BRIEF DESCRIPTION OF POLICY:
This policy covers the support planning phase of assessment and personalisation process within care management. The document will aid health and social care practitioners working in adult social care and all those involved in assessment, support planning and reviewing of adults or carers receiving support. Effective care and support planning should be person-centred and person-led and focus on the wellbeing of the individual or carer. Carer in this policy is that as described in Luton’s Carers Policy.

The policies and procedure database holds the most recent and approved version of this policy or guidance. Staff must ensure they are using the most recent guidance.

RELATED REFERENCE DOCUMENTATION:

<table>
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<th>REFERENCE</th>
<th>TITLE</th>
<th>DATE ISSUED</th>
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<tr>
<td>DIRECT PAYMENTS POLICY INC SUITABLE PERSON POLICY &amp; EXCEPTIONAL CIRCUMSTANCES</td>
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### Document Tracking

<table>
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<tr>
<th>Prepared By</th>
<th>Michelle Bailey, Individual Budgets Development &amp; Support Manager</th>
<th>10/2/15</th>
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<tr>
<td>Approved by</td>
<td>Adult Social Care, DMT</td>
<td>6/5/15</td>
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### Change Record

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Summary of changes made to last approved version:

- Updated or full review
- Date
- Author
- Change details
Equality and Diversity

The **Equality Act 2010** seeks equal opportunities in the workplace and in wider society; and prohibits discrimination on the grounds of any of the following protected characteristics in relation to goods, services and employee protection;

- Age
- Disability
- Gender Reassignment
- Race
- Pregnancy/maternity
- Marriage/civil partnership
- Religion and Belief
- Sexual orientation
- Gender

The Equality Act aims, and in particular its General Duties, applies across the council and to any organisation delivering services on a contractual, commissioned or voluntary basis on behalf of the Council. Although our legal duties relate to equality, our approach in Luton extends to the promotion of community cohesion and social inclusion. Our commitment to social justice goes beyond anti-discrimination to include fairness of treatment, dignity and respect.

Feedback:
Our customers expect first class service and we aim to provide it. We therefore welcome feedback about our policies and procedures. If you have any comments about this document please e-mail: [RPRComplaints@luton.gov.uk](mailto:RPRComplaints@luton.gov.uk) or author or other as agreed
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Appendix 1: Assessment and Support Planning Process

Appendix 2: Wellbeing principle
1 Introduction

1.1 National and Local Policy context

1.2 This policy sets out Luton Borough Councils approach to care and support planning for both adults with care and carers. It reflects on the wellbeing principle of the Care Act 2014 with a focus on minimal systems and processes to achieve better outcomes for people.

1.3 The Care Act sets out a clear legal framework to ensure that everyone who needs support and has been assessed as eligible is assured of a timely, responsive and fair assessment, planning and support.

1.4 This policy should be considered alongside the Equality Act 2010, the Mental Capacity Act 2005, the Mental Health Act 1983/2007 and the Children and Families Act 2014.

1.5 The Council has a statutory duty to assess any adult or carer who appears to have any level of care and support services and to assess their eligibility and determine whether any of those needs are eligible for support from the local authority and ensure that any eligible unmet needs are met, Care Act 2014, sections 9 & 10.

1.6 Following on from assessment and determination of eligibility; a care and support plan or support plan for carers must be provided where the Council is required to meet needs under section 18 or 20 of the Care Act or decides to meet needs under section 19 or 20 of the Act. The Council may also be required to meet needs under section 117 of the Mental Health Act (1983).

1.7 Not all the person’s needs, identified through an assessment, will be eligible for publicly funded support. The Council must also provide the person or carer with information and advice about how to delay or prevent needs that are not eligible. In this case a letter will be provided to explain the information and advice and where they may receive support and what outcome it will help with.

1.8 The legislative context for support planning is set out in the Care Act 2014, sections 24 &25. The Care and Support Statutory Guidance 2014 (Chapters 10 and 13) set out how local authorities should go about performing their care and support responsibilities and review of care and support plans.
1.9 Care and support planning should put people in control of their care and enhance their wellbeing\(^1\) and improve connections with family, friends and community.

1.1. Support planning is the process of working with the individual or carer to establish how their eligible unmet needs will be met. The Council will provide an indicative budget to meet the identified needs and the support plan will set out how the budget will be used to meet these needs and improve outcomes for the individual.

1.2. Guiding Principles

1.3. The guiding principle in the development of the support plan is that the process should be person-centred and person-led, in order to meet the needs and outcomes of the person intended in ways that work best for them as an individual or family. Both the process and the outcome should be built holistically around people’s wishes and feelings, their needs, values and aspirations.

1.4. It embeds the principles and practices of the personalisation agenda in health, social and housing services and national framework, Putting People First (2008)

1.5. The purpose of support planning is to include all individual needs to be met; both eligible and non-eligible such as friends, family, carers, information and advice, prevention and voluntary sector.

2. Definitions

<table>
<thead>
<tr>
<th>Care and support plan</th>
<th>Document prepared by the Council which specifies the needs of an individual, which meets the eligibility criteria, what needs the Council will meet and how, the personal budget and advice and information about reducing and preventing needs (Care Act section 25 (1))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support plan</td>
<td>Document prepared by the Council which specifies the needs of the carer. National guidance distinguishes between a Care and support plan for adults with needs for care and support and a support plan for carers. This policy uses the term support plan</td>
</tr>
</tbody>
</table>

\(^1\) Section 1 of the Care Act 2014 sets out the Wellbeing Principle which is embedded throughout the Act. Appendix 2 provides an overview of the general duties, principles and definitions
which refers to both adults and carers.

<table>
<thead>
<tr>
<th>Care and support planning</th>
<th>Part of the process for putting people in control of their care with the support that they need to enhance their wellbeing and improve their connections to family, friends and community (Care Act Guidance 10.1)</th>
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<tbody>
<tr>
<td>Wellbeing</td>
<td>Relates to:</td>
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<tr>
<td></td>
<td>- Personal dignity</td>
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<td>- Physical and mental health and emotional wellbeing</td>
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<td>- Control by the individual over day-to-day life</td>
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<td>- Domestic, family and personal relationships</td>
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<td>- Suitability of living accommodation</td>
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<tr>
<td></td>
<td>- The individual’s contribution to society (Care Act section 1 (2))</td>
</tr>
<tr>
<td>Risk Enablement</td>
<td>Risk is an inevitable consequence of people making choices and taking decisions about their lives. The main concern is to ensure that the individual understands the consequences of their decision.</td>
</tr>
<tr>
<td>Validation</td>
<td>The process for ensuring that the support plan is fit for purpose and confirming the amount of the personal budget required to meet the person’s identified needs.</td>
</tr>
<tr>
<td>Review</td>
<td>Ensures people with care and support plan have the opportunity to reflect on what’s working, what’s not working and what needs to change; and that plans are kept up to date and relevant to the persons needs and aspirations. The plan must be kept under review. (Guidance 13.1)</td>
</tr>
</tbody>
</table>
3. Meeting needs

3.1. The Care Act refers to the concept of meeting needs as opposed to providing services. This should lead to a broader range of support options.

3.2. The Council must consider what might help an individual meet the outcomes they want to achieve, other than the provision of care and support.

3.3. Formal interventions or services should only be considered once all available support networks and resources in the community have been explored.

3.4. Some of the options for meeting people’s needs include:
   - Care and support from a voluntary or private provider
   - Informal support from community groups or voluntary services
   - Universal services
   - Support from family and friends
   - Assistive technology, equipment or adaptations
   - Direct payments – allowing the person to purchase their own care and support
   - Support provided directly by the Council

3.5. The Council’s duty is to ensure that a person’s eligible needs are met but this does not mean the Council need to meet those needs themselves.

**Needs met by the carer**

➢ The Council is not required to meet needs that are being met by a carer, so long as the carer is willing to do so.
➢ During the assessment the worker should identify those needs which are being met by the carer and determine whether those needs would be eligible.
➢ As long as the carer continues to meet those needs the Council is not required to meet them.
➢ Carers should be supported to continue in paid employment or education should they wish to do so.
➢ Both the care and support plan and carers support plan should record the needs the carer is meeting.
➢ A contingency plan should be put in place in case the carer is unable to fulfil their caring responsibilities

**Needs met by other services**

➢ A person’s needs may be met by other services such as education, disability benefits, housing and health. If the Council is satisfied that any services in place meet the person’s needs then it is not
required to arrange or provide any services itself to meet those needs.

- The needs should be recorded as part of the assessment and eligibility determination.
- If the alternative services cease or are no longer adequate to meet the needs, then the Council is responsible for meeting them.
- If the person is entitled to a service which could meet some of their needs but they are not accessing it, the council should inform and advise the person how to do so as early as possible. The needs remain unmet and the Council has a duty to meet them until they are actually met by the service concerned.

Fluctuating needs

- The support plan should make clear provisions to accommodate fluctuating need.
- It should also include contingency plans in the event of a sudden change or crisis in the person’s condition.

Direct payments

- The Council must inform the person if any of their assessed eligible unmet needs may be met by direct payment.
- The person must be provided with the appropriate information and advice on how direct payments can be used.

Non-eligible needs

- If the Council chooses to meet needs that are not eligible, the duty to help the person prepare a support plan to meet those needs applies. Adult Social Care will only fund eligible unmet needs but will support with information and advice and signpost to services where required.

Self-funders

- Self-funders have the right to have an assessment and support plan to see how their needs can be met.

3.6. Both people with eligible and non-eligible needs should benefit from information and advice regarding preventative support and how to access it. Refer to Assessment and Eligibility Policy.

4. Person-led

4.1. The process of developing the plan should be person-centred and person-led, in order to meet the needs and outcomes of the person intended.
4.2. The person must be actively involved and influential throughout the process to ensure their support plan is holistic and takes into account of their wishes, feelings, strengths, needs and aspirations.

4.3. In preparing the support plan the council must involve:
   - The person the plan is intended for
   - The carer (if there is one)
   - Any other person the adult wants to be involved, or, where the person lacks capacity, any person who appears to be interested in the welfare of the person and where it is deemed to be in the person’s best interest.
   - An independent advocate in certain circumstances

4.4. If the person **lacks capacity** a best interest decision should be made as to who else should be involved.

4.5. If there is no-one that can fulfil this role, an **independent advocate** must be appointed to support the person to understand and retain relevant information and communicate their views, wishes or feelings.

4.6. There may be circumstances where the individual does not want their family to be involved or there is a conflict of interest

4.7. The worker should help the person understand how they can be involved; support them to understand what is being discussed and what support options are available to them.

4.8. The level of involvement should be agreed with the individual and should reflect their needs and preferences.

4.9. If the person or their carers would have difficulty being involved, the Council must establish whether the person could be supported to be involved through changes to the support planning process. Under the Equality Act the Council has a duty to make reasonable adjustments to meet the needs of people with particular accessibility requirements.

4.10. If the person would have substantial difficulty being involved and adaptations to the process would not overcome this, the council must ensure there is an appropriate individual, such as friend or relative who can facilitate their involvement.

4.11. Individuals will have every opportunity to prepare their own plan, in conjunction with the Council or with support from family friends or a third party.

4.12. The Council encourages plans that are supported by someone the person is familiar with or close to the community where the person lives and is from a
non-professional background as they can lead to greater creativity and use natural supports however where this is not possible the Council will offer support.

4.13. For individuals who require help and support in completing their care and support plans a referral can be made to the Direct Payment Support Services; if the individual may want or has a direct payment and it is the first time a support plan has been completed or their needs have changed substantially.

4.14. Care and support planning builds on the information from the assessment but should take place independently from the assessment.

4.15. The support plan should focus on the whole of a persons life and things that really matter to them and what they want to achieve

5. Support plan

5.1. The plan must detail the needs to be met, how the needs will be met and link back to outcomes the individual wishes to achieve in day-to-day life as identified in the assessment process.

5.2. The plan should reflect the individual’s wishes, their needs, aspirations and what is important to and for them.

5.3. The Council will encourage creativity in planning how to meet needs.

5.4. The individual or carer should be actively involved and given every opportunity to influence the planning.

5.5. Care and support plans should be completed in a timely fashion and should be proportionate to the needs to be met, with minimum process that doesn’t limit an individual’s ability to be actively involved.

5.6. Where care and support planning needs to take place in a crisis or time-pressured situation focusing on immediate outcomes (such as in hospital or at the point of hospital discharge), to ensure a person receives the support they require the Council will put services in place immediately and planning for longer term outcomes and support solutions should follow, either as part of the initial review, or when immediate issues have been addressed.

5.7. In preparing the care and support plan the council will involve:
   - The person for whom the plan is intended
   - The carer
   - Any other person the adult requests to be involved, or, where the adult lacks capacity any person who appears to be interested in the welfare of the person.
• An independent advocate must be provided in certain circumstances.

5.8. The care and support plan is about the whole of an individual’s life, not just about assessed needs and or money. It should take into account existing capabilities and resources within their network of support and the community.

5.9. The final plan should include:

• The needs identified by the assessment
• Whether and to what extent the needs meet the eligibility criteria
• The needs the authority is going to meet, and how it intends to do so.
• The individuals desired outcomes requiring care and support.
• The personal budget
• Information and advice on what can be done to reduce the needs in question, and to prevent or delay the development of needs in the future.
• Where needs are being met by a direct payment, the needs to be met via the direct payment, the amount and frequency of payments.
• Any needs currently being met by a carer
• Contingencies for fluctuating needs, sudden change or emergency.
• Management of potential risks.
• Anticipated review date.

5.10. The support plan must be:

• **Lawful**: the proposals are lawful and regulatory requirements have been met; the proposals are within the scope of the funds and resources to be used.
• **Effective**: the proposals will meet the assessed eligible unmet needs and support of the person’s independence and wellbeing; a risk assessment has been carried out and any risks have been addressed; the proposals make effective use of the funds and resources available in accordance with the principle of best value
• **Affordable**: all costs have been identified and can realistically be met within the budget.

5.11. Upon completion of the plan the Council will give a copy of the final plan in a format accessible to the individual, carer, advocate or any other person requested by the individual.

6. Combining plans
6.1. The care and support plan or support plan should not be developed in isolation from other plans (see below) and should take into account all of the person’s needs and outcomes not just their care and support needs.

6.2. The Council will adopt a one person, one plan, and integrate plans and reviews where possible keeping the person at the centre.

6.3. Where both the person and the carer have eligible unmet needs, a combined support plan should be considered provided both adult and carer agree. Separate plans can be provided if required but should take into account services provided to adult but contribute to wellbeing of carer i.e.; sitting service

6.4. Where a person has more than one plan, such as an Education Health Care Plan (EHC), Health and Care Plan, Safeguarding Plan, Care Programme Approach, NHS Care Plan, a combined integrated support plan should be considered to avoid duplication and to ensure that the package of care and support is developed in a way that fits with support that is already being received.

6.5. Plans should only be combined if all relevant parties agree and understand the implications of sharing data and information.

6.6. Provide information regarding the benefits of combining health and social care support. Establish a lead organisation and lead professional and detail in the plan so the person knows who to contact. Processes should be aligned, coherent and streamlined to avoid confusing the person with different systems.

6.7. Combined plans should reflect the individuals needs and circumstance for each person involved

7. Adults who lack capacity

7.1. Every adult has the right to make his or her own decisions in respect of his or her support and must be assumed to have capacity unless it is established otherwise.

7.2. The Council will support the individual to weigh up information, to offer choices and help people exercise informed choice.

7.3. A person must be given all practicable help to make specific decisions before being assessed as lacking capacity.

7.4. The Council understands that people have the right to make what others might regard as an unwise or unusual decision in line with their own values, beliefs and preferences. People should not be treated as lacking capacity for this reason.
7.5. If there is uncertainty about whether an individual has sufficient capacity to be able to make specific decisions in relation to their support an assessment of capacity should be carried out in accordance with the Mental Capacity Act 2005.

7.6. For individuals that have been assessed as lacking capacity to make a particular decision, the Council can start care planning in the person’s best interests in relation to the Mental Capacity Act. Any restrictions must in the person’s best interest and necessary to prevent harm to that person.

7.7. The Council has a duty to involve the person throughout the process and if a lack of capacity is established, it is important that the individual is involved as far as possible in decision making decisions.

7.8. Where a person has substantial difficulty in being fully involved in their care planning or lacks capacity to agree and consent to the care and support plan, they may be supported by family members or friends.

7.9. Where the person lacks capacity the Council must decide on the suitability of the friend or family member to act in the person’s best interests.

7.10. If there is no family or friend available to facilitate the person’s involvement then an independent advocate must be appointed.

7.11. The role of the independent advocate is to:

- Support and represent the person to facilitate their involvement in decision making in the care planning process.
- Assist the person in communicating their wishes, feelings, values and aspirations.
- To challenge the council’s decisions if necessary to represent the person’s wishes or to promote the person’s wellbeing and rights to security, liberty and family life.

8. Deprivation of Liberty

8.1. The Mental Capacity Act provides legal protection for acts of restraint only if the act is:

- In line with the least restrictive principle in the Act and minimises planned restrictions and restraints on the person as much as possible
- Necessary to prevent harm to the person
- A proportionate response to the likelihood of the person suffering harm and the seriousness of that harm
- In the persons best interest

If the degree and intensity of restrictions and restraints are so significant that they amount to a deprivation of liberty, this must be
authorised under the Deprivation of Liberty Safeguards under the Mental Capacity Act.

9. Risk enablement

9.1. The Council needs to ensure that any risks identified in the course of the assessment and support planning process are properly identified and addressed.

9.2. To make good choices, individuals need to understand the consequences of their decisions and take some responsibility for them.

9.3. The Council wants to empower individuals to exercise choice and make informed, reasonable, responsible decisions whilst understanding any potential risks.

9.4. If there is concern that risks are not being appropriately addressed the Council may need to review the care and support being provided.

See Risk Enablement Policy

10. Validation

10.1. The care and support plan should be signed off when the person, any third party and the council have agreed on the factors within the plan, the personal budget amount and how the needs will be met. (Care Act Guidance 10.83)

10.2. In order to discharge its statutory duty and before sign off, the Council must;

- Be satisfied that the support plan will meet the individual’s assessed eligible unmet needs.
- Ensure that any risks have been properly identified and addressed.
- Ensure that social care funds are used effectively and in the correct way. (See Direct Payment policy.)
- Ensure the plan represents the best balance between value for money and maximisation of outcomes for the individual.
- Ensure that the support proposed represents an effective use of the personal budget in relation to the individual’s needs and desired outcomes.
- Be satisfied that all sources of informal support networks from family, friends and wider community have been used to the full before considering adult social care support services or interventions.
- Ensure the individual’s outcomes and assessed needs will be met by their allocated budget.
- Be clear that the person is in control and no-one else has pressurised them into making decisions.
• Be satisfied the plan will keep them healthy, safe and well.

10.3. Once the individual or carer has drawn up their support plan it will be submitted to a Team Manager for approval.

10.4. The team manager must be satisfied that all the above criteria have been met before validating the plan.

10.5. Team managers can sign off Care and Support plans where the cost of care falls within an individual’s indicative budget and up to a maximum of £490 per week.

10.6. Once satisfied that the support plan meets the criteria, the team manager will validate the support plan and confirm the final amount of the personal budget.

10.7. No money will be released to the individual or carer until a validated support plan is in place.

10.8. The Council will give a copy of the plan to the individual, carer, advocate or any other relevant person the adult asks the council to do so.

10.9. Disputes

10.10. If the support plan cannot be signed off or where the support plan cannot be agreed with the person or any other person involved, the Council will:
• State the reasons for this
• Specify the steps which must be taken to ensure the plan can be signed off

10.11. If the dispute still remains and all reasonable steps have been taken to address the situation the Council’s complaints procedure should be followed.

11. Review

11.1. The Council has an ongoing duty to keep the person’s support plan under review and ensure their needs continue to be met.

11.2. Consideration must be given to whether a person’s needs have changed and therefore the type of support required needs to change or whether there is a more effective way of meeting the person’s needs.

11.3. Reviews will give individual’s the opportunity to reflect on what’s working and what might need to change and ensures plans are kept up to date and continue to be relevant to the individual’s needs and aspirations.
11.4. If an individual’s needs have changed then a reassessment should be carried out and the support plan and personal budget revised. Any potential safeguarding concerns should be identified and reported.

11.5. Reviews must not be used to arbitrarily reduce a care and support package. Any reduction in a personal budget should be as a result of a change in need or circumstance.

11.6. If a small change is required that can be accommodated within the existing personal budget, it is not necessary to go through a full review and revision of the support plan.

11.7. If following a review a person’s needs have changed significantly a revision to the support plan is necessary. The person or representative should be informed of what this will involve. A needs or carers assessment should be carried out along with a financial assessment and revised support plan and a new personal budget agreed.

11.8. The personal budget should be reviewed at the same time as the support plan and in the case of direct payments any unspent money should be returned to the Council. A maximum of 6 weeks money can be kept at any one time as a contingency unless otherwise agreed. If money has to be returned at the time of the review the personal budget should be adjusted accordingly to see if the same needs could be met but for less therefore removing unnecessary surplus balances in direct payment accounts.

11.9. Types of review:

**Planned review**

- First planned review: should take place 6-8 weeks after sign off of the personal budget and support plan. This review should be a ‘light touch’ and include an initial review of direct payment arrangements. The review should provide reassurance that the plan is working as intended and identify any problems.

- Direct payment review: there should be a further review at the end of 6 months to ensure that the support arrangements are working effectively and the direct payment is being used appropriately.

- Annual review: the Council will review the support plan and personal budget no later than every 12 months after sign off of the personal budget and plan.

- The planned review should be proportionate to the needs to be met and the method of review should be agreed with the person concerned and who should be involved in the process.
Unplanned review

If a person’s needs or circumstances change in a way that will affect the content of the plan then a formal reassessment of the person’s needs should take place and the support plan revised accordingly.

- If a carer’s circumstances change in a way that will affect the content of the plan, such as they are no longer able to provide the level of support in the plan, then a formal reassessment of the person’s needs should take place and the support plan revised accordingly.

- The person and their representatives should be kept fully involved and informed throughout.

Requested review

- The Council must conduct a review if a reasonable request for one is made by the adult or someone or someone acting on their behalf

- People must be informed during the support planning process of their right to request a review.

- The review should be carried out unless the council is reasonably satisfied that: the plan remains sufficient or the request is frivolous, or is made on the basis of inaccurate information or is a complaint.

- Where a decision is made not to conduct a review, the council should set out the reasons for not agreeing to the request, including details of how to pursue the matter if the person remains dissatisfied.
Appendix 1 - Assessment and Support Planning process
Support Planning, Review & Validation Policy

**Wellbeing Principle**
The Council has a duty to promote the wellbeing of the individual, particularly when carrying out any care and support functions and making decisions in relation to them. The wellbeing principle underpins the whole of the Care Act and its associated regulations and guidance. It applies to adults, carers and, in some circumstances, to children in transition, their carers and to young carers. The wellbeing principle applies equally to people who do not have eligible needs if they come into contact with the care system.

Commissioners of new services will also need to incorporate/reflect the wellbeing principle in new services which are developed and commissioned.

**Definition**

The Care Act recognises that ‘Wellbeing’ is a broad concept and describes it as relating to the following nine areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life (including over care and/or 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;
- The individual’s contribution to society.

**Promoting wellbeing**

Promoting wellbeing means actively seeking improvement in the aspects of wellbeing described above when carrying out a care and support function in relation to an individual. This applies at any stage of the process. It is not always about the Council directly meeting needs, but includes a focus on providing information and advice to delay and prevent needs from developing and support people to live as independently as possible for as long as possible. There is no set approach. Promoting wellbeing will depend on the individual’s needs, goals and wishes. The Council should consider each person’s case on its own merits, based upon what the person wants to achieve and how the Council’s actions will affect their wellbeing.

All the nine aspects of wellbeing are of equal importance. However it is likely that some aspects will be more relevant to one person than another. The Council should adopt a flexible person centred approach that focuses on those aspects that matter most to the person concerned.

In addition to the wellbeing principle, the Care Act sets out a number of other key principles which local authorities must have regard to when carrying out the same activities or functions.
<table>
<thead>
<tr>
<th>Key Principle</th>
<th>Interpretation from the Care Act Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The importance of beginning with the assumption that the individual is best placed to judge the individual’s wellbeing;</td>
<td>Building on the principles of the Mental Capacity Act, the local authority should assume that the person themselves knows best their own outcomes, goals and wellbeing and assumptions should not be made.</td>
</tr>
<tr>
<td>The individual’s views, wishes, feelings and beliefs;</td>
<td>Considering the person’s views and wishes is critical to a person-centred system. Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these should be taken into account. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions themselves.</td>
</tr>
<tr>
<td>The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist</td>
<td>At every interaction with a person, the Council should consider whether or how the person’s needs could be reduced or other needs could be delayed from arising. Effective interventions at the right time can stop needs from escalating, and help people maintain their independence for longer.</td>
</tr>
<tr>
<td>The need to ensure that decisions are made having regard to all the individual’s circumstances</td>
<td>Decisions should not be based only on their age, appearance, any condition they have or aspects of behaviour which might lead to unjustified assumptions. Local authorities should not make judgments based on preconceptions about the person’s circumstances, but should in every case work to understand their individual needs and goals.</td>
</tr>
<tr>
<td>The importance of the individual participating as fully as possible</td>
<td>By being provided with the information and support necessary to enable the individual to participate. Care and support should be personal, and local authorities should not make decisions from which the person is excluded.</td>
</tr>
<tr>
<td>The importance of achieving a balance</td>
<td>People should be considered in the...</td>
</tr>
<tr>
<td>Between the individual's wellbeing and the context of their families and support networks, not just as isolated individuals with needs. Local authorities should take into account the impact of an individual's need on those who support them, and take steps to help others access information or support.</td>
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<tr>
<td>The need to protect people from abuse and neglect</td>
<td>In any activity which a local authority undertakes, it should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.</td>
</tr>
<tr>
<td>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</td>
<td>Where the local authority has to take actions which restrict rights or freedoms, they should ensure that the course followed is the least restrictive necessary.</td>
</tr>
</tbody>
</table>

Neither these principles nor the requirement to promote wellbeing require the Council to make a specific decision or undertake a particular action. The steps the Council should take will depend entirely on the circumstances of each case, having regard to these principles, for the purpose of setting common expectations for how the Council should approach and engage with people.