

Adult Social Care and Health Directorate

Eligibility Criteria Policy and Practice Guidance

To be read with the [Care and Support Statutory Guidance](#) and Regulations issued under the [Care Act 2014](#) by the Department of Health.

Issue Date:	May 2023: v6 July 2019: v5. July 2017: version 4. April 2015 : Version 3. Final
Review Date:	August 2023
Owner:	Policy & Quality Assurance Team Business Delivery Unit Tel: 03000 415364

Summary of changes v6- May 2023:

Added that Financial Assessment should be requested after determination of eligibility (see p13).



Executive Summary

The Care and Support (Eligibility Criteria) Regulations 2014 set out the single eligibility threshold for adults with care and support needs and carers. This means there is a minimum threshold which establishes what level of needs must be met by the local authority if these needs are not already being met.

Eligibility is determined following a needs assessment under section 9 of the Care Act 2014. This policy and guidance document describes what the eligibility criteria are and provides guidance about assessing eligibility.

The policy and guidance document applies to all adults over the age of 18 seeking help or assistance from Kent County Council (KCC) **but it does not apply to carers who follow the national eligibility criteria threshold for carers as detailed in the Carers Policy.** This policy should be used to assess young people in transition to adult social care.

Key messages

1. The national eligibility criteria is based on identifying how a person's needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing.
2. There is no hierarchy of needs so the need to develop relationships is as important as the need to manage personal care.
3. We must consider an individual's needs over an appropriate period of time to ensure that all of their needs have been accounted for when the eligibility is being determined.
4. **This policy does not apply to carers who have a different eligibility criteria (Please refer to the Carers Policy for guidance)**

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A. POLICY

1. Principles

This policy and guidance describes the national eligibility criteria threshold as set out in the Care and Support (Eligibility Criteria) Regulations 2014.

The practice principles underpinning this policy are:

- (i) An individual seeking or referred for help with care and support needs, regardless of their difficulty, is entitled to an assessment of eligibility for adult social care that is fit for purpose.
- (ii) An individual's financial situation must not pre-empt or influence the assessment of their social care needs. Eligibility assessment always precedes financial assessment.
- (iii) Assessments and support planning are focussed on ways to achieve agreed outcomes, not driven by needs or difficulties.
- (iv) Assessments focus on the strengths of the individual and their support networks.
- (v) Think information, advice and signposting as routes to wider choice, whether or not the individual is likely to be eligible for publicly funded support.
- (vi) Eligibility must be determined without consideration of what needs are being met by any carer at that time.
- (vii) The eligibility decision lies with the practitioner's professional judgement and this policy helps to inform that professional judgement.

2. Scope

2.1 The policy and guidance document applies to all adults over the age of 18 years seeking help or assistance from Kent Adult Social Care and Health directorate. All relevant staff in all locations should use this policy and practice guidance including staff working with individuals with needs arising from physical, sensory, learning or cognitive difficulties and needs arising from mental health difficulties.

2.2 The policy and guidance document applies to the decision about eligibility criteria for care and support under section 9 of the Care Act 2014 following an appropriate needs assessment.

This policy does not apply to carers who have a different eligibility criteria. Please refer to the Carers policy for guidance.

2.3 The policy and guidance require staff to place eligibility criteria in the broader context whereby KCC practitioners should offer all individuals some level of support, for example, people who do not meet the eligibility threshold should be provided with signposting in accordance with the directorate Information and Advice Policy.

3. Context

This policy and guidance document is based on the following legislation and national eligibility criteria.

Legislation:

- The Care and Support (Eligibility Criteria) Regulations 2014
- The Care and Support Statutory Guidance
- The Care Act 2014

It should be read in conjunction with:

- The MCA statutory principles which underpin **ALL** the work we do in Social care. (found on kent.gov.uk)
- The Multi-Agency Safeguarding Adults Policy and Protocols (on kent.gov.uk)
- The Assessment Policy (found on Knet Social Care Policy page)
- The Carers Policy ((found on Knet Social Care Policy page)
- The Transition policy ((found on Knet Social Care Policy page)

National eligibility criteria for adults needing care and support:

An adult's needs are only eligible where they meet all three of the following conditions:

1. The adult's needs arise from or are due to a physical or mental impairment or illness.
2. The effect of the adult's needs is that the adult is unable to achieve 2 or more of the specified outcomes (which are described in the guidance below).
3. As a consequence of the person being unable to achieve 2 or more of the outcomes, there is, or is likely to be, a significant impact on the adult's well-being.

For details of the wording of the 3 conditions above and how to apply the eligibility criteria, please read section 4.4 of the guidance in this policy.

B. PRACTICE GUIDANCE

4. Process

4.1 Contact

Before starting a needs assessment, practitioners should ascertain whether an individual appears to be in need of care and support.

The first point of contact is fundamental to the provision of a good quality response. The practitioner who provides the first point of contact should ensure that sufficient information is gathered to both identify what the person is requesting, and to ensure that the individual is provided with an appropriate and proportionate response. The individual's financial situation should not be used to determine the need for a needs assessment.

Where initial information gathering indicates that the individual does not need care and support, the practitioner will consider universal services which may support the individual and offer:

- Information, advice and guidance
- Community capacity eg. voluntary agencies
- Holistic checks eg. benefits advice
- Work, social participation and education

The practitioner will discuss the information provided and provide advice which is holistic and explores support available from a range of agencies including health and the voluntary sector and will look to addressing any barriers to social inclusion. For further information see the Information and Advice Policy.

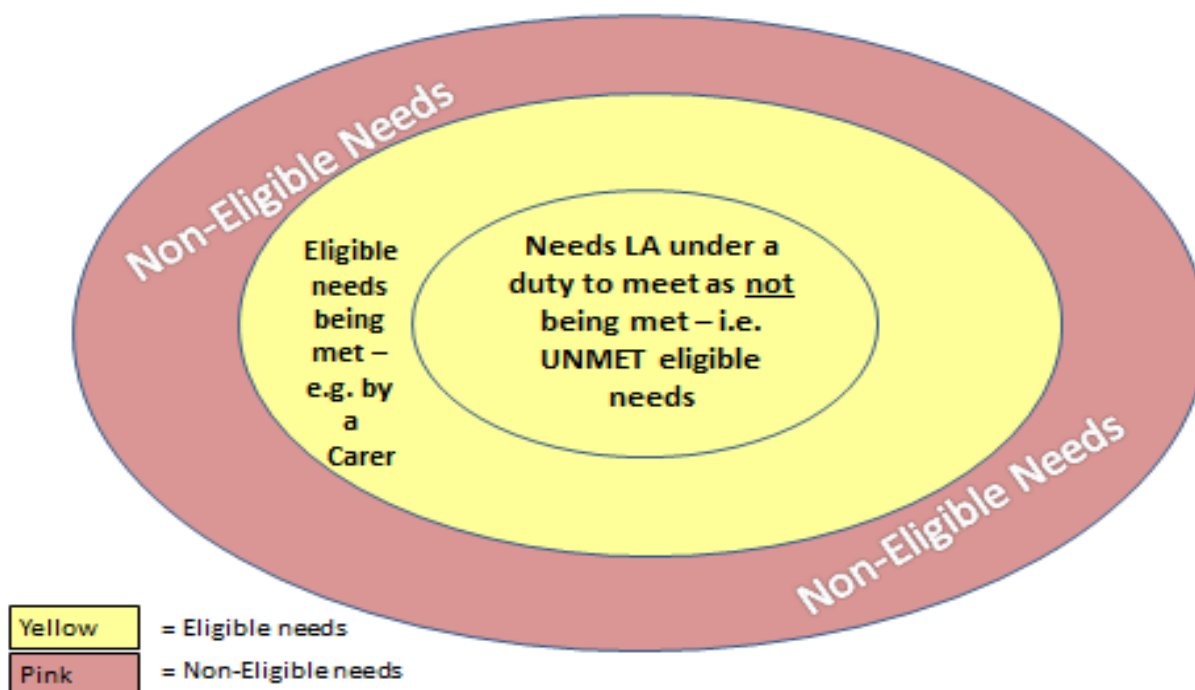
Practitioners should ensure that the first point of contact does not disadvantage groups of people, such as those with long term or fluctuating conditions, people with specific communication needs or sight impaired people whose needs might not be immediately apparent.

4.2 Assessment

Eligibility for statutory support is determined following a needs assessment which should be undertaken proportionate to need and circumstances. As part of the assessment, information about the issues, concerns and support needs of the individual and related circumstances should be established and recorded in line with the Assessment Policy.

The issues, concerns and support needs should be considered on a person centred basis recognising both individual need **and must not take into account** the support that the individual's family or support networks are willing and able to provide.

TOTAL NEEDS FOR CARE AND SUPPORT



This ensures that the entirety of the adult's needs are identified and we can respond appropriately if the carer feels unable or unwilling to carry out some or all of the caring they were previously providing.

The assessment should also consider “hidden” needs such as those for people who have specific communication or other sensory needs or people with autism, whose support needs may not be as immediately apparent or as easily understood as those of other client groups.

Following assessment, the practitioner should first consider if the individual is eligible for NHS Continuing Health Care. It is the responsibility for the CCG to provide the appropriate services to meet those needs and further information is provided in the National Framework for NHS Continuing Healthcare and NHS – funded care.

4.3 Focussing on preventing needs

The Care Act 2014 provides a duty to contribute towards preventing or delaying the development of adults and carers' needs. Therefore, before proceeding to determine eligible needs the practitioner **must** consider whether the individual would benefit from some type of **preventative service** or intervention such as:

- Signposting to healthy lifestyles promotions
- Equipment and aids to daily living
- Enablement
- Telecare

- Falls clinics
- Enablement services

Targeted interventions may be provided **as part of the assessment process** and aim to increase the individual's independence and reduce the need for ongoing services. They may be provided prior to, or as a part of, the care and support service.

In OPPD, following a period of enablement, it may be possible that all of the adult's needs may have improved to the extent that they do not meet the national eligibility criteria. In such circumstances Kent County Council will have addressed the adult's needs and we are not required to arrange ongoing services because there are no eligible needs at that time.

We should keep a record in case the adult's condition deteriorates overtime or other circumstances change. Where the adult still has needs which meet the eligibility criteria after any period of enablement, we have a duty to meet the unmet eligible needs.

4.4 Interpreting the eligibility criteria

The national eligibility threshold is based on identifying how a person's needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing.

A template is provided to support the eligibility determination, please refer to the templates section of the policy page on Knet.

An adult's needs are only eligible where they meet all three of the following conditions:

1. The adult's needs arise from or are due to a physical or mental impairment or illness. This includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury.

2. The effect of the adult's needs is that the adult is unable to achieve 2 or more of the specified outcomes:

a. Managing and maintaining nutrition

This means considering whether the adult has access to food and drink to maintain nutrition, and that the adult is able to prepare and consume the food and drink.

b. Maintaining personal hygiene

Consider, for example, the adult's ability to wash themselves and launder their clothes.

c. Managing toilet needs

Consider the adult's ability to access and use a toilet and manage their toilet needs.

d. Being appropriately clothed

Consider the adult's ability to dress themselves and to be appropriately dressed, for instance in relation to the weather to maintain their health.

e. Being able to make use of the adult's home safely

Consider the adult's ability to move around the home safely, which could for example include getting up steps, using kitchen facilities or accessing the bathroom. This should also include the immediate environment around the home such as access to the property, for example steps leading up to the home.

f. Maintaining a habitable home environment

Consider whether the condition of the adult's home is sufficiently clean and maintained to be safe. A habitable home is safe and has essential amenities. An adult may require support to sustain their occupancy of the home and to maintain amenities, such as water, electricity and gas.

g. Developing and maintaining family or other personal relationships

Consider whether the adult is lonely or isolated, either because their needs prevent them from maintaining the personal relationships they have or because their needs prevent them from developing new relationships.

h. Accessing and engaging in work, training, education or volunteering

Consider whether the adult has an opportunity to apply themselves and contribute to society through work, training, education or volunteering, subject to their own wishes in this regard. This includes the physical access to any facility and support with the participation in the relevant activity.

i. Making use of necessary facilities or services in the local community including public transport and recreational facilities or services

Consider the adult's ability to get around the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing. We do not have responsibility for the provision of NHS services such as patient transport; however we should consider needs for support when the adult is attending healthcare appointments.

j. Carrying out any caring responsibilities the adult has for a child.

Consider any parenting or other caring responsibilities the person has. The adult may for example be a step-parent with caring responsibilities for their spouse's children.

3. As a consequence of the person being unable to achieve 2 or more of the outcomes, there is, or is likely to be, a significant impact on the adult's well-being.

Important:

Eligibility is related to whether, as a consequence of the person being unable to achieve 2 or more outcomes, **their wellbeing is significantly affected.**

Please see A below for a wider understanding of “**unable to achieve**”.

Please see B for an understanding of “**wellbeing**”

Please see C for an understanding of “**significant impact**”.

A. Focussing on point 2: unpacking the concept of “being unable to achieve 2 or more outcomes”

When considering if an adult is “unable” to achieve these outcomes, the regulations provide that “being unable” to do so includes any of the following circumstances where the adult:

- **Is unable to achieve the outcome without assistance.** This would include where an adult would be unable to do so even when assistance is provided.
- **Is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety.** For example, an elderly person with severe arthritis may be able to prepare a meal, but this leaves them in severe pain and unable to eat the meal.
- **Is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health and safety of the adult or others.** For example, if the health or safety of another member of the family, including any child, could be endangered when an adult attempts to complete a task or an activity without relevant support.
- **Is able to achieve the outcome without assistance but takes significantly longer than would normally be expected.** For example, a young adult with a physical disability is able to dress themselves in the morning, but it takes them a long time to do this, they are exhausted and need the remainder of the morning to recover thereby preventing them from doing what really matters to them, such as attending further education.

B. Focussing on point 3: unpacking the concept of “well-being”

The Care Act 2014 (Part 1: Care and Support, section 1, point 2) defines “wellbeing” as a broad concept and describes it as relating to the following areas in particular:

- Personal dignity
- 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 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

These should be considered of equal importance with no hierarchy.

C. Focussing on point 3: unpacking the concept of “significant impact on well – being”

To assess “significant impact”, practitioners should consider how the adult’s needs impact on the areas of wellbeing set out above.

Practitioners should determine whether:

- The adult’s needs impact on an area of wellbeing in a significant way; or
- The cumulative effect of the impact on a number of the areas of wellbeing mean that they have a significant impact on the adult’s overall wellbeing.

In making this judgement, assessors should seek to understand the adult’s needs in the context of what is important to him or her. The impact of a given need will be different for different individuals, because what is important for the individual’s wellbeing may be different. Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another.

Practitioners will need to consider the difference between a person’s needs having an impact on their wellbeing and a **significant** impact on their wellbeing. Potential questions for assessors to ask/consider might include:

- How does inability to achieve x and y make the person feel?
- Are other people affected too?
- What do they currently do to cope? Are the person’s coping mechanisms sustainable?
- How long are they likely to be able to undertake particular tasks?
- What will most likely happen if the person does not receive: information and advice/care services/is put in touch with a voluntary organisation?

From: Skills for Care, Care Act Training Materials.

4.5 Fluctuating needs

Where a person has fluctuating needs, assessors must look at the adult's needs over a sufficient period of time to get a complete picture of those needs. Individuals with fluctuating needs may have needs which are not apparent at the time of the assessment, but may have arisen in the past and are likely to arise again in the future. Therefore, assessors must consider an individual's need over an appropriate period of time to ensure that all of their needs have been accounted for and taken into account when eligibility is being determined.

Where fluctuating needs are apparent, this should also be factored into the care planning process that details the steps we will take to meet circumstances where needs fluctuate.

4.6 Needs currently met by carers

The eligibility determination must be made without consideration of whether the adult has a carer, or what needs may be being met by a carer at that time.

The eligibility determination must be made based solely on the adult's needs, regardless of whether these needs are being met by a carer.

If an adult does have a carer, the care they are providing will be taken into account when considering whether the needs must be met (i.e. during the care and support planning process).

We are not required to meet any eligible needs which are being met by a carer, but those needs should be recognised and recorded as eligible during the assessment process. This is to ensure that should there be a breakdown in the caring relationship, the needs are already identified as eligible, and therefore the local authority must take steps to meet them without a further assessment.

To help you determine the eligibility, please refer to the template: "Eligibility Criteria Determination form" to be found within the templates section of the Adult Social care page on Knet.

4.7 Recording Eligibility

Practitioners must provide a written record of their decision about a person's eligibility and their reasons for coming to their decision. This will provide transparency on how and why decisions were made. Please use the template "Eligibility Criteria Decision form" to be found within the templates section of the Adult Social care page on Knet.

This means providing a written record when either:

- a) The person does **not** meet the eligibility criteria, **or**

b) The person meets the eligibility criteria

Where the individual does not have eligible needs, the assessor must also provide:

- Information and advice on what can be done to meet or reduce the needs (for example: what support might be available in the community).
- Information about what preventative measures might be taken to prevent or delay the development of needs in the future.

When evidencing your professional judgement, it is expected that the assessor will write their decision in a person centred way and focus the specific impact for the person they have assessed as opposed to writing in a generic way. Please see appendix 5 detailing a case study with recorded eligibility.

If the adult has some eligible needs, the assessor must:

- Agree with the adult which of their needs they would like KCC to meet.
- Request a financial assessment at the end of the care needs eligibility via a “next action” on the Mosaic System Record (for Strengthening Independence Service (previously known as Disabled and Young Peoples Service), use the updated “Finance Referral form” template on KNet). This enables the financial assessment to be completed by Client Financial Services in parallel with the care and support planning.
- Consider how KCC may meet those needs (this does not replace the care and support planning process but is an early consideration of the potential support options)
- Establish whether the person meets the ordinary residence requirement, i.e are they ordinarily resident in Kent?

4.8 Personal Budgets and Care and Support Planning

The estimated Personal Budget is calculated following assessment using the Cost Setting Guidance; it is based only on the eligible needs of the individual.

Where non - eligible needs have been identified, the practitioner will provide information, advice and guidance as appropriate.

The care and support plan is then developed in line with the Care and Support Planning Policy. The actual Personal Budget is confirmed following support planning and applies only to eligible needs.

4.9 Review

Reviews should be focussed on outcomes rather than services and should be undertaken in line with the Promoting Independence through Review Policy.

If there are significant changes in need, this should lead to a reassessment and a fresh application of the eligibility criteria. For those individuals who continue to have eligible needs, the Care and Support Plan should be updated appropriately.

For people who no longer have eligible needs, the practitioner should ensure that appropriate information, advice and guidance is provided and that the person is provided with the skills and knowledge about how to access alternative support and knows how to get back in touch with KCC or, if they have moved to another area, the new local authority.

5. Complaints about eligibility decisions

Where there is a dispute about an eligibility decision it may be appropriate to review the assessment information at a locality level. If the individual is still found to be below the eligibility threshold, KCC will ensure that sufficient advice and guidance has been provided.

If the individual or their representative is still not satisfied, then the issue should be logged as a complaint and investigated through the complaints process.

C. MONITORING

6. Required outcomes

This policy seeks to ensure that:

- Practitioners with a duty to assess are equipped with the legal and professional information they need to apply the national eligibility criteria
- Practitioners with a duty to assess have the knowledge they need to evidence their professional judgement when making eligibility criteria decisions.
- Line managers who manage assessors have the tools they need to assess consistency and quality of decisions recording.

7. Review of the policy

- A member of the policy team will review the policy 2 years from the last revision.
- They will check that all contents are still relevant, engage with key stakeholders to look at practice issues; incorporate any audit recommendations and rewrite or amend contents as appropriate.
- The amended policy will be presented to DMT for approval, if appropriate.

Appendix 1: Overview of the Care Management Process

Overview of the Care and Support Planning Process

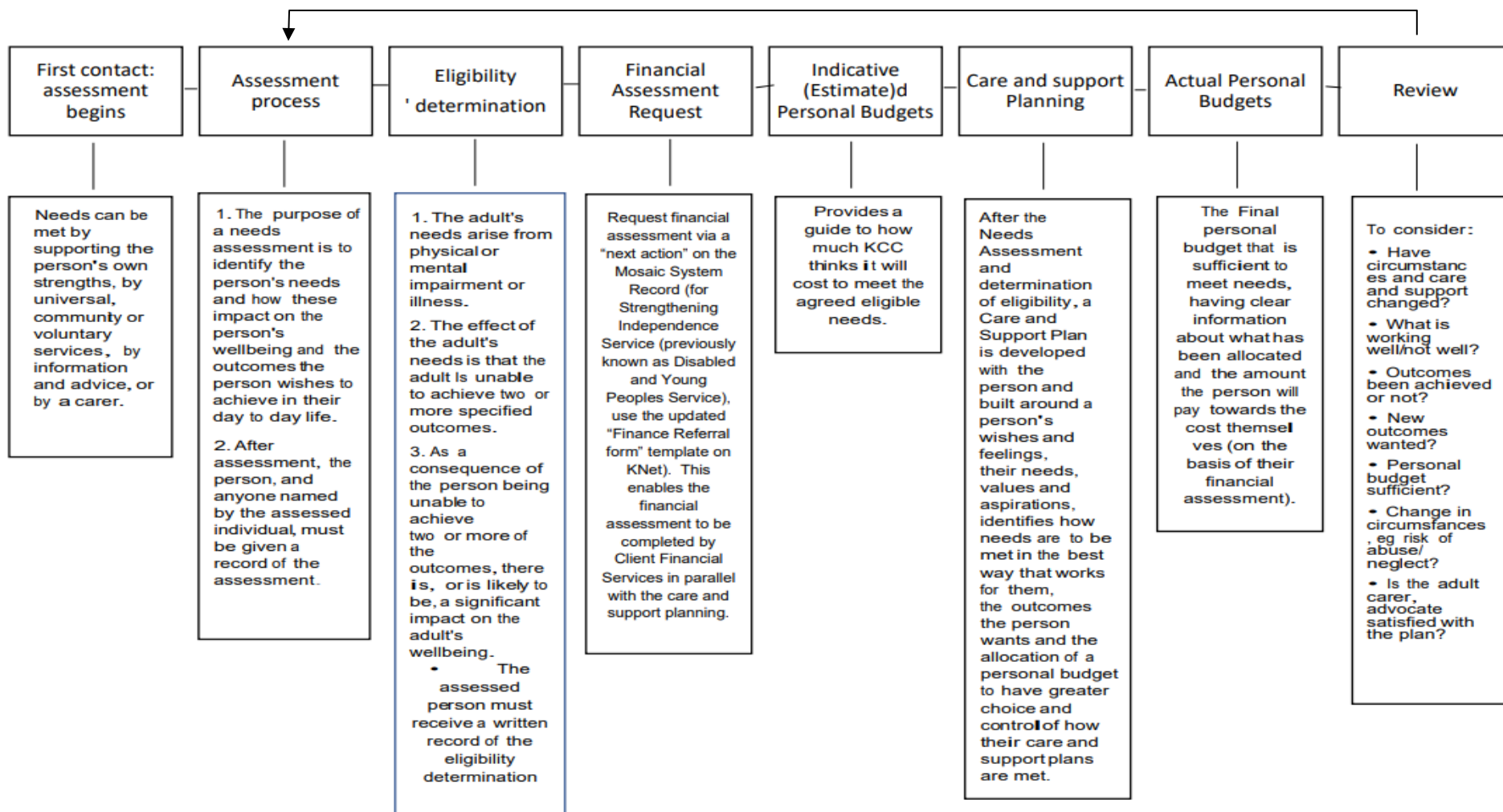
Does the Person Have Capacity?

Do they need support for involvement, including independent advocacy?

What is the impact on the whole family? Should there be a carer's assessment?

Is there a Safeguarding Concern?

If after review, the care and support plan changes – or if the person's needs or circumstances change – then a proportionate assessment takes place.



Appendix 2: The Eligibility Decision Process

1. Needs	2. Outcomes	3. Wellbeing
<p>The adult's needs arise from or are related to:</p> <ul style="list-style-type: none"> • A physical illness • A mental impairment • A mental illness 	<p>As a result of the needs, the adult is unable to achieve 2 or more of the following:</p> <ul style="list-style-type: none"> a) managing and maintaining nutrition b) maintaining personal hygiene c) managing toilet needs d) being appropriately clothed e) being able to make use of the adult's home safely f) maintaining a habitable home environment g) developing and maintaining family or other personal relationships h) accessing and engaging in work, training, education or volunteering i) making use of necessary facilities or services in the local community including public transport and recreational facilities or services and j) carrying out any caring responsibilities the adult has for a child. 	<p>As a consequence, there is or is likely to be a significant impact on the adult's wellbeing, including the following:</p> <ul style="list-style-type: none"> • Personal dignity • 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 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

Appendix 3: Evidencing the Eligibility criteria - Case study

Florence Brown is 75 years old and lives alone in a house that she used to share with her husband who died 6 months ago. She suffers from chronic pulmonary disease (COPD), is frail, has restricted mobility and she is becoming increasingly forgetful. Florence has been treated for two urinary tract infections over the last year. She receives practical and emotional support from one of her daughters, Mary, who lives nearby.

The assessor establishes that Florence:

- Is not able to clean her home without becoming breathless, and she often tries to do things which in turn causes distress and anxiety, which exacerbates her breathlessness and results in her not being able to get upstairs to the toilet and to her bedroom (even after using her nebuliser)
- Does not appear to understand the importance of wiping herself front to back when going to the toilet to minimise the risk of further urinary tract infections or at least not without prompting
- Cannot get out and about easily or travel without support
- Could prepare a simple meal although Mary does her shopping and a lot of meal preparation.

Establishing eligibility:

1. Florence's needs are a result of a physical or mental impairment or illness: her COPD, frailty and increasing forgetfulness.

2. Her needs seem to be having an effect on the following specified outcomes:

- Maintaining and managing nutrition – Florence is able to consume food and drink, and do some food preparation with assistance, but it appears that she would have difficulty accessing it without Mary's help, i.e. without Mary doing her shopping for her, unless there are very local shops that she *could* use. Florence would be unable to meet this outcome without assistance.
- Managing toilet needs – Florence can access the toilet, and go to the toilet, but has had two urinary tract infections over the last year, which might be related to her not wiping herself front-to-back when going to the toilet, although it would be hard to be sure what has caused them. Florence is able to meet this outcome, but there could be merit in checking her health needs with her GP or District Nurse.
- Maintaining a habitable home environment – this outcome poses tricky questions for the assessor.

Having a clean home is very important to Florence, **but a clean home is not a specified outcome. Maintaining a habitable home is a specified outcome.** The guidance states that “*A habitable home is safe and has essential amenities. An adult may require support to sustain their occupancy of the home and to maintain amenities, such as water, electricity and gas.*” The assessor would need to judge whether the condition of Florence’s home (without Mary’s assistance) would be sufficiently clean and maintained to be safe.

If the home is not cleaned, dust in the home is likely to make Florence’s COPD worse, and the home would not be regarded as safe. Florence is able to clean her home, and is able to maintain a habitable home environment without assistance, but doing so causes her breathlessness, distress and anxiety.

The judgement might be made that although she is able to achieve the outcome without assistance, doing so causes her breathlessness, distress and anxiety and so, in effect, she is unable to meet this specified outcome.

- Accessing the necessary facilities or services in the local community – Mary provides support to help her mother get out and about and access local facilities and it appears that Florence would be unable to meet this outcome without assistance.

3. Are Florence’s needs (that relate to two or more specified outcomes) having a significant impact on her wellbeing and hence are they eligible needs?

Whether these needs are eligible would then rest on whether they are having (or are likely to have) a **significant impact** on Florence’s wellbeing and what matters to her.

Based on the assessor’s interpretation of what Florence has told him during the assessment, it appears that Florence being unable to access facilities or services in the local community without assistance does not have a significant impact on her wellbeing. Therefore this would not be an eligible need.

Whether Florence would have any eligible needs would then depend on whether she is able to maintain a habitable home and access food and prepare her meals without Mary’s help and, if she is not, whether this would have a significant impact on her wellbeing. The assessor judges that she is not able to meet these needs and that they do have a significant impact on her wellbeing. They are therefore eligible needs. These needs are currently being met by Mary, but that is a separate issue.

From: Skills for Care- Care Act training materials. <http://www.skillsforcare.org.uk/>