

Assessing eligibility for social care: the English Case

Tom Snell and José-Luis Fernández

PSSRU at LSE



Fair Access to Care Services

Individuals are categorised according to highest level of need:

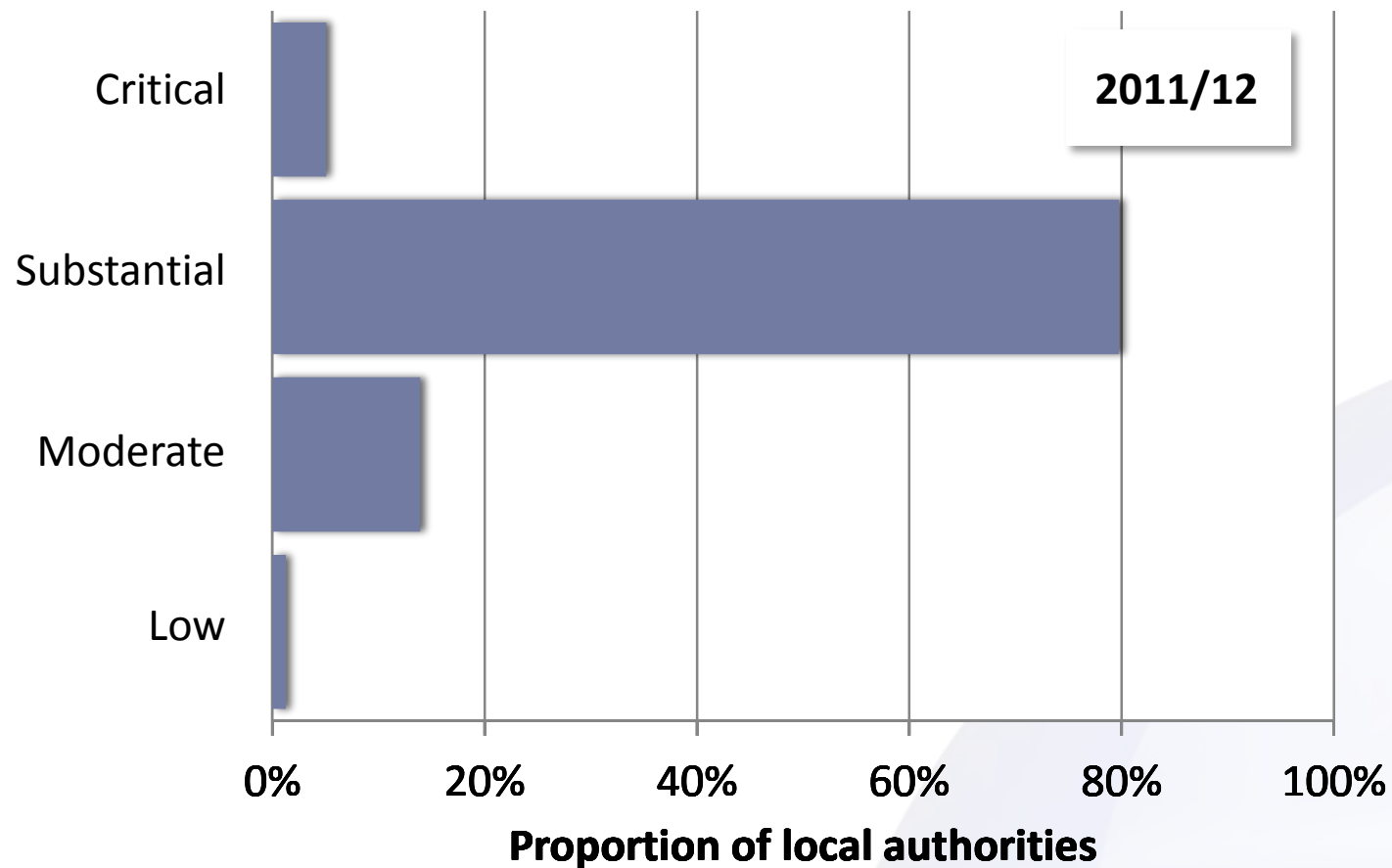
Critical	People are unable to carry out vital personal care tasks
	Life is or will be threatened
	Serious abuse or neglect has occurred or will occur
Substantial	People are unable to carry out most personal care tasks
	Abuse or neglect has occurred or will occur
	Most family or social roles cannot be undertaken
Moderate	People are unable to carry out several personal care tasks
	Several work or educational roles cannot be maintained
	Several family or social roles cannot be undertaken
Low	People are unable to carry out one or two personal care tasks
	One or two family or social roles cannot be undertaken

“Local discretion means that there may be variation in the response of different councils to individuals with similar levels of need. However, if councils base their approach to needs on achieving outcomes rather than providing specific services, then people with similar needs within the same local authority area should expect to receive a similar quality of outcome, according to their individual circumstances and the aspirations of each individual.”

[Department of Health, 2010]

FACS eligibility

Authorities decide the minimum level for eligibility:

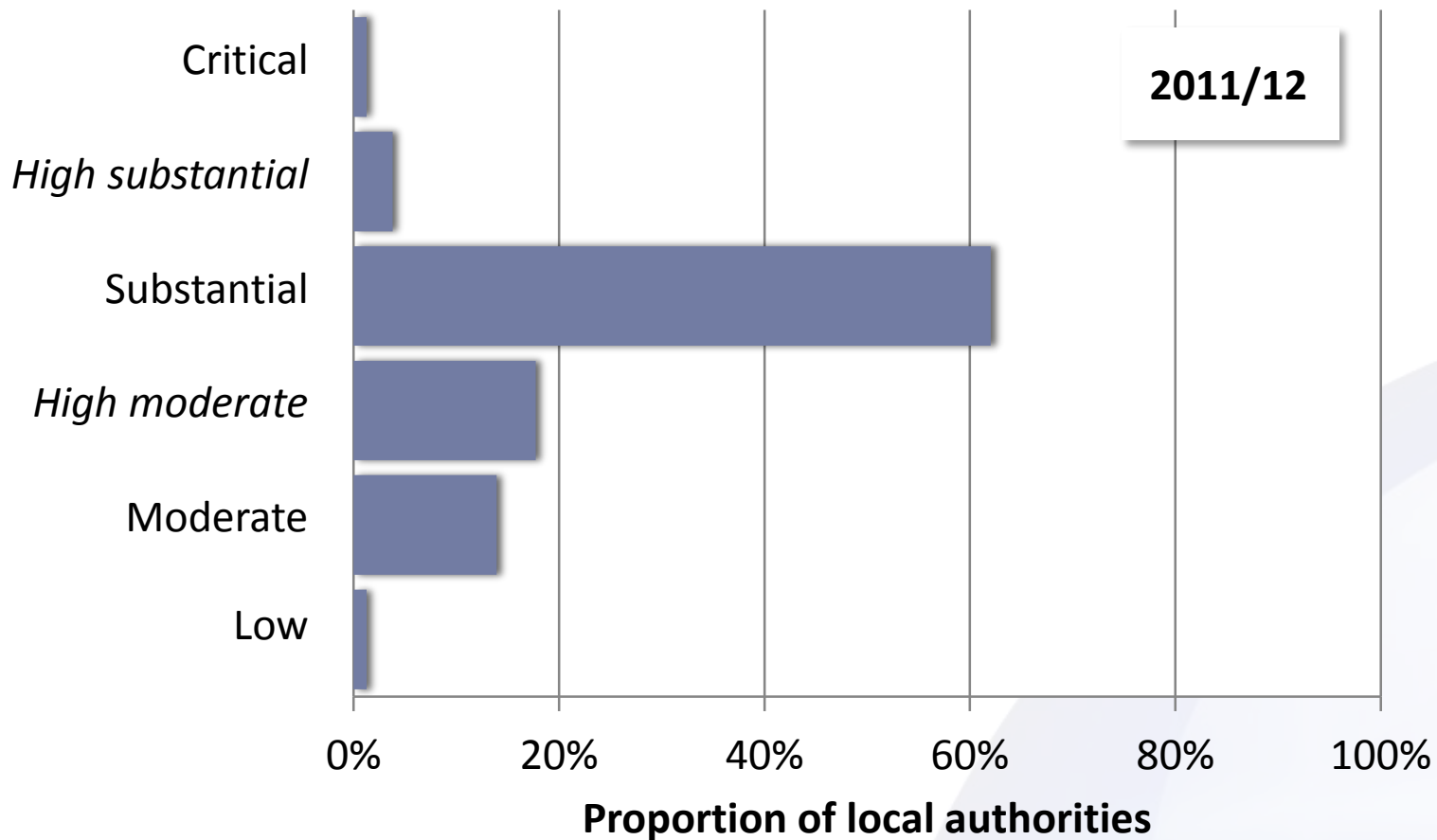


PSSRU FACS Survey

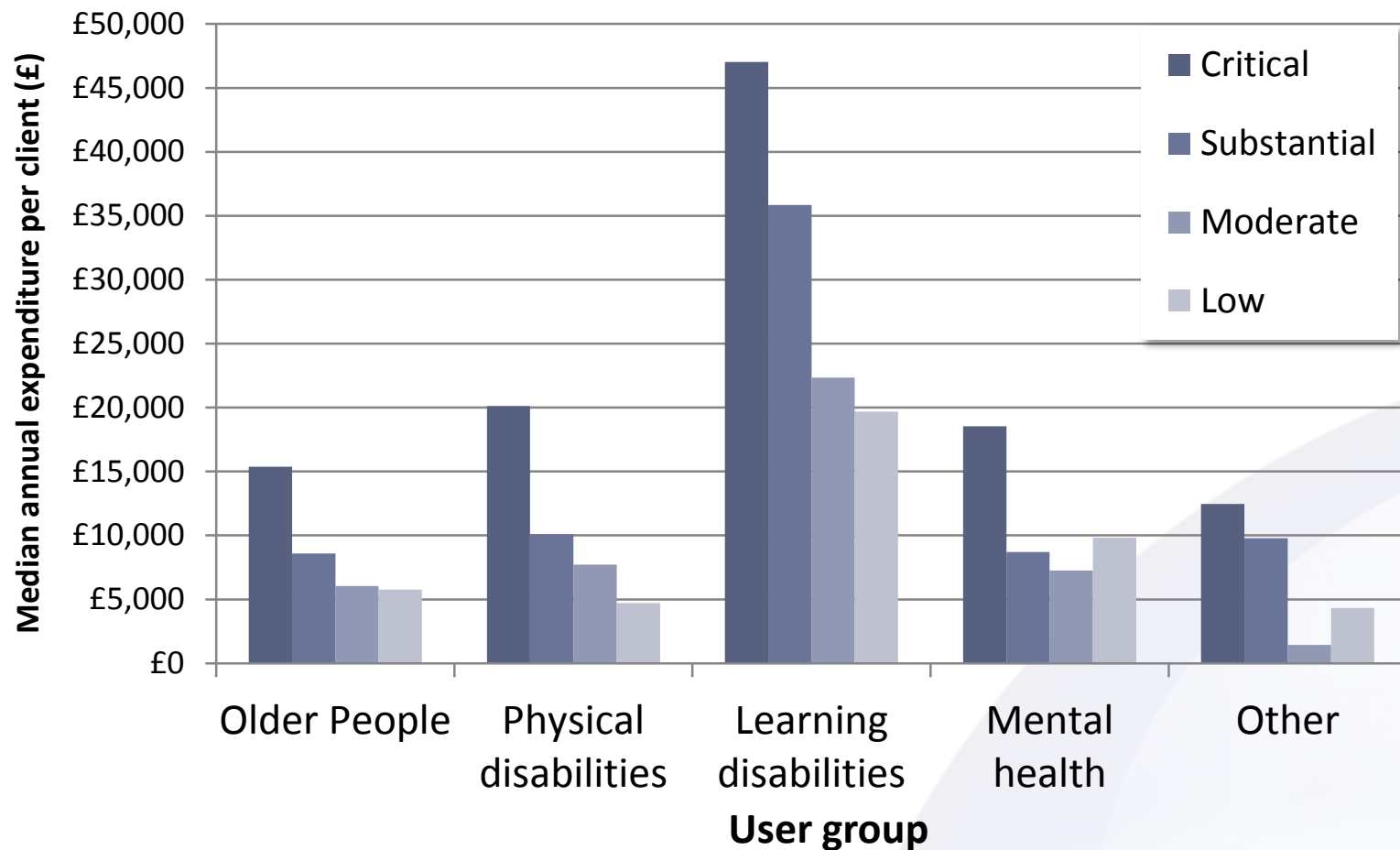
- Local authority survey (79 local authorities):
 - Eligibility thresholds
 - Allocation of resources by FACS group
 - Methods of assessing needs and allocating resources
 - Staffing
 - Attitudes towards using FACS
- Care manager survey (640 care managers):
 - Estimated assessment of vignettes
 - Attitudes towards using FACS

FACS eligibility

Local authority eligibility policies (detailed thresholds)



Median expenditure per client, by FACS group and client group



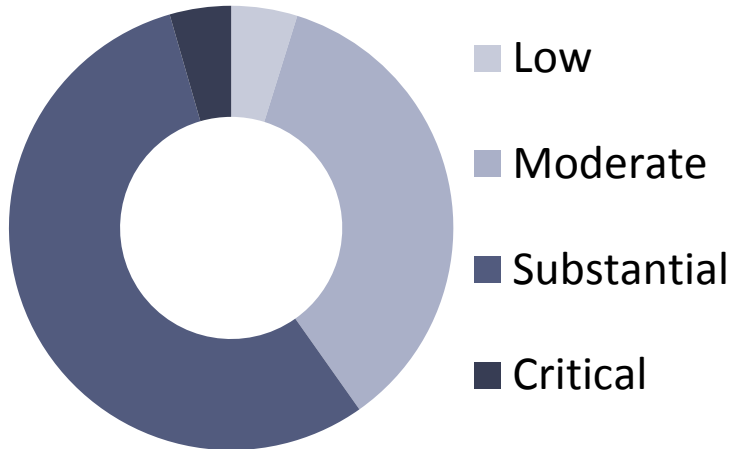
Care manager vignette # 1

“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.

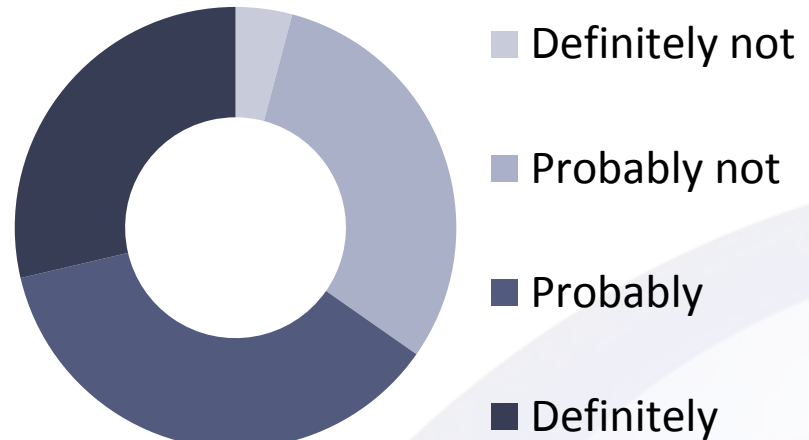
“Since Mrs A finds it difficult to walk long distances, a close neighbour has started to help with shopping and comes in every day to check on her, but otherwise she doesn't really get any visitors. She says that she often feels lonely, but has lived in her home since her 40s and doesn't want to move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

Vignette # 1 responses

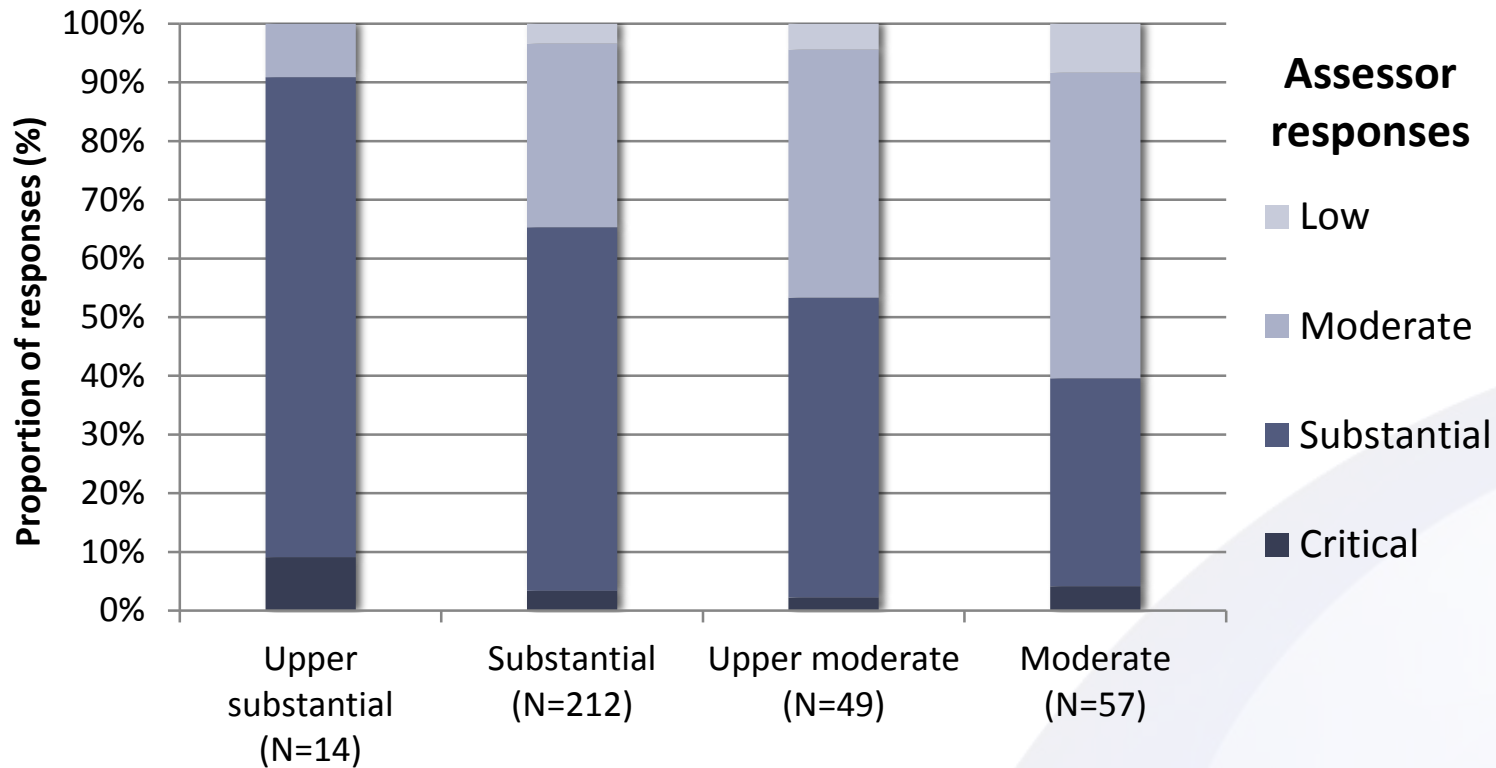
Estimated FACS group



Estimated eligibility



Vignette 1 responses by local authority eligibility policy




Local authority eligibility policy - lowest FACS group supported

Simplified determinants of FACS group assessment

	ADLs	Informal care	Dementia/ similar	Age	Male	FACS coverage
Older people (1586 responses)						
Coef	0.772	-1.746	2.263	-0.115	-0.611	-0.515
P>z	0.000	0.000	0.000	0.000	0.089	0.000
Physical disabilities (1717 responses)						
Coef	0.421	-2.500	2.203	0.029	-	-0.407
P>z	0.000	0.000	0.000	0.000	-	0.000
Learning disabilities (776 responses)						
Coef	0.453	-	0.420	-0.050	-1.595	-0.510
P>z	0.000	-	0.431	0.438	0.362	0.000
Mental health (802 responses)						
Coef	0.740	-	-	-0.074	-0.270	-0.245
P>z	0.000	-	-	0.000	0.003	0.010

Policy issues

- Can the trade-off between transparency and flexibility be reconciled?
 - Are restrictive eligibility policies counter-productive?
 - Could a national eligibility policy be effectively implemented?
- 

Further reading

- Fernandez and Snell (2012). Survey of Fair Access to Care Services (FACS) assessment criteria among local authorities in England. PSSRU discussion paper 2825.
- <http://www.pssru.ac.uk/publication-details.php?id=4196>