

LAWFUL AND ETHICAL PRACTICE IN ASSESSMENT AND SUPPORT PLANNING

Advice for social workers

Context

Social workers often express concern about managers putting financial considerations above the needs of the individual in decisions about allocation of resources to individuals.

Local authorities have a right and proper responsibility to ensure spend is within whatever budget has been made available through the democratic process. Equally, social workers have a right and proper responsibility to deliver person centred practice according to the legislation and to the profession's Code of Ethics.

The following advice serves to support social workers to practice both ethically and lawfully whilst being reconciled with their council's responsibility to spend within its budget.

What the primary legislation says

The Care Act (sections 9 and 10) requires the assessment to address *needs for well-being*. Section 1(1-3) sets out how needs for well-being should be determined.

Section one of the Act does not give authority for the assessment of needs to take resources into account. Doing so may unlawfully compromise the assessment. In particular, it risks

- limiting the range of elements that comprise well-being as set out in section 1(2)
- failure to have appropriate regard to the matters in 1(3), in particular the importance of beginning with the assumption that the individual is best-placed to judge the individual's well-being and to the individual's views, wishes, feelings and beliefs
- failure to have proper regard to the outcomes the person wishes to achieve as set out in 9(4)(b).

Thus the Care Act creates an obligation on councils to deliver an assessment of needs for well-being that is not influenced by resources.

Appendix one sets out section one of the Act. Social workers committed to ethical and lawful assessment practice must be familiar with it. It is important to understand the governing nature of the *well-being principle* in all aspects of practice.

What the Statutory Guidance to the Care Act says

The Guidance supports the primary legislation;

'The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing'

The Guidance goes on to say that *eligibility of need* – if the council deems a need ‘eligible’ the council is automatically required to ensure the need is met - is determined once the assessment is complete but before support planning.

‘The assessment will support the determination of whether needs are eligible for care and support from the local authority’

The eligibility determination, therefore, is similarly a decision that cannot take resources into account. It must be made purely on the basis of *need*.

The primary legislation and the Guidance require a *person centred approach* to the assessment. This is fully consistent with BASW’s Code of Ethics, in particular the requirement to promote *self determination, participation, build on strengths and treating the person as a whole*.

Tension for budget managers

If assessments cannot take resources into account they cannot deliver control of spending. It is the task of the budget manager to control spending by ensuring affordability of support plans.

The Guidance offers no advice to councils as to how they should control spending or match it to budget. The closest reference is paragraph 10.27

The authority may take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs, but not whether those needs are met. This does not mean choosing the cheapest option but the one which delivers the outcomes desired for the best value.

Paragraph 10.27 effectively describes *cost effectiveness*, weighing cost and outcomes. However, this is no more than good and ethical practice would require. Ways of meeting need that are not the most cost effective are by definition wasteful of scarce resources and therefore profligate. This serves one’s interests.

While cost effectiveness delivers *best value for money*, it cannot deliver *affordability*.

Controlling spend

Budget managers have two broad options in response to needs they do not believe are affordable;

1. Reduce the status of the need so there is no duty to meet it

The key judgement that determines eligibility of a need is if it will have a *significant impact on well-being*. If the social worker is required by their council as part of their assessment to advise on whether they believe needs will have *significant impact on well-being*, they must do so based on the merits of each case in a person centred way. Paragraph 6.110 of the Guidance says;

In making this judgment, local authorities should look to understand the adult's needs in the context of what is important to him or her. Needs may affect different people differently, because what is important to the individual's wellbeing may not be the same in all cases. Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another.

However, all needs highlighted through the assessment will have been so because its impact is significant to the person. Therefore, from a person centred perspective, it is difficult to see why any need will not be deemed to have a significant impact on well-being.

Hammersmith and Fulham Council decided that the need for a person with visual impairment that being unable to dress in the morning in clothes that were matched and clean so she looked presentable for the day would not have a significant impact on her well-being. Support to meet this need was therefore denied. While it is easy to see how a budget manager would take this view in the context of scarcity of resources, it is difficult to see how a social worker could, from a person centred perspective as required by the legislation, and having regard to our Code of Ethics, describe this need as having an impact that was insignificant.

Needs do, of course, vary greatly in their impact on well-being. However, the fairness and transparency aspired to by policy and required by our Code of Ethics requires the point at which the impact is deemed 'significant' - thus triggering the need to be automatically met - to be articulated so that it can be applied consistently. The Guidance fails to do this. Paragraph 6.112 identifies two similar cases. One is deemed eligible and the other not. It is easy to agree that the needs in the case deemed eligible have a *greater* impact on well-being than the other. However, the Guidance does not set out any rationale as to why the impact became *significant* at a point somewhere between the two cases or at what point between them.

2. Change the need

There are five key devices that budget managers may use that amount to changing the assessed need;

- i. changing the need to one less costly to meet
 - ii. relegating 'need' to 'want'
 - iii. defining need to fit service availability
 - iv. offering less resource than has been identified to meet the need
 - v. Applying a sum of money generated by a Resource Allocation System
- i. Changing the need to one less costly is often carried out under the cover of cost effectiveness. However, the changed definition of the need may deny the continued existence of aspects of the real need as the case below illustrates.

Elaine McDonald was in her sixties and had been a ballerina. A stroke left her with impairments which meant she needed to attend the toilet frequently at night but needed assistance to transfer from her bed. Her need was originally defined accordingly and the resource required was a night time carer. Her council then decided this was too costly and said her need could be met with provision of incontinence pads. Whilst presented as a more cost effective option to meet her need, the council had in effect changed her need from 'be able to get to the toilet throughout the night' to 'be safe at night'. The service user was clear this greatly diminished her need for dignity thus greatly diminishing her well-being. This fails the test in section 10.27 of the Guidance as the cheaper solution compromised the assessed need which included an outcome of dignity.

- i. Relegating 'need' to 'want' is made possible through the eligibility process encouraging 'need' and 'want' to be seen to be on a continuum. 'Need' is a public responsibility while 'want' is merely a personal 'wish' with no public responsibility. However, in a person centred context *want* is the subjective experience of *need*. They exist *in parallel*, not as a continuum. People *want* to survive just as they *want* to go to a concert. The relative importance of the need is irrelevant.

People who want to remain at home but whose support needs would be unaffordable for the council are offered residential care on the premise that this will meet all their 'needs', thus discharging the council's responsibility. This means that issues such as preserving identity and maintaining independence that remaining at home would require are not considered 'need' and relegated to mere wishes. There is, however, no justification for this demeaning of what should be considered 'need' in either the legislation, our Code of Ethics or any social work or psychology theory.

- ii. Articulation of 'need' in relation to whatever services are known to be available is particularly problematic as the market has developed over the past twenty years in response to the standardised 'needs' that the eligibility process has generated. While this is not the direct responsibility of the budget manager it poses the same challenges to the social worker's ethics and responsibilities under the law to deliver person centred assessments.

A 40 year old man with bipolar illness has a revolving door syndrome with regular episodes of hospitalisation. Following the most recent he had no home to return to. The council placed him in a hostel with the aim of re-learning daily living skills. This is an established and frequently used service. There is, however, evidence that his chaotic life style is caused not just by his illness but by dysfunctional family relationships. Addressing those relationships successfully would have greatly improved his long term prospects and would have better met his needs for wellbeing in the short and long term. However, it would have required a uniquely designed resource that would quite possibly be more costly in the short term than the hostel placement.

- iv. The budget holder might simply offer less resource than the assessment has identified as the minimum assessed as required to meet the need. While the assessment might have identified an hour as required to carry out a task the budget manager may unilaterally decide to offer half an hour.
- v. Finally, the budget manager may decide that the 'personal budget' is the one generated by a Resource Allocation System as an 'up front' allocation or some arithmetically determined variation of it. However, this is unlawful. The Care Act defines a 'personal budget' as the financial value of the services the council has decided to offer to meet the needs it has decided it will meet (section 26). This can only be known on an individual basis and can only be known *following* the assessment and support planning process. Any 'up-front' calculation is neither here nor there whether or not the service user has been told what their up front allocation is.

An ethical and lawful practice response by social workers

An ethical and lawful assessment cannot be compromised by the resource allocation process and in particular by resource shortfall. Therefore delivery of an ethical and lawful assessment process requires a separation of the practice and resource allocation processes. The actual offer may as a result be less than or different from the resource requirements identified through the practice process. The social worker must take ownership of the assessment, including the resources required to meet assessed needs, put before the budget manager. The budget manager must take ownership of the resource allocation decisions and actual offer to the person.

The following six elements will deliver this separation.

1. The social worker must be confident that the assessment and support plan;
 - has accurately identified all the person's needs and set outcomes in order to achieve the level of well-being right for them
 - has identified all the needs it is appropriate and reasonable for the person, informal carers, wider community, universal and other services to meet, and
 - has identified the most proportionate way of meeting all remaining needs.

More often than not, the person's own assessment of their needs and support requirements, once the social worker has helped them to articulate them, meet these criteria. This satisfies section 1(3)(a) of the Care Act which requires the assessment to start with the person's own view of their needs for wellbeing. If this initial *self assessment* does not meet the above criteria the social worker should support them to develop their thinking so that it does. Only if the person is not able or willing to do so, either themselves or through an advocate, should the social worker take responsibility to directly create the assessment.

This approach to *assessing for well-being* contrasts with the prevailing approach of *assessing for eligibility*. Appendix two sets out how *assessing for eligibility* leads to practices that contravene our Code of Ethics. Social workers should not shape their assessment merely to satisfy what the budget manager will accept.

However, they must listen carefully to any challenges from the budget manager, or other managers, and, if they believe their input will improve their assessment against the above criteria, be open to change it. However, the social worker cannot change their assessment through use

of managerial authority or any other form of pressure against their professional judgement.

2. The social worker must be respectful of the budget manager's legitimate responsibility to ensure spending is within budget. The budget manager may decide to fund only part of the proposed care and support plan. The social worker must be mindful that the Care Act makes the *council* responsible for the assessment and all subsequent decisions. The budget manager is likely to have greater authority. Whilst retaining the responsibility to provide the face of the council to the service user, they must present any differences of view to the service user and others respectfully whilst retaining the integrity of their own practice.
3. Social workers must resist pressure to accept ownership of how the budget manager defines the service user's needs, or the status of the needs, if they are different from their own assessment. Councils may want the social worker to own the offer with judicial challenges in mind. Councils need to convey to courts that resource allocation decisions are based on need. When the social worker lays claim to the council's offer, it is likely to prove persuasive in court. Appendix 3 sets out a recent case that illustrates this.
4. If the budget holder decides an assessed need will not have a *significant impact on well-being*, the need ceases to be one the council is obliged to meet as a legal duty. However, it continues to have the status of an assessed need. The budget holder becomes obliged to consider whether or not to meet the need under section 19, under which councils have a *power* to meet assessed needs. Whereas resources cannot be a consideration under section 18, they can under section 19 (section 20 in relation to carers needs). The budget holder is able to say lawfully that the council cannot afford to meet the need.

If the budget holder decides not to meet a need under section 19 it will remain unmet. Section 24(2) of the Act obliges the council to inform the service user in writing how the need has been responded to. It must include any advice as to how best the service user might manage given the shortfall. It is part of the social work role to work through such contingencies with the service user. However, it may be the case that the service user and/or carers will be left with stress and a lower level of well-being than is appropriate.

5. If the council's offer is different for any reason from the social worker's recommendation, the case record should make the situation clear. It is for the budget manager to articulate - and own - the reasons for the actual offer. Service users who may wish to challenge the offer will therefore have relevant information to know where to target their representations. This might be through the judicial process if they believe the council has not acted lawfully. However, if the issue is lack of funding, it should be to political representatives, whether local or national. Social workers should be familiar with any local organisations that would be able to advocate for the service user to whom they can refer service users and carers.
6. The documentation should make the issue of ownership clear. Typically, the documentation distinguishes between the assessment and the support plan. The social worker should sign the assessment to convey ownership, ensuring it clearly states all needs to promote wellbeing to the level right for the person and the resources required to meet all needs. However, although the social worker might be required to complete the detail of the support plan to be offered, including the rationale of the budget manager for any offer less than the assessment has identified, the social worker should not sign it to convey ownership of the decisions.

Managing tensions with management

Assessments for well-being created through ethical practice as set out above will expose management to *legal* and *political* risks;

- The *legal* risk is the exposure of decisions about what constitutes 'need' and the legal status of 'need' as being driven by finance in an unlawful manner
- The *political* risk is exposure of the true cost of enabling well-being to political leaders whose preference is not to know

Enlightened councils who put the well-being of service users and the strength of the service at the top of their priorities will accept the risks and find ways to manage them. Advice to councils in how they can do so, and also how they can address the challenge of delivering affordability in ways other than through eligibility policies is available. Appendix four outlines the key actions councils will need to address.

However, some councils may expect their managers to apply pressure on social workers to continue the practice of *assessing for eligibility* in order to shape the assessment to deliver affordability, and thus to accept ownership of resource led

decisions about 'needs' and their status. Social workers placed in this position must grapple with their consciences. If they believe it is the correct course of action ethically and legally to resist such pressure, they may feel conscience bound to do so.

Social workers who are members of BASW or the SWU should be able to look to the Advice and Representation Service for support in individual cases.

APPENDIX ONE

SECTION 1 OF THE CARE ACT

Promoting individual well-being

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

(2) "Well-being", in relation to an individual, means that individual's well-being so far as relating to any of the following—

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

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

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

APPENDIX TWO

ASSESSING FOR ELIGIBILITY AND THE CODE OF ETHICS

The following sets out how the practice of *assessing for eligibility* that *eligibility policies* require contravenes key elements of BASW's Code of Ethics.

Respecting the right to self determination - Social workers should respect, promote and support people's dignity and right to make their own choices and decisions

For people who require social care, self-determination has to mean that support is built from the person's own view of their strengths, their needs and the support they require as they experience them and perceive them.

The complex interplay of a large range of highly variable factors makes each person unique. Eligibility policies control spending by creating a flow of demand in the form of standardised needs. Such standardisation is anathema to the uniqueness of individual need. Assessing for eligibility does not, therefore, start with the person's own view. It starts with the council's view of need. At best, the person is consulted over whether they might have any needs that will be deemed 'eligible'.

A further issue is that eligibility policies distinguish 'needs' from 'wants'. Eligibility policies require all 'needs' to be met (either informally or with public money). Any 'need' that cannot be afforded must therefore be deemed as a 'want' for which the council has no responsibility. This demeans the person's own view of their needs. For example, people who want to remain at home but the cost is too great for the council are offered residential care. They will be told this will meet all their 'needs'. This means that the sense of identity and independence being in their own home offers are merely 'wants'. The reality that not all a person's needs can be met should not compromise the integrity of what is a 'need' or the person's own view of their needs.

Promoting the right to participation - Social workers should promote the full involvement and participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives.

The most powerful basis for the service user's participation is when the service user is seen as the authentic expert in their own life and needs. This is the case when the currency of the assessment is the *lived experience* of need. However, when assessing for eligibility the practitioner is the expert, not the service user, who is reduced to being a consultee.

Treating each person as a whole - Social workers should be concerned with the whole person, within the family, community, societal and natural environments, and should seek to recognise all aspects of a person's life.

Eligibility working atomises the person as the practitioner searches for evidence that they have needs that will be considered 'eligible'.

Identifying and developing strengths - Social workers should focus on the strengths of all individuals, groups and communities and thus promote their empowerment

The 'all or nothing' nature of eligibility policies requires practitioners to exaggerate deficits and deny strengths in their efforts to maximise the support to the service user. Such practice is sometimes described as the exercise of *professional discretion*. However, while it might maximise support, it risks doing so at the expense of building from strengths and therefore of promoting dependency.

Distributing resources - Social workers should ensure that resources at their disposal are distributed fairly according to need

The evidence is clear that eligibility policies do not distribute resources fairly. In 2016/17, the 10% top spending councils averaged over £20K per service user while the lowest 10% £11K (allowing for regional differences in costs). This is because eligibility policies work by defining 'need' according to resource. This circular approach to need ensures budgets determine how need is seen. It can only be delivered locally creating, in effect, as many eligibility policies as there are budget holders around the country. In this way, spend always follows budget. In the years 2010 to 2016, budgets fluctuated hugely as the impact of cuts to Government grant impacted on councils very differently depending on how much councils relied on Government grant and how much on local taxation. The 10% worst hit councils reduced spending by an average of 30%. Yet in 2016, ADASS reported that over-spending nationally was less than 2%. This shows how quickly councils can reduce their view of when needs are to be deemed eligible and without leaving any trace of unmet need in the wake.

It also demonstrates that the belief that it is the social worker that determines eligibility and therefore resource allocation is illusory.

APPENDIX THREE

CASE STUDY DEMONSTRATING USE OF SOCIAL WORKER TO CONFIRM COUNCIL DECISIONS ARE NEEDS, NOT RESOURCE, BASED

Luke Davey was a disabled man in his forties who lived for some twenty years in his own accommodation with 24 hour support. The total cost was £1651 a week, £920 of which was paid for the council, Oxfordshire, and £730 by the Independent Living Fund. In 2015, the ILF came to an end. This required the council to decide what they would do.

In January 2015 the social worker reiterated the view that Mr Davey needed 24 hour support. The assessment noted that whether this was agreed would be a matter for the funding panel. Following the funding panel, the social worker changed the assessment. She now said that periods of time alone would be right as it would enable him to build independence. The amount of time alone each day should be 6 hours. This would mean the cost to the council would be £950 a week. In effect, the reduced support was virtually the equivalent of the ILF funding about to be lost.

There were no changes in the service user's situation to account for such a major change in the social worker's view of his needs. The only event to have occurred was the funding panel.

The service user duly challenged the decision through the Courts on the basis that a decision had been made on financial grounds, not based on his needs.

The Court found in favour of Oxfordshire. Key to their success was the Court's view that the assessment was the social worker's own. The judgement noted that the assessment was a matter for the social worker's '*professional judgment*', and that it was '*a professional judgment of an experienced social worker*'. The judgement did not concern itself with why not just the present social worker, but all previous social workers over the previous twenty years, had not believed that spending time alone was the right thing to do.

The chair of the funding panel remained anonymous and was not called to account for their contribution to the decision.

The link below is to the judgement itself;

<http://www.bailii.org/ew/cases/EWHC/Admin/2017/354.html>

APPENDIX FOUR

OUTLINE OF STRATEGIC ORGANISATIONAL IMPLICATIONS OF SEPARATING PRACTICE AND RESOURCE ALLOCATION

Enlightened councils will accept that ethical and lawful assessments will be person centred and no longer resource led. Social workers will no longer be the gate keepers. This creates the challenge of finding new ways to control spending whilst also delivering authentic equity and value for money.

The council will need to address the following changes;

1. Create a corporate, robust definition of when needs are a *duty* to meet and when a *power*.
2. Ensure budget holders have the information to make case by case spending decisions.
3. Delegate budgets appropriately
4. Adapt format of the assessment
5. Develop strategic information reports to capture needs met and needs not met
6. Develop the strategic commissioning process
7. Adapt terminology

Create a corporate, robust definition of when needs are a *duty* to meet and when a *power*. The decision to declare a need a duty to meet is a financial commitment made without knowing what the financial commitment will be. It is therefore essential to ensure the spending on needs that are a duty will be comfortably within the council's available resource. *Ideally the Regulations should be changed so there is a national threshold that is robust to ensure consistent and fair application, and set at a low level to create a minimum guarantee, such as needs that will risk physical survival or safety.* Ahead of that, the same effect can be achieved by the council adopting a corporate standard for when a need is deemed to have a *significant impact on well-being*. Councils must be aware, however, that it would be unlawful to adopt such a corporate standard whilst also retaining a policy of only meeting needs that are a duty to meet. They must also be aware that there is no legal precedent to support it. The council's legal advisors would have to be willing to make the case in court if challenged.

Ensure budget holders have the information to make case by case spending decisions. Controlling spending by *affordability of need* rather than *eligibility of need* requires the budget holder to have information about the state of the budget to enable precise decision making about new spends on section 19 needs (section 20 for carers). New spend will be made possible through turnover. Budget holders therefore will need information about 'ins' and 'outs' on a continuous basis.

Delegate budgets appropriately Controlling spending through decisions about affordability of need will increase both the volume of decisions and the skilfulness of decision making. Beyond meeting section 18 needs to deliver the *minimum guarantee* (which requires no decision making) the budget holder will need to be able to weigh *outcomes* and *costs* in relation to section 19 needs order to deliver best value for money. The most appropriate level may well be team manager. This will also foster team ownership of the budget and peer group pressure to ensure best use of resources.

Adapt format of the assessment. Structured assessment formats based on closed questions have no place in person centred assessments. At other end of the spectrum, formats that have no structure will not capture the information required for essential decision making. A format that supports a semi structured approach to the assessment is required that will set out the person's view of their needs and outcomes sought in addressing them, the impact each will have on their well-being if not met and the resource requirements (from all sources) required to deliver the outcomes, along with

the social worker's own view of each of these elements if different. Formats will be required for both service users and carers.

Develop information reports to capture needs met and needs not met. The level of equity between teams/user groups is a function of the way resources are allocated between teams/user groups (notwithstanding the pretence of equity created by all describing their resource allocation decisions using whatever is the prevailing national terminology). Therefore, the desired level of equity will be achieved through the appropriate allocation of resources between teams/user groups. This requires strategic reports about levels of needs met and not met between teams/user groups leading to reports upon which strategic decisions can be made. This information will also be key to informing local political leaders of the funding levels required to deliver well-being for all within the community they serve. This information should also be used to inform the council budget setting process.

Develop the strategic commissioning process. Resource led assessments simply locate people within available resources. Person centred assessments will continually challenge existing provision. Strategic commissioners must be able to use information from the assessment process to work with providers to ensure the dynamic development of the market.

Adapt terminology The Care Act has created the legal context to make person centred practice a reality. However, it suffers from two terminological problems inherited from the prevailing system.

The first is the use of the word 'eligible' to describe needs that are a legal duty to meet (section 18). This reflects the long standing policy whereby the only needs met are those that the council deems to be a duty to meet. It leaves all other needs – section 19 needs - labelled as either 'non-eligible' and 'ineligible' which trivialises them. However, these needs are the ones that determine quality of life and well-being. The use of the words 'eligible' and 'non-eligible' should not be used to distinguish section 18 and 19 needs (section 20 for carers needs).

Section 26 of the Act describes a personal budget as the financial value of the services the council has decided to offer. It is calculated as the last step in the assessment and resource allocation process. It is not therefore a 'budget' which would require the decision to be made at the outset. Describing it as a 'budget' is therefore misleading. A more appropriate phrase would be '*personal fund*'.

APPENDIX FIVE

SUPPORTING EVIDENCE

Social workers who act on this guidance will need to be clear and confident in their thinking. The following sets out publications with relevant evidence and analysis that may prove helpful.

THE DYSFUNCTIONAL EFFECTS OF USING ELIGIBILITY TO CONTROL SPENDING

The eligibility question – the real source of depersonalisation (2016)

<https://www.tandfonline.com/doi/full/10.1080/09687599.2016.1215122>

A need is only a need if there is resource to meet it_ – *article in Professional Social Work* (2017)

(http://cdn.basw.co.uk/upload/basw_51900-10.pdf)

Care Act funding decision exposes the nonsense of eligibility criteria (2017) *article in*

Community Care <http://www.communitycare.co.uk/2017/06/16/care-act-funding-decision-exposes-nonsense-eligibility-criteria/>

The scale of inequity and how it compounds inequalities *article in Community Care*

<http://www.communitycare.co.uk/2018/05/04/social-care-spending-worsens-inequalities-areas/>

THE FAILURE OF PERSONAL BUDGETS TO HAVE A TRANSFORMATIVE IMPACT

Further lessons from the continuing failure of personal budgets to deliver personalisation

(2015)

<http://ssrg.org.uk/wp-content/uploads/2012/01/Slasberg-et-al3.pdf>

Putting the cart before the horse – (2013) *Paper from a legal perspective exposing the irrationality of resource allocation systems*

<https://www.tandfonline.com/doi/abs/10.1080/09649069.2013.800288>

Ten years on – what can we make of personal budgets – *Department of Health’s Social Care blog*

August 2017 (<https://socialcare.blog.gov.uk/2017/08/09/ten-years-on-what-can-we-make-of-personal-budgets/>)

The false narrative about personal budgets in the UK - smoke and mirrors? (2016)

<https://www.tandfonline.com/doi/full/10.1080/09687599.2016.1235309>

The failure of personal health budgets – *Blog entry Centre of Labour and Social Studies*

<http://classonline.org.uk/blog/item/nhs-personal-budgets-a-failing-strategy-driven-by-neo-liberal-ideology>

Personal health budgets – have the wrong lessons been learned?

<http://journals.sagepub.com/doi/abs/10.1177/1355819614527577>

GUIDANCE AND REGULATIONS RE: CARE ACT

Government guidance to the Care Act - undermining ambitions for change (2015)

<https://www.tandfonline.com/doi/full/10.1080/09687599.2014.954785>

A watershed moment for the Care Act? (2017)-_article in Community Care re: High Court judgement re: Merton Council <http://www.communitycare.co.uk/2017/07/12/watershed-moment-care-act/>

How we can move away from care needs being defined by resource (2017) Article in Community Care re: High Court judgement in relation to Oxfordshire case

<http://www.communitycare.co.uk/2017/03/10/can-move-away-care-needs-defined-resource/>

USING THE CARE ACT TO CREATE AN ALTERNATIVE FUTURE

Learning the lessons from the original strengths of direct payments (2105)

<https://www.tandfonline.com/doi/full/10.1080/09687599.2015.1007672>

The need to bring an end to the era of eligibility policies for a person centred, financially sustainable future (2017)

<https://www.tandfonline.com/doi/full/10.1080/09687599.2017.1332560>

A blue print for a person centred system of assessment and support planning (2017)

<http://ssrg.org.uk/members/files/2016/10/2.-Slasberg>

Political leadership required to make Independent Living the vision for social care

<http://www.communitycare.co.uk/2018/07/06/need-political-leadership-deliver-authentic-vision-social-care/>