

Factsheet 6

Finding help at home

September 2019

About this factsheet

This factsheet has information about how to get support to help you to live in your own home if you are having difficulty managing. It focusses on the duties of the local authority to provide assistance, but also covers arranging care yourself. Residential care is covered in other factsheets.

Factsheet 46, *Paying for care and support at home* has more detailed information about how a local authority will charge for services.

The information in this factsheet is correct for the period September 2019 to August 2020.

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 Terminology and sources

The Care Act, regulations and statutory guidance

This factsheet is based on the *Care Act 2014* ('the Act'), its supporting regulations and the *Care and Support Statutory Guidance* ('the guidance'), introduced in April 2015. They are mentioned in the text and set out in detail how a local authority must administer adult social care.

Relevant regulations include the *Care and Support (Eligibility Criteria) Regulations 2015* and the *Care and Support (Assessment) Regulations 2014*.

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.

2 How the local authority can support you

2.1 Getting a needs assessment

The first step to obtaining help is to ask for a local authority needs assessment for care and support. They have a duty to assess you if you appear to need care and support, so in most cases they must do this if you ask them to. There is no charge for an assessment and your financial situation is irrelevant regarding this right.

To get an assessment, contact the local authority adult social care department. You can find details on the 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. The 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 can be referred by your GP, nurse or hospital doctor, or a relative or friend may do so for you. This should always be with your consent.

Procedures for carrying out assessments vary between local authorities, although they must follow national standards. The way you are assessed must be appropriate to the type of needs you have and your situation.

They may visit you at home, speak to you by telephone, or offer self-assessment. With self-assessment, you complete a form and return it for checking, before social services undertake further work with you.

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, ask for one. If your needs are complex or you have mental health needs or lack mental capacity, you should be 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, or it may be an occupational therapist. More than one person may be involved.

Unless the assessment is needed urgently, the local authority should send you information before the assessment so you know what to expect.

You may be entitled to advocacy support if you find it difficult to engage with the assessment process and have no one you want to assist you. This means that someone is appointed to advocate, or to speak, on your behalf, to ensure all your eligible needs are properly identified.

Personalisation and wellbeing

The '*personalisation*' of care and support 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 your views, wishes, feelings and beliefs, and consider the outcomes you wish to achieve in day-to-day life. The 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 locally. This can happen if you are at home or elsewhere, for example 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 to remain at home. This includes 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 4).

Carers

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

2.2 Eligibility for care and support services

A needs assessment looks at whether your needs meet the eligibility criteria for local authority support. If they do, the 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 a set of criteria for adults with care needs and another for carer's needs, with similar rights to services.

Eligibility for adults with care needs is based on whether you are unable to achieve two or more of the following outcomes:

- 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.

Being unable to achieve these outcomes must have a significant impact on your wellbeing, which includes:

- personal dignity
- physical and mental health
- protection from abuse and neglect
- control over your day to day life, including care and support
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation, and
- contribution to society.

The assessment must also consider any personal outcomes that you may want or need to achieve in your daily life, which can be different from the eligibility criteria above. The local authority does not have to provide support to help you meet these personal outcomes but they must consider them.

If you are not eligible, written reasons must be given and you should be offered information and advice to help you deal with your situation. For more information, see factsheet 41, *How to get care and support*.

2.3 Care and support planning

If you meet the eligibility criteria, the local authority works with you to develop a care and support plan (or a support plan if you are a carer). A needs assessment and drafting a care and support plan is a free service. This is when your views as to how your needs should be met are most relevant, as the local authority must try to reach agreement with you. The plan sets out their recommendations and allocates a personal budget (see section 2.4).

If you have a carer, they must assess you as if you did not have one to establish your underlying eligibility. They do not have a duty to meet needs being met by a carer able and willing to do so, but they should record them.

The local authority has a duty to meet any 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 started to ensure they meet your needs. If you lack mental capacity to arrange your own services and have no one to assist you, the local authority has a duty to arrange the support in all circumstances.

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.

2.4 Personal budget

If you have a care and support plan, you are given a personal budget. This is the total cost of meeting your eligible needs. It must specify how much you must contribute to the total cost following a financial assessment and any remaining amount is paid by the local authority.

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.

A 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.

The personal budget must be sufficient to ensure your needs can be met and reasonable consideration must be given to your preferences.

2.5 Direct payments

A direct payment is money paid directly to you or your representative by the local authority so you can buy care yourself. The 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 on you to manage your care and any staff you employ.

Some people find this works for them. 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 and is agreed by social services. However, it must always be your choice, as the local authority cannot force you to accept a direct payment if you do not want this.

If you cannot manage a direct payment yourself, the local authority can appoint a suitable person such as a relative to manage it for you. See factsheet 24, *Personal budgets and direct payments in adult social care* for more information.

3 Paying for care and support services

Social care is usually financially assessed so your income and capital (e.g. savings) are taken into account to pay for it, whilst healthcare is largely free of charge.

It is important to be clear who provides your care services as 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 should be able to receive information and advice from the local authority. You also have a right to request the authority to manage care and support on your behalf.

3.1 The financial assessment

A local authority has powers to charge for most services, with certain exceptions (see section 5). If you have eligible needs for care and support, you are subject to a financial assessment. You may be offered a 'light touch' assessment if, for example, you clearly have enough money to self-fund your care.

The assessment 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 charging regulations and guidance. The charging scheme must make sure your income does not fall below a set level ('*Minimum Income Guarantee*') as a result of paying for services. The guidance suggests that charging for carer's services may not be cost-effective.

Only the person needing care is charged for services, not other family members. The authority should ensure you receive all benefits you are entitled to and take into account certain outgoings such as disability-related expenses if disability benefits are taken into account. The value of your own home is not included in the financial assessment if you live at home. Ongoing expenses must be factored in when assessing what you are able to pay.

Your needs and eligibility for services should be assessed and identified prior to discussions about paying for them. Your financial situation should not affect decisions about whether you meet the eligibility criteria. Decisions about how much, if anything, you must pay comes after the needs assessment.

The charging procedure should be carried out promptly following a needs assessment so you know what you will be charged. You should be clear about what you and the local authority must pay as early as possible in the process.

For more information, see factsheet 46, *Paying for care and support at home*

3.2 Self-funders

If you are a self-funder and want the local authority to arrange your care, you can ask them to do so. The authority must put in place the care you need but can charge an arrangement fee. If you are unable to arrange your own care due to a lack of mental capacity and have no one to help you, the authority must make the necessary arrangements on your behalf. In these circumstances, it cannot charge an arrangement fee.

The National Institute for Health and Care Excellence has an online guide to help if you self-fund your care, see www.nice.org.uk/about/nice-communities/social-care/quick-guides/better-home-care-for-older-people

4 Types of local authority services

The local authority may directly provide care services or arrange for it to be provided by someone else. This can be a private company, a charity, or another public sector body. The local authority retains responsibility for any outsourced service it arranges to meet your assessed needs.

A local authority has 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 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 2. 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 sections explain some illustrative examples of the types of service you may be offered, but they are not an exhaustive list.

4.1 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 and 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 the 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 6.3 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. The 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.

4.2 Domestic assistance

Local authorities do not usually provide help with domestic tasks, except as part of a wider personal care package. However eligibility is based on needs, not the type of service, so if you need domestic assistance in order to meet eligible needs, then the local authority must provide it.

One outcome for help is *'maintaining a habitable home environment'*. If you need help with cleaning or housework, you can state this as an outcome you would like to achieve. Another outcome is *'managing and maintaining nutrition'* which may involve help with 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, the 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 challenging or do not have internet access, 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.

If you have incontinence needs, 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. Some local Age UK's, other voluntary agencies or religious groups may provide help with domestic tasks.

4.3 Meals at home

There are various ways you can be helped to ensure you can 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. This relates to the outcome criteria *'managing and maintaining nutrition'*.

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 Service 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 the 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.

4.4 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.

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. The Disabled Living Foundation has a lot of information about personal alarm systems.

Telecare

Telecare is 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 provision of Telecare and Telehealth might overlap.

Cost

If you are assessed as eligible for this type of equipment, you may be charged a contribution towards the cost. Any contribution should be worked out in line with the financial assessment.

4.5 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 shared 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.

A 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 a local day centre to meet the 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.

4.6 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 if your caring role is very demanding. 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 the 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. They must assess you based on the eligibility criteria. Respite care can be arranged on a regular or an occasional basis. The amount of care depends on levels of need.

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 in a care home to enable you to have a sustained period of time when you are free of your caring role.

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*.

4.7 Specialist equipment and home adaptations

There is a wide range of specialist aids and equipment available 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 rail or grab rail in the toilet or bathroom. They can include 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.

Aids, equipment and minor adaptations are provided free of charge if you have eligible needs that can be met through this provision. Minor adaptations are those costing a £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 financially assessed 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 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*.

5 Services provided free of charge

5.1 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, Marie Curie Foundation nurses or a local hospice. Ask your GP about this.

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

5.2 Short-term rehabilitation

Intermediate care and reablement services

Intermediate care services are usually provided when you leave hospital or are at risk of being admitted to hospital. They are intended to be 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 six weeks, although there is no upper or lower limit. You may be asked to pay after six 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 the 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 may include 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*.

5.3 NHS continuing healthcare

If your needs are primarily healthcare needs rather than social care needs, you may be eligible for free support from NHS continuing healthcare (CHC). Eligibility is based on the nature, intensity, complexity or unpredictability of your needs, rather than on the basis of having a particular health condition or diagnosis. It can be provided in any setting, including your own home.

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 must follow the process described in the 2018 National Framework. 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*.

5.4 Community equipment (aids and minor adaptations)

You should not be charged for the supply of community disability equipment ('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. You may be entitled to help with an adaptation costing more than £1000 through a Disabled Facilities Grant (see section 4.7).

5.5 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 provided 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 financially assessed for social care.

6 Finding a care worker yourself

You can find a care worker through an agency or by employing someone directly. If the 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.

6.1 Employing a care worker yourself

You can employ a care worker or other help directly rather than through an agency. However, you must be clear about your responsibilities, 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 employment law from the local authority or a local voluntary organisation. The authority should give you information and advice, or signpost you to someone to help.

If you have direct payments, the local authority or a local brokerage 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 this.

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 using 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 the local authority to apply on your behalf. The Disclosure and Barring Service carries out checks and keep a list of people barred from working with children or vulnerable adults.

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

6.2 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 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.

6.3 High levels of need

It is possible to arrange 24 hour live-in carers through care agencies. It may be possible to get 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 significantly 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, due to your particular needs.

If you are able to make these decisions yourself, you cannot 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 the decision (see section 7). If you cannot get more financial support, you may consider whether you can purchase additional care privately.

7 Complaints and safeguarding

If you are unhappy with your treatment by the local authority, for example, about decisions made about your care needs or your care package, ask them to think again about your case and review its decision. If you do, it is helpful to explain why you are unhappy.

If your request for a review does not resolve the problem, consider making a formal complaint. Ask the local authority about its complaints procedure.

If you are not satisfied with the outcome of your complaint, take it to the Local Government and Social Care Ombudsman. For more information, see factsheet 59, *How to resolve problems and complain about social care*.

7.1 Safeguarding

You can raise a safeguarding concern with your local authority if you are experiencing, or at risk of, abuse or neglect, regardless of how your care is arranged and funded. See factsheet 78, *Safeguarding older people from abuse and neglect* for more information.

Useful organisations

British Red Cross Society

www.redcross.org.uk

Telephone 0344 871 11 11

Services including home from hospital schemes and loan of wheelchairs and disability equipment.

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/how-we-can-help/helplines/independent-living-advice-line

Telephone 0330 995 0404 9.30am-1.30pm Tuesday and Thursday

Personal budgets helpline and email service provides information and advice about personal budgets and employing a care worker.

Disabled Living Foundation

www.dlf.org.uk

Telephone 0300 999 0004

Runs equipment demonstration centres and provides information and advice about equipment for daily living.

Equality Advisory Support Service

www.equalityadvisoryservice.com

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

Provides information and advice about the *Equality Act 2010* and human rights.

Foundations

wwwFOUNDATIONS.uk.com

Telephone 0300 124 0315

National co-ordinating body for home improvement agencies, which offer independent advice, information, support and practical assistance to older people to repair and adapt their homes.

Homeshare

<https://homeshareuk.org/>

Telephone 0151 227 3499

Supports older people who want to remain independent in their own homes. Householders provide free accommodation to a homesharer in exchange for around 10 hours of help a week and both parties pay a fee.

Local Government and Social Care Ombudsman

www.lgo.org.uk

Telephone 0300 061 0614

Free, independent final stage for complaints about local authorities and care providers.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone helpline 0808 808 00 00

Provides information, advice and support for people with cancer, their families and carers.

Marie Curie

www.mariecurie.org.uk

Telephone 0800 090 2309

Offers expert care guidance and support to people living with any terminal illness and their families.

United Kingdom Home Care Association (UKHCA)

www.ukhca.co.uk

Telephone 020 8661 8188

Professional association of home care providers from voluntary, not-for-profit and statutory sectors. Can provide 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 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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The evidence sources used to create this factsheet are available on request. Contact resources@ageuk.org.uk

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