

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[The Care and Support \(Eligibility\) \(Wales\) Regulations 2015 / Rheoliadau](#)
[Gofal a Chymorth \(Cymhwystra\) \(Cymru\) 2015](#)

Evidence from Social Care and Wellbeing Alliance Wales – CSR 11 /
Tystiolaeth gan Cynghrair Gofal Cymdeithasol a Llesiant Cymru – CSR 11

SOCIAL CARE AND WELLBEING ALLIANCE WALES

RESPONSE TO THE ELIGIBILITY CRITERIA REGULATIONS AND CODE OF PRACTICE

We are content for this paper to be made public. For further information please contact
Meleri Thomas, Co Vice-Chair, Social Care and Wellbeing Alliance Wales



Tim Ruscoe, Co Vice-Chair, Social Care and Wellbeing Alliance Wales



1. The Social Care and Wellbeing Alliance [SCWAW] welcomes the opportunity to respond to and provide evidence to the Health and Social Care Committee on the Eligibility Criteria.
2. SCWAW is an alliance of around 30 third sector and professional organisations established to identify, and seek to address, emerging issues affecting social care and wellbeing and their impact on people in Wales.
3. SCWAW believes the Social Services and Wellbeing Act should deliver robust outcomes for the people of Wales who need access to social care and support services to live full and independent lives.
4. We support the establishment an all-Wales eligibility criteria. We hope that this will help ensure parity of provision regardless of where people live.
5. We welcome the inclusion of the ‘ability to communicate’ as a recognised eligible need for children, adults and carers in the regulations. For people who have conditions that affect their ability to communicate, such as autism, taking account of a person’s communications ability and method of communication is crucial in making sure that they get the care and support at the right time, in the right place, in the right way.
 - a. We would further welcome that mental capacity be recognised in the ability to communicate, particularly relating to the ability of those with dementia to communicate meaningfully or with real understanding.
 - b. We would still like to see assistance with taking medication and managing medical conditions added to the criteria. This would include people with little or no sight who are often unable to detect a change in their appearance or symptoms which might be the early signs of a health problem, or who will need help to administer or manage their medication.

6. We welcome the commitment to put the needs of the individual at the centre of the assessment and care planning process and the emphasis on it being proportionate. However our overall impression is that the eligibility criteria as currently written rely too much on informal support from family and friends. We are concerned that this will put pressure on families to say that they can provide care and support to avoid eligibility.
7. We would support the principal that children and adults must be 'willing and able' to provide care and support, without a presumption that they can provide it.
8. SCWAW is concerned that the 'Can and Can Only Test' is difficult to understand and has the potential to exclude people who have low-level need such as help getting dressed, getting washed or preparing food [moderate needs under the old system].
9. We are also concerned that the 'Can and Can Only Test' suggests that 'need' will be based on what services are available not on the person's needs. The test must meet the person's needs and well-being outcomes. A community service that is only relevant in part will not meet specific needs in the way a more personalised care and support plan would.
10. We do however note that the 'Can and Can Only Test' will not apply when the need derives from abuse and neglect or the risk of abuse and neglect.
11. SCWAW supports the view that you cannot look at impact of eligibility regulations in isolation, in particular in relation to the skills of the assessor and input of specialists into assessment, and the availability of preventative services in the local area, for example whether someone is found eligible will depend on the preventative or community based services available.
12. We welcome the intention to support low level needs where these can and can only be met through the preparation and delivery of a care and support plan. Meeting low level needs is in line with the Act's preventative agenda and, if these low level social care needs are met before they escalate, the cost of meeting these needs is substantially lower than meeting higher level needs.
13. SCWAW supports the right of individuals to take up a Direct Payment, if they choose to do so. We welcome the inclusion in the Code of Practice that local authorities must explore all options for supporting an individual to manage a direct payment. We would recommend that this specifically includes setting up brokerage schemes to help people manage their direct payments. We would however want specific quality guarantees in place for the care and support purchased by Direct Payments.