

Factsheet 6

Finding help at home

May 2017

About this factsheet

This factsheet tells you how to obtain support to help you to remain at home if you are having difficulty managing. It focusses on the duties of your local authority to provide assistance, but also covers arranging this yourself. We cover residential care in other factsheets.

See factsheet 46, *Paying for care and support at home* for a more detailed look at how local authorities charge for services and also some services that are provided free of charge.

The information in this factsheet is correct for the period May 2017 – April 2018.

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 for their version of this factsheet. Contact details can be found at the back of this factsheet.

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

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1 Recent developments

This factsheet is based on the *Care Act 2014* and supporting regulations and statutory guidance, introduced in April 2015.

Local Authority Circular (DH)(2017) 1, published in January 2017, kept all the figures and financial thresholds for charging for care and support at the same levels as the previous financial year.

2 Terminology and sources

The Act, regulations and statutory guidance

There are references to the regulations and statutory guidance that support the *Care Act 2014* ('the Act') throughout this text. They set out how your local authority must administer adult social care. The main reference sources are the *Care and Support Statutory Guidance 2014* ('the statutory guidance') and the *Care and Support (Charging and Assessment of Resources) Regulations 2014* ('the charging regulations'). Other information sources are referenced in full.

Local authority

The terms '*community care*', '*care and support*', '*social services*' and '*social care*' can be used interchangeably to describe the broad range of statutory services provided by local authority adult social care departments. In this factsheet, we use the term '*local authority*'. 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 your local authority can support you

3.1 Getting a needs assessment

The first step to obtaining help is to get a local authority needs assessment for care and support. They have a duty to assess you if they may subsequently have a duty to meet your needs, so they must find this out. There is no charge for assessment and your financial situation is irrelevant regarding this right.

You get an assessment by contacting your local authority adult social care department. You can find details on your local authority website or places such as the local library. If you find it hard to contact the right person, your local Age UK may be able to help. Your local authority must provide you with all the information and advice you need to understand the social care system and how to access it.

There are other routes to an assessment. You might be referred by your GP, nurse or hospital doctor. If a family member is worried about you, they can make a referral. These routes should always be with your consent.

Procedures for carrying out assessments vary between local authorities. How they assess you must be appropriate to the type of needs you have and your situation. They may visit you at home or offer you self-assessment where you fill in information on a form and return it for checking and further work with you. They can also do telephone assessments in a limited range of circumstances.

You can refuse self-assessment if you would prefer the local authority to assess you directly. If you are not offered a face-to-face assessment but would like one, you should ask for one. If your needs are complex or you have mental health problems or feel confused, you should get offered a face-to-face assessment automatically.

An assessment in your home is usually carried out by a social worker, sometimes called a care manager, but may be carried out by an occupational therapist (see section 8).

Unless the assessment is urgent, your local authority should send some information before the assessment so you know what to expect. You may be entitled to advocacy support if you have difficulty engaging with the assessment process and have no one to assist you. Your assessment must consider the needs of anyone who supports and cares for you.

Personalisation and wellbeing

The '*personalisation*' of service provision is emphasised in the Act and statutory guidance. This means maximising your control over how your care and support needs are met and putting you at the heart of the process. For example, when carrying out an assessment, a local authority must have regard to '*the individual's views, wishes, feelings and beliefs*' and consider '*the outcomes that the adult wishes to achieve in day-to-day life*'.

Your local authority is required to promote your wellbeing, which includes the promotion of your individual dignity. The Act states:

the individual is best-placed to judge the individual's wellbeing

You should be encouraged to decide for yourself what care and support you want to receive from the services and facilities available in your area. This could be if you are at home or elsewhere, for example on a hospital ward.

You should not have to move into a care home unless absolutely necessary. You should be encouraged to take up whatever local help is available to assist you remain at home. This may include practical help from a home care worker or personal assistant, going to local day centre facilities or making use of assistive technology so you can look after yourself more easily (see section 5).

Carers

If you are a carer, you have a right to a separate assessment of your needs regarding your caring role. This must consider: whether you are willing and able to continue to provide care and support; any risks to do with caring; what support needs you may have yourself, for example to do with socialising; whether you work or want to work; and whether you are in education, training or leisure, or would like to be.

3.2 Eligibility for care and support services

Your local authority assessment shows whether you meet the national eligibility criteria for service provision. If you do, your local authority has a legal duty to ensure your eligible needs are met. It can choose to meet needs that do not reach this threshold. There is one set of criteria for adults with care needs and one for carer support needs, with similar rights to services.

The assessment looks at outcomes you may need to achieve in your daily life and eligibility requires difficulty achieving some of these outcomes having a significant impact on your wellbeing. The eligibility criteria for service users covers the following areas:

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed (including being able to get dressed)
- being able to make use of the your home safely
- maintaining a habitable home environment
- developing and maintaining family or other personal relationships
- accessing and engaging work, training, education or volunteering
- making use of necessary local facilities or services including public transport and recreational facilities or services, and
- carrying out caring responsibilities if you have a child.

If you are not eligible, the reasons must be given in writing and you should be offered information and advice to help you deal with your situation.

For further information see factsheet 41, *How to get care and support*.

3.3 Care and support planning

If you meet the eligibility criteria, your local authority works with you to develop a care and support plan (or a support plan if you are a carer). This is a free service.

This is when your views as to how your needs should be met are most relevant because the local authority must try to reach agreement with you. The plan sets their recommendations out and the allocated personal budget if you are entitled to support with funding (see section 4).

They may consider whether some needs could be met via generally available local '*universal services*', for example an Age UK lunch club or a local health walk arranged by the NHS.

If you have a carer, the local authority must assess you as if you did not have one to establish your underlying eligibility then factor in what your carer can contribute. They have a duty to meet any outstanding unmet eligible needs. For example, your care plan may set out how many hours of personal care you need to help you carry out essential tasks you are no longer able to manage at home.

Services must be reviewed once commenced to ensure they meet your needs. If you lack mental capacity to arrange your own needs and have no one to assist you, the local authority has a duty to arrange the support in all circumstances.

3.4 Personal budget

If you have a care or support plan and require local authority funding support, you are given a personal budget. This is the amount of money it costs the local authority to meet your eligible needs less any contribution you must make.

You are usually given an approximate or indicative figure at the start of the care planning process. As you and your social worker decide in more detail how your needs will be met, the personal budget figure is revised to take account of your particular situation to achieve a final figure.

Your personal budget must be sufficient to ensure your needs can be met taking into account your views and wishes. This does not mean your local authority must pay for whatever you want regardless of cost. As a public body with limited resources, they must work out how to meet needs in a way that is cost-effective, but in doing so should not ignore your opinions and feelings.

Your personal budget can be arranged in three ways:

- the local authority manages your account and arranges support in line with your wishes
- a managed account held by a third party (often called an individual service fund), with support provided in line with your wishes
- a direct payment to you.

3.5 Direct payments

Direct payments are money paid directly to you or your representative by the local authority so you can buy care yourself. Your local authority must consider this option if it may be suitable and tell you about it. It allows you to maximise flexibility and choice about meeting your care needs. However, it also places additional responsibilities onto you to manage your care and any staff you employ.

Some people find it worth the extra effort. It can be particularly helpful if you have a fluctuating condition, such as Parkinson's disease, as you can choose when and how you spend the money as long as this is generally in line with your care plan aims.

See factsheet 24, *Personal budgets and direct payments in adult social care* for more information.

4 Paying for care and support services

4.1 The difference between health and social care

Social care is generally means tested meaning your income and capital (e.g. savings) can be taken into account to pay for it, whilst healthcare is largely free of charge. It is therefore important to be clear which public body provides your services because the dividing line may not be obvious. This factsheet is about support when living at home or in community-based housing such as extra-care sheltered accommodation. It is not about care homes or nursing homes.

Even if you pay the full costs of your care, you may still be eligible for some support from your local authority.

4.2 The means test

Your local authority has powers to charge for most services, with certain exceptions (see section 6). In practice, most local authorities do not charge for support provided directly to carers, but do charge if you receive care and support services.

If you have eligible needs for care support, you are means tested. This is quite a detailed procedure, although there is provision for a '*light touch assessment*' if you and your local authority agree to it. This may happen if it is obvious you have enough money to meet the full costs of your care or you do not have any money to contribute at all.

The means test looks at your capital (e.g. savings) and income. Each local authority has flexibility about how it sets charges for services to people living at home, but must comply with the regulations and guidance. The charging scheme should make sure your income does not fall below a set level as a result of paying for services.

Usually only the service user should be charged for services and not other family members. Your local authority should ensure you receive all benefits you are entitled to and take into account certain outgoings such as disability-related expenses. The value of your own home is not included in the non-residential care means test and its ongoing expenses must be factored into what you are assessed as able to pay.

Your needs and eligibility for services should be assessed and identified prior to discussions about paying for them. The charging procedure should be carried out promptly following an assessment so you know what you will be charged. You should not be charged before being provided with a written fee breakdown.

You should be clear about what you and your local authority must pay as early as possible in the process. For further information, see factsheet 46, *Paying for care and support at home*.

4.3 Self-funders

Your local authority does not generally have a duty to arrange care if you can meet the full cost of care yourself, provided you have mental capacity to make arrangements or someone else to help you.

If you want your local authority to make care arrangements, you can ask them to do so. The local authority must put in place the care support you need but can charge you an arrangement fee for doing this.

5 Types of local authority services

Your local authority may directly provide your service or arrange for it to be provided by someone else. This could, for example, be a private company, a charity or another public sector body. Your local authority retains responsibility for any outsourced service aimed at meeting your assessed needs.

Your local authority has a wide discretion when deciding what services can be provided to meet your care and support needs at home. You can suggest anything you think might help you to live better with your illness or disability and the local authority should consider your request.

This does not mean you can get whatever you want regardless of cost, but it is intended to allow for creative and flexible use of resources. This is in line with personalisation principles in section 3.

You may be expected to use free services if these are available to meet your needs, for example provided by local voluntary organisations.

The following examples are illustrative and are not a complete list.

5.1 Personal care

This includes help with tasks such as:

- getting up
- dressing
- going to the toilet
- washing and bathing
- eating or drinking
- getting ready for bed.

Usually, this help is provided in your own home but, if your needs require it, you can get help outside the home. For instance, you may need a care worker or personal assistant so you can get out and about, to remain involved in the wider community, based on the eligibility criteria outcome *'making use of necessary local facilities or services including public transport and recreational facilities or services'*.

You can find a care worker or personal assistant via your local authority, who either employ their own work force or, more likely, commission domiciliary care agencies to provide home care staff. You may want to employ a carer or personal assistant using direct payments. See section 7 for information on employing someone.

If the local authority has a duty to meet your needs, it must provide adequate funding and seek to maximise your wellbeing. Statutory guidance says short home-care visits of 15 minutes or less are not appropriate if you need support with intimate care needs. They may be suitable for basic checking or if you request this as a personal choice.

If you have difficulty getting up from your bed, bath or chair, you may need a specialist manual handling assessment by a local authority occupational therapist.

5.2 Domestic assistance

Local authorities tend not to provide help with domestic tasks. However, if your disability or condition prevents you from carrying out these tasks, there is no reason in law why you should not receive help under your care plan, particularly if you have other eligible needs.

One outcome in the eligibility criteria for help is *'maintaining a habitable home environment'*. If you need help with cleaning or housework, mention this as an outcome you would like to achieve through social care support.

Another area to think about is shopping. Sometimes a neighbour or family member is happy to do shopping so it is not an *'unmet'* need. If you cannot manage shopping yourself and have no support, your local authority may ask you to think about doing it on-line. This works for some people but not everybody.

Some people find it too complicated, while others like to go round the shops as a social activity and a chance to get out of the house and meet people. If shopping on-line does not work for you, explain why to your social worker. Say you like the social side of shopping and how important it is to you to get out and about if this is what you feel.

Some local Age UK branches, other voluntary agencies or religious groups may provide help with domestic tasks.

If you have incontinence problems, there may be a laundry service, run by the local authority or the NHS locally. This is not available everywhere, so check if it is provided.

5.3 Meals at home

This relates to the eligibility criteria outcome *'managing and maintaining nutrition'*. There are a number of different ways you can be helped to ensure you are able to eat properly. You may want to prepare food for yourself and need assistance to enable you to do so or you may prefer to have food already prepared.

Individual local authorities have their own arrangements for providing meals at home, sometimes called *'meals-on-wheels'*. In some areas, the scheme is run by the local Age UK or the Royal Voluntary Services on the authority's behalf. Many offer meals for people with special diets.

Some provide a freezer for people at home and deliver frozen meals so people can heat them using a microwave or steamer (which may also be supplied) when they wish. Meals may be offered any number of days a week. What is available depends on your assessed needs and the policy of your local authority.

The type of meal provided must meet your specific requirements. For example, it is not appropriate to only offer frozen food if you cannot manage this without other appropriate support services, or ensuring that there is a carer available and willing to assist with food preparation.

5.4 Personal alarm systems and assistive technology

If you live alone or cannot easily leave your accommodation, you may appreciate the security of knowing you can contact someone in an emergency. Many different kinds of personal alarm schemes are available. Check whether you can get help from the local authority to arrange and pay for an alarm system. Most local authorities run a scheme providing this service.

The Disabled Living Foundation has a factsheet on personal alarm systems. Age UK also offer a personal alarm service.

Increasingly, other types of assistive technology (AT) are becoming available from local authorities and health services or through private sources. These include telecare and telehealth.

Telecare

Telecare applies to equipment and support services that promote your safety, independence and wellbeing in your home. This is usually when you are alone, for short or longer periods of time and sometimes outside your home in the local area (e.g. GPS monitoring).

Telecare covers a wide range of equipment (detectors, monitors, alarms, pendants, etc) and services (monitoring, call centres and response teams – who may work alongside emergency services).

Telehealth

Telehealth is the remote monitoring of your vital signs in chronic condition management (e.g. blood pressure, glucose level, heart and lung function). This can be for diagnosis, review assessment and prevention. Telehealth requires suitably qualified clinicians as part of an agreed health care pathway. The two types of assistive technology may overlap.

Two recent developments in this field are remote monitoring, for example by family and friends, to ensure people are safe at home and technology to do with socialising when people are isolated at home.

If you are assessed as eligible for this type of equipment, you should not have to pay as they are exempt from the charging scheme. If you do not meet the eligibility criteria, it is likely you will be charged.

5.5 Day Care

Day care is care provided outside your home in a day centre or other establishment. The type of care offered ranges from meeting other people to share activities and a meal to specialist care, for instance if you have dementia. It can provide respite for carers. Ask what is available in your area.

Some centres only provide places or prioritise places to older people, when such a service is identified as an eligible need. Other organisations such as the local Age UK may run day centres open to all older people. If you have a need for a particular kind of care, ask if it can be arranged.

Your local authority should be flexible in the way it decides to meet these kinds of eligible needs.

For example, you may want to go to the local day centre to meet the eligibility criteria outcome of '*developing and maintaining family or other personal relationships*'; or there may be other ways to meet this need that more closely reflect your cultural background or life experience. You should have maximum involvement in this process.

5.6 Respite or replacement care for carers

Respite care allows a carer to have a break from caring. If you are a carer, you may need to re-charge your batteries as you find your caring role very draining. You may want to do something particular, such as attend a course or an appointment, go on holiday, see family members or friends, or pursue leisure activities.

Whatever your reason, ask the local authority to carry out a carer's assessment and also assess the person you care for with a view to offering respite care to free up your time. They must assess you based on the national eligibility criteria.

Respite care takes several forms. It may be a sitter service or replacement care worker to look after the person you care for or to take them out to allow you to have free time at home. It may be residential respite care, in a hospital or, more commonly, a care home to enable you to have a sustained period of time when you are free of your caring role.

This can happen on a regular basis or an occasional basis. The amount of respite care depends on levels of need.

As a carer you should not be charged for respite or replacement care. Although the care need arises as you need time off, the actual care is delivered to the person you look after. If a charge is made, the cared for person is financially assessed and charged. More information for carers is available from Carers UK. See information guide 13, *Advice for carers*.

5.7 Specialist equipment and home adaptations

There is a wide range of specialist equipment available to help you if you find it difficult to carry out particular tasks at home. Examples include:

- mobile hoists
- commodes
- toilet frames
- bath lifts or seats
- adapted cutlery.

Adaptations are permanent changes made to your home to enable you to live safely and more independently. They include alterations to the building such as widening a door for a wheelchair, installing a stair or grab rail in the toilet or bathroom. They includes larger works such as:

- level access shower
- stairlift or through-floor lift
- wheelchair ramp
- wheelchair standard adapted kitchen
- ground floor extension to provide level access facilities and/or to provide an accessible bathroom.

Minor adaptations are provided free of charge if you have eligible needs that can be met through the provision of adaptations. This only applies if the cost is £1000 or less, such as short concrete wheelchair ramps and grab rails, for example.

If you require more major adaptations, such as an accessible wet room or a through-floor lift, you may be able to obtain a Disabled Facilities Grant (DFG). These are means tested separately from other social care support, with the scheme being jointly operated with the housing department or housing authority for your area.

If you require specialist equipment or home adaptations, you usually need an assessment by a local authority occupational therapist (OT). You can specifically ask for an OT assessment. They can give you useful specialist advice, decide on eligibility, make recommendations and assist if you may be entitled to receive a DFG.

The Disabled Living Foundation has extensive information about the different types of specialist disability equipment, with a number of factsheets on their website.

For more information, see factsheet 42, *Disability equipment and home adaptations*. More information on adaptations is in information guide 17, *Adapting your home* and factsheet 67, *Home improvements and repairs*.

6 Services provided free of charge

You may be eligible to receive some services in your own home free of charge.

6.1 Community-based health services

Your GP can arrange community-based health services, where necessary. If it is hard for you to get out of the house, arrangements can usually be made to see you at home. Services available may include:

- district nurse or health visitor
- chiropodist

- continence adviser
- physiotherapist
- community psychiatric nurse
- intermediate care – rehabilitation
- hospice at home or Macmillan nurse.

Specialist nursing or care at home if you have a terminal illness may be available through Macmillan nurses provided by Cancer Relief, Marie Curie Foundation nurses or a local hospice. Ask your GP about this.

For more about these services, see factsheet 44, *NHS services*.

6.2 Short-term rehabilitation

Intermediate care and reablement services

Intermediate care services are usually provided when you leave hospital or if you are at risk of being admitted to hospital. The services are a link between hospitals, your home and different parts of the health and social care system – community services, hospitals, GPs and social care. These are free short-term services, usually lasting up to 6 weeks, although there is no upper or lower limit. You may be asked to pay after 6 weeks.

Note: Professionals working with you should consider your eligibility for these services, based on your potential to improve how you manage at home. Ask about them if you think they may be of assistance to you.

There are four types of intermediate care:

- **crisis response** – services providing short-term care (up to 48 hours)
- **home-based intermediate care** – services provided in your home by a specialist team with health professionals including nurses and therapists
- **bed-based intermediate care** – services delivered away from home, for example, in a community hospital
- **reablement** – services to help you live independently provided in your home by a team of mainly social care professionals.

Reablement

This is a particular type of intermediate care provided by your local authority. It has a focus on helping you regain confidence, skills and capabilities to maximise your independence, decrease risks and reduce your future needs through a graded programme and the provision of minor adaptations and specialist equipment.

For example, trained home carers work closely with you over a number of weeks with the aim of improving your independence at home after a stay in hospital. This may be under the supervision of a professional such as an occupational therapist who initially devises the plan with you and regularly checks how you are getting on.

The terms '*reablement*', '*rehabilitation*' and '*intermediate care*' are often used interchangeably. Other names may be used locally. For more information, see factsheet 76, *Intermediate care and reablement*.

6.3 Community equipment (aids and minor adaptations)

You should not be charged for the supply of community disability equipment (also called '*aids*') and minor home adaptations to your property to help with nursing at home or assisting daily living tasks.

There is no financial limit for specialist disability equipment, but an adaptation is minor if it costs £1000 or less. Above this amount, it must be dealt with as a Disabled Facilities Grant (see section 5.7).

These can be provided to meet elements of your assessed needs.

6.4 Continuing NHS healthcare

If your needs are primarily healthcare needs rather than social care needs, you may be eligible for free support from continuing NHS healthcare (CHC).

This does not mean you are eligible simply because you have a health problem. It is the nature of your care needs arising from your illness that are important, not the illness itself. They must be health-related needs not suitable to be met via social care.

If you think your care needs are primarily health care needs, ask for a CHC assessment. Your local Clinical Commissioning Group is responsible for deciding whether you qualify for this free care. To decide, they assess you using a clinical tool called a decision support tool. You have a right of appeal if you think that their decision is wrong.

For more information, see factsheet 20, *NHS continuing healthcare and NHS-funded nursing care*.

6.5 Ongoing care and support under *Mental Health Act 1983*

You can receive free support in the community following discharge from hospital arising from mental illness if you were sectioned under section 3 or the criminal provisions of the *Mental Health Act 1983* (MHA). This is under section 117 of the MHA and is known as '*aftercare*'.

This does not apply if you were sectioned under section 2 of the MHA. This power is sometimes used to assess people with serious learning disabilities or conditions such as dementia. If you fall into this category and are discharged from hospital, you are means-tested for social care.

7 Finding a care worker yourself

You can find a care worker through an agency or by employing someone directly. If your local authority assess you as needing personal care services, it has a responsibility to ensure those services are available to you. This means providing or arranging home care services for you if necessary. If it assists with funding, it must offer the option of direct payments if appropriate so you can arrange this yourself.

7.1 Employment agencies

Agencies providing nurses or care workers who carry out personal care tasks have to be registered as service providers with the Care Quality Commission (CQC). Agencies are regularly inspected by the CQC to ensure they comply with their Fundamental Standards. The CQC and the local authority can provide lists of agencies in your area.

It is important to be clear about the type of help you need in order to establish whether a particular agency and its staff can meet your needs. The local authority needs assessment can be useful for this, even if you do not want them to arrange your services. The local authority must provide you with information and advice about local care providers.

Discuss with the agency how your needs can best be met. For example, depending on the level of care you need, it may not be possible for one person to provide it all. A planned rota of workers can help to minimise disruption and provide continuity.

7.2 High levels of need

It is possible to arrange 24 hour live-in carers through care agencies. It may be possible to get direct payments or a 24 hour live-in service via the local authority through direct payments or directly arranged by them, but this depends on your assessed eligible needs.

Many local authorities limit the size of the personal budget, so if your care is going to be more expensive than the cost of a care home placement, they may be unwilling to fund it. They must consider each case on its merits and cannot impose a blanket policy treating everyone in the same way. You may be able to persuade them to fund a more expensive package, because of your particular needs.

If you are able to make these decisions yourself, you can never be forced into a care home against your will. If your personal budget is not big enough to meet all your care needs, you can challenge that decision (see section 8). If you are not able to obtain any more financial support, you can choose to purchase additional care privately. You may, of course, be funding the whole costs of your care if you are a self-funder.

7.3 Employing a care worker yourself

You can employ a care worker (or other help) directly rather than go through an agency. However, it is important to be clear about the responsibilities you take on, particularly in relation to a contract of employment and other financial commitments such as National Insurance contributions and pensions.

If you are a self-funder, you may get help with various aspects of employment, such as advice on recruitment and on employment law from the local authority or, more likely, a local voluntary organisation, such as a disability user group. The local authority should provide you with information and advice, or at least signpost you to someone to help.

If you have direct payments, either the local authority or a local organisation can provide you with advice and support and may be able to help you find a suitable person. You should be able to get help with paying wages, dealing with tax etc. if you want it.

If you advertise for a care worker, it is advisable to use a box number and to take up references. You should carefully consider the duties you require and write a job description, so there is no misunderstanding by either of you about what is expected.

If you employ a care worker yourself with direct payments or as a self-funder, you do not have to carry out a criminal records check beforehand, but it is a sensible safeguard. You can ask your local authority to make the application on your behalf. The Disclosure and Barring Service carries out checks and they keep a list of anyone who has been barred from working with children or vulnerable adults.

Disability Rights UK have information on employing care workers and has an advice line. For more information, see factsheet 24, *Personal budgets and direct payments in adult social care*.

8 Complaints and safeguarding

If you feel the local authority has not behaved as it should and are unhappy with your treatment, for instance, regarding decisions made about your care needs or your care package, you can ask them to think again about your case and review its decision. If you do, it is helpful to explain why you are unhappy.

For instance, you may feel your needs assessment has not taken into account all aspects of your needs and, as a result, you have too little support. 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*.

Anyone working with you should treat you with respect, value your dignity and take account of your wishes and feelings. For example, if someone lacks mental capacity, all actions must be taken in their '*best interests*', as defined by the *Mental Capacity Act 2005*.

For more information, see factsheet 22, *Arranging for someone to make decisions on your behalf*.

This links with your human and equality rights, your right not to be put at undue risk, or to be subjected to abuse or neglect. If you have concerns, contact the Equality Advisory Service and see factsheet 78, *Safeguarding older people from abuse and neglect*.

Useful organisations

Alzheimer's Society

www.alzheimers.org.uk

Telephone helpline 0300 222 11 22

Provides information about all types of dementia and supports people, their families and carers, and provide a range of factsheets.

British Red Cross Society

www.redcross.org.uk

Telephone 0344 871 11 11

Services including transport and escort, medical loan, emergency response, fire victims support, domiciliary care, home from hospital schemes and first aid, mainly provided by volunteers and available from local centres.

Care Quality Commission

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 UK

www.carersuk.org

Telephone 0808 808 7777

Provides information and support for carers, including benefits.

Disability Rights UK

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.

Disabled Living Foundation

www.dlf.org.uk

Telephone 0300 999 0004

Runs an equipment demonstration centre, provides information about equipment for daily living and specialist advice service on clothing. A variety of information sheets are also available.

Equality Advisory Support Service

www.equalityadvisoryservice.com

Telephone helpline 0808 800 0082 Mon-Fri 9am-8pm, Sat 10am-2pm

Funded by the Equality and Human Rights Commission, the EASS helpline provides information and advice about the *Equality Act 2010*.

Foundations

wwwFOUNDATIONS.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.

Homeshare

<https://homeshareuk.org/>

Telephone 0151 227 3499

Set up to support older people who want to remain independent in their own homes. Householders provide free accommodation to a homesharer in exchange for 10 hours of help each week, and both parties pay a small fee to Homeshare to support costs.

Independent Age

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

Telephone 0300 061 0614

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

NHS Choices

www.nhs.uk/Conditions/social-care-and-support-guide/Pages/funding-care.aspx#

A Government website that provides information on funding care and which links to local care services.

United Kingdom Home Care Association (UKHCA)

www.ukhca.co.uk

Telephone 020 8661 8188

Professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. Can provide a free list of homecare providers.

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

www.agecymru.org.uk

0800 022 3444

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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The evidence sources used to create this factsheet are available on request. Contact resources@ageuk.org.uk

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