



# ELIGIBILITY CRITERIA CHECKLIST Community Care Services

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This form must only be completed following an assessment or review to determine if a person has social care needs that are eligible for services arranged or provided by Social Services.**

## How the Eligibility Criteria are used

- ◆ Alternatives to the need for social care assistance **must** always be explored during the assessment to include the contributions from family / wider community / voluntary sector / other agencies.
- ◆ A person is **only** eligible for social care services where needs are identified above the threshold line and where there is no-one else willing / able / appropriate to assist.
- ◆ If needs are identified below the threshold line then information and advice about available services **must** be given.
- ◆ The emphasis should be to arrange short term interventions to enable people to be independent where possible.
- ◆ Peoples' needs and risks alter over time. Needs will be reviewed to check whether there are eligible needs.
- ◆ The assessment / review will have identified the interaction between **all** a person's needs and risks, the individual's views and attitudes towards the risks and the predictability and time frames within which they are likely to occur. This information will inform decision making on the Checklist about the level of seriousness of the risks in terms of harm or danger and the level of impact to an individual's independence.

## Definitions of Levels of Risk

- |                     |  |
|---------------------|--|
| <b>Critical:</b>    | The risk of major harm / danger to a person or major risks to independence.                                      |
| <b>Substantial:</b> | The risk of significant impairment to the health and well being of a person or significant risk to independence. |
| <b>Moderate:</b>    | The risk of some impairment to the health and well being of a person or some risk to independence.               |
| <b>Low:</b>         | Promoting a person's quality of life or low risk to independence.  |

See Page 4 for a Glossary of Terms.

## Section 1: Needs Relating to Your Physical and Mental Health

<b>Critical</b>	<input type="checkbox"/>	You have major health problems which cause immediate life threatening harm or danger to yourself or others and need social care support.
	<input type="checkbox"/>	Serious abuse or neglect has occurred or is strongly suspected and you need protective intervention by Social Services (includes financial abuse and discrimination).
<b>Substantial</b>	<input type="checkbox"/>	You have significant health problems which cause significant risks of harm or danger to yourself or others either now or in the near future and need social care support.
	<input type="checkbox"/>	Abuse or neglect has occurred or is strongly suspected in the near future and you need social care support (includes financial abuse and discrimination).
<b>Threshold for Services</b>		
<b>Moderate</b>	<input type="checkbox"/>	You have some health problems indicating some risks to your independence and / or intermittent distress either now or in the foreseeable future.
<b>Low</b>	<input type="checkbox"/>	You have a few health problems indicating low risks to your independence.

**Note: Mental Health within Critical and Substantial:** includes severe enduring mental illness / regular episodes of severe mental illness, acute mental breakdown, life threatening or serious chronic substance misuse / neglect.

## Section 2: Needs Relating to Your Personal Care / Domestic Routines / Home Environment

<b>Critical</b>	<input type="checkbox"/>	You are unable to do vital or most aspects of your personal care causing a major and immediate harm or danger to yourself or others <b>or</b> major and immediate risks to your independence and you need social care support.
	<input type="checkbox"/>	You are unable to manage vital or most aspects of your domestic routines causing major and immediate harm or danger to yourself or others <b>or</b> major and immediate risks to your independence and you need social care support.
	<input type="checkbox"/>	You have an extensive / complete loss of choice and control over vital aspects of your home environment causing major and immediate harm or danger to yourself or others <b>or</b> major and immediate risks to your independence and you need social care support.
<b>Substantial</b>	<input type="checkbox"/>	You are unable to do many aspects of your personal care causing significant risk of danger or harm to yourself or others <b>or</b> significant risks to your independence either now or in the near future and you need social care support.
	<input type="checkbox"/>	You are unable to manage many aspects of your domestic routines causing significant risk of harm or danger to yourself or others <b>or</b> significant risks to your independence either now or in the near future and you need social care support.
	<input type="checkbox"/>	You have substantial loss of choice and control managing your home environment causing a significant risk of harm or danger to yourself or others <b>or</b> a significant risk to your independence and you need social care support.
<b>Threshold for Services</b>		

## Section 2: Needs Relating to Your Personal Care / Domestic Routines / Home Environment (cont.)

<b>Moderate</b>	<input type="checkbox"/>	You are unable to do some aspects of your personal care indicating some risk to your independence either now or in the foreseeable future.
	<input type="checkbox"/>	You are unable to manage some aspects of your domestic routines indicating some risk to your independence either now or in the foreseeable future.
	<input type="checkbox"/>	You are unable to manage some aspects of your home environment indicating some risk to your independence either now or in the foreseeable future.
<b>Low</b>	<input type="checkbox"/>	You have difficulty with one or two aspects of your personal care, domestic routines and / or home environment indicating little risk to your independence.

## Section 3: Needs Relating to Your Family and Social Responsibilities

<b>Critical</b>	<input type="checkbox"/>	You are unable to sustain your involvement in vital or most aspects of work / education / learning causing a major and immediate loss of your independence and you need social care assistance.
	<input type="checkbox"/>	You are unable to sustain your involvement in vital or most aspects of family / social roles and responsibilities and social contact causing major distress and / or immediate loss of your independence and you need social care support.
<b>Substantial</b>	<input type="checkbox"/>	You are unable to sustain your involvement in many aspects of work / education / learning causing a significant risk to your independence either now or in the near future and you need social care assistance.
	<input type="checkbox"/>	You are unable to sustain your involvement in many aspects of your family / social roles and responsibilities and social contact causing significant distress and / or risk to your independence either now or in the near future and you need social care support.
<b>Threshold for Services</b>		
<b>Moderate</b>	<input type="checkbox"/>	You are unable to manage some aspects of your involvement in work / learning / education indicating some risk to your independence either now or in the foreseeable future.
	<input type="checkbox"/>	You are unable to manage some aspects of your family / social roles and responsibilities and social contact indicating some risk to your independence either now or in the foreseeable future.
<b>Low</b>	<input type="checkbox"/>	You have difficulty undertaking one or two aspects of your work / learning / education / family and / or social networks indicating little risk to your independence.

## Section 4: Carers

<b>Critical</b>	<input type="checkbox"/>	Your carer has major physical / mental health difficulties due to the impact of their role as a carer causing immediate life threatening harm or danger to themselves or others and they need social care support.
	<input type="checkbox"/>	There is a complete breakdown in the relationship between you and your carer and your carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.
	<input type="checkbox"/>	Your carer is unable to manage vital or most aspects of their caring / family / work / domestic / social roles and responsibilities and needs social care support.

## Section 4: Carers (cont.)

<b>Substantial</b>	<input type="checkbox"/>	Your carer has significant physical / mental health difficulties due to the impact of their role as a carer causing significant risk of harm or danger to themselves or others either now or in the near future and they need social care support.
	<input type="checkbox"/>	There is a significant risk of breakdown in the relationship between you and your carer and your carer is unable to sustain many aspects of their caring role either now or in the near future.
	<input type="checkbox"/>	Your carer is unable to manage many aspects of their caring / family / work / domestic / social roles and responsibilities either now or in the near future and needs social care support.
<b>Threshold for Services</b>		
<b>Moderate</b>	<input type="checkbox"/>	Your carer is unable to manage some aspects of their caring / family / domestic / social roles either now or in the foreseeable future.
<b>Low</b>	<input type="checkbox"/>	Your carer has difficulty undertaking one or two aspects of their caring / domestic role.

## Glossary of Terms

<b>Near future:</b>	Up to three months.
<b>Foreseeable future:</b>	Up to twelve months.
<b>Health:</b>	Includes physical, sensory, learning, behaviour, cognitive disabilities and impairments, mental health.
<b>Social Care Support:</b>	May be short term, time limited or ongoing. It includes care, assistance, personal support, enabling, supervision and equipment arranged by social services.
<b>Personal Care:</b>	Any activity that requires close personal and physical contact or personal support from another person and which does not fulfil a medical function.
<b>Domestic Routines:</b>	Support required to assist a person to manage their living environment and which does not involve personal or intimate care.
<b>Home Environment:</b>	Includes mobility, access, accommodation, ability to manage money and so on.

If you or your carer are unhappy with the decisions recorded, please discuss this with the care manager or their manager. If you are still unhappy, please ask the care manager for a copy of the complaints procedure.

### For office use:

Completed by: _____	Date: _____
Copy to service user / carer? Yes <input type="checkbox"/> Date: _____	No <input type="checkbox"/> Reason: _____