

Factsheet 46

Paying for care and support at home

May 2025

About this factsheet

This factsheet explains charging for social care services in places other than care homes, mainly related to services provided in your own home. It also covers charging for carers' services.

This factsheet describes how you can be deemed to be a self-funder following a financial assessment. This means you are expected to fully fund the care services to meet your needs.

The information in this factsheet is correct for the period May 2025 to April 2026.

The information in this factsheet is applicable in England. If you are in Scotland, Wales, or Northern Ireland, please contact Age Scotland, Age Cymru, or Age NI. Contact details can be found at the back of this factsheet.

Contact details for any of the organisations mentioned in this factsheet can be found in the *Useful organisations* section.

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1 Recent developments

Local Authority Circular (DHSC) (2025) 1, published in February 2025, increased the income thresholds in the financial assessment in line with inflation. The capital limits remain the same as in the previous financial year.

2 Sources and terms used in this factsheet

Care Act 2014, charging regulations and statutory guidance

This factsheet is based on the *Care Act 2014* ('the Act'), introduced in April 2015. Relevant regulations are the *Care and Support (Charging and Assessment of Resources) Regulations 2014* ('the charging regulations'). Another important reference source is the *Care and Support Statutory Guidance* ('the guidance').

These set out in detail how a local authority must administer adult social care. Section 8 of the guidance deals with '*Charging and financial assessment*' and there are also annexes covering:

- Annex B: Treatment of capital
- Annex C: Treatment of income
- Annex E: Deprivation of assets

Local authority

In this factsheet, '*local authority*' refers to the adult social services department of the local authority or council. It is used to describe similar departments within: a county council, a district council for an area in which there is no county council, a London borough council, or the Common Council of the City of London.

3 How to get and care and support

If you have difficulty managing at home, you can ask the local authority for a needs assessment. Another person such as your carer, GP, or district nurse can make a referral on your behalf with your permission. Carers can ask for a separate assessment of their support needs.

If you are in hospital, the professionals working on your ward may need to arrange social care services with you prior to discharge to ensure you are safe and properly supported at home or to meet your rehabilitation needs. Staff should involve you as much as you want in the planning of your care and support.

In this factsheet, we focus on services you can receive outside of a care home, but residential care may be another option to meet your needs.

See factsheet 29, *Finding, choosing and funding a care home*, for more information about your choices here.

3.1 The range of services available

There are a wide range of social care services that can be provided to help you stay in your own home and assist your carer. These include:

- home care and personal assistants
- meals delivered to your home
- day-centre attendance and respite care
- live-in care services
- rehabilitation services
- counselling
- direct payment support
- information, brokerage, and advice services
- specialist disability equipment
- adaptations to your home
- community alarms and other types of assistive technology.

Other non-residential care services include the provision of specially designed or adapted sheltered accommodation, known as supported living, warden controlled, or extra-care accommodation. Shared lives accommodation is where you move in with, or regularly visit, a carer in a long-term arrangement. Other housing options may be available, for example, designed to wheelchair access standards.

A local authority has a broad discretion about how to meet your needs and how to support you and your carer if you have one. The local authority may directly provide services, or they may commission their provision externally, for example, via a care home agency.

For more information, see information guide 17, *Adapting your home*, factsheet 6, *Finding help at home*, factsheet 42, *Disability equipment and home adaptations* and factsheet 64, *Specialist housing for older people*.

3.2 Assessment for care and support

The first step in getting help is to ask the local authority to carry out a needs assessment. This is how they find out what sort of care and support you need and if you meet the required eligibility criteria. Your carer can request a separate assessment of their support needs.

The local authority must carry out an assessment if it appears that you may have needs for care and support. This duty applies regardless of your level of need, or the amount of money you have.

The assessment must be suitable for your particular requirements. It must include any needs already met, for example by a family carer. Someone from the local authority, such as a social worker, usually visits to discuss your needs and decide with you what actions should be taken.

You can have as much involvement in this process as you want and can self-assess in some circumstances. Your needs should be recorded and the local authority must provide you with a written a copy of the assessment once completed.

If the local authority is going to meet your needs, they must prepare a care and support plan, involving you as much as you wish, setting out how your needs will be met. You must be provided with a copy of the plan. If you have a carer, they may be entitled to a support plan after a carer's assessment.

A care and support plan must describe:

- outcomes you wish or need to achieve
- what your assessed eligible needs are
- which eligible needs the local authority will meet and how they will meet them
- information and advice on preventing, reducing, or delaying future needs
- your personal budget figure, and
- details of any direct payments that are agreed.

A personal budget is the overall amount the local authority calculates it will cost to meet your eligible needs. It records how much you must pay towards this following a financial assessment and the remaining amount paid by the local authority (see section 4 for more information).

3.3 Eligibility criteria for care and support

To be eligible for help from the local authority, you must be assessed as unable to achieve, or have difficulty with, certain things ('outcomes') in your daily life, and this has a significant impact on your wellbeing.

If you are assessed as having eligible needs, the local authority has a legal duty to ensure they are met. It can charge you for most services intended to meet this duty. This is different to NHS services, which are largely free at the point of delivery. For more information about the needs assessment, see factsheet 41, *How to get care and support*.

3.4 Self-funders' 'right to request' having needs met

If you are assessed as having eligible needs but are a self-funder due to your income or capital following the financial assessment, you have a right to request the local authority to arrange your care. They must agree to your request, but they can charge you for the full cost of services and charge an arrangement fee as well.

The charging regulations requires the arrangement fee to cover only the actual costs incurred by the local authority when arranging your care. They can take account of the cost of negotiating and managing your contract with a service provider and any administration costs incurred.

The guidance advises creating written agreements to avoid disputes about future funding liabilities.

If you are responsible for paying for your own care but do not have mental capacity to arrange it for yourself, and have no one to do this for you, the local authority has a duty to arrange your care. In these circumstances, the local authority cannot charge an arrangement fee.

4 Your personal budget

Your personal budget is the total amount the local authority calculates it will cost to meet your eligible needs i.e. needs it has a legal duty to meet. As part of your care planning process, you should be given an estimated personal budget figure, to give you an idea of what your care may cost.

The final figure must be sufficient to meet your eligible needs. A financial assessment is carried out to find out how much you must pay towards the personal budget figure and the remaining amount the local authority must pay.

You can choose to have your personal budget as:

- a direct payment (money given directly to you), if appropriate
- a budget managed by the local authority
- an individual service fund where the funds are managed by a third party such as your service provider, or
- a combination of these.

A common way that older people receive social care is where the local authority arranges both the service and manages your funding.

You must be given advice and support so you can make an informed choice as to how to arrange your funding. You must not be put under any pressure to accept direct payments if you do not want them. What matters is what works best for you, in your individual circumstances.

5 Local authority charging rules

The local authority can choose to charge for nearly all services it provides to you at home. There may be a blanket charge for a low-cost service and some services must be provided free of charge. This section is not relevant if you are a self-funder.

Note

The guidance says local authorities can choose whether or not to charge and *'the overarching principle is that people should only be required to pay what they can afford.'* Application of charging policies must reflect these principles in each case.

The local authority must carry out a financial assessment if it chooses to charge you for the cost of services to meet your assessed needs. The purpose of the financial assessment is to work out how much, if anything, you must pay towards the cost of services.

Most types of income, including benefits and pensions, can be taken into account. The value of your home is disregarded if you still live there. Other capital such as savings can be taken into account.

The financial assessment may follow, or happen at the same time as, the needs assessment. The amount you are charged must be specified in your personal budget, which is part of your care and support plan.

You should be given information and advice to help you decide what care or support you receive and your funding options.

5.1 Local authority charging discretion

A local authority has discretion whether to charge for services, (except if they are free, see section 10). Their approach must be set out in their charging policies and it must be able to explain each individual decision.

'Light-touch' financial assessment

'Light-touch' financial assessments are allowed in certain circumstances. For example, you have significant financial resources but require support; or a small service is supplied for a nominal fee.

5.2 Only you should be charged

The local authority cannot include income and capital belonging to your partner in the financial assessment. The guidance states the local authority *'has no power to assess couples or civil partners according to their joint resources. Each person must therefore be treated individually'*.

However, the local authority may ask for details of your partner's finances to ensure it has considered their circumstances when charging you. For example, if you need to financially support your partner, the local authority may agree to disregard additional amounts of your income to reflect this.

If you have jointly held savings, the total value is divided equally between joint owners, except if there is evidence one of you owns an unequal share. Once you are in sole possession of your actual share, you are treated as owning the actual amount.

Your carer cannot be charged for care and support provided to you, only for support services they directly receive. For example, if you have a respite care home placement, you are charged, even though it may benefit your carer. Responsibility for payment should be clearly explained and agreed at the outset.

5.3 Written record of charging decisions

You should be provided with a written record of the charging decision by the local authority. This must explain how the financial assessment has been carried out, what the charge is, and how often it will be made. The local authority must ensure this is provided in a manner that you can easily understand.

5.4 Minimum income guarantee

After paying your contribution to care services provided to you, your weekly income should not reduce below a minimum income level, called the '*Minimum Income Guarantee*' (MIG).

The MIG amounts for 2025/26 are as follows:

If you are **single** and have reached State Pension age, the MIG is £232.60 a week.

If you are a **member of a couple** and one or both of you has reached State Pension age, your individual MIG is £177.55 a week. If you both receive care and support services from the local authority and one or both of you are over State Pension age, you should each have a MIG of £177.55 a week.

If you or your partner **receive Carer's Allowance**, an extra £53.25 a week is included in your MIG.

If you are single and over State Pension age and **receive disability benefits**, such as Attendance Allowance, Disability Living Allowance care component (high or middle rate) or Personal Independence Payment daily living component, you can ask that a disability addition of £49.65 a week to be added to your MIG. However, the local authority may not agree to do this if you are over State Pension age.

Discretion to increase the MIG

The local authority must consider how to protect your weekly income via the MIG. The guidance states the purpose of the MIG is to promote independence and social inclusion and ensure you '*have sufficient funds to meet basic needs such as purchasing food, utility costs or insurance*'.

The local authority has discretion to set a higher MIG figure than the legal minimums specified above. The guidance states '*the government considers that it is inconsistent with promoting independent living to assume, without further consideration, that all of a person's income above the...MIG is available to be taken in charges*'.

This means the local authority should consider your individual circumstances when deciding if it is appropriate to charge you in line with the minimum MIG amount. If you feel the amount you are charged affects your ability to live independently, ask the authority to increase the MIG figure applied in your case. If they refuse, you can challenge the decision through the complaints procedure, see section 16.

Disregard of housing costs and disability expenses

The MIG should only be applied to income you have available after any housing costs you are liable for have been deducted. Under the charging regulations, housing costs mean ‘*mortgage repayments, payments by way of rent or ground rent, council tax*’ and certain service charges.

Housing costs and Council Tax should be assessed less Housing Benefit or Council Tax Reduction you receive. It should be net of Income Tax. Your available income should also take into account disability related expenditure, see section 5.6 for more information.

5.5 Social security benefits

You may be able to claim social security benefits to help meet costs of care and support needs, on top of local authority funding. Some benefits can be taken fully into account in the financial assessment, whereas others are partly or fully disregarded.

Relevant benefits include:

- Attendance Allowance
- Disability Living Allowance/Personal Independence Payment
- Carer’s Allowance
- Pension Credit
- Housing Benefit
- Council Tax Reduction (CTR) and Council Tax discounts and exemptions. See factsheet 21, *Council Tax*.

The local authority make their calculations on the basis that all means-tested benefits such as Pension Credit are being claimed, so it is important to ensure you have applied for all relevant benefits.

5.6 Disability-related expenditure

If the local authority takes a disability benefit into account in the financial assessment, they must allow you to keep enough money to meet any disability-related needs they are not meeting. This is called ‘*disability-related expenditure*’ (DRE) and is usually calculated on a weekly basis.

DRE applies to the following benefits only:

- Attendance Allowance (AA)
- Disability Living Allowance (DLA) care component
- Personal Independence Payment (PIP) daily living component.

Various household expenses can be classed as DRE and local authorities are instructed to take a flexible approach in what is accepted as being DRE expenditure. See overleaf for some examples.

Examples of DRE

DRE can include the following but not only:

- extra washing or special washing powder/conditioner for delicate skin
- community alarms (pendant or wrist)
- special diet
- special clothing or footwear (or extra wear and tear)
- additional bedding
- extra heating costs
- gardening
- household maintenance
- any household cleaning (if not part of your care plan)
- internet access
- any day or night care which is not being arranged by the local authority
- buying and maintaining disability-related equipment
- any transport costs (both for essential visits to the doctor or hospital, but also to keep up social contacts).

Other costs may also be accepted. In line with the guidance, the local authority should take a flexible approach and always consider individual circumstances. The local authority should not have a policy to exclude certain expenses without good reason, or to set arbitrary limits on how much can be claimed for certain costs.

The local authority should tell you how DRE is assessed and whether evidence, such as receipts or invoices, is needed for expenditure to be accepted. However, the local authority should not have overly rigid evidence requirements that mean you cannot claim expenses genuinely connected to your disability.

Ensuring all DRE is included: useful tips

Some local authorities set standard amounts for DRE. If your actual expenditure significantly differs from these amounts, ask to be reassessed. The local authority should take your individual circumstances into account and consider all reasonable expenditure.

When being assessed, consider everything you must buy or pay for because of your disability. Be clear and specific as you can about what you need to spend from your disability benefit to ensure your needs are met. It may help to draw up a list of your expenditure ahead of your financial assessment, or to keep a diary to ensure everything is included.

Try to keep receipts and bills to help you work out how much you spend on your disability-related needs. It may be more difficult to prove you have extra costs if you do not actually incur the expenses.

For example, you may not put the heating on for fear of large bills, or do not follow a special diet due to cost. Local authorities should work out an amount considered to be normal expenditure for your area and type of housing to assist their response, or what you would spend if not avoiding it due to fear of high costs.

You can ask for the cost of one-off items, for example a stair lift, to be included as DRE. The local authority may work out one-off expenditure by spreading the cost over the period the item is expected to last. For example, if the item costs £1,000 and is expected to last ten years, your weekly expenditure may be worked out as £1.92 a week. If the local authority takes this approach, it must take into account your individual circumstances and fairly reflect the cost you have incurred.

If you feel that the authority has not accurately reflected your individual DRE, raise a formal complaint to challenge this. See section 16.

5.7 Disregarded income

Some income is fully disregarded in your financial assessment and some can be partially disregarded. Disregarded income includes:

- DLA and PIP mobility components (not care or daily living components)
- Pension Credit Savings Credit
- earnings and income in kind, which is income other than money
- Social Fund payments (including Winter Fuel Payments)
- war widow's and widower's special payments
- regular charitable and voluntary payments (e.g. by a relative)
- Child Tax Credit, Child Benefit, or Guardian's Allowance
- personal injury trust payments
- War Pension Scheme payments except Constant Attendance Allowance.

5.8 Capital and maximum charges

Capital is usually savings, but it can include other assets such as land.

Upper capital limit

The upper capital limit is £23,250. If you have more than this, you may be asked to pay the full cost of charges for your care services.

'Tariff' income calculation

Capital between £14,250 and £23,250 is assessed as producing an assumed or 'tariff' income. For every £250, or part of £250, between £14,250 and £23,250, you are assessed as if you have an extra £1 a week in income. For example, if you have capital of £14,400, the local authority treats you as having a tariff income of £1 a week.

Local authority charging discretion

Capital earmarked for specific items or purpose at the time of the financial assessment can be disregarded if you ask for this. The local authority may agree to a request if it is reasonable. This overlaps with deliberate deprivation of assets in section 6.

5.9 Disregarded capital

The value of a property you live in as your main or only home is disregarded. Personal possessions are disregarded as long as they were not bought with the intention of avoiding future social care charges.

Other disregarded capital

Capital that is disregarded indefinitely includes the surrender value of life insurance policies or annuities; the value of funds held in trust or administered by a court, or that can only be disposed of by a court order or direction, which derive from a payment for personal injury, including compensation for vaccine damage and criminal injuries.

Certain types of investment bond with a life assurance element are disregarded. If you hold an investment bond but are unsure if it has a life assurance element, ask the company that issued the bond or your financial adviser. Age UK cannot advise on particular financial products.

The treatment of money held in trust depends on what rights you have to demand trust money be paid to you. The rules about trusts are complicated so seek advice from the trust provider if affected.

Compensation payments made: to Far East Prisoners of War on or after 1 February 2001; to people who caught hepatitis C as a result of contaminated blood products; from government trusts for variant Creutzfeldt-Jakob disease (CJD), including payments from the trust to a partner at the time of the death of the person; are all disregarded.

5.10 Example of the financial assessment

The financial assessment determines how much you must pay towards the cost of your care and support. The local authority must disregard DRE and eligible housing costs and ensure you are left with the MIG amount. This example shows what your contribution might be.

Example

You are single, own your home and have savings of £5,000. Your weekly income from pensions is £230.00. You have a Pension Credit award of £80.00 a week and low rate Attendance Allowance of £73.90 a week.

The local authority include your pensions and benefits in full, so your weekly income included in the financial assessment is £383.90 a week.

As you are State Pension age and single, the local authority apply the minimum income guarantee (MIG) of £232.60 a week.

You spend £20 per week on a specialist diet relating to your disability. As this is not included in your care package, the local authority allows £20 of disability-related expenditure (DRE) per week.

Your mortgage repayments are calculated as £37 per week. You are not entitled to a benefit to support this housing cost.

Your savings are ignored because they are under £14,250 and the local authority disregards the value of your property because it is your home.

The local authority calculates that your care package costs £250 per week. This means your personal budget is set at £250 per week.

The local authority calculation	£
Your total weekly income	383.90
Less MIG	232.60
Less DRE	20.00
Less housing costs	37.00
Your weekly contribution to personal budget	94.30
Personal budget amount	250.00
Local authority's contribution to the personal budget	155.70

6 Deliberate deprivation of assets

The local authority has the power to consider whether you have deliberately deprived yourself of income or capital with the purpose of reducing the amount you are charged for your care.

If deliberate deprivation is found, you can be treated as still possessing the assets you have disposed of as '*notional*' capital or income in the financial assessment.

The guidance states there may be valid reasons why you no longer have an asset and a local authority should ensure it fully explores this before reaching its conclusions. It states you should be treated with dignity and respect and be able to spend the money you have saved as you wish – it is your money after all.

Deprivation should not be automatically assumed as there may be valid reasons why you no longer have an asset and a local authority should ensure it fully explores this first.

Annex E of the guidance outlines three key factors a local authority should take account of when making a decision about whether deliberate deprivation has occurred:

- whether avoiding care and support charges was a significant motivation
- when the asset was disposed of, could you have a reasonable expectation of the need for care and support?
- did you have a reasonable expectation of needing to contribute to the cost of your eligible needs?

If you transfer an asset to a third party to avoid charges, the third party can become liable to pay the local authority the difference between what it would have charged you and what it did charge you for care.

However, the third party is not liable to pay anything exceeding the benefit they received from the transfer. If you transfer funds to more than one third party, each is liable to pay the local authority the difference, in proportion to the amount they received.

The local authority can use the County Court process to recover debts, but this should only be after all other avenues have been exhausted. If pursuing the recovery of charges, a local authority must have regard to Annex D of the guidance on debt recovery, which includes a requirement to act reasonably.

If you disagree with a deprivation decision, you can challenge this through the complaints procedure. See section 16 for more information on complaints.

7 Financial assessment delay

The financial assessment should be completed promptly. You can challenge the local authority if there are delays. The Local Government and Social Care Ombudsman state they generally expect a financial assessment to be done within four weeks of a needs assessment.

Ask the local authority to explain what is causing the delay and what steps are being taken to ensure the assessment is completed as soon as possible. If this does not resolve the situation, you can raise a formal complaint (see section 16).

The local authority may expect you to pay backdated care charges that have accrued during the period of delay. If you believe this is unreasonable, you can complain.

If your complaint reaches the Ombudsman, they may say the local authority can expect you to pay backdated charges, even where the authority are at fault for delaying the financial assessment.

However, they will consider, for example, whether the local authority made you aware of possible charges before making care arrangements for you. You should not be expected to pay backdated charges in one go. Any repayments should be affordable for you.

8 Direct payments

Direct payments are an alternative to the local authority arranging services on your behalf and holding your personal budget. You are paid an amount based on your personal budget, allowing you to make your own care arrangements.

You must be given this option if you satisfy certain requirements. It can be empowering if it is right for you. You have the choice to use the money in the way that best suits you, with regard to meeting the eligible needs identified in your care and support plan.

You can choose to directly employ a carer/personal assistant or use a local home-care agency if you do not want the responsibility of being an employer. There may be a local support group to help manage direct payments. The local authority must provide appropriate advice and support to assist you if you need it. Carers can receive direct payments instead of local authority arranged services.

Carers Trust have information about employing a personal assistant: www.carers.org/paid-help-at-home/employing-a-personal-assistant

Direct payments cannot usually be used to pay your spouse, partner, civil partner, or a close relative living in the same household, unless the local authority agree this is necessary to meet your care needs, or to provide administrative and management support to enable you to use the payment.

The local authority must monitor the arrangement to ensure money is being spent on care needed. If you want a direct payment but the local authority refuse, you can challenge the decision. For more information, see factsheet 24, *Personal budgets and direct payments in social care*.

People who lack mental capacity

If you lack mental capacity, direct payments can be made to an 'authorised person', such as a family member or friend, who receives and manages the payments on your behalf.

9 Adaptations, equipment and home repairs

'Minor' adaptations

Adaptations costing £1,000 or less must be provided free of charge by the local authority if they are as agreed as meeting eligible needs.

Disability equipment

Specialist disability equipment must be provided free-of-charge by the local authority if it agreed as meeting eligible needs. See factsheet 42, *Disability equipment and home adaptations*.

‘Major’ adaptations - Disabled Facilities Grant

You may be eligible for a Disabled Facilities Grant (DFG). These can fund a variety of major improvements and adaptations to make your life easier at home. Examples of ‘*major*’ home adaptations include a level access shower, stair lift, or a through-floor lift.

The local authority has a duty to provide a DFG if you meet the qualifying criteria. There is also a means test, which is separate to the local authority social care financial assessment.

An assessment is usually carried out by an occupational therapist employed by the local authority. They must work jointly with the housing department who administer the DFG funding and ensure recommended works are safe and appropriate. See section 3 of factsheet 42, *Disability equipment and home adaptations* for more information.

VAT relief on disability-related equipment

If you have a disability, you do not have to pay VAT when buying specialist equipment designed solely for your use, or equipment adapted so you can use it. VAT is not charged on certain disability-related services, including some building work to adapt your home, and the hire of disability equipment such as wheelchairs.

Goods and services that you do not pay VAT on are often called ‘*zero-rated*’ or ‘*eligible for VAT relief*’. For more information, call HMRC or see: www.gov.uk/financial-help-disabled/vat-relief

Repairs and improvements

The local authority is required to publish a policy setting out how it assists householders with repairs and improvements to their homes. The assistance is discretionary and may take the form of loans or grants.

10 Free care services

Rehabilitation - intermediate care and reablement

These are short-term periods of rehabilitation, often provided to prevent hospital admission, or to build up your abilities and confidence after hospital discharge.

Charging regulations describe them as: a programme of care and support, or support; for a specified period of time; that has as its purpose the provision of assistance to enable you to maintain or regain the ability needed to live independently in your own home.

These must be provided free of charge for up to six weeks. The guidance states there should not be a strict upper time limit. The local authority may offer this service free of charge for longer than six weeks if there are clear preventative benefits.

The guidance gives an example when someone has recently become visually impaired. You usually receive this type of service in your own home. The NHS provide similar free short-term rehabilitation, usually called intermediate care.

You should have needs and financial assessments for long-term social care services before the free rehabilitation ends. For more information, see factsheet 76, *Intermediate care and reablement*.

NHS care and services

You do not have to pay for GP and other community-based NHS services you need such as district nursing, physiotherapy, or speech therapy.

The NHS is responsible for meeting the full cost of care in your own home or a care home if your primary need is for health care i.e. your care needs are beyond those a local authority has a duty to meet. This is called NHS Continuing Healthcare (NHS CHC).

It is important to check you have been properly assessed for fully funded NHS CHC if you may be entitled to it. This should happen before a local authority carries out its financial assessment. Otherwise, you may be charged for services you are entitled to receive for free. For more information, see factsheet 20, *NHS Continuing Healthcare and NHS-funded nursing care*.

Community equipment and minor home adaptations

Community disability equipment and minor home adaptations (costing £1,000 or less) must be provided free of charge by a local authority if provided to meet your eligible needs. Equipment includes: a mobile hoist, raised toilet seat or toilet frame, electric bath lift or a long-handled grabber. 'Minor' adaptations include a short concrete ramp or various rails within your property or at its access.

Variant Creutzfeldt-Jakob disease (vCJD)

A person with variant vCJD cannot be charged for local authority care and support.

11 Charging for carers' services

Following an assessment, the local authority may have a duty to meet a carer's eligible support needs. Carers can only be charged for services they receive in their own right.

A service for you might benefit your carer, but it is still your service, meaning only you should be charged. For example, you may be provided with a care service to give your carer a break. It is important everyone is clear who is receiving the service and is charged.

The guidance notes that charging a carer may be a false economy, as it may deter or discourage the choice to care in the long-term.

They should treat your carer as a partner in care and recognise the significant contribution they make in helping to maintain your independence, health and wellbeing.

The authority should consider the likely impact of any charges on your carer, particularly in terms of their willingness and ability to continue their caring responsibilities.

Ultimately, it should ensure any charges do not negatively impact on your carer's ability to look after their own health and wellbeing and to continue to care effectively and safely.

Carers often forgo earnings to care so charging for support services could cause financial difficulties. For more information, see factsheet 41, *How to get care and support*.

12 Charges for short-term care home stays

Where you are a short-term resident in a care home, for example for respite care, the local authority can choose to charge you based on its non-residential care charging policies.

A short-term stay in a care home is defined as one that does not last longer than eight weeks. See factsheet 58, *Paying for short-term and temporary care in a care home*.

13 Free mental health 'after-care' services

If you have been detained in hospital for treatment under section 3 or the criminal provisions of the *Mental Health Act 1983*, your on-going care outside of hospital may be provided as an 'after-care' service under Section 117 of this Act. This is to reduce the chance of re-admission.

Under the charging regulations, 'after-care' services must be provided free of charge. There is a joint duty on local health and local authorities to fund and provide these services.

Point of law

In *R v Richmond LBC and others, ex parte Watson and others* [1999] 2 CCLR 402, it was held that after-care provision does not have to continue indefinitely but must continue until the health body and the local authority are satisfied it is no longer needed.

The judge felt it difficult to see how such a situation could arise where the illness is dementia.

14 Housing related support

The local authority may run a programme of housing related support, sometimes called '*Supporting People*,' which funds services like a sheltered housing scheme manager service and emergency alarm system. Local authorities used to be given specific funds but this is now part of a general pot of funds and is used differently in different areas.

Check to see if the local authority has a housing related support programme, and whom or what it funds. Even if they do not, ask them to assess your circumstances and tell you if you are likely to receive help with housing-related support charges. If you get Housing Benefit or are on a low income, you may find they will pay towards these charges.

15 Information, advice and advocacy duty

The local authority is required to provide an information and advice service to all those who need it. The service must provide information and advice on the following areas:

- the local care and support system and how it operates
- the choice of types of care and support, and the choice of providers available to those who are in the authority's area
- how to access the care and support that is available
- how to access independent financial advice on matters relevant to the meeting of needs for care and support, and
- how to raise concerns about the safety or well-being of an adult who has needs for care and support.

The authority must give you information to help you understand your choices, what you may have to pay and how this relates to your circumstances.

The independent advocacy

If you have no appropriate person such as a family member to support you in the needs assessment and care planning process, you may be eligible for independent advocacy. This applies where you have substantial difficulty understanding or retaining relevant information, using or weighing that information, or communicating your views, wishes or feelings by any relevant means.

If you do not want someone, such as a family member or carer, to help you, the local authority must respect your decision and appoint an advocate if needed.

The local authority must involve you in decisions made about your care and support - you should be an active partner. Your advocate's role is to support and represent you, to ensure you are involved as fully as possible in assessing your needs and planning your care and support.

Mental Capacity advocacy

If you lack mental capacity and have no support or advocate, for example a family member or friend, the local authority may have a duty to provide you with an Independent Mental Capacity Advocate (IMCA) in certain circumstances. For example, this may be where it is proposed that you receive a long-term stay in a care home or hospital. This is similar to the social care independent advocate above.

See section 8 of factsheet 22, *Arranging for someone to make decisions on your behalf*, for more information.

16 Complaints

If you are not happy with the service you receive from the local authority, or you want to challenge a decision they have made, you can complain through their complaints procedure.

For example, you might disagree with the outcome of the financial assessment or the level of your personal budget, including where this is provided as a direct payment. You can subsequently escalate the complaint to the Local Government and Social Care Ombudsman if you are not satisfied with the complaint outcome.

Self funders

If you arrange and fund your own care services without the assistance of a local authority, you can complain about the service you receive to the Local Government and Social Care Ombudsman if you cannot resolve the issue using the care provider's complaints procedure. They should provide you with information about how to complain on request.

Care Quality Commission

The Care Quality Commission is the standards regulator for care providers, including home care providers. They also assess how local authorities meet their duties under the *Care Act 2014*. Contact them if you experience poor standards of care or have concerns about how you have been treated by the local authority.

For more information, see factsheet 59, *How to resolve problems and complain about social care*.

17 Safeguarding from abuse and neglect

If you have concerns about abuse or neglect, you should raise this with the local authority, which has a safeguarding duty. Its duty to investigate concerns applies irrespective of how your care is arranged and funded.

For more information, see factsheet 78, *Safeguarding older people from abuse and neglect*.

Useful organisations

Care Quality Commission

www.cqc.org.uk

Telephone 03000 616 161

Independent regulator of adult health and social care services in England, covering NHS, local authorities, private companies, voluntary organisations and people detained under the Mental Health Act. Assess local authorities on how they meet their duties under the *Care Act 2014*.

Carers UK

www.carersuk.org

Telephone 0808 808 7777

Information, advice and support for carers, including about benefits.

Citizens Advice

www.citizensadvice.org.uk

Telephone 0800 144 8848 (England)

Offers free, confidential, independent advice, face to face or by telephone.

Equality Advisory & Support Service

www.equalityadvisoryservice.com

Telephone helpline 0808 800 0082 Mon-Fri 9am-7pm, Sat 10am-2pm

Information and advice about the *Equality Act 2010* and human rights.

HMRC

www.gov.uk/government/organisations/hm-revenue-customs

Telephone 0300 123 1073

Provides advice about VAT relief on disability-related equipment.

Homecare Association

www.homecareassociation.org.uk

Telephone 020 8661 8188

Professional association of home care providers whose members comply with a Code of Practice.

Local Government and Social Care Ombudsman

www.lgo.org.uk

Telephone 0300 061 0614

Provides a free, independent, service for complaints about local authorities and self-funded care services.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.wales

0300 303 4498

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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