PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

 **[Insert name and address of local authority]**

**[Insert date]**

**- REQUEST FOR A S47 ASSESSMENT -**

Dear Sirs

**INSERT NAME OF YOUNG PERSON AND DOB**

**INSERT ADDRESS**

**Background**

I am the **[carer] [parent] [family member]** of **[insert name of young person]** and am writing this letter on their behalf as **[they have confirmed they are happy for me to write this letter on their behalf and they have signed at the end of this letter]** or **[the person lacks capacity under the Mental Capacity Act 2005 to make decisions regarding their health and welfare]**.

**[Insert name of person]** is **[age]** and **[insert any diagnosis or summary of disabilities].** His / Her social worker is **[insert name]** or she / he does not currently have an allocated social worker.

I/We am/are therefore bringing the above named person to your attention as I/we consider that they are entitled to an assessment of their needs by you pursuant to section 47(1) of the National Health Service and Community Care Act 1990(‘NHSCCA 1990’).

**Legal Framework**

You will be aware that under s.47 (1) of the NHSCCA, the local authority has an obligation to assess a person’s needs where it appears that they “may be” in need of community care services, and to do so within a reasonable period of time. Having regard to the results of that assessment, the local authority shall then decide whether their needs call for the provision by them of any such services. The assessment is not dependent on other considerations, for example whether the local authority thinks that the affected individual may be ineligible for state funded care.

The local authority will also be aware that under the Community Care Assessment Directions 2004, a care assessment must look at the individual needs of the person by carrying out a face to face consultation with **[insert name of person]**, by consulting with **[me/us]**, by taking reasonable steps to reach agreement on the services to be provided and by informing **[us]** of any charges that they may be required to make in respect of these services. I **enclose [medical or other reports and summary of who has written them and for what purpose]** for your consideration which highlight the needs that **[name]** has and why he/she is in need of care and support.

**Process for undertaking an assessment**

The Supreme Court has confirmed in *R (KM) v Cambridgeshire County Council* [2012] UKSC 23 the lawful process that a local authority in England should follow when undertaking a community care assessment of an adult who may be in need of services. The assessment should be made up of the following four stages:

1. Conduct an assessment to establish the needs of the disabled person. The assessment should be conducted without taking into account the resources of the authority or the disabled person.
2. The local authority then decides if it is necessary to provide services in order to meet those needs. The local authority must also assess each need as being either low, moderate, substantial or critical, in accordance with the FACS guidance. Any needs which are unmet as they fall outside the local authority’s policy as to which levels of need to meet must nevertheless be recorded on the assessment;
3. If the need is assessed as being within the local authority’s policy and so it is necessary for the local authority to provide a service, it must then decide the nature and extent of those services;
4. The individual then has the choice as to whether or not they wish to receive a direct payment (a cash sum) rather than the service directly so that they can commission the service themselves. If they want to receive a direct payment, the local authority will then need to establish the reasonable cost of securing the provision of those services. A ‘Resource Allocation System’ may be used by the local authority to establish an approximate amount, but the services which are required to meet the eligible needs in the particular case should be costed in sufficient detail so that it is clear that the sum of money is enough to meet the assessed need.

In addition, I/my son/my daughter qualify/ies as ‘deafblind’ and so am/is entitled to have my/his/her needs assessed by someone who is specifically trained and experienced in deafblindness, to comply with the statutory guidance ‘Social Care for Deafblind Children & Adults’**.**

**Steps you are required to take**

Given the above I would be grateful if you could contact me on **[insert contact details]** as soon as possible so that a care assessment can be arranged for **[name]** in accordance with s.47 of the NHSCCA [and the deafblind guidance /autistic spectrum disorder guidance].

Please ensure that we are provided with a copy of the needs assessment within a reasonable timeframe, and in any event by no later than 28 days of the date of this letter.

Yours faithfully

**[insert name]**