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### **Response to revision of the Fair Access to Services guidance to support councils to determine eligibility for social care services.**

Homeless Link is the national membership organisation for agencies working with people who are homeless. The services provided by our members range from local authority housing services, housing associations, day centres, outreach services, residential care homes, hostels, supported housing, floating support through to employment, training and education.

Our specific interest in responding to the guidance on eligibility criteria for adult social care is in raising awareness of the profound difficulties that many of our member agencies experience in accessing assessments and/or services from adult social care for the homeless client group. We have framed our response as far as possible around the specific questions asked but we have also made additional points where the issues do not fit into that framework.

These difficulties appear to stem from a number of different sources:

- There is a lack of joint working, the homeless sector have limited knowledge of how to access Adult Social Care (ASC). ASC have limited understanding of the complexity of the needs of homeless people.
- ASC give limited credibility to and under-value the experience and knowledge of staff in the homeless sector, who have a lot of experience and expertise in assessing, understanding and meeting the needs of people with challenging and complex needs.
- The rigid client categories and criteria used by many ASC teams do not work for people with complex overlapping needs that do not fit neatly into these groupings. This leads to a situation where responsibility is passed around from one team to another.
- People who continue to misuse substances are often excluded from ASC. The rationale of 'life style choice' is sometimes used as a reason not to offer a service.
- Residence in a hostel often results in an interpretation by ASC that someone does not meet critical/substantial criteria. This may result in part from a lack of understanding by ASC of the scope and limitations of Supporting People funded services, with a common mis-assumption that care is provided.

This revised guidance opens up some opportunities for those issues to be addressed.

**Q.1: Do you think the guidance sufficiently integrates the application of eligibility criteria within the new policy context of personalisation, choice and control? If not, what changes would you propose?**

The suggestion of moving away from rigid categorisation of client groups is very welcome in the homeless sector. Currently this rigid categorisation means that many individuals with complex care needs such as substance misuse, chaotic and challenging behaviour, undiagnosed mental health problems or personality disorder, low level learning disabilities and physical health problems do not get care packages. Professionals have assessed them as not meeting their criteria for a service. The homeless sector has developed substantial skills and expertise in supporting this client group, but being outside statutory services and without a recognised professional qualification can result in a disregard of their assessment and role as support providers. A more holistic person centred and needs led assessment would lead away from this type of exclusion.

'Cutting the cake' referred to large sums wasted on administrative and legal costs in seeking to resolve disputes about ordinary place of residence. Our experience is that there is also a waste of resources with teams defending budgets, all being unwilling to accept responsibility for a referral, each arguing that the responsibility lies with another team. The guidance states that Councils with Adult Social Services Responsibility (CASSRs) should not exempt people from the process to determine eligibility regardless of their age, circumstances or nature of their need and that needs should be considered on a person-centred individual basis. This development would certainly be valuable. However we feel that the guidance needs to be stronger in its intent and state that ASC should not be organised around client groups with different budgets as this is one of the fundamental problems.

Two of the examples we have heard of recently:

A young man who had learning disabilities was assessed by the learning disabilities team. The homeless hostel staff where he was living were told he did not meet the threshold for services. Lacking any appropriate service, he became a serious substance mis-user. Three years later he was re-referred. This time he was told he met the criteria for a service from learning disabilities but they could not offer him anything due to his substance misuse.

In a multi-agency meeting about moving homeless people on from a hostel concern was expressed about a man with a diagnosis of Korsakoff's syndrome. Apparently there was "a gentlemen's agreement" that the adult mental health team would fund a care package for people with Korsakoff's syndrome but no such agreement existed with older peoples services. If the client, who was on the cusp of 65, did not get his assessment and funding before his birthday he would be left in the homeless hostel without a service.

## **Personalisation**

The guidance encourages more person centred planning, conducted in full partnership with the user and emphasises the value of self assessment as a tool to support choice and control. Personalisation is obviously still being developed and is at the very early stages, particularly where homeless people are concerned. We have some concern that personalised services have the potential to run counter to social inclusion and participation. Interdependence is at the heart of social inclusion and building connectedness and social capital. Personalisation potentially treats everyone as atomised individuals, 'fitting around their needs and lives, giving

them security, control, information and letting them know what they are entitled to.' One interpretation of moving away from institutions and into care in the home for everyone wherever possible is that care in a residential setting is the choice of last resort and this does not always suit people who have never held a tenancy or who find initiating social interaction difficult

We have come across an instance where an older homeless person, who had never maintained a tenancy, and has little capacity to make social relationships and very limited mobility, was placed in a private rented sector tenancy with a care package. He was to be visited four times a day to be given meals and personal care. In reality this will mean his sole social contact will be an agency worker dropping in briefly to meet very basic needs, getting up, putting to bed and meals. The threat to him is of crippling isolation and loneliness, which he may not have the awareness or the ability to articulate. A personalised service would recognise his need to live in a communal setting.

We would like to see suggestion in the revised guidance that people's capacity for social connection and peer contact is built into all personalised planning.

**Q.2: Do you think the guidance sufficiently outlines councils' responsibilities towards their wider community as well as those individuals with eligible needs? If not, what changes would you propose?**

### **Universal Services and user led services**

We welcome the encouragement of the development of accessible and universal services and the provision of high quality information and advice to point people who do not meet the eligibility criteria in the right direction for help. The guidance suggests the importance of activities to address social inclusion, luncheon clubs, befriending, healthy living advice, physical recreation and leisure and housing support. It suggests councils considering investment in voluntary and community organisations which can deliver universal and open access services. We welcome this recognition that the voluntary and community sector have the expertise in the provision of universal services. In particular the homeless sector has experience in providing open access services. Traditionally homelessness agencies have provided a service to people excluded from statutory services and we have learned from that experience that if you have the flexibility to get services right for the most marginalised and most chaotic, you can get them right for everybody. We also welcome the suggestion of fostering and stimulating user led organisations to help them become key delivery partners within their local communities. Evidence from mental health services and disability services is of strong user led initiatives. The homeless sector is increasingly realising the value of the user experience in shaping and delivering services.

Making use of the insights, knowledge and skills of people who have experienced homelessness benefits both the project and the organisation as a whole. At the same time, giving clients the opportunity to contribute helps them to gain experience and confidence - empowering them to move away from a dependence on services, and for some of them, ultimately to become employed in the sector.

**Q.3: Do you think the guidance sufficiently explains the need for councils to implement preventative strategies as well as the benefits that such strategies can bring? If not, what changes would you propose?**

Our fundamental response is that In order to situate eligibility criteria within the context of personalisation and early intervention there needs to be a funding stream for preventative work.

The guidance states that councils should make available their community-wide strategy for prevention and early intervention addressing how they are working with their partners, building a group of diverse delivery partners addressing social inclusion and engaging communities in commissioning for transformation.

We welcome the new emphasis on early intervention and prevention across services but we firmly believe that prevention cannot be embedded when a system is responding to 'Critical' and 'Substantial' need. Despite the fact that it will create a financial savings in the long term it is a very difficult to expect resources to be diverted from meeting need assessed as 'critical' or 'substantial' to meeting needs assessed as preventative. This changed emphasis needs to be taken into account in the overall budget.

The thrust of the guidance suggests to us the need for a much closer working relationship with Supporting People (SP), yet Supporting People services are not mentioned in the guidance. The guidance states that 'Prevention should not be seen as the sole preserve of adult social services or the NHS.'

From the perspective of our sector prevention is not seen as the sole preserve of either. Supporting People currently funds much of the work that could be called preventative, e.g. housing related support that enables people to keep their tenancies across sheltered and supported housing, engaging, containing and providing stability for vulnerable people, building a trusting relationship with people that are chaotic and outside statutory services. Currently the evidence is that the relationship between SP and adult social care is under-developed. The ring fence for Supporting People services is coming down. This revised guidance makes it more imperative that the key preventative role of SP services is recognised, otherwise the danger is that those resources will be swallowed up by the unmet need in adult social care and there will be less funding available for universal services.

The guidance refers to short periods of re-ablement to increase what individuals are able to do for themselves before an assessment of longer term need is undertaken. The homeless sector and Supporting People funded services have lots of experience of resettlement and floating support and encouraging independent living skills, some of this is re-ablement by another name so it is important not to re-invent the wheel but to look at what exists and to jointly commission services.

We suggest that the revised guidance makes explicit recognition of the preventative role of SP and that the production of a community-wide strategy for prevention and early intervention is described as a strategy owned by ASC, health and SP jointly, and that this is seen as a mechanism for joint commissioning. In order for ASC to enhance their understanding of SP services and vice versa we would like to see a programme of placements of social workers in hostels, work shadowing arrangements and joint training being put in place.

**Q.4: Given the emphasis upon access to universal and preventative services as set out in *Putting People First*, do you think there is still a need for a fourth criteria band (low)? Please give reasons for your answer.**

Cutting the Cake Fairly: the CSCI review of eligibility for social care makes a robust case that FACS is a system that is not working. Following extensive consultation there was 'a very strong view that nothing less than fundamental change would suffice.' and 'The bulk of opinion calls for a radical re-appraisal of arrangements.' The revisions proposed here are not radical or substantive and tinker around the edges of a system which has been manifestly shown not to work. If the intention remains to retain the current criteria, we do believe there is a continuing need for a fourth criteria.

We recognise there is an emphasis on access to universal and preventative services but have concerns about whether resources will allow these to be universal or will be swallowed up in responding to statutory need. As paragraph 48 states 'Councils should not assume that low level needs will always be equated with low level services or that complex and critical needs will always require complex costly services in response.' It is our experience in the homeless sector that multiple low level needs add up to complex needs, but that people experiencing those often do not qualify for a care package. The guidance also makes reference to people being screened out of the assessment process before sufficient information is known about them. Abolishing the lower level of need makes this scenario more likely.

We believe it is important to be collecting information about low level of need, even where it is not being met, so that the case can be made for adequate resources for social care. We welcome the recognition of the importance of the quality of first contact and condone the recommendation of putting trained and skilled staff at the first point of contact. People who are homeless or who have mental health difficulties have experienced discrimination from services and are easily put off seeking help. It is vital that at the first point of contact they feel listened to and that the reception they receive is welcoming skilled and effective. Some of the most vulnerable people are those who are least likely to present for services and most likely to be put off seeking help by inexperienced and unskilled staff.

**Q5 Do you think the guidance sufficiently underlines the principles of fairness, consistency and transparency in the process for determining eligibility for social care? If not, what changes would you propose?**

The over-riding preference expressed by respondents to 'Cutting the Cake' was for a system that is transparent, fair and needs led rather than service led. The new guidance does not meet these criteria. It does not appear to have significantly developed from the old guidance in relation to transparency or fairness. There is an emphasis that decisions as to who gets local authority support should be made after an assessment. In our experience, feel can feel over assessed and going through a process and being told at the end of it they are not eligible for services leads to resentment and a reluctance to go back when circumstances change. People would rather have the information about what is available to whom made public and accessible to inform their decision about whether to be assessed for services. We believe that a national resource allocation formula would assist in putting a common approach in place across the country.

The guidance suggests prioritising social inclusion and participation equally with personal care. The principle behind this is an important one but this entails a big shift in culture and is hard to achieve with limited resources. Historically ASC has concentrated on meeting personal care and struggles to do that adequately excluding people clearly in need. Under those type of pressures it is not realistic to expect a shift to prioritising inclusion and participation. A clear appeal procedure is also necessary in any system that aims for transparency, this does not appear to be mentioned.

**Q.6: Do you think the guidance itself is sufficiently transparent and understandable for both health and social care professionals and people seeking support? If not, what changes would you propose?**

We do not believe the guidance is sufficiently transparent and understandable for health and social care professionals and people seeking support. The homeless sector has limited knowledge of how to access Adult Social Care. Guidance to determine eligibility for social care services should be a document that can be picked up by anyone in the social care or supported housing sector and guide them as to whether a client who they feel needs care is likely to be eligible. There is a real need for such a document in the homeless sector. It should also be possible to produce a summary document of the guidance so that people seeking support have a similar indication. This guidance does not do that. In order to become transparent and understandable radical revisions would need to be made.

A step towards transparency and clarity might be illustrative case studies showing what type of cases might expect to get what sort of care package and what type of cases may be excluded.

**Q.7: To what extent do you think the revised guidance will have a positive impact on equality? Is there anything else that you would like to see in the guidance to manage any adverse impact and to promote positive impact?**

In the current form we do not think the revised guidance will have much impact on equality. Moving away from rigid client categories could have a positive impact on equality but the direction given on those issues is not sufficiently strong for us to accept that a positive impact will be noticed.

We also have concerns that the move away from ring fenced Supporting People grant will entail a shift of funds away from support for non-statutory client groups, such as homeless people, towards care for statutory client groups such as people with disabilities or elderly people. This would have a negative impact on equality.

**Q.8: Do you have any comments about the costs and benefits (monetary or otherwise) that the revised guidance will involve? Do you foresee any impact on local authorities or people seeking support that we have not identified?**

'Cutting the cake' makes it clear that many respondents saw the problems of people not getting the support they need as much more related to funding shortfalls than to the eligibility criteria as such. Homeless Link support the view expressed that the response to presenting need is one of gatekeepers rationing inadequate resources. The revised guidance expects the provision of universal and preventative services provided from the same level of resources. Our concern about the leeching of resources away from the key preventative role of SP services in part stems from this recognition that resources are inadequate to meet the populations need for social care and will become more so with a growing elderly population.