

## Factsheet 41

# How to get care and support

November 2016

### About this factsheet

This factsheet explains the process for:

- obtaining a local authority assessment of your care and support needs whether you are someone who needs care or you are a carer
- deciding whether you are eligible to receive care and support services
- working out a plan to meet your care and support needs including the cost.

It also explains what should happen if you are found to be ineligible for services or you have to pay the full cost of services following a means-test.

This factsheet is one of a range, providing information about your rights to advice, help and practical support within the adult social care system. Many cover aspects of the means-test for paying for services.

Within all these we cover how you should be treated if you are required to pay the full amount for care and support services. This is known as being a '*self-funder*'.

The information in this factsheet is correct for the period September 2016 – August 2017. Benefit rates are reviewed annually and take effect in April but rules and figures can sometimes change during the year.

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

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# 1 Recent developments

- This factsheet is based on the *Care Act 2014* ('the Act'), its supporting regulations and the *Care and Support Statutory Guidance 2014* ('the guidance'), which were introduced in April 2015. The Act was intended to come into force in two stages - in April 2015 and April 2016. In July 2015, the Government decided to delay the second stage of the changes that affect care funding. This means the funding and means-test system is quite similar to the previous system before the Act was introduced.

## 2 A single, unifying, Act

Prior to the introduction of the Act, there was a confusing mass of legislation, regulations and guidance related to adult social care, which had grown up since 1948. This has now been largely removed. The purpose of the new Act is to consolidate the law, making it simpler and more accessible and to bring it up to date.

A major government policy in the years prior the introduction of the Act was '*personalisation*'. This was meant to maximise service user choice, control and involvement, and to improve outcomes. These are central themes in the Act and guidance.

### 2.1 The structure of the law under the *Care Act 2014*

The Act sets out legal powers and duties of local authority adult social services. There are 21 sets of accompanying regulations that are legally binding. Guidance about how to put this law into practice is in the *Care and Support Statutory Guidance 2014*.

#### What do the legal terms mean?

Acts of Parliament, like the *Care Act 2014*, place **duties** on public bodies such as local authorities. These duties have to be carried out. If they are not, the local authority can be legally challenged in court proceedings.

Acts often give public bodies **powers** to do things allowing them a choice or discretion as to whether they do something or not. Where the Act gives your local authority discretion, for example to support you even if you do not meet national eligibility criteria, they do not necessarily have to provide that support - they can choose. They must exercise the choice in the required way, for example, looking at all relevant facts and giving reasons for decisions. If they do not use their powers appropriately, they can be challenged for '*fettering their discretion*' or applying a blanket policy, which means being insufficiently flexible.

## Do local authorities have to follow statutory guidance?

The *Care and Support Statutory Guidance 2014* is not legally binding on local authorities, but local authorities do generally have to apply it. For example, when it says a local authority '*must*' do something, in the absence of a very good reason, it must do it. Otherwise, it can face a judicial review or a finding of maladministration by the Local Government Ombudsman. Section 78 of the Act requires local authorities to '*act under the general guidance of the Secretary of State for Health*' meaning they must generally do what the guidance says they must do.

## 2.2 Definitions and terms used in this factsheet

### Local authority and social care services

References to a '*local authority*' refer to the adult social services department of your local authority or council. It is used to describe similar departments in: 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. In areas with two-tier local government, the county council is responsible for social services.

The adult social care department is part of social services at your local authority. They are responsible for assessing your need for care and support services, deciding whether your needs meet the eligibility criteria and, depending on your means-test, possibly providing financial support to meet your assessed needs. Contact details should be in your local telephone directory. Your town hall, council offices, Citizens Advice or Age UK can tell you how to contact them. They should also have a website that gives appropriate information.

We use '*local authority*' or '*adult social care*' to cover these terms in this factsheet.

### Other terms in the Act

**Adult** (with care and support needs) means a person with an illness or disability which gives rise to long term care needs. We use the term '*older person*', but the Act covers all adults who have needs.

**Carer** means a person providing informal care for an adult with care needs. It is usually a partner, spouse, civil partner or family member, but may be a friend or neighbour. It does not include a care worker providing paid care, or a volunteer through a befriending scheme. This definition is for local authority support and the rules for carers to receive Carers' Allowance are different.

**Individual** means both carers and adults with needs.

Your assessment may not be carried out by a qualified social worker. The term **social worker** refers to any social care professional.

### 3 An overview of the process

#### Local authority referral

There are a number of ways in which your situation can be brought to the attention of the local authority including: a self-referral; a referral from a carer, friend or family member; or from a professional such as your GP, with your permission. It may be by a doctor or nurse in a hospital setting if you need help at home following discharge from hospital.

#### The carer

If you get help from a friend or family member (a carer), your carer's own needs and opinions should be considered and taken into account as part of your assessment. Your carer has a right to their own assessment in parallel or jointly with yours. A carer has an absolute right to have their eligible support needs met under the Act.

#### Assessment

Before the local authority can assist you, it must carry out an assessment of your care and support needs – a '*needs*' assessment. This is a legal duty and the assessment must take into account all aspects of your needs. An older person is almost always entitled to a needs assessment. This right is not affected by your financial or other circumstances. You are given a copy of your assessment.

#### Eligibility criteria

After a needs assessment, the local authority must decide whether or not it should provide or arrange care services for you. They use national eligibility criteria to make the decision. The carer's eligibility criteria are slightly different to the adult's. If you are found to be ineligible after your assessment, prevention and advice duties are triggered to help you stay independent for as long as possible.

#### Local authority duty to arrange or provide care and support services

Having established your identified needs meet the eligibility criteria i.e. you have '*eligible needs*', the local authority has a legal duty to arrange or provide support for you to meet those needs that cannot be met by other community support, including carers.

#### The means-test

The local authority carries out a financial assessment ('*means-test*') to establish how much you must contribute to the cost of providing services to meet your assessed needs. Some people are assessed as able to meet the full costs. They must publish information about general fee levels and follow national guidelines when doing a means test.

## Care and support plan

Following the local authority assessment, a care and support plan must always be discussed, agreed as much as possible and written down. You should be given a copy. This sets out the level and type of help you have been assessed as needing, how it will be arranged and what it will cost in a personal budget.

## NHS care

If you only need health care, you should approach your family doctor or other health worker. Factsheet 44, *NHS services*, describes the type of health services that are available. These are usually free at the point of delivery. If you need both health and social care support, both authorities should work together in an integrated manner.

## 4 Getting an assessment

### 4.1 What you need to do first

The first step in obtaining help from your local authority (or your council) is to ask for an assessment of your needs. Look in your telephone book for contact details or if you cannot find them ask at the local authority's main office or look on their website. There should be a contact number to start the process. You can phone up and explain why you need an assessment.

Each local authority has its own assessment procedure. This information should be available in writing and on its website. You can find this information at the social care department, a hospital social care department, the library or the GP's surgery. Local groups such as Age UK may be able to assist you.

You can refer yourself for an assessment or other people such as friends, family, your GP and other health and social care professionals can refer you with your consent.

### 4.2 Your right to an assessment

**There is a duty on the local authority to assess (a) whether you have needs and (b) if so, what those needs are.**

This principle is set out in the Act and explains that the right to an assessment applies regardless of your level of needs and finances. Your financial circumstances are not relevant until the care planning stage. If you are denied assessment on these grounds, make a complaint.

The assessment duty is triggered where it appears to the local authority that you may have needs for care and support it may have a duty to meet under section 9 of the Act or if you are a carer with needs for support (now or in the future) under section 10. The statutory guidance confirms that assessment and care planning must be provided free of charge.

## Assessment timeframe

The law does not say how quickly an assessment should take place, but it should be carried out in an **appropriate and reasonable** timeframe in each circumstance, taking into account the urgency of your needs. Your local authority should be able to give you an idea of the timescales operating locally. If you are in **urgent** need of care, for instance because you rely on a carer who has been taken ill, the local authority has a power to put in care services without waiting for an assessment, which should still happen at a later date.

### Note about carers

As a carer you are entitled to an assessment of your needs in the future as well as now. This is useful if you are about to take on a caring role and you want to get help and information from the local authority about what support you may be entitled to and advice about managing work and caring or other responsibilities.

## 4.3 What is a needs assessment?

Each local authority has discretion about how it carries out assessments, but the Act sets out some common principles that must be followed.

For example:

- your assessment must consider the impact on your wellbeing of any difficulties you have and the outcomes you want to achieve in your daily life
- you can involve your carer or anyone else you choose in your assessment to give a full picture of your situation, as can your carer in their assessment if they have one
- your assessment must look at how your needs can be met via community resources or advice and information before a decision is made to provide local authority services.

In the case of carers, the carer's assessments must consider:

- whether your carer is, and is likely to continue to be, able and willing to provide care and support to you
- whether your carer works or wishes to and
- whether your carer is participating in or wishes to participate in education, training or recreation.



Being a carer is a choice someone makes in all circumstances and it must never be assumed as an existing role by the local authority when carrying out a needs assessment or advising on potential rights to services. It must confirm this commitment is in place and it is safe and appropriate for it to continue before concluding that some or all of your needs can be met by a carer.

If you have a carer, your assessment must document your needs regardless of their contribution and state which needs the carer is willing to meet. The statutory guidance explains the assessment process is:

*not just... a gateway to care and support, but should be seen as a critical intervention in its own right, which can help people to understand their situation and the needs they have, to reduce or delay the onset of greater needs, and to access support when they require it.*

This shows the preventive value of assessment, so access should not be limited by local authorities in order to reduce potential demand for services.

The assessment must be carried out in a way that is appropriate and proportionate to your individual needs and circumstances and it should enable you to participate in the process as fully as possible. In seeking to do this, the local authority has to take your wishes and preferences into account, as well as valuing the outcome you want from the assessment. It must understand the severity and extent of your needs within your daily-living context.

If you have a fluctuating condition, such as multiple sclerosis, the assessment should span a long enough period to get an accurate indication of your levels of need overall.

The local authority must give you information about the process prior to the assessment whenever practicable and in a format accessible to you. This includes large print or translated material. Your local authority may need to provide translation services if there are language issues to enable you to clearly explain your needs and wishes.

### **Suitably skilled assessor**

The assessment must be carried out by someone with relevant skills, knowledge and competence and who must be appropriately trained. This is not necessarily a qualified social worker, but it should be someone who is competent and trained to do the job.

If you have complex needs, you are more likely to be assessed by a qualified social worker or an occupational therapist, or both together. If you have a specialist condition, such as dementia, and especially if you are both deaf and blind, you must have a suitably trained specialist involved in your assessment.

## 4.4 Types of assessment

Assessments may be:

- face-to-face
- supported self-assessment
- on-line or phone assessment or
- combined or joint assessments.

There is evidence that increasing numbers of assessments take place over the phone. However, a complex case assessment should be face-to-face. If there is concern about your capacity to make a decision, for example because of dementia, acquired brain injury, learning disability, or mental health needs, a face-to-face assessment should always be arranged, according to guidance.

A supported self-assessment can be offered, but you can refuse this if you do not want one, according to regulations. Usually, a self-assessment form is sent out to you for you to think about and fill in. This is checked by your social worker or care manager. The local authority must be certain this does reflect all your care needs and how those needs impact on your wellbeing, which might require obtaining further information.

Combined assessments are most likely to be a combination of mental health and social care or health and social care. You do not have to agree to a combined assessment, but it may be a good way of encouraging health and social care to work together. Joint assessments usually assess the needs of both you and your carer together. This can work well, but sometimes one or both of you may feel you would benefit from the chance to talk to your social worker or care manager in private.

If your local authority wants to carry out a telephone assessment and you think this will not reflect your needs properly, explain why and ask for a face-to-face assessment. If you are still refused one, you could challenge that refusal by making a complaint.

### Useful tips

When going through an assessment, whether as an older person with care needs or a carer, it is important to ensure you give your social worker the full picture. Resist the temptation to say things are better than they are or you are managing when in reality you are struggling. You only get help if you convince the local authority you need it.

In recent years local authorities have responded to financial cuts by concentrating mostly on care services to make sure that people can function – get up, get dressed, keep clean etc. They often ignore wider social needs, for instance support to enable you get out and about and be involved in your local community to stop you being isolated at home.

The emphasis on prevention and wellbeing in the Act means it is now harder for local authorities to ignore wider '*quality of life*' care issues. All wellbeing factors are equally important according to guidance. These social needs may not be considered unless you point them out and be clear about how important they are to you. If you feel your assessment does not fully reflect all the personal and social care issues you have, ask for them to be included. If that is refused, you can make a complaint.

### **What if I refuse an assessment or other help?**

You are entitled to refuse an assessment or care and support services, but you can also change your mind and the local authority must reconsider your case. There are 2 situations where the local authority must carry out an assessment, even if you are refusing. These are:

- where you lack capacity to refuse and the local authority thinks an assessment would be in your 'best interests' or
- where you are experiencing, or at risk of, abuse or neglect.

The local authority is unlikely to be able to claim it has discharged its responsibility towards you if you refuse its initial offer of services. Even if you have refused more than once previously, they have a duty to consider a new request for assessment from you.

## **5 The local authority wellbeing duty**

**The statutory guidance requires your local authority to be 'actively seeking improvements' in your wellbeing when working with you. Wellbeing is explained in section 1 of the Act.**

This applies whether you are an older person needing care or a carer looking after another adult. It is a fundamental principle, which should inform everything the local authority does.

Wellbeing is a very broad term. Its meaning includes the following:

- personal dignity (including treating you with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by you over your day-to-day life (including your care & support arrangements)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of your living accommodation
- your contribution to society.

Your local authority must also have regard to other factors including:

- the assumption you are best placed to judge your own wellbeing
- your views, wishes, feelings and beliefs
- preventing, delaying or reducing the need for care support
- ensuring all relevant circumstances are taken into account, avoiding unjustified assumptions based on age, appearance or condition
- maximising participation
- achieving a balance between your wellbeing and any carers
- protection from abuse and neglect and
- minimum restriction of rights and freedoms.

The guidance emphasises that:

- there is no hierarchy. All aspects should be considered of equal importance
- promoting wellbeing means actively seeking improvements
- it applies equally to those who do and do not have eligible needs.

The wellbeing duty applies to local authority planning and commissioning as well as to individuals. It should be seen as the common theme around which care and support is built at local and national levels.

## 6 The eligibility criteria for services

**If your assessed needs meet the eligibility criteria, your local authority has a legal duty to ensure those needs are met.**

This duty is in sections 18 and 20 of the *Act*. The eligibility thresholds are slightly different for adults with care needs and for carers with support needs; and are in the *Care and Support (Eligibility Criteria) Regulations 2014*.

### 6.1 Adults – the service user

You meet the eligibility threshold if:

- you have needs connected with any kind of disability, physical or mental illness
- those needs mean you are unable to achieve 2 or more required outcomes in the list below
- that results or is likely to result in a significant impact on your wellbeing.

There is overlap between the first wellbeing list and the outcomes list.  
The list of outcomes in the regulations is as follows:

- (a) managing and maintaining nutrition
- (b) maintaining personal hygiene
- (c) managing toilet needs
- (d) being appropriately clothed (including being able to get dressed)
- (e) being able to make use of your 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 facilities or services in the local community including public transport, and recreational facilities or services
- (j) carrying out any caring responsibilities you have for a child.

### Meaning of 'unable to'

You are treated as unable to achieve an outcome if you are:

- (a) unable to achieve it without assistance
- (b) able to achieve it without assistance but doing so causes you significant pain, distress or anxiety
- (c) able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of you, or of others or
- (d) able to achieve it without assistance but take significantly longer than would normally be expected.

## 6.2 Carers - support

You meet the eligibility threshold if:

- you have needs connected with providing necessary care
- those needs mean your physical or mental health is deteriorating or is at risk of deteriorating or
- you are unable to achieve one or more of the outcomes set out in the list below and
- that results/or is likely to result in a significant impact on your wellbeing.

The list of outcomes in the regulations is as follows:

- (a) carrying out any caring responsibilities you have for a child
- (b) providing care to other persons for whom you provide care
- (c) maintaining a habitable home environment in your home (whether or not this is also the home of the adult needing care)
- (d) managing and maintaining nutrition
- (e) developing and maintaining family or other personal relationships
- (f) engaging in work, training, education or volunteering
- (g) making use of necessary facilities or services in the local community, including recreational facilities or services and
- (h) engaging in recreational activities.

## Meaning of 'unable to'

As a carer you are treated as unable to achieve an outcome if you are:

- (a) unable to achieve it without assistance
- (b) able to achieve it without assistance but doing so causes you significant pain, distress or anxiety or
- (c) able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of you, or of others.

### 6.3 Applying the criteria – '*significant impact*' on wellbeing

There may be problems interpreting exactly what some terms mean. In particular to meet the criteria, you must not only be unable to meet specified outcomes, as described above, but as a consequence there must be (or likely to be) a significant impact on your wellbeing. This links the wellbeing and eligibility lists together for the final eligibility decision.

The guidance makes two points that may be of assistance:

- the local authority does not need to consider the impact of your inability to achieve each individual outcome but should consider the cumulative effect overall
- '*significant*' must have '*its everyday meaning*' and may have both an objective (evidence) and subjective (how you feel) element.

Your local authority should determine whether:

- your needs impact on at least one of the areas of wellbeing in a significant way or
- the effect of the impact on a number of the areas of wellbeing mean that there is a significant impact on your overall wellbeing.

In making this judgement, the local authority should look to understand your needs in the context of what is important to you. Needs may affect different people differently, because what is important to one person's wellbeing may not be the same in all cases. Circumstances creating a significant impact on the wellbeing of one individual may not have the same effect on another.

### Carers – '*necessary care*'

If you are a carer, there is a pre-condition that you must be providing '*necessary care*'. There may be disagreement about what amounts to necessary care and who decides. Guidance says:

*If the carer is providing care and support for needs that the adult is capable of meeting themselves, the carer may not be providing necessary support.*

This means the person you care for does not have to have eligible needs for you to be supported as a carer. The basic eligibility decision giving rights to services must be made without consideration of whether there is a carer, or what needs may be met by the carer.

Local authorities must only consider whether you have a carer or what needs may be met by a carer after the eligibility determination when a care and support plan is prepared. Even if needs are met by a willing and able carer, they must be recorded as eligible needs. Guidance says:

*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 reassessment.*

## 6.4 What happens if I do not meet eligibility criteria?

**Local authorities must give you written reasons explaining why you do not meet the eligibility criteria.**

If you think they have got this wrong, you can ask for reconsideration or challenge their decision.

Local authorities have to provide you with written advice and information about prevention. This is to prevent, delay or reduce your care needs from worsening and to help you make informed decisions about how to meet your needs. This means you should not be left alone to cope without any necessary assistance to help you manage your care needs better or help you identify and contact other suitable organisations that can support you.

Even if you do not have eligible needs right now, under the Act the local authority has a legal **power** to provide you with care support – it can choose. In the current financial climate, local authorities only do this in very exceptional circumstances. The most likely example is to give a carer a break to recharge batteries by providing some care support to the cared for person. Both must agree to the help for this to be done.

## 6.5 Useful tips

As the eligibility criteria are about the need for there being a '*significant impact*' on your wellbeing, it may help your case to explain to the social worker what detrimental effect your situation is having on you. Here are some possible examples.

## Example 1

*If you are a carer in your early 60s and you are fearful that you are going to have to give up work early because of your caring responsibilities unless you get help, it is really important that you make it clear how distressing it would be for you to have to do that, the effect on your self-esteem, the financial impact, the impact on your relationships with work colleagues etc. Otherwise the local authority could well decide that they don't need to put in more help, because the impact on you of giving up work at your age would not be significant.*

## Example 2

*If you live alone and find it difficult to get out and about because of mobility problems or because you have become reluctant or scared to go out alone, you must explain what it feels like to you to be stuck indoors and unable to get out and about in your neighbourhood, go to the shops, visit your friends, follow leisure activities you like etc. The assessor may think you are content to stay indoors and it does not have a significant impact on your wellbeing. That would mean you would not be considered eligible for any help to get out and about.*

## 6.6 Self-funders' right to request having needs met

You have a right to request having your eligible care needs met where you have assets over the capital limit after your financial assessment, or your income is higher than the cost of the service, under section 8 of the Act. This means you have to fund your care in full (a self-funder).

It seems your right to have your eligible needs met in this context only happens following the making of this request.

### **Your local authority must agree to your request in a non-care home related context.**

The statutory guidance advises the request for support could be for a variety of reasons such as your finding the system difficult to navigate, or wishing to take advantage of their expert knowledge of local care and support services in terms of what is available and the cost.

### **The arrangement fee**

The local authority has a power to charge when meeting this duty if it chooses. It can charge the full cost for care and support it provides plus an arrangement fee. The statutory guidance states:

*arrangement fees charged by local authorities must cover only the costs that the local authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred.*



There should be a written agreement to avoid disputes about future funding liabilities.

### **Residential care: a legal anomaly if you have mental capacity**

If you have mental capacity, have no one to assist you, you are a self-funder, but are unable to arrange your own care home placement for whatever reason, there seems to be no legal protection under the Act. This is because the statutory guidance limits the 'right to request' duty to non-residential care situations. However, given its broad legal and ethical duties, it is hard to see how a local authority can refuse this kind of assistance request in a situation where there is a genuine need or risk. If a request for assistance is agreed to in this context by a local authority, it cannot charge an arrangement fee as it would have used its discretion to do this rather than acting under the legal duty.

## **6.7 Mental capacity and the duty to meet needs**

If you lack the mental capacity to arrange your own eligible care needs and have no one to support or assist you, your local authority has a duty to assist with arrangements regardless of your financial situation to ensure your needs are safely and appropriately met. Section 18 of the Act confirms this duty to assist if an eligible individual *'lacks capacity to arrange for the provision of care and support'* but *'there is no person authorised to do so under the Mental Capacity Act 2005 or otherwise in a position to do so on the adult's behalf'*. As mental capacity must be seen as 'decision specific', you may, for example, be able to decide where to live in a care home but not be able to arrange the contract and other more complex elements. Your abilities, support networks and mental capacity must be identified as part of your needs assessment.

## **7 Care and support planning**

**Your local authority has a legal duty to meet your eligible needs under the Act (section 18) or those of your carer (section 20).**

If you meet the eligibility criteria, the next stage is to work out which of your care or support needs must be met, how that will happen and how much it will cost. At this stage, the local authority can look at alternative ways to meet your eligible needs. The legal duty is for the local authority to ensure eligible needs are met. This does not mean the whole package of care you need will be arranged or funded by the local authority itself.

Having identified your eligible needs without reference to your carer, the social worker now investigates with you (and your carer) the ways in which those needs could be met. If your carer is able and willing to go on providing care for you, they will meet some of your needs.

Other needs might be met by what are known as universal services in the community. These are services equally available to people regardless of whether they meet eligibility criteria. They could include: joining a walking group, a club, help from a local clinic, voluntary organisation, community centre or faith group.

Any eligible needs that cannot be met through the routes above must be met by the local authority. That does not necessarily mean they provide care themselves or that they arrange it or pay for it.

## **7.1 Your care and support plan and what it should include**

Your care and support plan should be person-centred, with an emphasis on you having every opportunity to be involved in the planning to the extent you choose and are able. This requires the local authority to ensure that information is available in a way that is meaningful to you and you have support and time to consider your options.

The emphasis in guidance is on empowerment through involvement and the exercise of choice. You should expect to work very closely with adult social care in developing your own care plan (if an older person with care needs) or support plan (if a carer). As far as possible, your plan should address how to meet the outcomes you want to achieve.

Elements that must always be included in the plan include:

- the needs identified by the assessment
- whether, and to what extent, the needs meet the eligibility criteria
- the needs the authority is going to meet, and how it intends to do so
- if you need care, what care and support is relevant for your desired outcomes
- if a carer, the outcomes you wish to achieve and your wishes on care, work, education and recreation where support may be relevant
- your personal budget figure
- information and advice on what can be done to reduce the needs in question and to prevent or delay the development of future needs
- if needs are being met via a direct payment, the needs to be met via the direct payment and the amount and frequency of the payments.

### **If the local authority is not required to meet needs**

If a local authority carries out a needs assessment and is not required to meet your needs, it must give you a written record of the decision and the reasons for it. This could be because you do not have any eligible needs or because the financial assessment finds you would have to pay the full amount and you can either arrange to meet your own needs or you have support to do this in a safe and appropriate manner.

The local authority must provide you with appropriate advice and information, for example regarding how to deal with the local social care system to enable you to meet your own needs or to enable you to trigger the '*right to request*' procedure.

### Note

Section 25 of the Act requires your local authority to give you a copy of your care and support plan. You can also tell them to give a copy to your carer or anyone else that you choose.

## 7.2 How will my eligible needs for care or support be met?

**Your local authority has a wide discretion as to how to best meet your eligible needs once it has identified them.**

There is no list of services that must be provided. There are basic examples of what could meet your needs in section 8 of the Act. These include accommodation in a care home or premises of another type; care and support at home or in the community; counselling or other types of social work; goods and facilities; and information, advice and advocacy.

The idea is that care and support planning can be a very flexible process. If you have suggestions for a particular service you think would meet your needs, suggest it to adult social care for inclusion in your care plan. As you may not know all the local options to meet your needs, the local authority should provide you with professional advice and support.

Once the range and amount of care and support you need is agreed, there are different ways to put it in place. The cost of agreed services is set out in a personal budget. The care plan can be put in place by the local authority providing or commissioning services for you, or the local authority delegating this to another organisation, called a '*broker*' who works with you to makes arrangements, or giving you direct payments to purchase the care you want yourself.

Once support is provided, it must be checked or reviewed regularly to confirm it is appropriate and safe, that there have not been any changes in your needs and that funding is adequate. Being asked to pay the full amount to meet your assessed needs should not result in the local authority relinquishing its duty of care with regard to your case. If you have any concerns or your circumstances change you can ask for a review.

## 8 Personal budgets and direct payments

**A personal budget is the cost to the local authority of meeting those of your needs it is required or decides to meet, any charge, and the remaining net figure consisting of the local authority's financial contribution (section 28 of the Act).**

Although local authorities have the same duty to meet carers' eligible needs, there is no equivalent specific duty to provide a personal budget to fulfil that duty. In practice, your care plan includes a personal budget whether you are an older person with care needs or a carer.

The personal budget is a key part of government aspirations for a person-centred care and support system. Your personal budget-based care funding can be provided in three ways:

- As a managed account held by the local authority with support provided in line with your wishes.
- As a managed account held by a third party (often called an *individual service fund*) with support provided in line with your wishes.
- As a direct payment – cash paid directly to you.

### 8.1 Calculating your personal budget

This is usually done in two stages. After the assessment and eligibility decision, the local authority decides an initial, approximate figure, often computer generated, called an '*indicative personal budget*'.

This is a start point for care and support planning. As details of how your eligible care needs are going to be met become clearer and more detailed, the indicative personal budget often needs to be adjusted to take account of your particular situation. This may result in increases or decreases to the initial indicative figure to come to a final, accurate, one.

The general principles, set out in guidance, include **transparency**:

*Authorities should make their allocation processes publicly available as part of their general information offer, or ideally provide this on a bespoke basis for each person the authority is supporting in a format accessible to them. This will ensure that people fully understand how the personal budget has been calculated, both in the indicative amount and the final personal budget allocation.*

It should be **timely**, ensuring your indicative figure is generated quickly to enable the care planning process to get underway.

It must be **sufficient** to meet your needs. For example, your local authority should not have arbitrary cost ceilings to personal budgets that result in your being forced to accept a move into care home against your will. Guidance says:

*In establishing the 'cost to the local authority', consideration should... be given to local market intelligence and costs of local quality provision to ensure that the personal budget reflects local market conditions and that appropriate care that meets needs can be obtained for the amount specified in the budget. To further aid the transparency principle, these cost assumptions should be shared with the person so they are aware of how their personal budget was established.*

The reasons for your personal budget figure should be provided so that you, your carer and/or independent advocate are able to challenge the indicative or final amount.

### **Resource allocation system**

Some local authorities calculate the indicative personal budget figure by the use of a resource allocation scheme (RAS). This usually consists of an assessment questionnaire, which awards points depending on your level of needs. A computer programme uses your points to generate your indicative budget. This should only be seen as an estimated figure, which must be checked against the reality of your situation.

### **Carers**

If you are a carer and you meet the eligibility criteria, you should receive an individual personal budget sufficient to meet your eligible needs. It should not be a flat rate standard amount, but one tailored to your situation. You have parallel and equal rights to the person you care for.

### **The use of funding panels**

There has been concern about the use of funding panels to drive down local authority costs and to side-step legal duties to meet all eligible needs. Guidance confirms they can be a necessary expert checking and governance mechanism, for example regarding the sign-off of expensive or novel personal budget allocations. It also warns:

*local authorities should refrain from creating or using panels that seek to amend planning decisions, micro-manage the planning process or are in place purely for financial reasons.*

## **8.2 Direct payments**

**You can choose to receive your personal budget in the form of direct payments.**

This allows you to choose your own care staff or other services and, for many people, provides real choice and freedom to meet care or support needs in the way that suits them best. It brings the additional responsibilities of recruiting care staff and becoming an employer, however. In most local authorities, help and advice is available for this.

It is not for everyone and you have a choice as to whether you want direct payments or whether you want your care and support arrangements provided on your behalf through the local authority or a third party.

If you are considering direct payments or you already have them and would like to know more, see factsheet 24, *Personal budgets and direct payments in adult social care*.

## 9 Reviews of services and needs

Your care and support plan must be kept under review (section 27 of the Act). Guidance expects reviews at least every 12 months and a light touch review at 6–8 weeks after a new or revised care or support plan has been introduced and services commenced. Each case must be reviewed in line with its individual presenting issues so there may be exceptions to these basic requirements.

A review may be triggered by the local authority, by a crisis or by a ‘*reasonable request*’ from an adult or carer. A reasonable request is usually one prompted by a material change in your health or other circumstances affecting the level of care or support you need or the risks you are dealing with.

If the local authority is satisfied your circumstances have changed in a way affecting the existing care or support plan, it must reassess ‘*to the extent it considers necessary*’. The key principles governing assessment, discussed above, are equally applicable at the review stage, including working to reach agreement with you about how your needs should be met in future.

### **Any care package reductions must be justified**

Guidance emphasises the review must not be used to arbitrarily reduce the level of your personal budget/care or support package, pointing out such practice would be unlawful under the Act as the personal budget must be an amount appropriate to meet your needs.

### **Safeguarding concerns**

The local authority may become concerned about your safety or the safety of someone you care for. If they suspect there may be financial or other abuse, or neglect, including self-neglect, they must carry out a safeguarding enquiry to find out whether there is abuse or neglect taking place under section 42 of the Act. This often involves a review.

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

## 10 Types of care

The support and care you receive could be anything that is reasonably needed to meet your assessed social care needs. Obviously it must be directly related to the needs set down in your care and support plan.

If you are a carer, it must be something that supports you in your caring role and helps sustain that role. This could, for example, include training to help you combine work with your caring role.

Under section 5 of the Act, your local authority has a duty to promote the local service provider market so that there is a range of service providers and also “a variety of high quality services to choose from”.

### 10.1 Care in your own home

Many older people receive care support at home. If so, you may have care assistants to help you with your personal care, to help with other aspects of looking after yourself and your home, or to remind you to do things like taking medication. It can be for all sorts of help, depending on your needs. You might need help with getting out and about, or a place care assistants could be provided by an agency or you could employ a personal carer using direct payments.

Guidance states that:

*...short home-care visits of 15 minutes or less are not appropriate for people who need support with intimate care needs, though such visits may be appropriate for checking someone has returned home safely from visiting a day centre, or whether medication has been taken (but not the administration of medicine) or where they are requested as a matter of personal choice.*

You might get aids (disability equipment) or home adaptations or telecare equipment to make it easier for you to go on living independently in your own home. For more information, see factsheet 6, *Finding help at home*, and factsheet 42, *Disability equipment and home adaptations*.

### 10.2 Residential care homes

Care homes divide into two types **residential and nursing**. Your social worker can help you identify which sort is appropriate for your needs.

**Residential care homes** - social care staff only. They do not provide any nursing staff and medical care should be provided by NHS staff coming to the home as necessary.

**Nursing homes** - if you have specific nursing needs. They employ a mixture of social care and nursing staff. The NHS is responsible for meeting the cost of care you require from a registered nurse. This is a standard amount, called the '*NHS funded nursing care contribution*'.

You cannot be forced to move into a care home against your will, as long as you are mentally capable of making the decision yourself. However, you may be advised, following an assessment at home or in hospital, that it is the only safe and effective way of meeting your care needs. Alternatively you may decide this is the right next step for you to take.

If you do not want to move into a care home, you should say so and talk to your social worker. They can explore with you whether your needs could be met in your own home through a combination of care support, such as care staff and equipment, and any informal or family carer support you may have available.

Another housing option is '*supported living*', which might be adapted housing or housing with care combined. An example is extra care housing. This enables you to continue to have your own self-contained flat, but with care support available and some communal space to meet other residents, if and when you want to.

For more information about housing options see factsheet 64, *Specialist housing for older people*.

If you need nursing care and your needs are significant and primarily health-related rather than social care-related, you may be eligible for NHS continuing healthcare and you should be assessed for this. See factsheet 20, *NHS continuing healthcare and NHS-funded nursing care*, for more information.

## 11 Preventing and reducing needs

There is considerable emphasis on prevention to keep you healthy and able to look after yourself for as long as possible. Local authorities must provide or arrange for the provision of services, facilities or resources to prevent, delay or reduce the need for care and support for adults and carers (section 2 of the Act).

This is a proactive function and local authorities, in their preventative work, must have regard to the importance of:

- identifying existing services, facilities and resources
- identifying adults with care and support needs which are not being met and
- carers with support needs which are not being met.

There is a power to charge for preventative services, but *the Care and Support (Preventing Needs for care and Support) Regulations 2014* prohibit charging carers for provisions:



*intended to prevent or delay the development by the carer of needs for support or to reduce the carer's needs for support which consists of provision made directly to the adult needing care.*

Guidance says there is no need to apply the charging regulations to preventative services.

Any charge should be affordable to you. Local authorities should provide written information if you receive preventative support. The information must specify your needs, why the action is proposed, expected outcomes, timescale and what happens next.

Whether you are someone who needs care or a carer, and regardless of whether or not you meet the eligibility criteria, you should at least be offered written advice and information about what you can do to prevent, delay or reduce the need for care and support. You may be offered one or more preventative services. There could be a charge for the service as each local authority has their own policy on charging.

Guidance states that short-term rehabilitation (reablement) services, community equipment and small home adaptations come within the definition of preventive services.

## 12 Information, advice and advocacy

Your local authority must provide social care-related information and advice to everyone who needs it in their area. This service must as a minimum cover:

- the care system and how it works locally
- the choice of types of care and support
- the choice of providers
- how to access the care and support that is available
- how to access independent financial advice on matters relevant to meeting care and support needs, (this advice must be completely independent of your local authority)
- how to raise concerns about the safety or wellbeing of an adult who has needs for care and support (adult safeguarding concerns).

Information must be accessible and proportionate. In other words it must be designed so you can understand it and have the right amount of relevant information for your particular circumstances.

### 12.1 Your rights to advocacy

An advocate is a professional whose job it is to help you understand the system and to put your views across in various situations. They try to find out what you or the person you care for wants and feels, and help identify what is in your, or their, best interests.

Your local authority independent advocacy scheme is intended to help if you experience '*substantial difficulties*' in understanding or making decisions about your care and support and have no '*appropriate person*' (carer, friend or family member) to help you engage in the process.

This builds on an existing scheme (under the *Mental Capacity Act 2005*) for people with significant mental impairment.

You may be entitled to an advocate at key stages in the social care process. This right applies if you have substantial difficulty in doing any of the following:

- understanding relevant information about social care and health issues
- retaining that information
- using or weighing up the information
- communicating your views, wishes or feelings.

If you care for an older person like this, they are usually not entitled to an advocate, because you are seen as an appropriate person, so an advocate is not necessary. This may change if there is a dispute between you and the local authority over what is best for the person you care for. If the local authority thinks what you want for that person is not in their best interests, or is not the same as they want, they can and should appoint an independent advocate.

They must appoint an advocate if the assessment and care planning process is likely to lead to you going into hospital for 28 days or more, or care home accommodation for longer than 8 weeks, and the local authority thinks it is in your best interests. The advocate is required to be properly trained, of good character and completely independent of the local authority. They must challenge any decision made in the assessment and care-planning process that they think is inconsistent with the Act's wellbeing principles.

## 13 Moving from one local authority area to another

If you have an existing care plan and support in place and you want to move to a different area, you must notify the new local authority of your intention to move to its area. Provided they are satisfied your intention is genuine, the receiving authority is under a duty (section 37 of the Act) to:

- provide appropriate information to you and your carer (e.g. about how the care system works in the new area)
- notify the first authority, which must provide various documents
- assess your needs, with regard to existing care and support arrangements
- provide written reasons if it comes to a different decision about your needs or your personal budget.

When notified, your current local authority must provide all necessary information to the receiving authority. Pending the move, it must keep you informed of progress.

If new arrangements are not in place when you move, the local authority you move to must honour the commitments of the other authority until it completes its own assessment and care/support planning and puts provision in place (section 38 of the Act).

This means you should not have gaps in your care support when you move. Once reassessed, you become the responsibility of your new local authority.

Guidance advises you should be able to take any equipment to your new home. This includes items like a special bed, for example.

## 14 Ordinary residence and your rights to services

**You generally need to be ‘ordinarily resident’ in a local authority area to be eligible for services from that particular authority.**

This status is usually obvious as most people live permanently in the area where they seek support. However, not everyone’s ordinary residence is easy to decide and disputes occasionally arise between local authorities over their legal responsibilities.

There is no statutory definition of ordinary residence. The definition most often used is from a House of Lords case of *Shah v London Borough of Barnet (1983)*. Lord Scarman described ordinary residence as referring to:

*...a man’s abode in a particular place or country which he has adopted voluntarily and for settled purposes as part of the regular order of his life for the time being, whether of a short or long period.*

It is about where you choose to be, even if you have not been there very long.

Local authorities must support people with eligible needs who are of **no settled residence**, but present in the area (section 18 of the Act). This means they are not ordinarily resident elsewhere. They have an additional power to support people with **urgent needs** regardless of whether they are ordinarily resident (section 19 of the Act).

Guidance states that sometimes people **returning from overseas**, who have no permanent home here, can be people of no settled residence. Annex H6 of the guidance points out it is more common for people coming back from a spell living abroad to come to an area because they want to settle close to family members or friends. In that case they would be ordinarily resident in that area.

## The deeming principle

Sometimes the local authority for the area you live in (area A) may support you to move into a care home in a different local authority area (area B). This could be to meet a specific eligible need or, for example, it is important for you to be close to family members.

If your placement is funded by the area A local authority, you are treated as though you are still ordinarily resident in that area and they remain responsible for meeting your care needs, even though you have moved to area B. You are 'deemed' to still be resident in area A. The rights in factsheet 29, *Finding, choosing and funding a care home*, come under the deeming principle. The principle also applies to supported living services such as extra-care housing. Regulations supporting the Act contain 4-Nation procedures for moves between specified accommodation types. However, the continuity of care rights set out in section 13 above, which include non-residential care, appear to only apply to England. Both involved authorities in all types of situation should work together and share information in a timely manner to ensure appropriate planning and that needs are met both on the day of the move and subsequently.

If you **self-fund** and decide to move to a care home in another area, you are ordinarily resident in the new area and the deeming principle does not apply to you.

## Where someone lacks mental capacity

If you lack the mental capacity to make a decision to move areas, for instance because of advancing dementia, you should be treated in exactly the same way as people who can decide for themselves.

For example if you are a self-funder and move into a care home in another authority, your ordinary residence moves with you, despite your lack of capacity to make that choice; whereas if you are funded by the local authority, you are deemed to remain ordinarily resident in the area you lived in immediately prior to the move.

If two or more local authorities cannot agree about who is responsible, there is a legal procedure they must follow and the Secretary of State for Health makes the decision about responsibility.

Guidance states:

*the determination of ordinary residence must not delay the process of meeting needs. In cases where the ordinary residence is not certain, the local authority should meet the individual's needs first, and then resolve the question of residence subsequently.*

## Note

Ordinary residence should not be confused with habitual residence, which relates to social security benefits.

## 15 Paying for care at home or in a care home

**For most people, social and personal care are means-tested. This means you may have to contribute to the cost of required services.**

The financial assessment or '*means-test*' is how the local authority calculates how much you must contribute to your care and support, when arranged by the local authority. Both your income and capital (e.g. savings) may be taken into account. The rules for calculating your contribution can be quite complicated.

For information about paying for care at home, see factsheet 46, *Paying for care and support at home*.

For information about paying for care in a residential home, see factsheet 10, *Paying for permanent residential care*.

### 15.1 Free services

Not every element of care support to meet your assessed eligible needs is chargeable. Some services must be provided free of charge. They are:

- **Community equipment (aids and minor adaptations)** '*for the purpose of assisting nursing at home or aiding daily living*'. Minor adaptations are defined as those costing £1,000 or less. More expensive home adaptations are funded via a means tested grant. '*Aids*' means disability equipment and must always be provided free of charge regardless of their cost.
- **Intermediate care (including reablement support)** is a short-term rehabilitation programme to enable you to maintain or regain the skills needed to live independently in your own home. It might be called reablement, intermediate care, hospital at home or some similar name. It may be provided by the NHS post-discharge or your local authority. It must be free for at least the first 6 weeks. For more information see factsheet 76, *Intermediate care and reablement*.
- **Mental health.** The local authority cannot ask you to pay for services provided or arranged under section 117 of the *Mental Health Act 1983*. These are services for the prevention, after-care and supervision of people with a mental illness or disorder who have previously been detained in hospital under specific sections or criminal provisions of the *Mental Health Act 1983*.

If you are charged for these services, you should challenge this and state they must be provided free of charge.

## 16 Complaints, rights and safeguarding

### 16.1 How to challenge decisions and complain

It is not always possible to reach agreement with your local authority. The types of things that can go wrong include:

- you are wrongly denied an assessment
- your assessment has not considered all aspects of your needs properly, for instance it has not taken your social needs into account
- the local authority decides you do not meet the eligibility criteria
- you do not think your care plan covers all your eligible needs and/or you think the allocated personal budget amount is too low
- you have not been given a written copy of your care plan or assessed charges for services
- excessive delays and poor communication
- a review of your case seeks to cut your services to save money rather than due to a reduction in needs
- you are a carer and you think your support needs are not adequately considered and/or you are being forced into a position where you have to do more caring than you are able or willing to do.

These are just a few examples and you may have other or different concerns.

#### Using the complaints procedure

You can challenge any action or decision of your local authority if you disagree with it. For example, you can ask it to think again about your case and to review a decision. If you do, it is helpful to explain why you are unhappy. Most issues can be resolved informally. If your request for a review does not resolve the problem, consider taking further steps, such as making a formal complaint.

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

#### Complaining to the local government ombudsman

If you are not satisfied with the local authority response or handling of your complaint, you can take the matter further with the Local Government Ombudsman (LGO). The LGO is completely independent of the local authority and can carry out an investigation of complaints of maladministration leading to injustice.

The complaint must be made within a year, although the LGO has discretion to extend the time limit. If the LGO uphold your complaint, they make recommendations to the local authority about how they should recompense you for the injustice.

Self-funders usually cannot complain to the local authority, because the authority is not supporting them. Under the *Health Act 2009*, you can, as a self-funder complain to the LGO, provided you have complained to your care provider first.

### **Other action that you might take**

You may wish to contact your local councillor to see if they can support you in putting your case, or relevant support groups, or your MP.

Another option, in some circumstances, is to bring a legal case by way of judicial review. This is a challenge to the lawfulness of the actions or decisions of a public body, such as a local authority. This can be a very effective remedy, but it is potentially an expensive one, unless you meet the means test for legal aid.

It is a complex procedure and requires advice from a suitably qualified and experienced lawyer. There is a short time limit of 3 months at most, so if you want advice about this, it is important to get it very quickly.

For more information about seeking legal advice see factsheet 43, *Getting legal advice*.

## **16.2 Rights and protections**

### **Care Quality Commission**

The Care Quality Commission (CQC) does not investigate individual complaints. It is the body responsible for the registration of providers and for regulating and maintaining standards in health and social care in England. The CQC sets minimum standards for all provider organisations and monitors them via inspection and information gathering.

If you report concerns you have about quality of care or safeguarding risks in a care home or home care provider, the CQC must check to see whether standards of care are being maintained and take appropriate action if not.

## Best interests, rights and safeguarding

Anyone working with you should treat you with respect, value your dignity and take account of your wishes and feelings.

If you lack mental capacity, all actions taken by people supporting you must be taken in your best interests as defined by the *Mental Capacity Act 2005* and its Code of Practice. For more information, see factsheet 22, *Arranging for someone to make decisions about your finances and welfare*.

This has links with your human rights as an older or disabled person. For example: your right not to be put at undue risk, to be subjected to abuse or neglect and to the protection of you home and family life.

If you or someone you care for is being abused or neglected, this can be reported to your local authority who must respond to ensure the issue is dealt with appropriately and in line with your wishes. For more information, see factsheet 78, *Safeguarding older people from abuse and neglect*.



## Useful organisations

### Care Quality Commission

[www.cqc.org.uk](http://www.cqc.org.uk)

Telephone 03000 616 161 (free call)

Independent regulator of adult health and social care services in England, covering NHS, local authorities, private companies or voluntary organisations and people detained under the *Mental Health Act*.

### Carers Trust

[www.carers.org](http://www.carers.org)

Telephone 0300 772 9600

Offers practical help and assistance to carers.

### Carers UK

[www.carersuk.org](http://www.carersuk.org)

Telephone 0808 808 7777

Provides information and support for carers, including information about benefits.

### Charity Search

[www.charitysearch.org.uk](http://www.charitysearch.org.uk)

Telephone 0117 982 4060

A charity providing free advice for older people, to link them with established charities which may be able to help with funds. Does not give grants to individuals.

### Citizens Advice

England or Wales go to [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

Northern Ireland go to [www.citizensadvice.co.uk](http://www.citizensadvice.co.uk)

Scotland go to [www.cas.org.uk](http://www.cas.org.uk)

In England telephone 0344 411 1444

In Wales telephone 0344 477 2020

In Scotland telephone 0808 800 9060

National network of advice centres offering free, confidential, independent advice, face to face or by telephone.

### Disability Rights UK

[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)

Telephone 020 7250 8181

Promotes meaningful independent living for disabled people; disabled people's leadership and control; breaking the link between disability and poverty; and campaigning for disability equality and human rights.

## **Equality and Human Rights Commission (EHRC)**

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

Telephone 0808 800 0082

The EHRC Disability Helpline provides information and advice about all aspects of the Disability Discrimination Act.

## **Foundations**

[www-foundations-uk-com](http://www-foundations-uk-com)

Telephone 0300 124 0315

National co-ordinating body for home improvement agencies (HIAs), which offer independent advice, information, support and practical assistance to older owner occupiers, among others, to repair and adapt their homes. Contact them to find out if there is an agency in your area.

## **Independent Age**

[www-independentage-org](http://www-independentage-org)

Telephone helpline 0800 319 6789 Mon-Fri 8am- 8pm, Sat-Sun 9am-5pm

A charity providing free impartial advice on benefits, home care, care homes and NHS services for older people, their families and professionals

## **Local Government Ombudsman**

[www.lgo.org.uk](http://www.lgo.org.uk)

Telephone 0300 061 0614

The Local Government Ombudsman investigates complaints of injustice arising from maladministration by local authorities.

## **Mind**

[www.mind.org.uk](http://www.mind.org.uk)

Telephone 0300 123 3393

Provides information and advice for people with mental health problems

## 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](http://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

[www.agecymru.org.uk](http://www.agecymru.org.uk)

0800 022 3444

### In Northern Ireland contact

#### Age NI

[www.ageni.org](http://www.ageni.org)

0808 808 7575

### In Scotland contact

#### Age Scotland

[www.agescotland.org.uk](http://www.agescotland.org.uk)

0800 124 4222

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The evidence sources used to create this factsheet are available on request. Contact [resources@ageuk.org.uk](mailto:resources@ageuk.org.uk)

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