

Self Directed Support Eligibility Quick Guide Practice Guidance Derbyshire County Council - Adult Social Care

Derbyshire County Council Adult Social Care publishes a range of practice guidance documents to support workers managing individual cases. They are written in plain language and give clear and precise guidance detailing how professionals and other relevant parties should respond when dealing with eligibility.

This guidance should be read alongside the [Self Directed Support Eligibility Practice Guidance](#).

If you would like to make any comments, amendments, additions etc please email ASCH.adultcare.policy@derbyshire.gov.uk

Contents

Introduction.....	2
Outcomes	2
Presenting Needs	3
Eligible Needs.....	4
Author History	5

Introduction

The overall approach to determining eligibility is the three-part test as set out in the Care Act Guidance 2014.

1. Do the needs arise from a physical or mental impairment?
2. Do the needs mean that the adult is unable to meet two or more of the listed outcomes?
3. Is there consequently a significant impact on the client's wellbeing?

However, while easy to remember, this is a simplification of the complex interaction that takes place between the social care professional and the person and/or their carer to arrive at an agreed set of needs and outcomes, consider their impact on the person and then arrive at a determination of eligibility. In addition, there is also the challenge of recording this in a way that can be used to inform any resulting care and support plan.

While assessment should be proportionate to the context of the person's situation, our approach to determining needs and eligibility has to be clear, transparent, and contain sufficient evidence that a fair and robust process has been followed.

Consequently, the following information is intended as a short guide to assist social care professionals in determining and recording eligibility decisions. Most of this will be familiar, but it is important to restate in the context of the changes required by the Care Act 2014, and to assist as a guide in the application of the new assessment and support planning documentation.

Outcomes

Social care communities including Derbyshire County Council (DCC) Adult Social Care have typically used the term 'outcome' to describe the 'goals' that the person wants to achieve within certain areas of their life. How far we are able to support these goals to be achieved is the key factor in determining the success of any involvement from Adult Social Care, and the continued relevance of the person's care and support plan.

In contrast, the Care Act Guidance 2014 uses the term 'outcomes' to describe 10 key life areas (or domains) where people are likely to experience the impact of a physical or mental impairment.

In practice, what assessors are being asked to do is determine.

1. Does the person have needs which arise from a physical or mental impairment (if so, what are they)?
2. Does this impact on the outcomes (goals) the person wants to be able to achieve within 2 or more of the 10 key life areas? (record all the needs and related outcomes under the relevant life area headings)
3. Is there consequently a significant impact on the person's wellbeing in either two or more domains (give reasons) or overall is there a cumulative impact?

Version: 3 FOI Status: Public	Self Directed Support Eligibility Quick Guide Practice Guidance Derbyshire County Council - Adult Social Care	Originally issued: April 2015 V3 Issued: May 2021 Review Due: May 2023 Author: Josie Hill / Dominic Sullivan
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Presenting Needs

Presenting needs are the concerns or difficulties that a person or their carer will present with.

Please note that even when it is clear the client has a physical or mental impairment or illness; their concerns or difficulties may not necessarily arise from this impairment and may have other reasons which require different solutions or support.

Typically, information on concerns and difficulties will be in the person, carer or advocate's own words. As such it is unlikely to be structured in a way that fits easily with our recording tools and the sheer volume of information that a person may want to share (it may be the first time they have had anyone listen to them), may make teasing out what is important to and for them difficult.

Consequently, the task for the social care professional is to listen and, through feedback, assist the person and/or their carer to structure their thoughts, describe, and eventually summarise what the key concerns/underlying reasons for the difficulty might be, e.g. *"it seems to me that the main things you are concerned about are...is this correct?"* These will be familiar strategies which achieve personal ownership of what is written down, facilitate recording of only what is needed and are more likely to facilitate arriving at a consensus on eligibility.

Assessed Needs

These are identified from interaction with the person and their carer and will also include consideration of any other relevant information sources. This should be a summary of the key concerns and issues that have been arrived at through agreement (where possible) with the person and their carer (as above), and be accompanied by sufficient evidence of the impact on the client to inform an eligibility decision. These should be grouped under the most relevant outcome headings.

This is necessary to ensure that we capture:

- how many of the 10 outcomes (or life areas/domains) are impacted on
- evidence whether each need arises from a physical or mental impairment
- the level of impact each need has on the person's wellbeing and the evidence for arriving at this decision
- all relevant needs are carried forward to the support plan (including those where the person, carer or their networks will take responsibility for delivery)

In addition, this will also assist in determining whether collectively a lower level of impact occurred in so many domains that there is a cumulative effect which results in an overall significant impact on the person's wellbeing.

Where agreement on assessed needs cannot be achieved then it is important that the reasons for this are recorded.

Carer Eligibility

The process is broadly similar but there only needs to be an impact in one particular domain (see [9 carer's domains](#)). Again, the impact has to be 'significant'.

Eligible Needs

Is There a Significant Impact?

The national eligibility threshold introduced with the Care Act 2014 focusses on the person's 'wellbeing'. The word **significant** is used to describe the level of impact within the person and overall person and carer 'outcome' domains.

What is Significant?

The guidance states that the term 'significant' must be understood to have its everyday meaning and no further definition is offered.

However, the Oxford Thesaurus uses 'significant' as a 'replacement' for the term 'substantial', and it is clear from everyday use of the term that 'significant' would always refer to something that has the potential to result in substantial, profound and potentially life changing impacts on the person. This will, however, differ from person to person and will depend, not only on their disability, but also the context of the person's circumstances, their strengths and aspirations.

Wellbeing

This is a broad concept and as such relates to many aspects of a person's life, the relevance of each aspect will be shaped by the uniqueness of the individual and their particular circumstances.

Typically, these aspects will include:

- 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 support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society

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Finally, the Care Act Care and Support Statutory Guidance 2014, makes clear that there is no set response in promoting wellbeing. In addition, it highlights a fundamental shift away from ‘providing services’ to one which recognises the uniqueness of the individual and seeks to take a flexible and strength-based approach to meeting needs.

Author History

Authorisation and Approval History

Authored by Dominic Sullivan	Group Manager	April 2015
Approved by Roger Miller	Acting Assistant Director	April 2015

Change History

Version 1	April 2017	Dominic Sullivan	Development of new practice guidance following implementation of the Care Act 2014
Version 2	March 2017	Dominic Sullivan	Review – minor amendments
Version 3	May 2021	Josie Hill / D Sullivan	Review – minor language changes. Changes to language to emphasize points in the Care Act 2014, but no change to practice guidance.