

Factsheet 46

Paying for care and support at home

April 2019

About this factsheet

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

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

The information in this factsheet is correct for the period April 2019 – March 2020. 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, 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 of the organisations mentioned in this factsheet can be found in the *Useful organisations* section.

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1 Recent developments

Local Authority Circular (DHSC)(2019)1, published in January 2019, kept all rates and financial thresholds for care and support charging at the same levels as the previous financial year.

2 Sources and terms used in this factsheet

Care Act 2014, charging regulations and statutory guidance

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

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

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

Local authority

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

3 How to access local authority services

If you have difficulty managing at home or with being a carer, you can ask your local authority for a needs assessment. Another person such as your carer, GP, or district nurse can make a referral on your behalf with your permission. You can receive health and social care services at the same time.

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

In this factsheet we focus on services you can receive outside of a care home, but residential care may be another option to meet your needs. See factsheet 29, *Finding, choosing and funding a care home* for more information about your choices here.

3.1 The range of services available

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

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

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

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

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

3.2 Assessment for care and support

The first step in getting help is to ask your local authority to carry out a care needs assessment. This is how they find out what sort of help and support you need and if you meet the eligibility criteria. This can relate to both you and your carer as you may both be entitled to services.

The local authority must carry out an assessment if you appear to be someone who may have needs for care and support. This decision must not be influenced by your financial circumstances.

Someone from the local authority, such as a social worker, usually visits to discuss your needs and decide with you what actions should be taken. The assessment must be suitable for your particular requirements.

You can have as much involvement in this process as you want and can self-assess in some circumstances. Your needs should be recorded and you have a right to a copy of the assessment once completed.

If the local authority arranges your care, they must prepare a care and support plan, involving you as much as you wish, setting out how your needs will be met. You have a right to a copy of the plan. If you have a carer, they may be entitled to a needs assessment and a support plan.

A care and support plan must describe:

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

A personal budget is the amount the local authority calculates it will cost to meet your eligible needs. It tells you how much you must pay towards this following a financial assessment and the remaining amount your local authority must pay to ensure your needs are met (see section 6).

3.3 Eligibility criteria for services

To be eligible for services, you must be assessed as being unable to achieve certain things (*'outcomes'*) in your daily life, or have difficulty with them, and this has a significant impact on your wellbeing. If you have a carer, the eligibility assessment must be carried out as if they are not present so your baseline needs can be fully documented.

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

3.4 Self-funders' *'right to request'* service provision

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

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

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

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

4 Local authority charging rules

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

Note

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

The local authority must carry out a financial assessment, also called a *'means test'*, if it has a duty, or chooses, to meet you, or your carer's, needs. Income including benefits and pensions are taken into account. Your home is excluded if you still live there. Other capital such as savings can be taken into account.

The financial assessment should follow your needs assessment promptly and be based on what was agreed in your care and support plan, or support plan if a carer. You should be given a personal budget figure in writing setting out how much it costs to meet your needs.

Initially, this may be an estimated or indicative amount until it is confirmed to be sufficient to meet your needs. It shows how much you must contribute. You should be given information and advice to help you decide what care or support you receive and your funding options.

4.1 Local authority charging discretion

A local authority has discretion whether to charge for services, (except if they are free, see section 8). The general approach must be set out in its charging policies and it must be able to explain each individual decision.

'Light-touch' financial assessment

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

4.2 Only the service user should be charged

A local authority should not routinely include the assets of a spouse or civil partner not receiving care and support in the financial assessment. If they do, they must have a justifiable reason, for example jointly owned assets.

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

The statutory guidance states the local authority '*has no power to assess couples or civil partners according to their joint resources. Each person must therefore be treated individually*'.

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

4.3 Written record of charging decisions

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

4.4 Income protection principle

After paying your required service charge, your weekly income should not reduce below a minimum income level, called the '*Minimum Income Guarantee*' (MIG). The MIG amount for 2019/20 if you are single and have reached the qualifying age for Pension Credit is £189.00 a week.

If you are a member of a couple and one or both of you has reached Pension Credit qualifying age, your individual MIG is £144.30 a week.

If you are a carer, an extra £43.25 is included in your MIG.

If you are single and over Pension Credit qualifying age and receive disability benefits, such as Attendance Allowance, Disability Living Allowance care component (high or middle rate) or Personal Independence Payment daily living component, you can ask that a disability addition of £40.35 a week to be added to your MIG. However, the local authority may not agree with this interpretation of the charging regulations.

Independent living and social inclusion

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

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

Housing costs and Council Tax should be assessed less Housing Benefit or Council Tax Reduction. It should be net of Income Tax. Your available income should also take into account disability related expenditure. See section 4.7.

If your charges leave you with a weekly income below the MIG figures, ask for the level of your charge to be reviewed.

Claim all possible benefits

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

4.5 Disregarded income

Some types of income are not be taken into account in your financial assessment and others must be partially disregarded. Disregarded income includes:

- Disability Living Allowance and Personal Independence Payment mobility components (not care or daily living components)
- Pension Credit Savings Credit
- earnings
- income in kind, which is income other than money
- Social Fund payments (including winter fuel payments)
- war widow's and widower's special payments
- charitable and voluntary payments (which could be made by a relative)
- Child Tax Credit, Child Benefit or Guardian's Allowance
- personal injury trust payments
- payments made to veterans under the War Pension Scheme with the exception of their Constant Attendance Allowance element.

Note £10 a week of War Widows, War Widower's, or War Disablement pension paid to non-veterans is disregarded.

4.6 Social security benefits

You may be able to claim social security benefits to help meet costs of care and support needs, on top of local authority funding. These include:

- Attendance Allowance
- Disability Living Allowance/Personal Independence Payment
- Carer's Allowance
- Pension Credit.

Other benefits

Other benefits can help meet the extra costs of disability or make your home more suitable for your needs. These include:

- Council Tax Reduction (CTR), see factsheet 21, *Council Tax*. If you are paid CTR, it is disregarded in the financial assessment.
- Council Tax discounts if a carer lives with you or you need extra space for a wheelchair, or the living room is mainly for your use (for instance, your bed is in a downstairs room)
- Help with heating and insulation – schemes such as the Energy Company Obligation (ECO) scheme (known as the 'Affordable Warmth' scheme). See factsheet 1, *Help with heating costs*, for more details.

4.7 Disability-related expenditure

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

DRE applies to the following benefits:

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

Examples of DRE

DRE can include the following but not only:

- extra washing or special washing powder/conditioner for delicate skin
- community alarms (pendant or wrist)
- special diet
- special clothing or footwear (or extra wear and tear)
- additional bedding
- extra heating costs
- gardening

- household maintenance (if you would normally have done it yourself)
- any cleaning (if not part of your care plan)
- internet access
- any care that social services do not meet
- buying and maintaining disability-related equipment
- any transport costs (both for essential visits to the doctor or hospital, but also to keep up social contacts).

Other costs may also be accepted. The courts have confirmed that local authorities should not be inflexible but should always consider individual circumstances. For example, an authority should not adopt a blanket policy of refusing to acknowledge payments made to close relatives, as there may be exceptional reasons for a particular arrangement.

Assessment of disability-related costs can be carried out in your own home with a personal interview. Staff should be appropriately trained in a range of benefits and be able to give advice about entitlement, help with completing forms and any follow-up action if you want this. See section 13 on the information and advice duty. If you prefer independent benefits advice, you should be offered this choice.

Ensuring all DRE is included: useful tips

Some local authorities set standard amounts of disability-related expenditure. If your actual expenditure significantly differs from these amounts, asked to be reassessed. The local authority should take your individual circumstances into account and consider all reasonable expenditure.

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

Check whether you have records, such as receipts and bills, to help you work out how much you spend on your disability-related needs.

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

You can ask for the cost of one-off items, for example a stair lift, to be included as DRE. The local authority may work out one-off expenditure by spreading the cost over the period the item is expected to last.

For example, if the item costs £1,000 and is expected to last ten years, your weekly expenditure may be worked out as £1.92. If the local authority takes this approach, it must take into account your individual circumstances and fairly reflect the cost you have incurred.

If you feel that the authority has not accurately reflected your individual DRE, raise a formal complaint to challenge this. See section 14.

4.8 Capital and maximum charges

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

Upper capital limit

The upper capital limit is £23,250. If you have more than this, you may be asked to pay the full cost of charges for your care services. A local authority can relax this rule if it wishes.

'Tariff' income calculation

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

Local authority charging discretion

Capital earmarked for specific items or purpose at the time of the financial assessment can be disregarded if you ask for this. The local authority may agree to a request if it is reasonable. This overlaps with deliberate deprivation of assets in section 5.

4.9 Disregarded capital

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

Other disregarded capital

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

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

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

£10,000 compensation payments made to Far East Prisoners of War on or after 1 February 2001 are disregarded. Payments made to those who caught hepatitis C as a result of contaminated blood products are disregarded.

Capital in government trusts for variant Creutzfeldt-Jakob disease (CJD) are disregarded, including payments from the trust to a partner at the time of the death of the person. There are trust-related capital disregards for a member of the person's family for 2 years from the date of their death from the disease (or from the date of payment from the trust if later); or a dependent child or young person until they turn 18.

5 Deliberate deprivation of assets

Local authorities have discretion to decide whether eligible capital or income have been deliberately placed beyond their reach or disposed of to avoid, or reduce, the charge for services. It is basically a test of foreseeability and intention. If deliberate deprivation is found, you can be treated as still possessing the assets you have disposed of as '*notional*' capital or income in the financial assessment.

The statutory guidance states there may be valid reasons why someone no longer has an asset and a local authority should ensure it fully explores this before reaching its conclusions. Annex E of the guidance outlines the factors a local authority should take account of when making a decision about whether deliberate deprivation has occurred:

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

If you transfer an asset to a third party to avoid charges, the third party can become liable to pay the local authority the difference between what it would have charged and did charge you for care. However, the third party is not liable to pay anything exceeding the benefit they received from the transfer. If you transfer funds to more than one third party, each is liable to pay the local authority the difference, in proportion to the amount they received.

The local authority can use the County Court process to recover debts, but this should only be after all other avenues have been exhausted. If pursuing the recovery of charges from a third party, a local authority must have regard to Annex D on debt recovery. If you disagree with a deprivation decision, you can challenge this through their complaints procedure, see section 14.

6 Your personal budget – choice and control

Your personal budget is the amount the local authority calculates it will cost to meet your eligible needs. These are the needs it has a legal duty to meet.

As part of your care planning process, you should be given an estimated personal budget figure so you know how much money you are entitled to. A financial assessment is then carried out to find out how much you must contribute to a final personal budget figure.

You can choose to have your personal budget as:

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

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

You must be given appropriate advice and support to allow you to make an informed choice as to how best to arrange your funding. You must not be put under any pressure to accept direct payments if you do not want to arrange your care in this way. All that matters is what is best for you to achieve the best possible outcomes.

6.1 Direct payments

Direct payments are an alternative to the local authority arranging services on your behalf and holding your personal budget. The local authority is required to give you this option if you satisfy certain requirements. It can be empowering if it is right for you. You have discretion to use the money in the way that best suits you with regard to meeting the eligible needs identified in your care and support plan.

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

Note

Skills for Care have an '*Information hub*' for people wishing to employ a personal assistant at www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-hub.aspx.

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

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

People who lack mental capacity

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

7 Home repairs, adaptations and equipment

Repairs and improvements

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

'Major' adaptations - Disabled Facilities Grant

You may be eligible for a means tested Disabled Facilities Grant (DFG). These can provide a variety of major improvements and adaptations to make your life easier at home. The local authority has a duty to provide a DFG in certain circumstances, for example if it is the only way to meet your needs. Examples of 'major' home adaptations include a level access shower, stair lift, or a through-floor lift.

An assessment is usually carried out by an occupational therapist employed by the local authority. They must work jointly with the housing department who administer the DFG funding and ensure recommended works are safe and appropriate.

'Minor' adaptations

Adaptations costing less than £1000 must be provided free of charge by your local authority if they meet assessed eligible needs.

Disability equipment

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

VAT relief for people on disability-related equipment

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

Goods and services that you do not have to pay VAT are often referred to as 'zero-rated' or 'eligible for VAT relief'. The rules are quite complex and not everything supplied is zero-rated for VAT. For more information see: www.gov.uk/financial-help-disabled/vat-relief.

8 Services that should be provided free of charge

Local authority assessment, means test and care planning

Your local authority cannot charge you for your needs assessment, financial assessment or the care and support planning process where decisions are made about how your needs will be met.

Rehabilitation - intermediate care and reablement

These are short-term periods of rehabilitation often provided to prevent hospital admission or to build up your abilities and confidence after hospital discharge. Charging regulations describe them as: a programme of care and support, or support; for a specified period of time; that has as its purpose the provision of assistance to enable you to maintain or regain the ability needed to live independently in your own home.

These must be provided free of charge for up to six weeks. Statutory guidance states there should not be a strict upper time limit. Your local authority may offer this service free of charge for longer than six weeks if there are clear preventative benefits. The guidance gives an example when someone has recently become visually impaired. You usually receive this type of service in your own home.

The NHS provides a similar type of free short-term rehabilitation, usually called intermediate care. For more information, see factsheet 76, *Intermediate care and reablement*. You should be assessed and financially assessed for any required long-term social care services before the end of your free rehabilitation period.

NHS care and services

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

The NHS is responsible for meeting the full cost of care (in your own home or a care home) if your primary need is for health care i.e. your needs for care are beyond those a local authority has a duty to meet. This is called NHS continuing healthcare and is often called 'fully funded care'.

It is important to check you have been properly assessed for fully funded NHS continuing healthcare, if you may be entitled to it. This should happen before a local authority carries out its financial assessment for care and support. Otherwise you may be charged for services you are entitled to receive for free.

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

Community equipment and minor home adaptations

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

Creutzfeldt-Jakob disease (CJD)

Charging regulations confirm that if someone suffers from CJD they should be exempt from all charges for local authority care and support.

9 Free mental health 'after-care' services

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

The statutory guidance confirms that if you receive services under section 117 of the *Mental Health Act 1983* following a period of detention in hospital, you cannot be charged for these services. It places a joint duty on local health and social services authorities to fund and provide these services.

Point of law

In *R v Richmond LBC and others, ex parte Watson and others* [1992] 2 CCLR 402, it was held that after-care provision does not have to continue indefinitely but must continue until the health body and the local authority are satisfied it is no longer needed. The judge felt it difficult to see how such a situation could arise where the illness is dementia.

10 Charging for carers' services

Carers have a right to services if eligible support needs are identified under the Act. Carers can only be charged for services they receive in their own right.

A service to you might benefit your carer, but it is still your service. It is important at the outset that everyone is clear who is receiving the service and is charged.

Statutory guidance notes in many cases, charging a carer is a false economy as it may deter or discourage the choice to care in the long-term. The local authority should treat your carer as a partner in care and recognise the significant contribution they make in helping to maintain your independence, health and wellbeing.

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

Ultimately, it should ensure any charges do not negatively impact on your carer's ability to look after their own health and wellbeing and to continue to care effectively and safely. Carers often forgo earnings to care so charging for support services could cause financial difficulties.

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

11 Charges for respite care

Where you are a short-term resident in a care home, your local authority may choose to charge you based on its non-residential care charging policies.

For example, if you are resident in order to receive respite care, for the first eight weeks your local authority may choose to charge you based on its approach to charging for those receiving care and support in other settings or in their own home.

See factsheet 58, *Paying for temporary care in a care home*.

12 Supporting People programme

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

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

13 Information, advice and advocacy duty

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

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

Your local authority must provide you with information to help you understand your choices, what you may have to pay and how this relates to your circumstances.

The independent advocacy right

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

Your local authority must involve you in decisions made about your care and support - you should be an active partner. Your advocate's role in this context is to help you to express your needs, views and wishes and to ensure that you are treated appropriately.

Mental Capacity advocacy

If you lack mental capacity and have no support or advocate, for example someone with a power of attorney, you may have to be provided with an Independent Mental Capacity Advocate. This is similar to the social care independent advocate above. The social care advocate has a lower threshold trigger for the right as it is not based solely on the loss of mental capacity.

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

14 Complaints

If you or your carer is not satisfied with your assessment or unhappy with the decision reached, you can complain through the local authority's complaints procedure. You can subsequently escalate the complaint to the Local Government and Social Care Ombudsman if you are not satisfied with the complaint outcome.

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

You should be provided with information about how to complain on request.

The Care Quality Commission is the industry standards regulator for home care agencies. Contact them if you experience poor standards of care.

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

14.1 Safeguarding

If you have concerns about abuse or neglect, you can raise a safeguarding alert with the local authority. Its duty to investigate concerns applies to self-funders as well as those receiving local authority funding.

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

Useful organisations

Care Quality Commission

www.cqc.org.uk

Telephone 03000 616 161 (free call)

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

Carers UK

www.carersuk.org

Telephone 0808 808 7777

Information and support for carers, including about benefits.

Citizens Advice

www.citizensadvice.org.uk

Telephone 0344 411 1444 (England)

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

Equality Advisory & Support Service

www.equalityadvisoryservice.com

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

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

Local Government and Social Care Ombudsman

www.lgo.org.uk

Telephone 0300 061 0614

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

United Kingdom Homecare Association

www.ukhca.co.uk/

Telephone 020 8661 8188

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

Age UK

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

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

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

In Wales contact

Age Cymru Advice

www.agecymru.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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