

Adult Social Care and Health

Assessment Policy and Practice Guidance

To be read with the [Care and Support Statutory Guidance, Regulations issued under the Care Act 2014](#) by the Department of Health.

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Assessment Policy and Guidance

Version Control:

Version	Date	Summary of Changes	Reviewed By
V10	14 th May 2021	amended language where the word “case” was used to refer to a person	Yolaine Jacquelin
V9.	May 2021	expanded section 7.5 to make it clear ASCH practitioners have a duty to undertake an assessment so far as possible if an adult has capacity, and is experiencing, or is at risk of, abuse or neglect and is refusing an assessment.	Yolaine Jacquelin
V8.	February 2020	<ul style="list-style-type: none"> • Added section 4.4: Care Act Assessment Principles • Expanded the sensory section 6.3 and 6.4 and 8.1 • Added a section (6.7) about ARMS roles and responsibilities when there are difficulties contacting the person about whom there are concerns • Added a re-assessment section 7.10 • Amended section 8 about assessment documents • Amended all references to the Mental Health section of the directorate • Amended all references to the Disabled Young People’s teams • Added explanatory information where needed: 1.1; 6.2; 6.5; 6.7; and 7.1 • Amended all references to the former Client Recording System and referred to Mosaic 	Yolaine Jacquelin
V7a	June 2018	Expanded section 7.4 on “Refusal of assessment” to stress the need for practitioners to try to engage fully with service users and carry out risk assessments where the practitioner has concerns about potential risks to the person or others Amended Section 5 - Data Protection Requirements	Yolaine Jacquelin

Assessment Policy and Guidance

Executive Summary

The aim of this policy is to provide a framework for all staff working with adults in Kent County Council Adult Social Care and Health Directorate and Children, Young People and Education (CYPE) Directorate who have a responsibility to carry out “needs assessments” under the Care Act 2014.

It seeks to ensure that practitioners are provided with the information they need to feel confident they are meeting their statutory duties and providing the best service they can to support the people of Kent.

The assessment policy and practice guidance document sets out:

- The legal basis for undertaking assessment
- The guiding principles and core values underpinning assessment
- Roles and responsibilities of assessors
- Assessment Process
- Requirements for specific client groups

Key messages:

- 1. The golden thread running through the assessment process is the concept of wellbeing and focusing on outcomes that matter most to people.**
- 2. Assessments are collaborative processes therefore they must be person-centred, appropriate and proportionate to the circumstances presented by the individual.**
- 3. Assessments should take into account the wider picture by considering fluctuating needs, impact on the whole family and strengths of the support network.**
- 4. Assessments should focus on what the individual can or cannot do without the carer. Eligibility is decided without reference to whether a carer is meeting or can meet some of the needs. The role of the carer only comes in during care and support planning when it is being decided which of the eligible needs KCC has to meet.**

Note about language: The word “practitioner” refers to any people-facing staff, whether registered or not. The term “registered practitioner” will be used to denote Social Workers, Occupational Therapists or Nurses.

Contents

Assessment Policy and Guidance

A. Policy	1. Policy context	7
	2. Definition of assessment	8
	3. Scope of the assessment policy	8
	4. Principles and core values underpinning assessment	8
	4.1 Concept of Wellbeing	8
	4.2 The 5 MCA principles	9
	4.3 Core Values underpinning an assessment	9
	4.4 Care Act principles underpinning assessment	9
	5. Data Protection Requirements	11
B. Practice Guidance	6. Contact and referral	12
	6.1 Contact Point	12
	6.2 Referral sources	12
	6.3 Referral to Sensory Services	12
	6.4 Dual sensory loss referral	12
	6.5 Referral to Mental Health services	12
	6.6 ARMS and referral consent	13
	6.7 ARMS and difficulties contacting the person	13
	6.8 Contact Assessment	13
	6.9 ARMS and Advocacy	14
	6.10 ARMS and Communication needs	14
	6.11 Care Act Independent Advocate and IMCA	14
	6.12 Care Act Independent Advocate and IMHA	15
	6.13 Safeguarding	15
	6.14 Mental Capacity Act 2005	15
	6.15 Mental Health Act 1983 (amended 2007) Section 117	15
	7. Progressing the assessment	15
	7.1 Arms referring on	16
	7.2 Carers assessment	16
	7.3 Enablement	16

Assessment Policy and Guidance

	7.4 Purpose of assessment	16
	7.5 Refusal of assessment	17
	7.6 Allocation of assessment	18
	7.7 Proportionality and appropriateness	19
	7.8 Level and Depth of assessment	19
	7.9 Roles and responsibilities of the assessor	20
	7.10 Re-assessment	23
	8. Assessment documents	23
	9. Risk assessment	24
	10. Personal Budget	25
	10.1 Cost setting guidance process	25
	10.2 People in Care Homes	26
	10.3 Assessment and finances	26
	10.4 Quality of assessments	27
C. Monitoring	11 Required outcomes	27
	12 Review of the policy	28
D. Appendices	1. The legislative framework	29
	2. Glossary	30
	3. Writing up needs	31
	4. Practical tips for conducting an assessment	33
	5. Quality checklist for reviewing an assessment document	34
	6. Assessments for people who are deafblind	35
	7. Overview of the Care Act Cycle	37

Assessment Policy and Guidance

KCC policies referenced in this document are found on KNet at Adult Social Care Policies
This policy and the document links in this policy are available in other formats.
Please contact: alternativeformats@kent.gov.uk or telephone on 03000 421 553.

Reference points:

Care and Support Statutory Guidance (updated October 2018)
Charging for care booklets (updated April 2019)
Data Protection Act 2018
General ASCH Privacy Notice
General Data Protection Regulations 2016
MCA policy (available on kent.gov.uk)
Multi-Agency Safeguarding Adults Policy, Protocols and Guidance (available on kent.gov.uk)
Self-Neglect Policy (available on kent.gov.uk)
The Care Act 2014
Think Autism 2014

Knet:

All the policies or templates listed below can be found on the Adult Social Care & Health Policy Page: <https://kentcountycouncil.sharepoint.com/sites/KNet/asch/Pages/asch-library.aspx>

- Eligibility Criteria
- Carers Policy
- Personal Budgets and Cost setting Guidance
- Information and Advice Policy
- Risk Assessment and Management Policy
- Section 117 After Care policy
- Transition Policy

Assessment Policy and Guidance

A. POLICY

1. Policy Context

1.1 A needs assessment is both a statutory duty and a critical intervention. The assessment is the key interaction between the local authority and an individual. It should not just be seen as a gateway to care and support but should be a critical intervention in its own right.

The assessment is the first step in the Care Act cycle and is followed by an application of the Eligibility Criteria which, depending on whether the person has any eligible needs or not, may lead to Care and Support Planning, which in turn gets reviewed at the Review stage. It is therefore crucial to get the assessment right as everything flows from that first step.

1.2 The duty to assess needs for care and support is:

- A legal duty as stated in the Care Act 2014 (please refer to [Appendix 1](#) for more details);
- independent of any request from the potential service user, this means that where a request for assessment is made without the person's knowledge, KCC needs to take into account the information provided about the circumstances of the request, such as the frailty of the person or capacity of the person;
- and is irrespective of:
 - the level of the adult's needs for care and support
 - the level of the adult's financial resources
 - whether or not the Local Authority thinks the individual has eligible needs
 - the person being ordinarily resident in the local authority area.

1.3 Assessment as a critical intervention.

A needs assessment can help people to:

- understand their situation and the needs they have
- reduce or delay the onset of greater needs
- access support when they require it
- understand their strengths and capabilities
- understand the support available to them in the community and through other networks and services.

Assessment Policy and Guidance

2 Definition of assessment

An assessment is an ongoing process whereby an individual, supported by a trained and competent practitioner, shares the issues they currently face which impact on their desired goals in all aspects of their life.

It's a conversation with a purpose: the purpose being for the assessor to understand what the person's care and support needs are and how meeting these can help the individual achieve the outcomes most important to him or her.

3 Scope of the policy

This policy applies to all staff who are undertaking or involved in the assessment of:

- Any adult who appears to have any level of needs for care and support regardless of their financial status
- This includes:
 - Individuals who may have No Recourse to Public Funds
 - Individuals who may be self- funding
 - Adults who are in custody in Kent and who appear to be in need of care and support, regardless of which area the individual came from or where they will be released to
 - Carers (please refer to the Carers Policy for details of the carers' eligibility criteria)
 - There may be safeguarding concerns and a coordinated assessment response is required as soon as possible depending on the nature of the concerns
 - A young person or carer who is "likely to have needs" as an adult and who is therefore entitled to a smooth transition process before their 18th birthday.
 - People who self-neglect. Please refer to the multi-agency self-neglect policy (on kent.gov.uk, Safeguarding page)
 - Vulnerable adults. Please refer to the "Vulnerable Adults Joint Working Protocol" (on Knet)
 - People who are in a Health setting such as hospital

Out of scope: Mental Health Act Assessments

4 Principles and core values underpinning assessment

"Promoting wellbeing" is the underpinning principle and legal duty which applies in all cases where:

- KCC staff
- voluntary organisations in partnership with KCC carry out care and support functions in respect of a person.

4.1 "Wellbeing" is a broad concept, and it is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;

Assessment Policy and Guidance

- Protection from abuse and neglect;
- Control by the individual over day-to-day life (including over the care and support provided and the way it is provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal relationships;
- Suitability of living accommodation; and
- The individual's contribution to society.

4.2 In promoting wellbeing, we must always follow the five MCA (Mental Capacity Act) principles:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make decisions unless all practicable steps to help him/her to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
4. An act done or decision made, on behalf of a person who lacks capacity, must be done or made in his/her best interests.
5. Any such actions or decisions must be achieved, where possible, in a way that is least restrictive of the person's rights.

4.3 The core values underpinning assessment are:

- Respect for uniqueness and diversity and supporting people to recognise and build on their strengths.
- For practitioners to identify and question their own values and prejudices and their implications for practice.
- Promote people's rights to choice, privacy, confidentiality and protection.
Assisting people to increase control of and improve the quality of their lives.

4.4 Key Care Act principles underpinning assessments:

- **Be person centred:** The assessment should be tailored to the individual and not involve assumptions. The person should recognise their own self in your assessment recording. Your underpinning value is the belief that people are experts in their own lives. Person-centred does not mean automatically writing the assessment in the first person, it means asking the person how they want it written
- **Support the person's involvement in the process:** explain in advance what the process is, adapt your communication style, check person understands. Think whether the person needs an advocate.

Assessment Policy and Guidance

- **Do a “carer-blind” assessment:** assess the person **without regard to** whether a carer might be meeting those needs at the given time. You will take account of what the carer is willing and able to do during the care and support planning stage.
- **Think appropriate and proportionate assessment:**
To ensure the method(s) of assessment is/are **appropriate** you must take into account the preferences, abilities and situation of the individual being assessed; establish the extent to which they wish to be involved and meet these wishes where it is possible to do so.
- **A proportionate assessment** will be as extensive as required to establish the extent of a person’s needs, will always be person-centred and based on their individual circumstances.
- **Think fluctuating needs:** The assessment is not simply a ‘snapshot’ of a person’s care and support needs. Practitioners must think about the person’s care and support needs over a suitable period of time to gain a complete picture of those needs. People should be asked how their needs change over time. They should be encouraged to consider how their needs present themselves on the given day, how much of an issue they have been in the past, how they are likely to develop in the future, and the impact these changes have on the outcomes they want to achieve in life.
- **Think prevention of needs:** the assessment should always aim to prevent, reduce or delay needs. Acting preventatively may involve providing information and advice, signposting to other services, joint work with other agencies, low level services or enablement.
- **Adopt a whole family approach:** although the focus is on the person being assessed, the whole family should be involved (if all parties want to be) so that everyone has an opportunity and space to state their needs. This may require separate assessments (think “carer’s assessment”)
This also means that you need to be alert to the potential needs of the people surrounding the person you are assessing: Is the neighbour herself struggling with issues of her own and would be entitled to an assessment? Do you register that the child has had 2 broken bones in the last 2 months and does not seem to attend school? Could they need to be referred to Children/early Help services? (See section 7.9b for further information).
- **Take a strengths-based approach:** The term ‘strength’ refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include: their personal resources, abilities, skills, knowledge, potential, etc.; their social network and its resources, abilities, skills, and community resources, also known as ‘social capital’ and/or ‘universal resources’.

Assessment Policy and Guidance

5 Data Protection Requirements

The General Data Protection Regulations (GDPR, 2016) and the Data Protection Act (2018) set out clear rules, guidance and recommendations for how organisations should manage the processing of data and what must be done to safeguard it.

As a practitioner, to be compliant with these new pieces of legislation you will need to become familiar with the Adult Social Care General Privacy Notice so you are able to explain its content and impact for the individual when you give it out as part of your assessment responsibilities.

This means explaining that:

- We will only collect information that is proportionate and needed for the purpose of providing care
- We have a duty to look after the information given to us, for example we limit access about personal information to those who have a genuine business need to know it
- To carry out our duties, and in line with legislation, we will share data with relevant organisations without the need for the person's consent (for relevant legislation please read the KCC ASCH General Privacy Notice)

When you issue a Privacy Notice, whether it is the first or a subsequent one, you should record this on the system.

B. PRACTICE GUIDANCE

Important:

The assessment process starts from when we start to collect information about the person.

It is expected that assessment will be completed within 6 weeks of this point.

Assessment Policy and Guidance

6 Contact and referral

6.1 Contact Point is usually the first point of contact for any individual asking for help and support. Contact Point will identify if the caller is currently known to a team or a new contact. If a new contact and where there appears to be a need for more detailed advice and guidance or services, callers will be transferred to ARMS (Area Referral Management Service which deals with OPPD/LD/ Autism and Sensory teams, Disabled Young People's teams) ,CRU (Central Referral Unit) if it is a Safeguarding issue or to Mental Health teams.

6.2 Some people will be referred to Adult Social Care Short Term Pathway via the hospital, others may come to the attention of ARMS directly. Referrals to ARMS do come from other statutory services such as the Police, the Ambulance service, the Kent Fire and Rescue service, GPs, Out-of-County Hospitals etc...

6.3 Referrals to **Sensory Services** may also be received direct e.g. registrations as sight or severely sight impaired. Referrals can be made directly to Sensory Services in some instances e.g. registrations from Health to KAB, and d/Deaf people direct to Deaf Services and Hi Kent or Deaf services Gateway sessions (drop-ins) where progression to assessment is one pathway if the eligibility is met.

6.4 Referrals **must** be made directly to the **Sensory Team** where there is an appearance of dual sensory loss even if, when taken separately, each sensory impairment appears relatively mild.

People are regarded as deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss." (Think Dual Sensory, Department of Health, 1995) This direct referral ensures that deafblind people get the specialist assessment they are legally entitled to under the Care and Support (Assessment) Regulations 2014 (see [Appendix 6](#)).

6.5 Referrals to **Mental Health services** come from a variety of sources, which include (but is not restricted to):

- Psychiatric settings/ Prisons/ Hospital settings
- Primary care mental health nurse/ Crisis teams
- A&E liaisons teams/ daily KMPT referral meetings

Some of these referrals will have target dates for follow-up.

After using a screening tool to establish appearance of needs, people will either be offered an assessment or a period of enablement via KERS (Kent Enablement and Recovery service).

Assessment Policy and Guidance

6.6 ARMS will generally accept a referral if it is clear that the person knows about it and agrees to being referred. There are some circumstances when a referral may be accepted without the person's awareness or consent, for example:

- I.) When they are posing a severe risk to themselves or others
- II.) When the carer is experiencing difficulties and does not feel able to seek the consent for assessment from the person they are caring for
- III.) When the referrer believes that the person does not have the capacity to make the specific decision at the time it needs to be made and that the referral is in the person's best interests.

6.7 ARMS and difficulties contacting the person about whom there are concerns:

If ARMS practitioners are unable to contact the person, they will need to escalate the referral to their Senior Contact Assessment Officer who will make a decision based on their risk assessment. Depending on the presenting risks, the SCAO may consider contacting the person's GP or other organisation/s the person may have contact with. The SCAO will seek input from the registered practitioner, if required, to establish ways forward.

After initial screening and information gathering, ARMS will start a contact assessment (over the telephone) to identify if there appears to be:

- I.) Any needs for care and support
- II.) Any health and safety issues
- III.) A need for short term
- IV.) urgent intervention.
- V.) A need for fast track equipment or adaptations
- VI.) A need for enablement
- VII.) A need for a Carer's Assessment
- VIII.) A safeguarding or self-neglect issue (see also 7.1 of this policy). Safeguarding issues should be referred to CRU.

Where the initial information gathered indicates that the individual does not appear to have needs for care and support then information and advice, assistance with problem-solving or signposting to other agencies or services that may be of assistance will be offered. Please refer to KCC's Information and Advice Policy for further details.

Staff who are involved in this 'first contact' must have appropriate training and should have the benefit of access to professional support from social workers, occupational therapists and other relevant experts as appropriate, to support the identification of any underlying conditions or to ensure that complex needs are identified early and that people are signposted appropriately.

ARMS will discuss the reasons for the referral and the outcomes the person wishes to achieve. This discussion will result in the completion of the personal details information on

Assessment Policy and Guidance

the client system(s) and the recording of initial assessment information and the desired outcomes for the person. Where ARMS contacts other organisations to support the start of assessment they must be aware of the Data Protection Act 2018 and GDPR 2016 before sharing any information.

6.9 ARMS will also consider whether the individual may need an **Independent Advocate** to help them through a face to face assessment.

The contact assessor should consider whether the individual would have **substantial difficulty** in being involved in the assessment process, this means having substantial difficulty in any of these 4 areas:

- Understanding the information provided
- Retaining the information
- Using or weighing up the information as part of the process of being involved
- Communicating their views, wishes or feelings.

Where a person has substantial difficulty in any of these 4 areas, then they need assistance and if so, consider the possibility of asking a family member or friend to support them if the following conditions are met:

- The family member or friend is willing and able to facilitate the person's involvement effectively
- The family member or friend is acceptable to the individual
- The family member or friend is deemed appropriate by the local authority

Where there is no one thought to be appropriate for this role either because there is no family member or friend willing and available or if the individual does not want them to be part of the assessment, we **must** appoint an independent advocate.

ARMS will make the receiving team aware of the need for an advocate. Ensuring that an advocate is booked is the responsibility of the face to face assessor.

6.10 ARMS and Communication needs

In order to ensure we support the person's involvement in the assessment process, ARMS will establish the individual's communication needs and ensure this information is passed to the assessor. Face to face assessors will seek to adapt the assessment process accordingly. This may mean booking an interpreter (BSL or foreign language) or being flexible and adaptable to meet a person's specific communication requirements.

6.11 Care Act Independent Advocate and Independent Mental Capacity Advocate (IMCA)

A person may qualify for advocacy both under the Care Act 2014 and the Mental Capacity Act 2005. **The same advocate can provide support as an advocate under the Care Act and under the Mental Capacity Act.** This is to enable the person to receive

Assessment Policy and Guidance

seamless advocacy and not to have to repeat their story to different advocates. Under whichever legislation the advocate providing support is acting, they should meet the appropriate requirements for an advocate under that legislation.

6.12

Care Act Independent Advocate and Independent Mental Health Advocate (IMHA)

A person may qualify for advocacy both under the Care Act 2014 and the Mental Health Act 1983 (amended 2007) **The same advocate cannot provide support as an advocate under the Care Act and the Mental Health Act.** This is because the Independent Mental Health Advocate (with specialist knowledge) provides an additional safeguard to an individual who has capacity and is subject to the Mental Health Act. The advocates are usually needed at different stages of the patient's journey.

6.13 Safeguarding

If there appears to be a safeguarding issue associated with the referral, ARMS should follow the Multi-Agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway which can be found on Kent.gov.uk website. This applies to all vulnerable adults, including Mental Health clients, whose information will be passed on directly to the Central Referral Unit.

If there appears to be a self-neglect issue associated with the referral, ARMS should follow the Self-Neglect policy.

6.14 Mental Capacity Act 2005 (MCA)

The assessment of **capacity** needs to be undertaken within the legislative framework of the Mental Capacity Act 2005 and its outcome formally recorded using the relevant Capacity Assessment forms. The MCA policy and procedures can be found on KNET

6.15 Mental Health Act 1983 (amended 2007) (MHA)

Section 117 of the MHA places a duty on the local authorities and clinical commissioning groups to provide aftercare services and this will usually involve a joint assessment (often under the Care Programme Approach) including an assessment of the person's care and support needs, a care and support or support plan and subsequent review (which may reach a decision that a person is no longer in need of aftercare services).

7. Progressing the assessment

Important:

It is essential to ensure that accurate and sufficient recording is maintained throughout the assessment, including information provided, issues of capacity and decisions made.

Assessment Policy and Guidance

7.1 ARMS referring on:

Where the initial information gathered indicates that the person may have needs for care and support, the initial assessment information will be sent to one of the following:

- 16-25 Disabled Young People's team
- 26 + Learning Disability team
- Sensory and Autism teams
- OPPD Social Work team
- OPPD KEAH
- OPPD PI/SI
- Mental Health teams

In line with the "Joint Working- Everybody Counts" policy, ARMS will refer a person to the most appropriate team based on presenting needs. The receiving team becomes the lead team for the adult and is to accept, assess and work cooperatively with other teams (if needed) towards the best outcome for the person in need. The receiving team is not to redirect a referral back to ARMS, it should take responsibility for referring to another team. When progressing to a face to face assessment, the person must be given as much information as possible about the assessment process, as early as possible, to ensure a personalised approach to the assessment.

This preparation work should be done by whoever is booking the appointment and include detail of what can be expected during the assessment process, such as:

- the format and timescale of assessment
- complaints processes
- possible access to independent advocacy

7.2 Where it appears a **Carers assessment** is required or there is a specific request for a Carers Assessment, the Carer Policy and Practice Guidance should be followed and the referral may be passed to a voluntary organisation.

7.3 In OPPD, enablement must be the first consideration following a contact assessment. Reasons not to refer should be recorded on the client system within the Recommendations section.

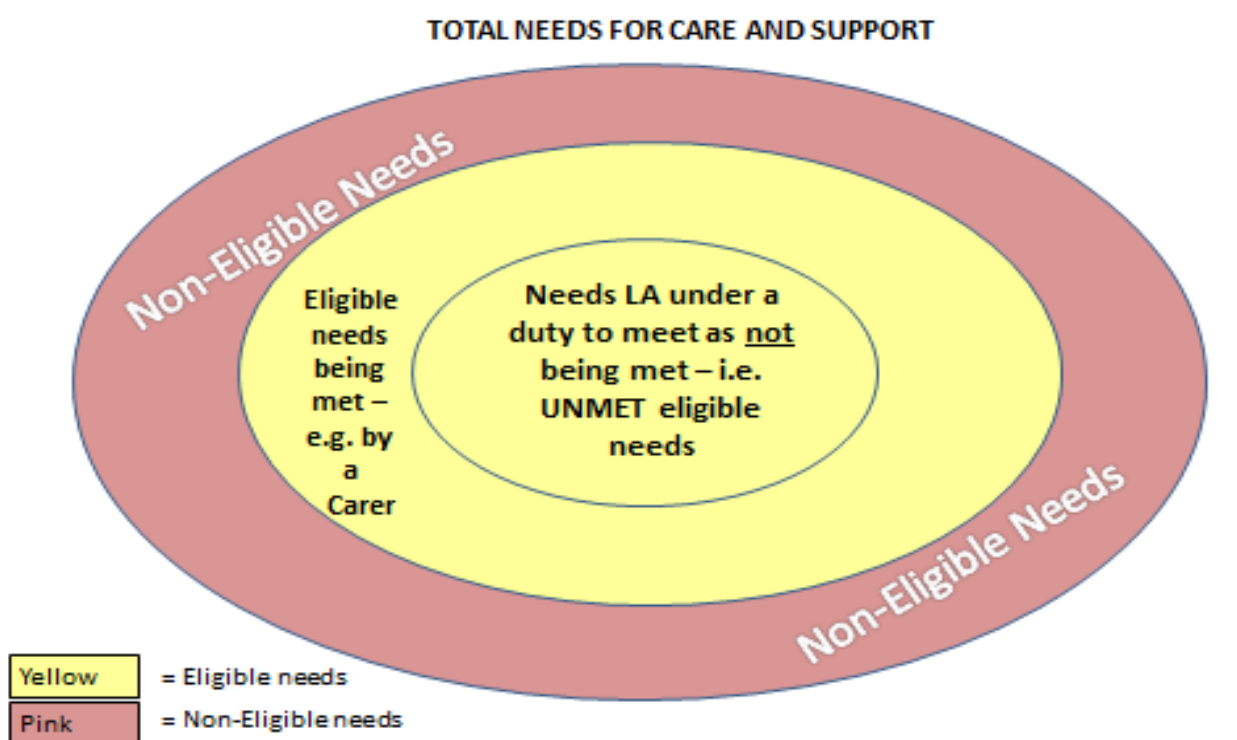
7.4 Purpose of assessment

The purpose of a need's assessment is to identify the person's needs and how these impact on their wellbeing, and the outcomes that the person wishes to achieve in their day-to-day life. The assessment will support the determination of whether those needs are eligible for care and support from the local authority and understanding how the provision of care and support may assist the adult in achieving their desired outcomes.

Assessment Policy and Guidance

An assessment must seek to establish the total extent of needs before we consider the person's eligibility for care and support and what types of care and support can help to meet these needs. This must include looking at the impact of the adult's needs and whether meeting these needs will help the adult achieve their desired outcomes.

Establishing the "total extent of needs" means thinking of all the needs the person has whether they are currently being met or not, either by a carer, a service, a community resource, a friend, a piece of equipment etc... We can move on to establishing whether these needs are "unmet eligible needs" or "met eligible needs" at the care and Support Planning stage.



The outcome of the assessment is to provide a full picture of the person's needs so that a local authority can provide an appropriate response at the right time to meet the level of the person's needs.

7.5 Refusal of assessment (see section 11 of the Care Act and sections 6.20 and 6.21 of the Care and Support statutory guidance)

An adult or young person with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment

Assessment Policy and Guidance

because they do not feel that they need care, or they may not want KCC support. In such circumstance's practitioners should:

- Ensure they have explained the benefits of an assessment to the person (by any means available to them, including sending them the “**guide to preparing for a needs assessment**” found on kent.gov.uk on the Social care and Health “Care and Support” page: https://www.kent.gov.uk/data/assets/pdf_file/0009/30150/Preparing-for-a-needs-assessment.pdf)
- Satisfy themselves that the person has made an informed decision and knows how to contact Adult Services at a later date should they change their mind.

If practitioners experience difficulties engaging with the person and have concerns (for example about possible self-neglect), they should:

- Contact other organisations who may be involved in offering support to the service user and
 - Complete a risk assessment prior to discussing the situation with their supervisor with a view to closing our involvement.

Practitioners must keep a detailed record of how and when they have tried to engage the person. Practitioners should consider discussing their actions in supervision as appropriate to the presenting circumstances.

KCC is required to carry out an assessment where:

- i. The adult lacks mental capacity and a needs assessment would be in the adult's best interests.
- ii. The adult is experiencing, or is at risk of experiencing, any abuse or neglect.
- iii. The adult has refused a needs or carers assessment but at a later time requests that an assessment is carried out.
- iv. The adult or carer's needs or circumstances have changed.

Item (iii) will not apply if the person continues to refuse.

Important

Point (ii) above means that:

If the adult has capacity and is experiencing, or is at risk of, abuse or neglect, we must undertake an assessment so far as possible and document this.

This could mean completing an assessment by gaining information from others even if the adult will not engage and share information directly with us. We should continue to keep in contact with the adult and carry out an assessment if the person changes their mind and asks us to do so.

Assessment Policy and Guidance

Assessment refusal and carer's right

The refusal of an assessment should trigger concerns that there may be increased risks to the carer and we should ensure carers are given all the information they need about their rights to be assessed independently of the cared for's decision.

Should a cared for individual refuse an assessment, this should not stop us from offering an assessment to the carer.

7.6 Allocation of assessment

This is dependent on the complexity and nature of the assessment but all practitioners should have the skills, knowledge and competence to carry out assessments and this applies to all assessments regardless of the format they take.

Registered staff are uniquely placed to be involved in complex assessments which indicate a wide range of needs, risks and strengths that may require a co-ordinated response from a variety of statutory and community services.

Occupational therapists have the expertise to focus on functional assessments and should always be consulted by colleagues who may not have the knowledge or training required for assessing for a specific condition.

Specialist assessments such as those for people who are deafblind or people with autism must be carried out by practitioners who have the relevant experience and have attended specialist training to acquire the skills, knowledge and competence needed. (*Think Autism 2014*)

7.7 Proportionality and appropriateness

In carrying out a proportionate assessment, practitioners must use their professional judgement and have regard to:

- The person's wishes, preferences and desired outcomes.
- The severity and overall extent of the person's needs. For example, an individual with more complex needs will require a more detailed assessment, potentially involving a number of professionals. A person with lower needs may require a less intensive response.
- The potential fluctuation of a person's needs. For example, where the local authority is aware that an adult's needs fluctuate over time, the assessment carried out at a particular moment **must** take into account the adult's history to get a complete picture of the person's needs.

Assessment should be proportionate to the level of presenting need. Practitioners should ensure they know what has happened prior to assessment, for example what other agencies have or are providing services so that there is no duplication of assessment. This

Assessment Policy and Guidance

approach should take into account the need for information to flow through and inform all levels of the assessment.

7.8 Level and depth of assessment

These are some of the issues that will need to be taken into consideration when determining the level and depth of assessment:

- I.) Is anyone at serious risk of immediate physical or emotional harm if services are not provided?
- II.) Does the person have a permanent physical or learning disability or a sensory impairment?
- III.) Does the person have a progressive or degenerative illness?
- IV.) Are there any mental health issues?
- V.) Are there any apparent safeguarding issues?
- VI.) Does the person appear to be eligible for Continuing Healthcare (CHC)?
- VII.) Is the person dependent on a carer whose willingness or ability to care is under threat of breakdown?
- VIII.) Is the person in transition or subject to leaving care entitlements?

7.9 Roles and responsibilities of the assessor

a. Preparation

- An adult with an appearance of need for care and support should be given as much information as possible about the assessment process, prior to assessment wherever practicable. This should include the list of questions/themes (in an accessible format) to be covered in the assessment.
- Assessment meetings and their arrangements should consider people's needs, risks and circumstances. For example: someone in severe pain, waiting for medication to work, may not be ready to be assessed at 9 am.
- Practitioners should ensure they are familiar with the assessment documents they are using as the assessment is not a tick box exercise and should not feel as such to the person being assessed. The more familiar practitioners are with the forms, the more they will know the themes to be covered and the more confident they will be at gathering the information needed through listening to the person's narrative rather through a series of questions.

b. During assessment

- A needs assessment must include an assessment of:
 - The impact of the adult's needs for care and support on the individual's day-to-day life.
 - The outcomes that the adult wishes to achieve in day-to-day life.

Assessment Policy and Guidance

- Whether, and if so, to what extent the provision of care and support could contribute to the achievement of these outcomes.
- Explicitly consider the most relevant aspects of wellbeing to the individual concerned and assess how their needs impact on them.
- Focus on preventing needs: identify needs that could be reduced, or where escalation could be delayed, and help people improve their wellbeing by providing specific preventative services, or information and advice on other universal services available locally.
- Consider the person's strengths and capabilities and what support might be available from their wider support network or within the community to help.
- Bear in mind that the condition(s) of the individual on the day of the assessment may not be entirely indicative of their needs more generally, their current level of need may fluctuate and their on-going needs for care and support may need to be flexible.
- When the person assessed expresses a need, challenges or difficulties they face because of their condition(s), the assessor should ensure they establish the impact of these difficulties on the individual's day-to-day life.
- The assessor needs to consider whether the individual's needs impact upon their wellbeing beyond the ways identified by the individual. For example, where an adult expresses a need regarding their physical condition and mobility, the practitioner must establish the impact of this on the adult's desired outcomes and must also consider whether their need(s) have further consequences on their wider wellbeing such as their personal health or the suitability of their living accommodation
- **It is helpful to introduce a discussion about finances as early as possible during any assessment.** Although assessment is irrespective of the person's financial status, an understanding of the person's financial status is helpful to ensure benefits maximisation and to enable the introduction of charging implications.

Whole family approach:

- As part of a whole family approach to assessment, the assessor must consider the impact of the person's needs for care and support on family members or other people the authority may feel appropriate. The practitioner will need to identify anyone who may be part of the person's wider network of care and support.
- In considering the impact of the person's needs on those around them, we must consider whether or not the provision of any information and advice would be beneficial to those people we have identified. This may include signposting to any support services in the local community.
- An assessment should consider any parenting responsibilities the person may have, whether there may be children's safeguarding issues or any impact there may be on

Assessment Policy and Guidance

children in the home. Where there are concerns Specialist Children's Services should be involved in the assessment. Referral should be made to the Front Door using the [Single Request for Support Form](#) found on the Kent Safeguarding Children Multi-Agency Partnership website: <https://www.kscmp.org.uk>

Young Carers:

- The assessor must also identify any children who are involved in providing care and consider:
 - The impact of the person's needs on the young carer's wellbeing, welfare, education and development.
 - Whether any of the caring responsibilities the young carer is undertaking are inappropriate (i.e. are likely to have an impact on the child's health, wellbeing or education, or which can be considered unsuitable in light of the child's circumstances such as administering medication; emotional support for the adult; carrying out strenuous physical tasks such as lifting).
 - Having considered the impact, the assessor should either refer the child for a young carer's assessment under section 63 of the Care Act or a needs assessment under the Children Act. (Consult the Carers Policy).

Carers:

- Voluntary organisations supporting carers are in a unique position to be able to offer an independent carer's assessment so a carer should always be encouraged to consider being assessed by them.
- If a carer prefers the Local Authority to carry out the assessment, we must consider all of the adult's care and support needs, regardless of any support being provided by a carer.
- **Where the adult has a carer, information on the care that they are providing can be captured during assessment, but it must not influence the eligibility determination.** We are not required to meet any needs which are being met by a carer who is willing and able to do so, but we should record where that is the case. This ensures that the entirety of the adult's needs are identified and we can respond appropriately if the carer feels unable or unwilling to carry out some or all of the caring they were previously providing.
- **Where both the cared for and the carer agree**, an assessor may carry out a **combined needs assessment**. This means asking each person separately as we need to be mindful of the possibility of power imbalance in the relationship. If either of the individuals concerned does not agree to a combined assessment, then the assessments must be carried out separately.

c. After the assessment

Assessment Policy and Guidance

- The Care Act 2014 section 12(3) requires that we give a written record of a needs assessment to:
 - (a) the adult who has been assessed
 - (b) any carer that the individual has, if the individual has requested this
 - (c) any other person named by the assessed individual.
- Where an independent advocate is involved in supporting the individual, the assessor should keep the advocate informed so that they can support the person to understand the outcome of the assessment and its implications.
- The practitioner can now make a decision about whether the adult is entitled to care and support arranged by the local authority by applying the national eligibility criteria.
- The assessor must provide the person with a written record of the eligibility decision, including reasons for their decision using the Eligibility Decision Form.
- Regardless of whether or not the person meets the eligibility criteria, the practitioner must provide information and advice in an accessible format about what can be done to prevent, delay or reduce development of the person's needs.
- **Where the assessor has determined that a person has any eligible needs, KCC must meet the unmet eligible needs subject to:**
 - Meeting the financial criteria (the exception to this is section 117 where some of the after-care services may be provided free of charge)
 - Ordinary residence requirement
 - The person agreeing to the authority meeting their needs.

7.10 Re-assessment

A re-assessment may be required following a notification of change of needs or a review. In either case, if we have information or evidence that suggests that circumstances have changed in a way that may affect the efficacy, appropriateness or content of the plan, for example if a carer is no longer able to provide the same level of care or there is evidence of a deterioration of the person's physical or mental wellbeing, then practitioners should conduct a review to ascertain whether the plan requires revision.

To revise the plan, practitioners should follow the process used in the assessment and care planning stages. This means re-assessing, re-applying the eligibility criteria and writing a new care and support plan, amending the personal budget accordingly.

Note: The assessment process following a review should not start from the beginning of the process but pick up from what is already known about the person and should be proportionate.

For more information, read the "Promoting Independence through Review" policy on Knet.

8. Assessment Documents

Assessment Policy and Guidance

In the young people's teams, staff will use the Young Person's Plan Assessment document (see Knet- Policy Page) on the Liquid Logic electronic system.

In all other teams, staff will record their assessment using the Mosaic electronic system.

8.1 Sensory Services

Protocols have been developed to clarify the role of the specialist Sensory team, Kent Association for the Blind and Hi-Kent. The Sensory team members act as keyworkers taking sole responsibility in cases where prime needs are a result of deafness or deaf blindness.

KAB practitioners undertake assessments and set estimated budgets where the prime needs are related to visual impairment.

The Sensory team, KAB and Hi Kent can also carry out specialist assessments which contribute to the assessments carried out by other social care teams.

Please see [Appendix 5](#) for specific Care Act guidance about "assessing people who are deafblind."

8.2 Occupational Therapy Assessment (OTA)

The OTA is a specialist assessment and forms a part of the holistic assessment. Occupational therapists will use the OT assessment form uploaded on the Mosaic system. The OTA is functional and requires the therapist to observe the individual undertaking daily living activities in order to understand the problem and determine the solution.

Where scoring forms part of the assessment, if in doubt between two scores, rate lower (e.g. if you cannot decide between 2 or 3, rate 2). This rule helps ensure consistency of approach and maximises sensitivity to change when measuring outcome. Similarly, where there is variability in functioning on an item, rate the lowest level of support required.

Where adaptations and equipment are already in place, these services have already been paid for and therefore do not have an ongoing support cost (except for service maintenance in certain circumstances). However, these services are supplied explicitly to reduce levels of need and so must be taken into account when measuring outcomes.

For example, a person may have been unable to walk around their home without assistance from someone else, but because of adaptations and a wheelchair they are able to move around their home independently. They would now score as independent.

9. Risk Assessment

Assessment Policy and Guidance

When the assessment identifies risk(s) to the safety and wellbeing of the person and/or others, the assessor should refer to the Risk Assessment and Management Policy.

Where the presenting risks are considered low, the assessor will apply a proportionate approach to assessment and may not need to work through a detailed risk assessment. The level of risk assessment should be '*suitable and sufficient*' in relation to the particular circumstances for that person.

The assessor should work with the person to identify and manage any risks to their safety and wellbeing by providing information, advice, and guidance so that the person can make informed decisions. This will help ensure that the person understands any possible risks or implications linked to their decisions. The risks, advice and decisions taken must be documented on file by the assessor.

For example, a person who smokes may be at risk of fire. If they have mental capacity, they may not require a detailed risk assessment. However, if they have impaired capacity, are known to drink heavily, or other people will be put at risk, they would benefit from a detailed risk assessment.

10. Personal Budgets

In the context of adult social care, a '**Personal Budget**' is defined as **the sum of money that KCC has confirmed a person should be allocated** (subject to financial and contribution assessments) **for the sole purpose of meeting a person's unmet eligible needs.**

People who pay the full cost of their service will also receive a Personal Budget from KCC but we may make a charge for putting in place the necessary arrangements to meet needs.

We are not required to meet any eligible needs which are being met by a carer, so those eligible needs will not be taken into account in the allocation of the Personal Budget.

On completion of the assessment, individuals who will receive services will be given an *estimated* Personal Budget. This is the amount of money that KCC has estimated will be required to meet their assessed eligible needs.

KCC is currently calculating the estimated Personal Budget (ePB) using the Cost Setting Guidance (CSG) developed in-house. The CSG uses traditional methods of delivering support to calculate the ePB.

10.1 Cost Setting Guidance Process

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Assessment Policy and Guidance

Step 1	Undertake an assessment and identify an eligible care and support need which could be met by a community care service.
Step 2	Identify a level of service provision that would meet the need e.g. the number of hours for homecare support. This is the “standard service provision”.
Step 3	Discuss with the person whether they want to receive a Direct Payment instead of having services arranged for them. Staff should discuss whether the person is interested in using a Direct Payment to employ a Personal Assistant. An offer of a Direct Payment service must always be made to the person unless this is not considered appropriate.
Step 4	Use the Cost Setting Guidance Tool and the identified standard service provision to generate a Cost Setting Guidance figure.

For further details, please read the “Personal Budgets and Cost Setting Guidance” policy, to be found on Knet.

10.2 People in care homes

Personal Budgets are now enshrined in legislation and this means we will provide a Personal Budget for all people entering residential care. (for further information please read the Care and Support Plan policy).

10.3 Assessment and finances

ARMS carry out an initial screening to establish whether the person has any savings above the threshold for residential care.

Important: A needs assessment is provided irrespective of a person’s financial situation.

A financial assessment is subsequently completed to assess the person’s ability to contribute to the cost of their care (except for people eligible for section 117, for more details, please refer to the 117 policy).

Following the needs assessment and determination of eligibility for care and support, **the practitioner must send a financial assessment referral to finance via Mosaic or LAS for the Disabled Young People’s teams.** It is important that a referral for a financial assessment is carried out as soon as possible, in order to avoid the service user being

Assessment Policy and Guidance

faced with large unexpected bills if they were assessed as able to pay for their care and support.

Where the financial assessment confirms that a person has means above the upper capital limit, currently set at £23,250 then:

For residential care they will be regarded as self-funding provided they have the ability to arrange care themselves or have someone to act on their behalf. However, they may ask KCC to meet their needs for a number of reasons such as because:

- (a) they find the system too difficult to navigate and/or,
- (b) they wish to take advantage of KCC's knowledge of the local market of care and support services;

Then KCC may choose to meet their needs but has no duty to do so.

For **non-residential services**, people with eligible needs and financial assets above the upper capital limit can ask us to arrange their care and support on their behalf and we have a duty to meet those eligible needs. We may charge an arrangement fee in addition to the costs of meeting their needs. For further details, please read the **Charging Policy for Home Care and Other Non-Residential Services**.

Where the individual does not have the ability or someone to act on their behalf, we will provide full support and the individual will be charged the full costs of the service provision.

All practitioners should be transparent about what KCC may, and may not, be able to provide and should adhere to agreed policies. The "Charging for Care provided in your own home and support in the community" booklet (found on the Social Care and Health page on kent.gov.uk) should always be provided.

10.4 Quality of assessments

Practitioners undertake assessments on an individual level and the information they gather and their interpretation of this information rightly relates to one individual. It is therefore the role of the manager to review the assessment and the determination of eligibility for consistency and quality using supervision.

The assessor retains responsibility to ensure that the recording of the assessment is a high-quality document which accurately reflects:

- The person's needs including fluctuating needs
- How the needs impact on the person
- How the needs impact on the person's support networks
- The person's strengths and the strengths of the support network
- The outcomes people are seeking on the day of the assessment.

Assessment Policy and Guidance

- The perceived or real risks around the person's circumstances

Please read [Appendix 4](#) which could be used as a quality checklist for both assessor and line manager.

C. Monitoring

11. Required outcomes

This policy seeks to ensure that:

- All staff working with adults in Kent County Council Adult Social Care and Health or CYPE Directorate who have a responsibility to carry out “needs assessments” under the Care Act 2014 are fully aware of their roles and responsibilities.
- This includes partners and voluntary organisations who have delegated responsibilities for assessment.
- This in turn will ensure that the people of Kent who need our services can feel confident that staff supporting them have been given the relevant information to do so.

12. Review of the policy

- A member of the policy team will review the policy within 2 years from the launch of this policy.
- They will check that all contents are still relevant, engage with key stakeholders to look at practice issues, incorporate the audit recommendations and rewrite or amend contents as appropriate.
- The amended policy will be presented to DMT for approval, if the changes warrant it.

Assessment Policy and Guidance

Appendix 1: The Legislative Framework

This policy and guidance document is based on:

- The Children Act 1989 for Children and Young People up to the age of 18.
- The Care Act 2014 (sections 9 to 13), part 1, section 9 of the Care Act 2014 spells out KCC's **statutory duty**:

(1) Where it appears to a local authority that an adult may have needs for care and support, the authority must assess:

- (a) whether the adult does have needs for care and support, and
- (b) if the adult does, what those needs are.

(4) A needs assessment must include an assessment of:

- (a) the impact of the adult's needs for care and support
- (b) the outcomes that the adult wishes to achieve in day-to-day life and
- (c) whether, and if so to what extent, the provision of care and support could contribute to the achievement of those outcomes."

- The Care and Support (Assessment) Regulations 2014
- The Care and Support (Eligibility Criteria) Regulations 2014
- The Care and Support Statutory Guidance - October 2014
- The Care Act 2014 establishes a core legal entitlement for adults with care and support needs: for the local authority to "meet needs" subject to conditions spelt out in this policy. This means we must consider how to meet each person's specific needs rather than considering what service they will fit into. In doing so, we should focus on which aspects of wellbeing matter most to the individual concerned.
- The Mental Capacity Act 2005
- The Mental Health Act 1983 (amended 2007)

Assessment Policy and Guidance

Appendix 2: Glossary of terms

Term	What we mean in the Social Care Directorate
Assessor	<p>A member of staff who is engaged with a service user to find out what the person's needs are.</p> <p>The format used to do so could be: first contact, via phone, online assessment or face to face.</p> <p>For ease of reading the assessment policy, this term is used interchangeably with "practitioner" or "staff member".</p>
Contact	<p>An enquiry or a request made (visiting, writing, phoning) in relation to the possible need for support by anyone who may or may not be previously known to the Social Care directorate and which may or may not lead to a referral being created.</p>
Contact Assessment	<p>This is the first assessment between the person and the assessor.</p> <p>This is normally undertaken by an ARMS Contact Assessment Officer, Out of Hours or hospital-based teams. Basic personal information is collected or verified, the nature of the individual's presenting concerns/difficulties established and a brief initial assessment is made of whether the person has potential wider health and social care needs.</p>
Cost Setting Guidance	<p>The CSG is a tool developed as an interim solution for calculating an indicative Personal Budget.</p>
Final Personal Budget/ Actual PB	<p>The final Personal Budget is agreed at the end of the care and support planning process and is the amount of money the local authority calculates is sufficient to meet the person's unmet eligible needs.</p>
Indicative / Estimated Personal Budget	<p>This is the sum which KCC has allocated to meet the needs identified in the assessment and recorded in the plan. It should be agreed with the person, at the start of the care and planning with the final amount confirmed through this process.</p>
Outcomes	<p>Personal outcomes are the particular aspects of a person's life that they would want to improve, change or maintain which would make a difference to their wellbeing.</p>
Reassessment	<p>A reassessment occurs when a change in need is identified.</p>
Review	<p>A positive opportunity to take stock and consider if the plan is enabling the person to meet their needs and achieve their aspirations.</p> <p>This could be through a planned review; an unplanned review or a requested review.</p>

Assessment Policy and Guidance

Appendix 3: Writing up needs

1. What is a need?

A relative concept/a complex concept. It can be thought of as: issues/problems/difficulties facing someone.

Think of needs as: a shorthand for the requirements of individuals to enable them to achieve, maintain or restore an acceptable level of social independence or quality of life as defined by the individual.

2. Need vs service response to a need

Sometimes, an adult might say, for example: "I need day care". Part of a skilled assessor's role is to help the person unpack that statement by gently exploring the reasons behind it and getting to understand what the real issues are for that person.

If we do not explore further we are in danger of:

- (a) not fully listening to the narrative the person is sharing with us
- (b) arranging a service that may not meet the needs hidden behind the statement therefore wasting the person's time and KCC money
- (c) and in the worst case scenario, we could be at risk of not meeting our safeguarding duties.

Stating: "I need day care" could be seen as **a service response to the needs** without having a full understanding of what those needs might be.

By further exploring the reasons behind that statement, you could uncover a number of issues which may all need very different responses:

- I am lonely
- I am bored
- I feel anxious at home by myself
- I like playing scrabble and would like to continue playing but no longer have someone to play with
- I could do with a bath and I know the Age UK day centre provides baths
- I'd like to keep fit
- I'd like to meet new people
- I'd like a proper cooked meal at lunchtimes
- And in the worst case scenario: "I need to get away from an abusive relationship or situation in my home..."

Assessment Policy and Guidance

3. Writing up needs:

- How a need is defined can be problematic. Write them up the way the adult wants them written but bear in mind what is said in point 2 of this appendix.
- Use plain English and avoid social work/ medical jargon. If you are tempted, for example, to use the word “mobilise”, stop and think about the action (s) you are trying to describe: sit up/ sit down/ stand/walk/kneel? Use the language the person assessed uses.
- Try to write the need as a universal need: “need to keep myself clean” rather than focusing on one option to meet the need as in: “need to have a bath”. The preference of a “bath” can be noted but if one of the easier and cheaper options is meeting the need by using the shower that is also in the bathroom then the local authority is entitled to take resources into account when exploring meeting the needs.

Example: <http://ukscblog.com/case-preview-r-elaine-mcdonald-v-kensington-chelsea-rbc/>

Key Facts:

Ms McDonald suffered from a condition which required her to access a toilet three or more times a night. Owing to her physical frailty (caused as a result of a stroke), such access had resulted in a number of falls some of which had necessitated her hospitalisation.

Needs assessment had assessed her as:

“Needs assistance to use a commode at night” resulting in the provision of “a night-time carer to assist her in accessing a toilet safely” at a cost to the council of over £700 a week.

A re-assessment of her needs re-wrote the needs as:

“needs to manage night time urination in safety” resulting in the provision of incontinence pads at a much lower cost to the council.

You may disagree with the solution which was found but this example reflects how carefully needs must be written so as to open up a number of possibilities to meet a person’s specific needs.

Assessment Policy and Guidance

Appendix 4: Practical tips for conducting assessments

- **Be aware of what you bring** to the assessment (both the good such as local, national and specialist knowledge and the not so good such as assumptions, prejudices, tiredness and stress) and the impact you and your questions may be having on the person and aim to put the person at ease throughout the process.
- **Taking notes on paper or directly on the computer?** You will not remember everything someone tells you so taking notes is important and shows that you are taking the interaction seriously BUT do explain that to the individual and always offer to read the notes you have written as you should check out you have understood what the individual is saying to you. Whether you use paper or an electronic device is entirely up to you but try to keep the conversation and eye contact going throughout the assessment.
- Try to have a real conversation with the person. **Do not use the assessment form as a tick box exercise.** You have a responsibility to know what the assessment covers and the themes you need to explore but do so by putting the person at ease and letting them share with you what is most important to them.
- **The person should be encouraged to identify their expectation of assessment at the start of the assessment process.** This will enable you to have an understanding of the circumstances and provides an opportunity to ensure that both you and the person being assessed have the same starting point.
- Assessment can be completed in the first person as it intends to capture the person's view of their needs but is **dependent on how the person would like it written.**
- The person should be encouraged to assess their own circumstances and support needs in partnership with the professional. This process is called **supported self-assessment and it is specifically linked to personalisation.**
- **You should be sensitive to the personal nature of the information being requested and ensure the person's self-esteem and personal dignity is respected.** A respect for differences and the range of human diversity will underpin the assessment incorporating a respect for personal and cultural belief systems.
- You should **recognise the role of non-verbal behaviour** (body language, facial expression and tone of voice) to help put the individual sufficiently at ease and to facilitate discussion around sensitive areas.

Assessment Policy and Guidance

Appendix 5: Quality checklist for reviewing an assessment record

For both the assessor and the line manager:

- Do I get a sense of who the assessed individual is: clear pen picture/wishes/ beliefs/ outcomes sought?
- Do I get a sense of what matters to this person as I read the assessment?
- Am I clear about the needs this person has?
- Have I checked that the needs are not written as “service responses to needs”?
- Is it an accurate recording of my time spent with the person?
- Is all the information accurate (double check your entries)?
- Is there anything in my writing that could be thought of as discriminatory?
- Is it jargon free? Have I used the person’s own words? (Do they really say: “I need social interaction”?)
- Have I checked spelling/ grammar / use of slang or colloquial expressions?
- Have I considered the person’s strengths? The strengths of their support networks?
- Have I considered whether there is a young carer?
- Have I considered whether this person has parental responsibilities? And if so, might they need support to carry on being a parent?
- Have I considered the impact of the person’s needs on family/ friends?
- Have I identified risks and hazards?
- Is my professional judgement clear? What is it based on? Is that explicit?
- Is eligibility criteria status recorded and reasoning behind the determination explicit?
- Is the document signed and dated by the assessed person and the assessor?
- Have I provided the person with information about what can be done to prevent, delay or reduce their needs?
- If I needed to be assessed, would I be happy to be written about the way I have written about this person?
- If this assessment were to be used in a court of law as part of the evidence, would it stand up to scrutiny?

Assessment Policy and Guidance

Appendix 6: Assessment for people who are deafblind

From section 6-91 to 6-97 of chapter 6: “Assessment and Eligibility” of the **Care and Support Statutory Guidance 2014**.

- **Local authorities must ensure that an expert is involved in the assessment of adults who are deafblind, including where a deafblind person is carrying out a supported self-assessment jointly with the authority.** People are regarded as deafblind “if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss” (Think Dual Sensory, Department of Health, 1995).
- During an assessment if there is the appearance of both sensory impairments, even if when taken separately each sensory impairment appears relatively mild, the assessor must consider whether the person is deafblind as defined above. If a person is deafblind, this must trigger a specialist assessment. This specialist assessment must be carried out by an assessor or team that has specific training of at least QCF or OCN level 3, or above where the person has higher or more complex needs.
- Training and expertise should in particular include; communication, one-to-one human contact, social interaction and emotional wellbeing, support with mobility, assistive technology and rehabilitation. The type and degree of specialism required should be judged on a case by case basis, according to the extent of the person’s condition and their communication needs. Local authorities should also recognise that deafblindness is a dual sensory condition which requires a knowledge and understanding of the two respective conditions in unison, which cannot be replicated by taking an individual approach to both senses.
- The combined loss of sight and hearing can have significant impact upon the individual even where they are not profoundly deaf and totally blind, as it is the impact of one impairment upon the other which causes difficulties. Deafblindness can have significant impact on the adult’s independence and their ability to achieve their desired outcomes. In particular deafblindness may have impact upon the adults:
 - Autonomy and ability to maintain choice and control;
 - Health and safety and daily routine;
 - Involvement in education, work, family and social life.
- Local authorities should recognise that adults may not define themselves as deafblind. Instead they may describe their vision and hearing loss in terms which indicate that they have significant difficulty in their day-to-day lives. The assessment must therefore

Assessment Policy and Guidance

take the initiative to establish maximum possible communication with the adult to ensure that individuals are as fully engaged as possible and have the opportunity to express their wishes and desired outcomes. This is particularly important where the person is carrying out a supported self-assessment jointly with the local authority. The person ensuring that the self-assessment is a complete and accurate reflection of needs must have specific training and expertise that will enable maximum possible communication and an accurate and complete assessment.

- Whilst the person carrying out the assessment must have the suitable training and expertise, it may not be possible for them to carry out the assessment without an interpreter, for instance where the adult uses sign language. Therefore, where necessary a qualified interpreter with training appropriate for the deafblind adult's communication should be used. It is not normally appropriate to use a family member or carer as an interpreter, though sometimes this is appropriate, for instance where the adult's communication is idiosyncratic or personal to them and would only be understood by those close to them. This should only take place where the adult agrees or- if they lack capacity- where it is in their best interest.
- The assessment should take into account both the current and future needs of the person being assessed, particularly where the adult's deafblindness is at risk of deteriorating. In such cases the adult may benefit from learning alternative forms of communication before their condition has deteriorated to a point where their current or preferred form of communication is no longer suitable.

Appendix 7: Overview of the Care Act Cycle.

