.

So far she has got by with help from her daughter in performing household tasks such as cleaning, shopping and preparing meals. During the school day, however, she is by herself which makes her feel bored and depressed since her disability makes it difficult for her to find things to do.

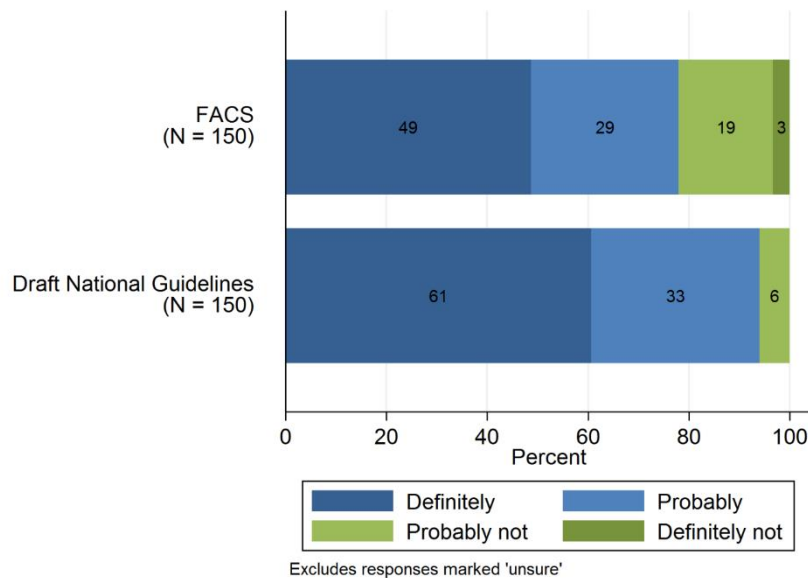
Mrs F moved to England from Pakistan 20 years ago and speaks limited English. While her job provided her with frequent social contact within her own community, she receives few visitors at home and feels very isolated.

Figure 88: Needs assessment under FACS - younger adults with a physical disability, vignette 6



N = 149 (excludes responses marked 'unsure')

Figure 89: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a physical disability, vignette 6



11.2.7 Young adults with a physical disability vignette 7

Mr G, 55, was diagnosed with multiple sclerosis in his early forties. Due to the progression of his illness, he is unable to work and has very little energy. Mr G lives alone following a divorce five years ago.

Mr G currently manages personal care and basic household tasks independently. However, he is sometimes depressed and says that he feels lonely and due to his physical condition rarely feels he has the energy to leave the house.

Figure 90: Needs assessment under FACS - younger adults with a physical disability, vignette 7

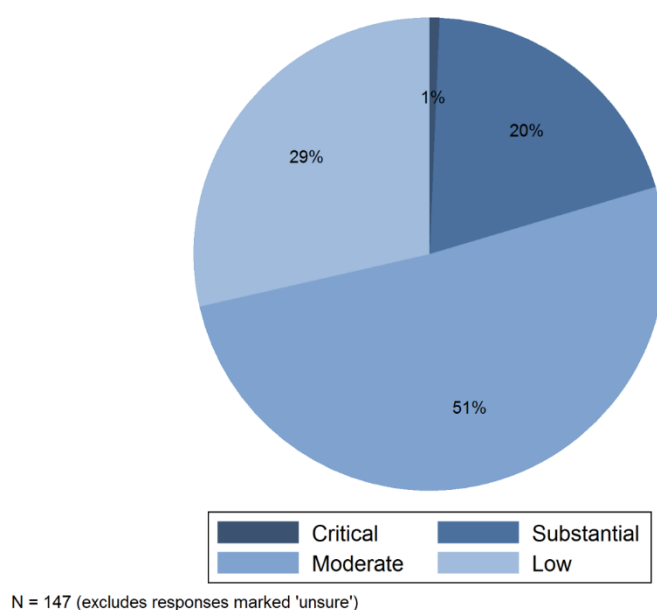
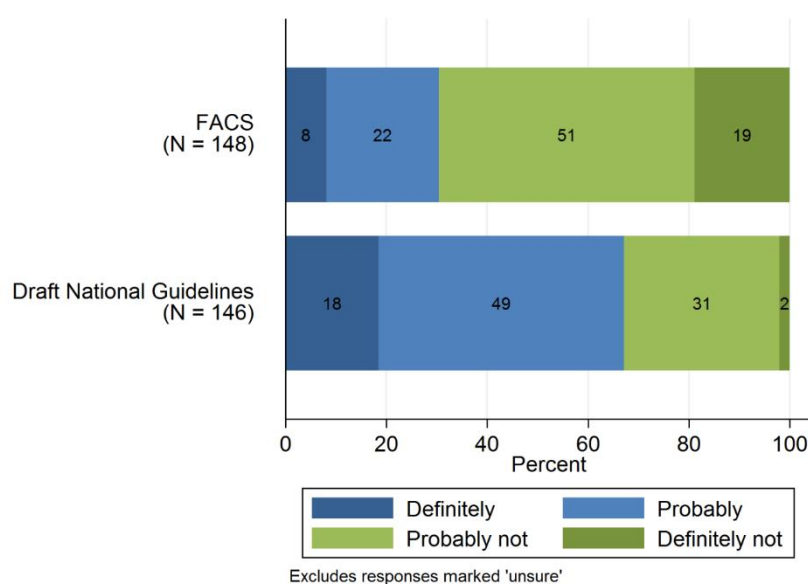


Figure 91: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a physical disability, vignette 7



11.3 Young adults with a learning disability

11.3.1 Young adults with a learning disability vignette 1

Ms A, 54, has learning disabilities and has lived at home with her mother for most of her life. She has been reliant on their help with tasks such as managing her finances and shopping.

Her mother now suffers from the early stages of dementia, and can no longer help with more complex tasks.

Ms A helps her mother around the house, and is keen that they should both remain living at home. She says that she doesn't need help very often, but is getting very distressed about having to deal with bills on her own. She says that she has a number of friends living nearby, but most are a lot older and can't always help.

Figure 92: Needs assessment under FACS - younger adults with a learning disability, vignette 1

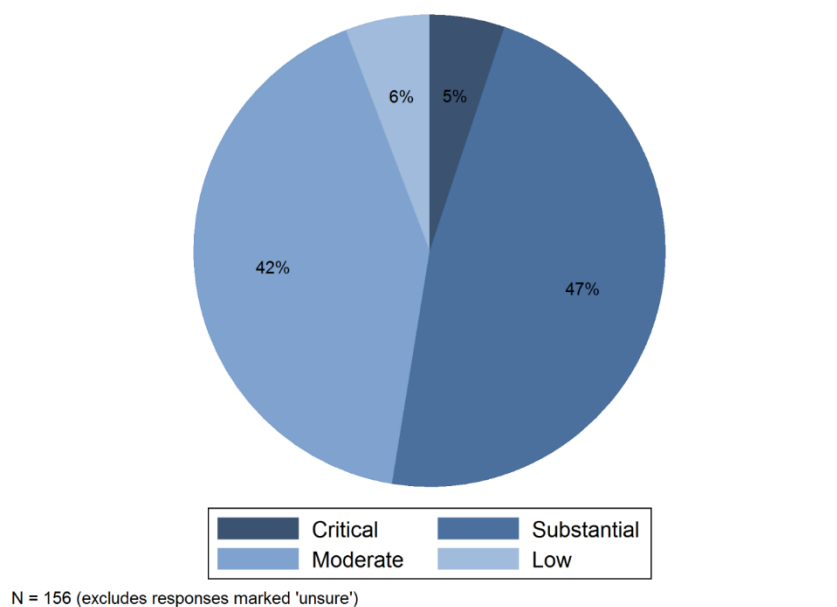
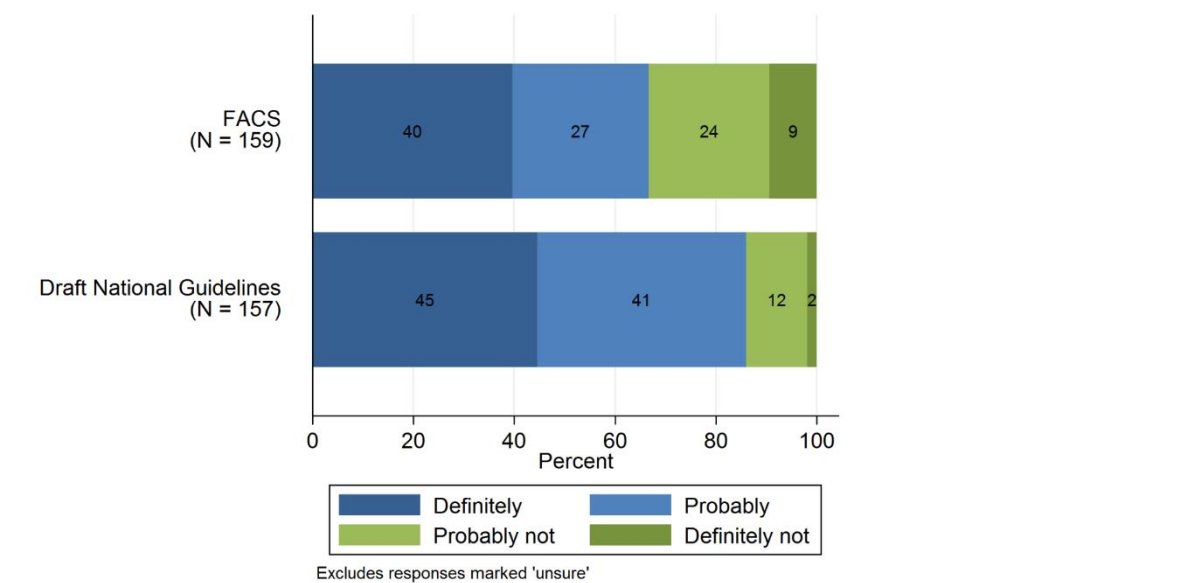


Figure 93: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a learning disability, vignette 1



11.3.2 Young adults with a learning disability vignette 2

Mr B, 21, was involved in a serious road accident six years ago and has severe short-term memory problems as well as being reliant on a wheelchair for mobility. He is entirely reliant on his parents for help washing, buying and preparing food and dealing with all of his paperwork. Both have been providing informal care for the past two years, but feel unable to cope in the long term without assistance as he requires support 24 hours per day.

Figure 94: Needs assessment under FACS - younger adults with a learning disability, vignette 2

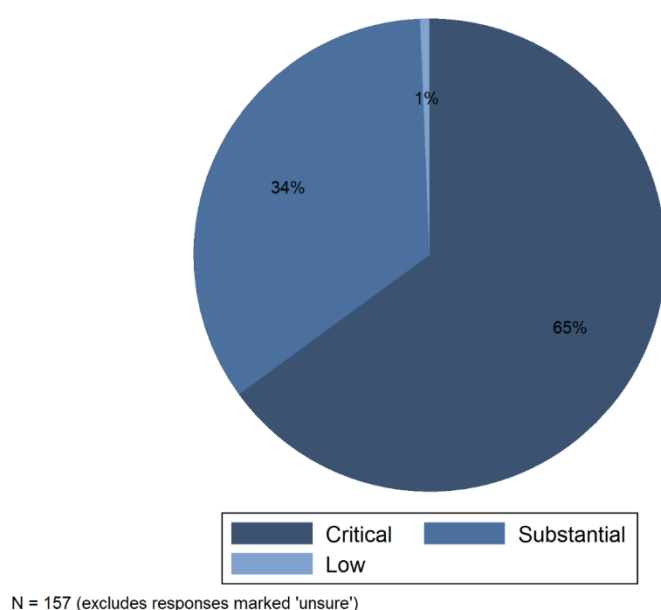
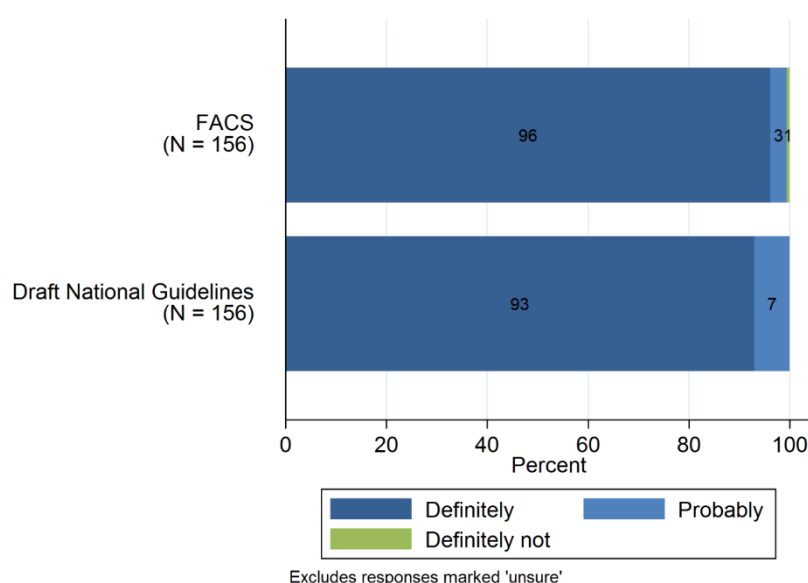


Figure 95: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a learning disability, vignette 2

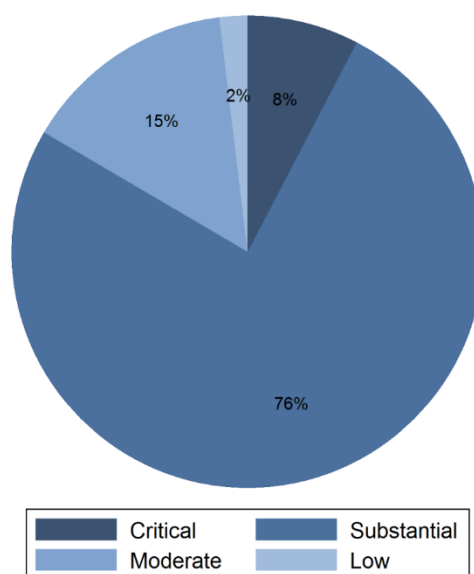


11.3.3 Young adults with a learning disability vignette 3

Mr C, 19, has fragile x syndrome and suffers from numerous problems with communication and has short-term memory problems. His parents both act as carers, but are struggling to cope after having to spend more time at work. Mr C doesn't go out without his parents and his parents are worried about him getting increasingly lonely as they are struggling to get out with him during the week.

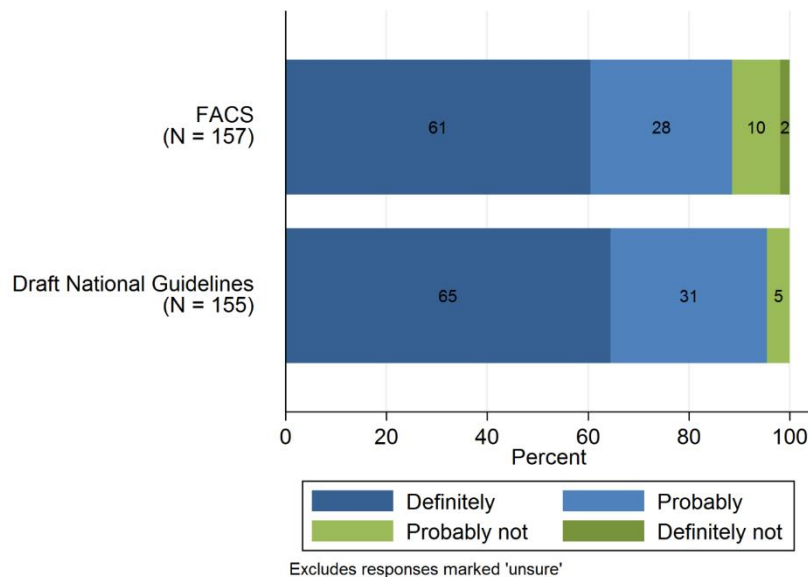
Mr C is able to carry out physical care tasks without assistance.

Figure 96: Needs assessment under FACS - younger adults with a learning disability, vignette 3



N = 157 (excludes responses marked 'unsure')

Figure 97: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a learning disability, vignette 3



11.3.4 Young adults with a learning disability vignette 4

Mr F, 26, has moderate learning disabilities and has been homeless on and off for the last four years. For the past two months he has been staying with friends but is likely to be homeless again within the next month.

Mr F has a history of alcohol and drug abuse, and has been admitted to hospital three times in the past year for alcohol-related injuries. He says that his learning disability makes it difficult for him to form stable friendships and causes him depression. He says that he is desperate to get work but doesn't know where to start.

Figure 98: Needs assessment under FACS - younger adults with a learning disability, vignette 4

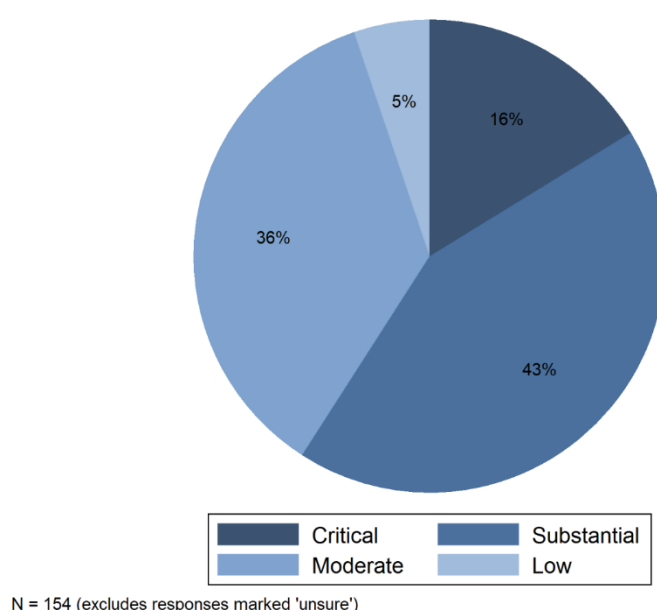
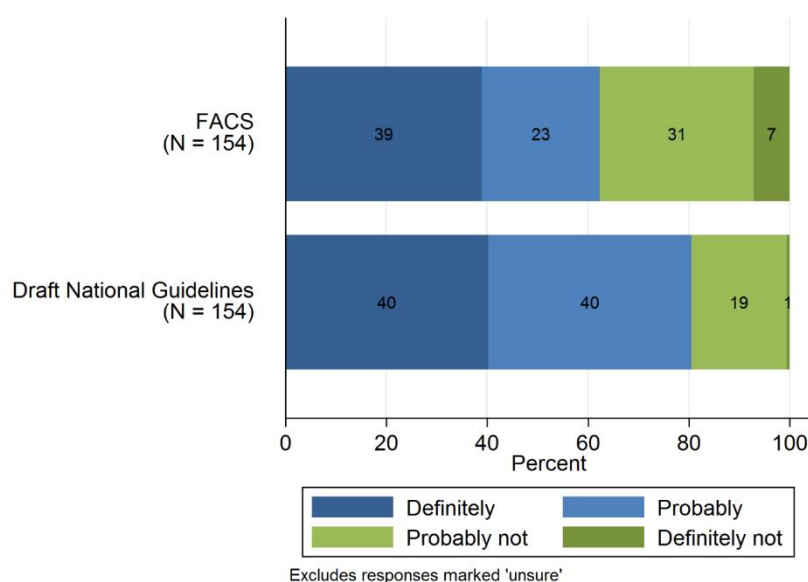


Figure 99: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a learning disability, vignette 4



11.3.5 Young adults with a learning disability vignette 5

Ms E, 28, has had postnatal learning disabilities since a young age, and has always lived with her parents, who are both in their mid-sixties. She is generally able to carry out personal care tasks with little assistance but has never worked, and has very little contact with anyone

outside the family. Her parents are concerned about her wellbeing as she is often depressed but that making friends has been difficult as she feels uncomfortable around new people and has difficulty communicating.

Figure 100: Needs assessment under FACS - younger adults with a learning disability, vignette 5

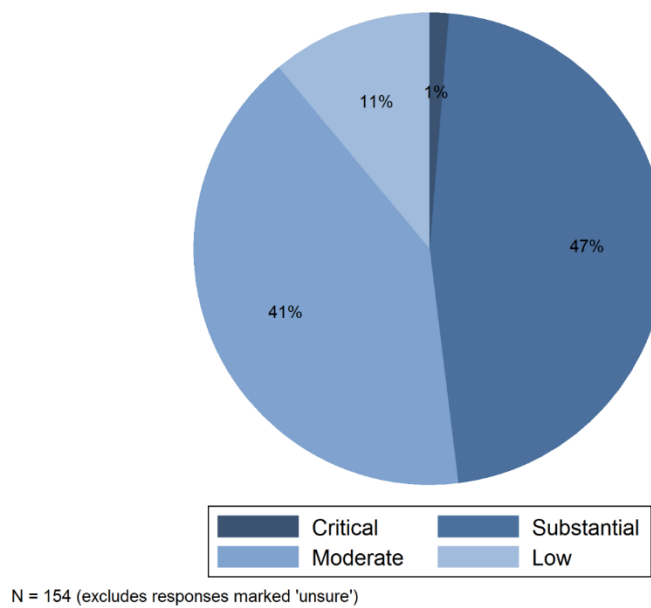
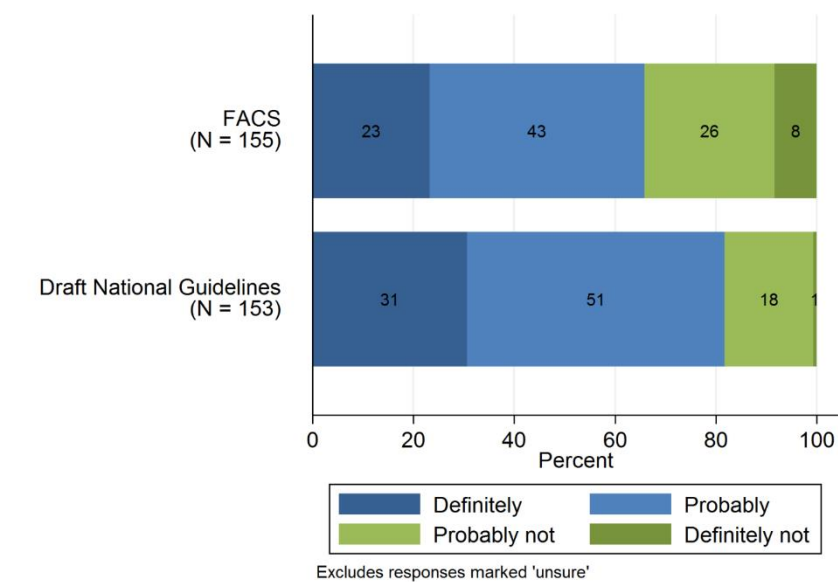


Figure 101: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with a learning disability, vignette 5

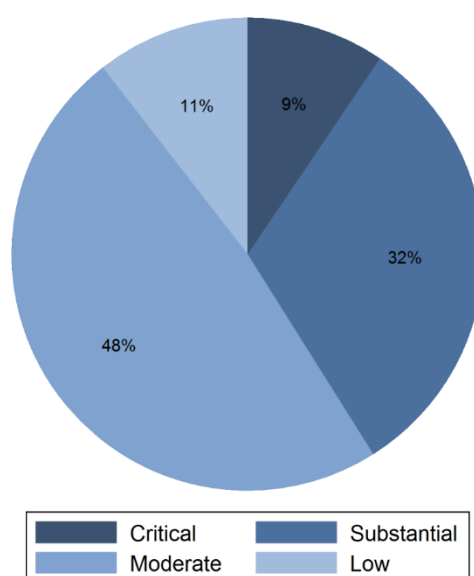


11.4 Young adults with mental health needs

11.4.1 Young adults with mental health needs vignette 1

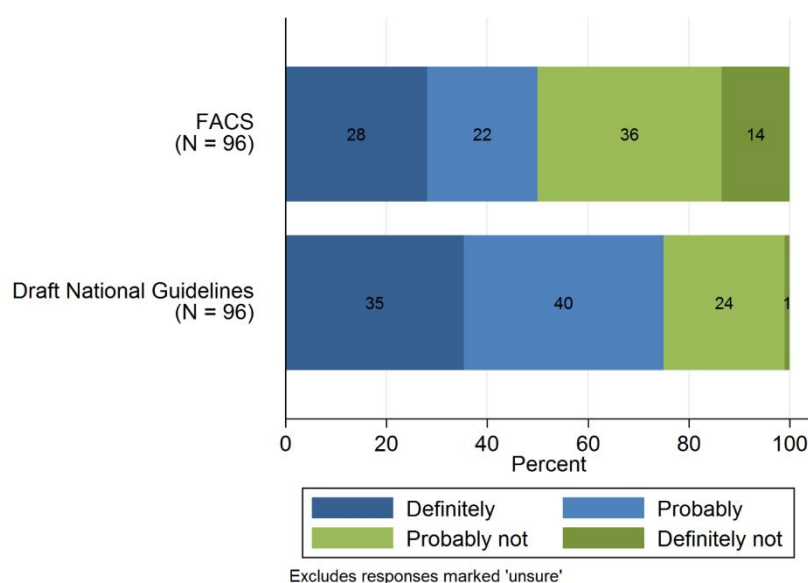
Mr A, 30, has struggled with depression since the death of his father when he was 27. Heavy drinking caused Mr A to lose his job a year ago, and he has been hospitalised twice with acute alcohol problems. He is physically capable of carrying out all personal care and domestic tasks but has recently had problems managing his money and often goes without eating for long periods.

Figure 102: Needs assessment under FACS - younger adults with mental health needs, vignette 1



N = 95 (excludes responses marked 'unsure')

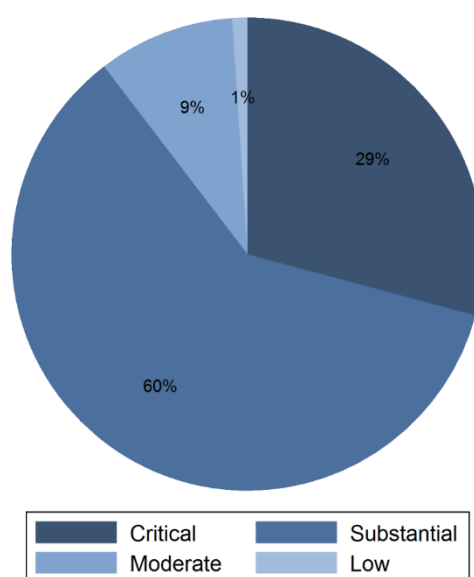
Figure 103: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with mental health needs, vignette 1



11.4.2 Young adults with mental health needs vignette 2

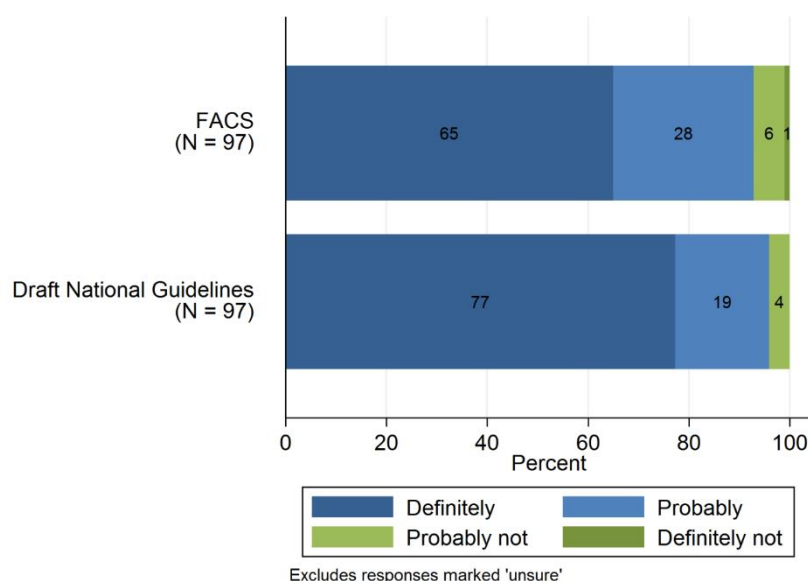
Ms B, 20, has severe autism and struggles with communication, meaning she cannot work and is reliant on help from her parents with shopping and assistance outside the home. Her parents are seeking help as both work part-time. They are also worried about their daughter harming herself as she has started hitting her head violently against the wall during the night.

Figure 104: Needs assessment under FACS - younger adults with mental health needs, vignette 2



N = 96 (excludes responses marked 'unsure')

Figure 105: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with mental health needs, vignette 2

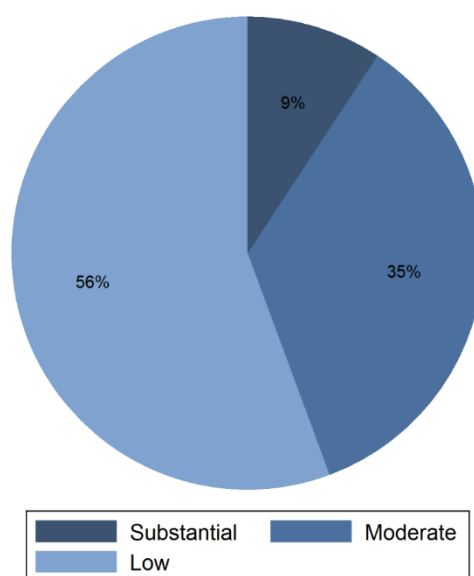


11.4.3 Young adults with mental health needs vignette 3

Mrs C has struggled with depression since the breakdown of her marriage and death of her father, and was hospitalised with acute alcohol problems on a number of occasions.

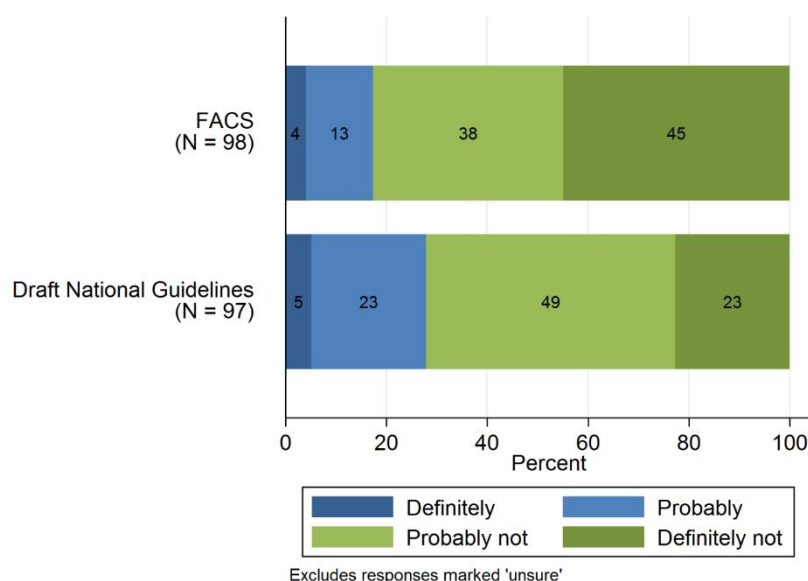
For the past two years, Mrs C has responded well to treatment and has been working part-time which she says has helped her to stay in control. Redundancies being made by her employer mean that she will soon be out of work, however, and already feels unable to cope if she cannot find alternative employment.

Figure 106: Needs assessment under FACS - younger adults with mental health needs, vignette 3



N = 97 (excludes responses marked 'unsure')

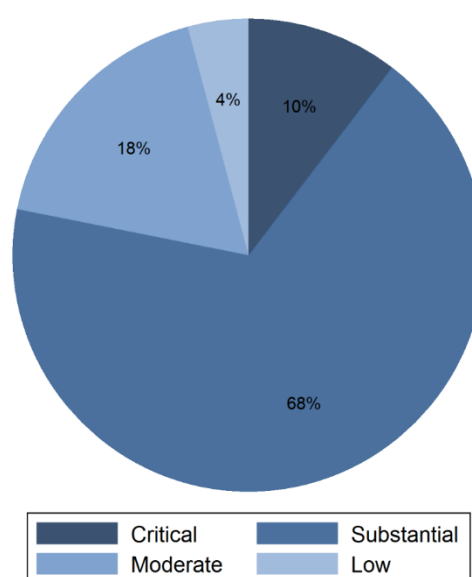
Figure 107: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with mental health needs, vignette 3



11.4.4 Young adults with mental health needs vignette 4

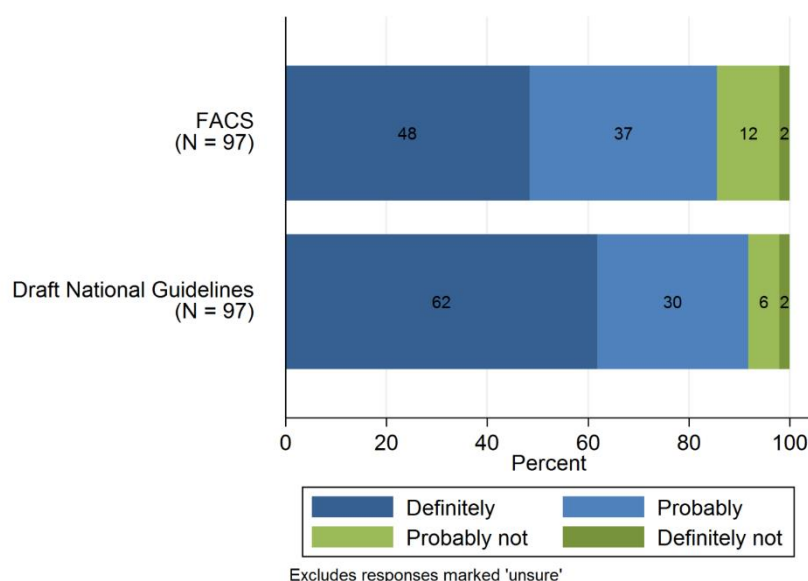
Mr D, 31, has been diagnosed with disorganisation syndrome. A relative has recently been in contact as they are concerned about the impact of Mr D's poor hygiene and living conditions. Neighbours have also been in contact with the council to complain about the volume of waste left in and around the house. Mr D, who has been unable to work for the last two years due to his condition, rarely leaves the house and receives no visitors other than immediate family.

Figure 108: Needs assessment under FACS - younger adults with mental health needs, vignette 4



N = 96 (excludes responses marked 'unsure')

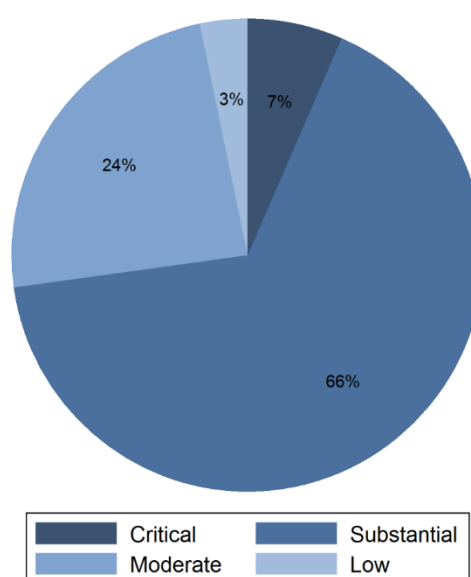
Figure 109: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with mental health needs, vignette 4



11.4.5 Young adults with mental health needs vignette 5

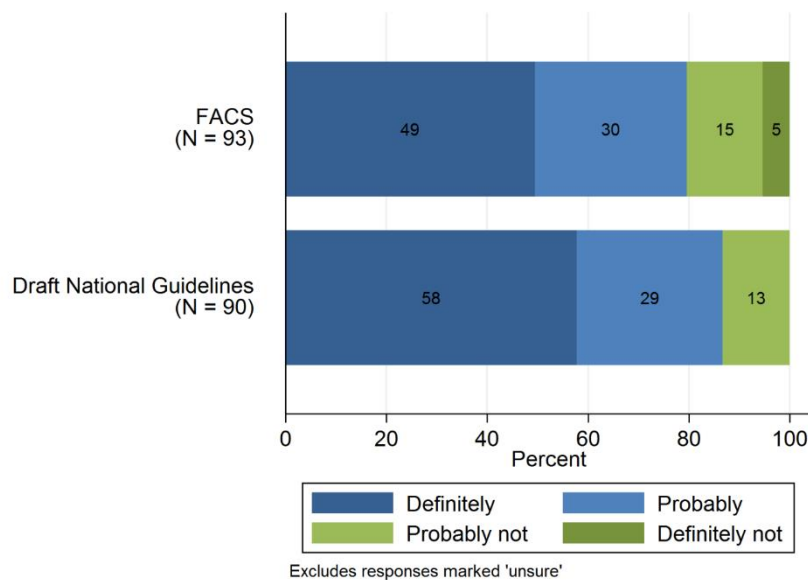
Ms E, 38, lives alone and has recently been diagnosed with bipolar disorder and suffers from episodes of severe depression. Ms F's diagnosis came after she was sectioned during a recent manic episode, and she has since commenced medical treatment. A community psychiatric nurse is visiting regularly but some help is likely to be required around the home with shopping, managing finances and meals.

Figure 110: Needs assessment under FACS - younger adults with mental health needs, vignette 5



N = 92 (excludes responses marked 'unsure')

Figure 111: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with mental health needs, vignette 5



11.4.6 Young adults with mental health needs vignette 6

Mr F, 26, has moderate learning disabilities and has been homeless on and off for the last four years. For the past two months he has been staying with friends but is likely to be homeless again within the next month.

Mr F has a history of alcohol and drug abuse, and has been admitted to hospital three times in the past year for alcohol-related injuries. He says that his learning disability makes it difficult for him to form stable friendships and causes him depression. He says that he is desperate to get work but doesn't know where to start.

Figure 112: Needs assessment under FACS - younger adults with mental health needs, vignette 6

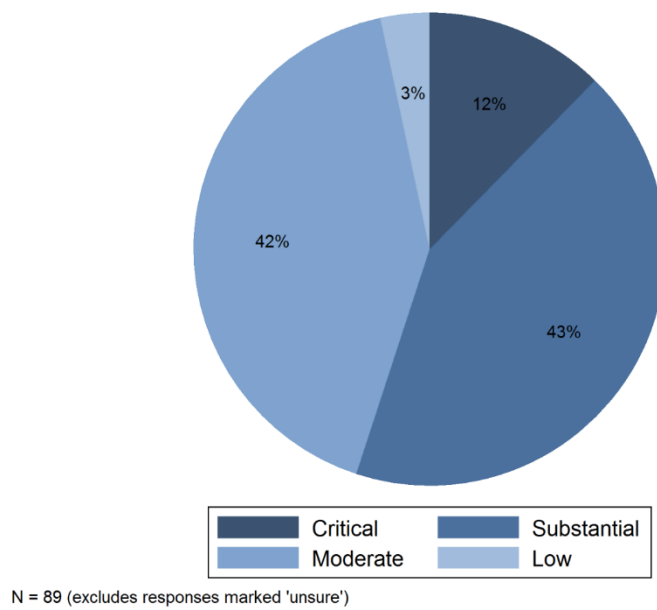
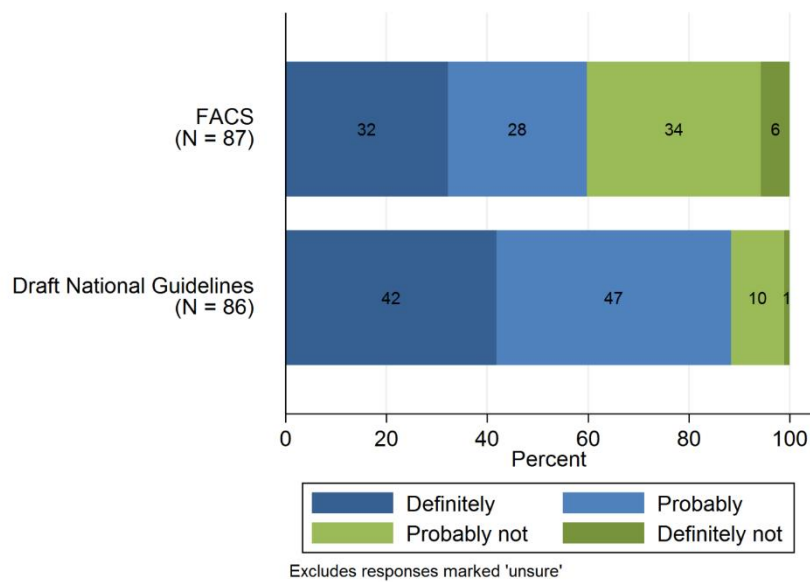


Figure 113: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with mental health needs, vignette 6

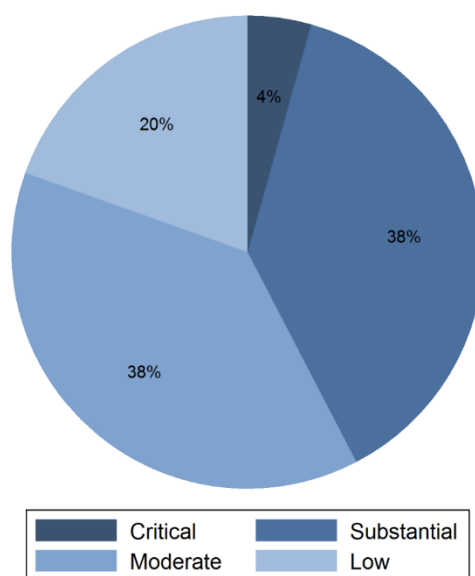


11.4.7 Young adults with mental health needs vignette 7

Ms G, 38, has recently been diagnosed with bipolar disorder and suffers from episodes of severe depression.

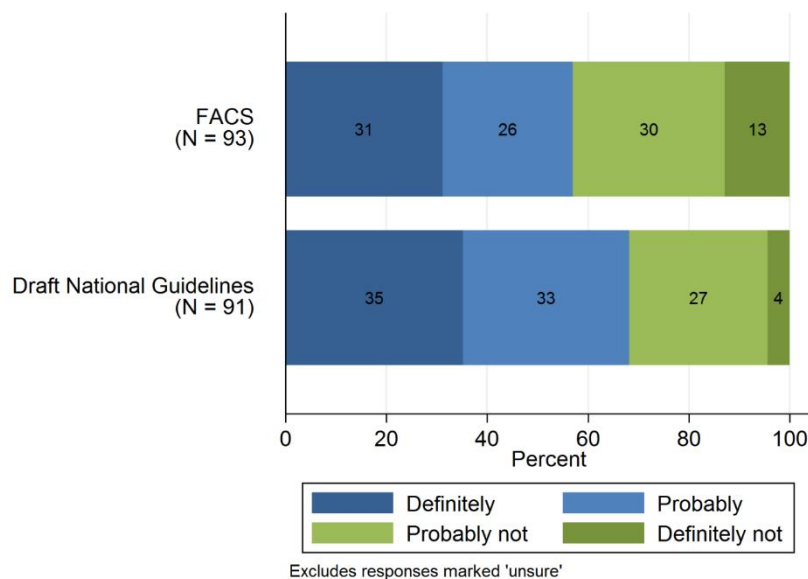
Ms G's diagnosis came after she was sectioned during a recent manic episode, and she has since commenced medical treatment. She lives with her partner but is unable to work and finds it difficult being alone in the house while her partner is at work.

Figure 114: Needs assessment under FACS - younger adults with mental health needs, vignette 7



N = 92 (excludes responses marked 'unsure')

Figure 115: Assessed eligibility under FACS and draft minimum eligibility guidelines – younger adults with mental health needs, vignette 7



11.5 Carers

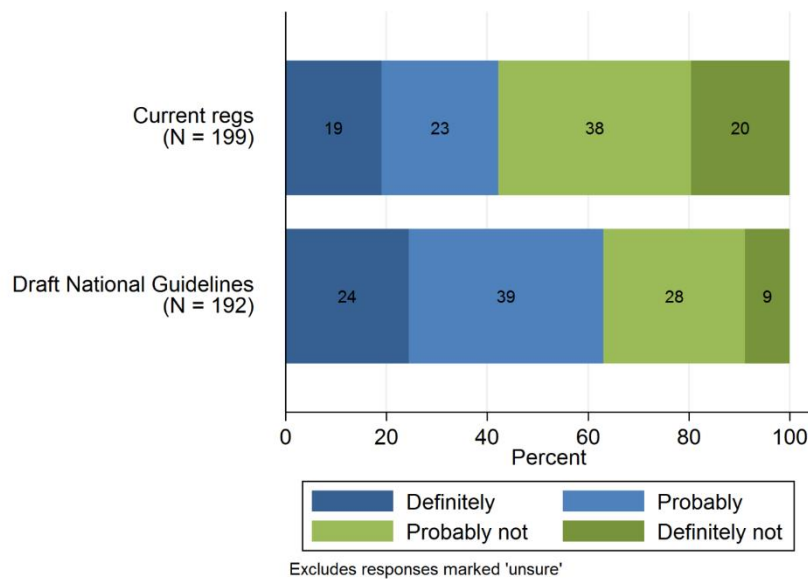
11.5.1 Carers vignette 1

Margaret aged 73 has been caring for her husband Ken aged 82 for 10 years. Ken has limited mobility due to a stroke some years ago making it difficult for him to get out of the home, undertake household chores, including maintenance of the home, gardening etc. He is, however, able to cope with his own personal care needs at the current time.

They live in a static home park where there are strict park rules about the upkeep of the outside of the home and surrounding gardens and Margaret is getting very anxious and worried about the deteriorating condition of the area outside their home, in particular the fences and garden.

Margaret is still very active and a keen gardener so wants to carry on doing as much of the garden as she can. However she is feeling extremely anxious and stressed about the fact they do not have the income to buy in some handyman help.

Figure 116: Assessed eligibility under current and national guidelines - carers, vignette 1



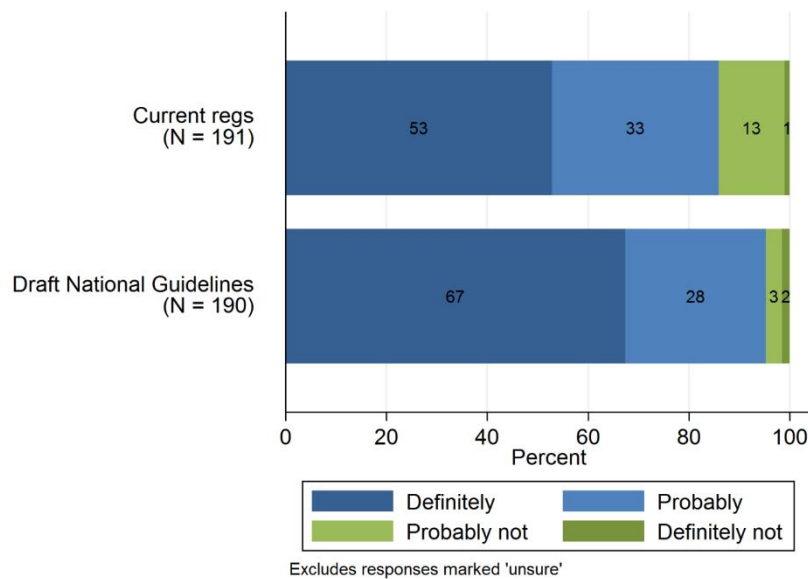
11.5.2 Carers vignette 2

Nandi is the mother of a son aged 19 and two girls both aged 14. Her son has Asperger Syndrome and he finds it difficult to socialise with his peers and clings to Nandi for company. He loves playing golf but won't pursue the interest as he is reluctant to leave the home without family support. Although he will occasionally go out with his sisters, Nandi will often find she needs to take him out to the park, to the cinema etc. in order to keep him occupied and active.

The relentless nature of this is putting a strain on her and she is feeling very anxious and stressed. Her husband works shifts at the local airport and is often not able to give Nandi much support with her children. Nandi also works part time and is finding the school holiday periods particularly challenging.

Nandi's two daughters often have to find ways of entertaining their brother whilst she is at work, and she worries about the effect this is having on them. She would love to have a break on her own away from the family to get some time to herself.

Figure 117: Assessed eligibility under current and national guidelines - carers, vignette 2



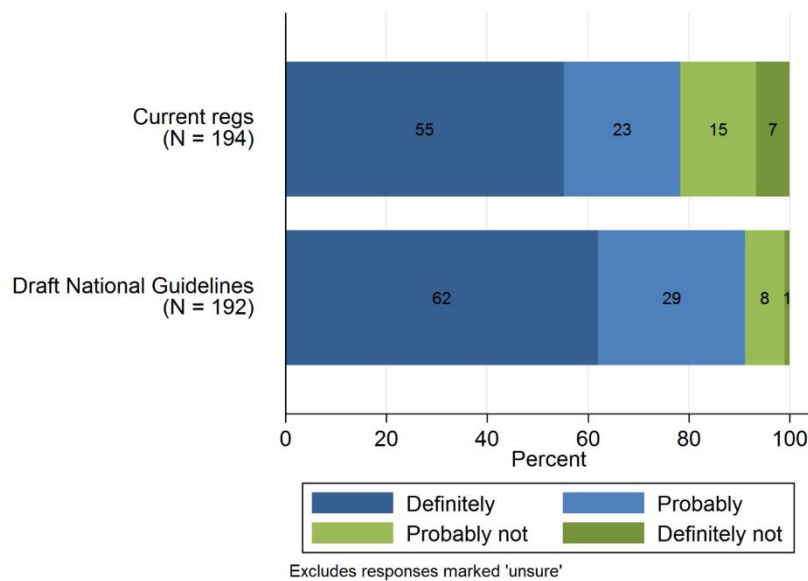
11.5.3 Carers vignette 3

Jack cares for his wife Alison at home. Alison has dementia and is becoming increasingly confused and distressed if left for any length of time. She cannot be left on her own overnight.

Jack is feeling the strain of always having to be on hand for Alison and would love to have a break on his own. He has been informed by his local social care team that whilst Alison is eligible for social care, the financial assessment means that she will be self-funding.

He has been given a list of local residential care homes where Alison might be able to stay for a week, but Jack is very worried about the cost of the holiday together with the care home costs.

Figure 118: Assessed eligibility under current and national guidelines - carers, vignette 3



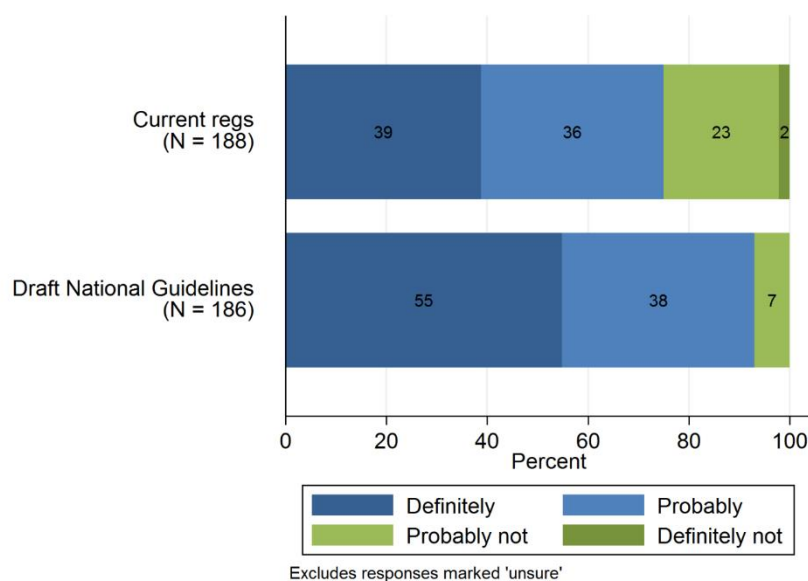
11.5.4 Carers vignette 4

John cares for his son, Peter, who is aged 19 and has bipolar disorder. John's wife died some years ago so John is Peter's main carer. Peter's condition is reasonably stable at the current time due to medication. But there are periods when his condition deteriorates, particularly when he is not taking his medication properly.

John feels he constantly has to monitor Peter's medication and provide emotional support so John decided some months ago to give up his job at a local IT company. Although he is now close at hand to support Peter, John is feeling the financial pressure and feels isolated and depressed.

John would like to start his own IT business from home, but needs to attend some courses to bring him fully up to date. He also wants to join the local tennis club so that he can keep active and start mixing with other people.

Figure 119: Assessed eligibility under current and national guidelines - carers, vignette 4



11.5.5 Carers vignette 5

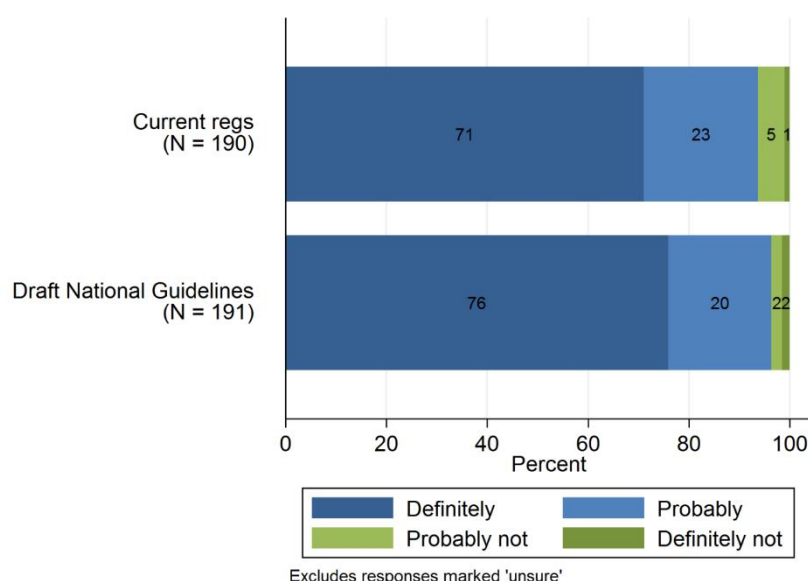
Joan is 90 years old, lives on her own, and is becoming increasingly frail and immobile due to arthritis. She now finds it takes her much of the morning to get up and dressed and she is increasingly anxious and worried about falling or having an accident in the home. She equally struggles at night with bedtime routine.

Her daughter, Mary, is now visiting every day to check on her. She does her mother's shopping and housework and helps to prepare meals for her. Due to her mother's deteriorating mobility Mary increasingly has to help her mother in and out of the chair and on and off the toilet and she is worried about the effect this is having on her back, particularly as she experienced a slip disc two years previously.

Her mother's washing machine is also in need of repair, so Mary will often take heavy bags of washing back with her. Mary has never learnt to drive although there is access to a family car, so she is reliant on an infrequent bus service to get to and from her mother's house.

Mary has two young children to drop off at school and to pick up in the afternoon and fitting in the round trip is placing considerable pressure on her.

Figure 120: Assessed eligibility under current and national guidelines - carers, vignette 5



11.5.6 Carers vignette 6

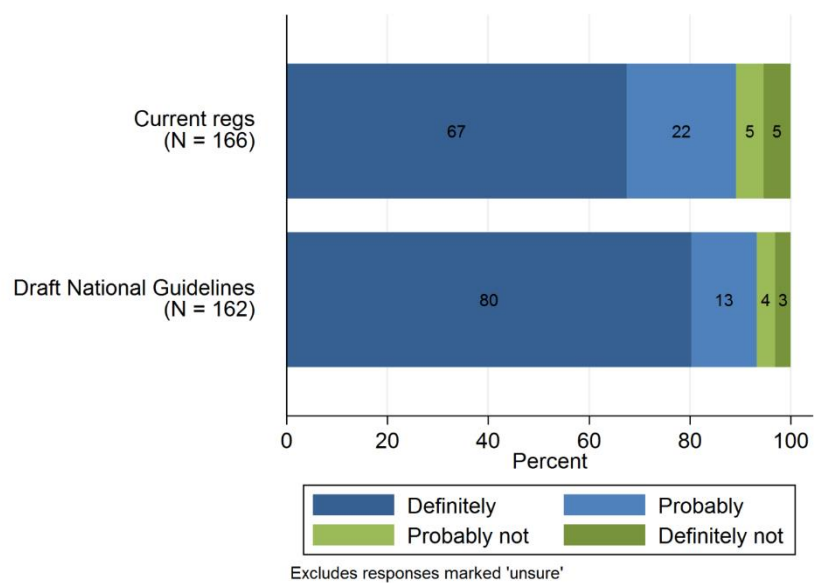
Wayne is 14 years old and he lives with his mother, two much younger sisters and an 18 year old brother. His father died when he was 11. His brother has Down's Syndrome and Wayne often finds himself having to keep an eye on all of his siblings particularly when his mother is at work. He finds it very hard as he feels the pressure of 'being the man of the house' even though he is the younger brother.

He is finding his GCSE Year 10 tough because he keeps thinking of his brother and sisters' safety and worries that they are OK whenever he is at school. He stays in the house a lot in case his siblings damage things or hurt themselves if left alone, he has to help his brother with medication, and remind him to do certain things. He also feels he has to support his mother who is often very stressed after work. He feels he is behind on his schoolwork in part due to the fact he has no access to a computer at home. He is reluctant to stay behind and catch up work at school as he feels he should get home.

He sometimes has a hard time at school because his friends think his brother is 'weird' and tease him about it.

He is often unable to go out to join in with activities with his friends so feels different to everyone else. He would love to join the local football club but his mother says they can't afford the registration fee.

Figure 121: Assessed eligibility under current and national guidelines - carers, vignette 6



12 Appendix B: Summary of draft regulations

Promoting individual wellbeing

(1) The general duty of a local authority, in exercising a function under this Part in the case of an individual, is to promote that individual's wellbeing.

(2) "Wellbeing", in relation to an individual, means that individual's wellbeing so far as relating to any of the following—

- (a) personal dignity (including treatment of the individual with respect);
- (b) physical and mental health and emotional wellbeing;
- (c) protection from abuse and neglect;
- (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- (e) participation in work, education, training or recreation;
- (f) social and economic wellbeing;
- (g) domestic, family and personal relationships;
- (h) suitability of living accommodation;
- (i) the individual's contribution to society.

(3) In exercising a function under this Part in the case of an individual, a local authority must have regard to the following matters in particular—

- (a) the importance of beginning with the assumption that the individual is best-placed to judge the individual's wellbeing;
- (b) the individual's views, wishes, feelings and beliefs;
- (c) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist;
- (d) the need to ensure that decisions about the individual are made having regard to all the individual's circumstances (and are not based only on the individual's age or appearance or any condition of the individual's or aspect of the individual's behaviour which might lead others to make unjustified assumptions about the individual's wellbeing);
- (e) the importance of the individual participating as fully as possible in decisions relating to the exercise of the function concerned and being provided with the information and support necessary to enable the individual to participate;
- (f) the importance of achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual;
- (g) the need to protect people from abuse and neglect;
- (h) the need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary for achieving the purpose for which the function is being exercised.

Definitions relevant to the draft eligibility criteria

“basic personal care activities” means essential personal care tasks that a person carries out as part of normal daily life including eating and drinking, maintaining personal hygiene, toileting, getting dressed, and taking medication;

“basic household activities” means essential household tasks that a person carries out as part of normal daily life including preparing meals, shopping, cleaning and laundry, and managing household finances.

Needs which meet the eligibility criteria: adults who need care and support

2. An adult’s needs meet the eligibility criteria if those needs are due to a physical or mental impairment or illness and the effect of such needs is that the adult—

- (a) is unable to carry out one or more basic personal care activities and as a consequence there is a significant risk to any aspect of the adult’s wellbeing;
- (b) is unable to carry out one or more basic household activities and as a consequence there is a significant risk to any aspect of the adult’s wellbeing;
- (c) is unable to fully carry out any caring responsibilities the adult has for a child;
- (d) needs support to maintain family or other personal relationships, and a failure to sustain such relationships has or is likely to have a significant impact on the adult’s wellbeing;
- (e) is unable to access and engage in work, training, education or volunteering and as a consequence there is a significant risk to any aspect of the adult’s wellbeing; or
- (f) is unable to access necessary facilities or services in the local community and as a consequence there is a significant risk to any aspect of the adult’s wellbeing.

(2) For the purposes of paragraph (1) an adult is to be regarded as being unable to carry out a task if the adult—

- (a) is unable to complete the task without assistance;
- (b) is able to complete the task without assistance but doing so causes the adult significant pain, distress or anxiety;
- (c) is able to complete the task without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- (d) is able to complete the task without assistance but takes significantly longer than would normally be expected.

(3) Where an adult’s needs fluctuate, in determining whether the adult’s needs meet the eligibility criteria, the local authority shall take into account the adult’s circumstances over such period as it considers necessary to establish an accurate indication of the adult’s ongoing level of need.

Needs which meet the eligibility criteria: carers

3. A carer's needs meet the eligibility criteria if the effect of those needs is that any of circumstances specified in regulation 4 apply to the carer, or are expected to apply at an identifiable point in the future.

4.—(1) The circumstances referred to in regulation 3 are as follows:

- (a) the carer is unable or unwilling to provide some of the necessary care to the adult needing care;
- (b) as a consequence of providing care, the carer is unable to carry out some or all basic household activities in the carer's home (whether or not this is also the home of the adult needing care);
- (c) as a consequence of providing care, the carer's physical or mental health is, or is at risk of, significantly deteriorating;
- (d) as a consequence of providing care the carer is, or is likely to be—
 - (i) unable fully to care for any child for whom the carer is responsible,
 - (ii) unable fully to provide care to other persons for whom the carer provides care, or
 - (iii) unable fully to maintain other family or personal relationships;
- (e) as a consequence of providing care, the carer is, or is likely to be, unable to obtain or remain in employment, education or training;
- (f) as a consequence of providing care, the carer is unable to access necessary facilities or services in the local community; or
- (g) as a consequence of providing care, the carer is unable to participate in recreational activities.

(2) For the purposes of paragraph (1) a carer is to be regarded as being unable to provide the necessary care if the carer—

- (a) is unable to provide the care without assistance;
- (b) is able to provide the care without assistance but doing so—
 - (i) causes or is likely to cause either the carer or the adult needing care significant pain, distress or anxiety; or
 - (ii) endangers or is likely to endanger the health or safety of the carer or the adult needing care.