

Adult Social Services

Factsheet: Eligibility Criteria for adults' care and support

This document explains how Adult Social Services (within North Somerset Council) makes the decision about whether an adult living in North Somerset is eligible to have their needs for care and support met by the council. In some exceptions this may include adults who will receive their care and support outside North Somerset e.g. if moving into a care home in another area This eligibility decision is made following a care and support needs assessment.

How does Adult Social Services decide who has eligible needs?

When you have had an [assessment of your care and support needs](#) we determine which of your needs we are required to meet under the law. This decision is made by referring to the eligibility criteria set in law under the Care Act 2014 ([Section 13](#)), and the [regulations](#) which accompany it. The same criteria are used across England. Care and Support needs which meet the eligibility criteria are called eligible needs.

What are the eligibility criteria?

You will have eligible needs if you meet all the following criteria and North Somerset is your usual place of residence (deemed ordinarily resident):

1. You have care and support needs as a result of a physical or mental condition **and**
2. Because of those needs, you cannot achieve two or more of the outcomes specified (see below) **and**
3. As a result, there is a significant impact on your wellbeing.



We will be looking to provide care and support to improve ‘outcomes’ for you. ‘Outcomes’ for adults with care and support needs are as follows:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult’s home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child.

You would be regarded as being unable to achieve an outcome if you —

(a) are unable to achieve it without assistance **or**

(b) are able to achieve it without assistance but doing so causes you significant pain, distress or anxiety **or**

(c) are able to achieve it without assistance but doing so endangers or is likely to endanger your health or safety, or the health or safety of others; **or**

(d) are able to achieve it without assistance but takes significantly longer than would normally be expected.

What if my needs are not the same every day?

We understand that for some people their needs may change from day-to-day or go up and down over a longer period. We take this into account when deciding whether you have eligible needs and ensure all needs are considered and supported effectively and flexibly.

Could I still be eligible if I already have a carer supporting me?

Yes, you could. When deciding whether you have eligible needs, we consider how you would manage if you did not have anyone supporting you. We will then consider any support you do get when determining the plan to ensure your care and support needs are met.

What happens once a decision has been made about my eligibility?

We will contact you to tell you the decision, whether you have eligible needs or not. We will give you a copy of your assessment which will detail any eligible needs.

What happens if I have eligible needs?

Where you have eligible needs, we will talk to you about ways in which your needs could be met. We will also give advice and information about what support is available in the community to help you.

We will then make a plan with you showing how your care and support needs will be met. This is called a care and support plan.

We will then arrange the care and support you need or enable you to do so through a [Direct Payment](#).

Will I have to pay towards my care and support?

We may pay towards the care supporting you. This will depend on the outcome following an assessment of your financial position. You may be liable to contribute towards some or all of the costs of care and support yourself.

If you choose not to undertake the financial assessment or if your financial position is assessed as over the set financial threshold, you will be expected to pay the full cost of the care and support provided.

What happens if I don't have eligible needs?

We will give you information and advice about what is available, to prevent the need for care and support for all the needs identified as not eligible for support.

Reviewing care and support needs

We aim to undertake a review of your care and support needs every 12 months to ensure you are still receiving the right care and support to meet your eligible needs. This may be more frequent depending on your circumstances, or if changes are required sooner.

At the end of the review, we will use the eligibility criteria again to consider whether your care and support needs are still eligible for care and support to be provided.

Does eligibility apply if I will have to self-fund my care?

The assessment of eligible needs is the same for individuals that are funding their own care (self-funders). However, as a self-funder you would be liable for the full cost of any support arranged to meet your eligible needs.

If you choose to find your own care and support the eligibility criteria do not apply as the arrangement for care and support will be a private arrangement between you and the care agency.

You may use the council's Care Navigator service to help find private care and support. You can access the Care Navigator by calling Care Connect on 01275 888801.

What if I disagree with a decision about my eligibility?

If you are dissatisfied with the decision that has been made about your eligibility for care and support, please start by discussing this with the person who completed your assessment.

If you are still dissatisfied, you may raise a complaint by contacting the [Complaints Manager](#) for Adult Social Services who will be pleased to help you further.

What if my needs or circumstances change?

If your needs or circumstances change and you require a reassessment of your needs, please contact Care Connect on 01275 888801.

How do I get an assessment?

If you would like an assessment of your care and support needs, you can refer yourself through [an online self-referral form](#), or ring Care Connect on 01275 888 801.

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