Factsheet 6

Finding help at home

September 2026

About this factsheet

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

Age UK factsheet 46, *Paying for care and support at home* has more detailed information about how a local authority can charge for services.

The information in this factsheet is correct for the period September 2026 to August 2027.

The information in this factsheet is applicable in England. If you are in Wales, contact Age Cymru for their version of this factsheet. If you are in Scotland or Northern Ireland, contact Age Scotland or Age NI for information. 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.

Contents

1 Sources and terminology	**4**
2 How to get help from the local authority	**4**
2.1 Getting a needs assessment	4
2.2 Eligibility for care and support	6
2.3 Care and support planning	7
2.4 Personal budget	7
2.5 Direct payments	8
3 Paying for care and support services	**8**
3.1 The financial assessment	8
3.2 Self–funders	9
4 Types of care services	**9**
4.1 Personal care	10
4.2 Domestic assistance	10
4.3 Meals at home	11
4.4 Personal alarm systems and assistive technology	11
4.5 Day Care	12
4.6 Respite or replacement care for carers	13
4.7 Specialist equipment and home adaptations	13
5 Services provided free of charge	**14**
5.1 Community-based health services	14
5.2 Short-term rehabilitation	15
5.3 NHS Continuing Healthcare	16
5.4 Community equipment (aids and minor adaptations)	16
5.5 Ongoing care and support under *Mental Health Act 1983*	16
6 Finding a care worker yourself	**17**
6.1 Employing a care worker yourself	17
6.2 Care agencies	17
6.3 High levels of need	18

7 Complaints and safeguarding **18**

7.1 Safeguarding from abuse and neglect 18

Useful organisations 19

Age UK 21

Support our work 21

1 Sources and terminology

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

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 to get help from the local authority

2.1 Getting a needs assessment

The first step to obtaining help is to ask for a local authority needs assessment. They have a duty to assess you if it appears you may have needs for 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 duty.

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 health staff involved with you, such as a 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 comply with the requirements of the Act, the regulations and the guidance.

The way you are assessed must be appropriate and proportionate to the type of needs you have and your situation. The local authority must involve your carer and anyone else you want in your assessment.

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 there is a concern that you lack mental capacity, or your situation is complex for other reasons, you should be offered a face-to-face assessment.

Staff assessing you must have the skills, knowledge and competence to understand your particular needs. For example, this may require the involvement of a social worker or occupational therapist. Input from a specialist, such as a doctor, should be sought if needed.

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

The local authority may have a duty to appoint an advocate to support and represent you, if you find it difficult to engage with the assessment process and have no one you want to assist you.

Personalisation and wellbeing

The '*personalisation*' of care and support service provision is emphasised in the Act and the guidance. This means maximising your control over how your care and support needs are met and putting you at the heart of the process. The local authority must ensure you are genuinely involved and have influence over the decisions about how your care needs are met, to the extent you choose and are able to be involved.

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 and the Act states they must have regard to *'the importance of beginning with the assumption that the individual is best-placed to judge the individual's wellbeing'*.

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, the local authority has a duty to carry out a separate assessment of needs related to your caring role. You may be eligible for carer support services, such as respite or replacement care, to give you a break from caring (see section 4.6).

2.2 Eligibility for care and support

After the needs assessment, the local authority decides whether your needs meet the eligibility criteria for care and support. If they do, the authority has a 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 eligibility criteria for adults with care needs and another for carer's needs.

Eligibility for adults with care needs is based on whether you are unable to achieve, or have difficulty with, 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 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, or having difficulty with, 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 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 the local authority decides you do not meet the eligibility criteria, written reasons must be given and you should be offered information and advice to help you deal with your situation. For more information, see Age UK factsheet 41, *How to get care and support.*

2.3 Care and support planning

If the local authority is meeting your needs, they work with you to prepare a care and support plan (or a support plan if you are a carer). The plan sets out how they are going to meet your needs and must include a '*personal budget*', which specifies the total cost of meeting your needs (see section 2.4). The drafting of 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 local authority must assess all your needs, even needs already met by a carer. However, they do not have a duty to meet needs being met by a carer who is 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.

The local authority 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.

The local authority must regularly review your care plan to ensure it remains appropriate for meeting your needs. A review can happen in other circumstances, for example if you or your carer ask for a review.

2.4 Personal budget

Your care and support plan must include a '*personal budget*'. The personal budget is the total cost of meeting your eligible needs. It must specify how much you pay towards the total cost following a financial assessment and any remaining amount 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 the local authority 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 care 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 (see section 2.5).

The personal budget must be sufficient to ensure your needs can be met and reasonable consideration must be given to your preferences. It is important to understand the personal budget figure does not represent what the local authority will pay towards your care – you will be expected, in most cases, to make a financial contribution as well.

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, provided this is generally in line with your care plan aims and is agreed by the local authority. 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 Age UK factsheet 24, *Personal budgets and direct payments in social care,* for more information.

3 Paying for care and support services

Care and support services are usually charged for, whilst NHS health services are largely free of charge. When the local authority is involved in providing or arranging your care and support, any charges must be subject to a financial assessment, as described in section 3.1.

The local authority should be clear and transparent about any charges, to ensure you understand how much you are charged and how this has been worked out.

3.1 The financial assessment

The local authority can charge for most services, with certain exceptions (see section 5). Any charges must be subject to a financial assessment.

The financial assessment looks at your capital (e.g. savings) and income, such as pensions and benefits. Only the person needing care is charged for services, not their partner or other family members.

If you have over £23,250 in capital, you can be charged the full cost of services to meet your needs. If you have under this amount, you may be entitled to financial assistance with the cost of services.

The value of your own home is not included in the financial assessment if you live at home.

If you are entitled to financial assistance, the local authority must ensure your income does not fall below a set level ('*Minimum Income Guarantee*') because of paying for services. Each local authority has flexibility about how it sets charges for services to people living at home, but they must comply with the charging regulations and guidance.

The authority should ensure you receive information and advice about benefits you may be entitled to. If a disability benefit like Attendance Allowance is taken into account, the local authority must allow you to keep enough benefit to pay ongoing disability expenses (known as '*disability related expenditure*'). Certain housing-related costs are also disregarded.

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

The financial assessment should be carried out promptly following a needs assessment so you know what you will be charged. It should be made clear how much you are required to pay and what the local authority must pay as early as possible in the process.

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

3.2 Self–funders

If the financial assessment finds you must meet the full cost of your care, called being a *'self-funder'*, the local authority must meet your eligible needs by arranging or providing care services, if you request this.

You are charged the full cost of your care and the authority can also 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.

For information about making your own arrangements, see section 6.

4 Types of care 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. You may be expected to use generally available local '*universal services*' if these are suitable to meet your needs, for example, a lunch club provided by a local voluntary organisation.

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*'.

The local authority may either employ their own care 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 6.1 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, for example that you have returned home safely from a day centre, 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 or risk assessment by a local authority occupational therapist.

4.2 Domestic assistance

The local authority may be unwilling to arrange 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 eligibility outcome is *'maintaining a habitable home environment'*. If you are unable to achieve this, the local authority may have a duty to arrange cleaning or other domestic help. 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 this in your needs assessment. 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 use at home and deliver frozen meals so you can heat them using a microwave or steamer (which may also be supplied) when you 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 a carer is 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. There are many types of personal alarm schemes. Check if the local authority will help to arrange and pay for an alarm system.

Other types of assistive technology (AT) are available from local authorities and health services or through private sources. These include telecare and telehealth. The provision of Telecare and Telehealth might overlap. Living Made Easy has 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.

Cost

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

Changes to landlines

Landlines are currently switching to a new digital system which may affect telecare devices and personal alarms. This should be completed by January 2027. Your telephone service provider will contact you.

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, through to shared activities and a meal, to specialist care if you have dementia. It can provide respite for carers. Ask the local authority 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. 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 an assessment for the person you care for, to explore whether respite care can be put in place. As a carer, they must assess you based on the carer's eligibility criteria. Respite care can be arranged on a regular or an occasional basis. The amount of care depends on your 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 not acting in 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 in Age UK 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, or 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 £1,000 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 entitled to a Disabled Facilities Grant (DFG) from the local authority to help you pay for these. 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 may 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.

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

Living Made Easy has extensive information about different types of specialist disability equipment. See https://livingmadeeasy.org.uk/

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 can 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 Age UK 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 short-term rehabilitation services, designed to help you maintain, or regain, the skills needed to live independently in your own home. They are free short-term services, usually lasting up to six weeks, although there is no upper or lower time limit. You may be charged for ongoing care after the free period ends.

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 or care home
- **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. It may include the provision of minor adaptations and specialist equipment. For example, trained home carers work closely with you over several weeks with the aim of improving your independence at home after a stay in hospital.

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

Hospital discharge – *discharge to assess*

If you are in hospital, your care on discharge may be arranged under *'discharge to assess'*. These are services designed to enable you to recover outside of a hospital setting and may consist of a short-term care home placement or care services provided in your own home.

These services may be provided free of charge, depending on the local policy. Intermediate care and reablement services may be provided as part of the discharge to assess process. For information, see Age UK factsheet 37, *Hospital discharge and recovery*.

5.3 NHS Continuing Healthcare

If your needs are primarily healthcare needs rather than social care needs, you may be eligible for free care through 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.

The local Integrated Care Board (ICB) is responsible for deciding whether you qualify for this free care. The local authority must refer you to the ICB when carrying out a needs assessment, if it seems you may be eligible for CHC. Alternatively, you can directly approach the ICB if you think you may be eligible.

To decide if you are eligible, the ICB must follow the process described in the *National Framework*. You have a right of appeal if you think that their decision is wrong.

For more information, see Age UK 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*') or minor home adaptations to your property to help with nursing at home or assisting daily living tasks, where the local authority agree this is required to meet your needs.

There is no financial limit for specialist disability equipment, but an adaptation is minor if it costs £1,000 or less. You may be entitled to help with an adaptation costing more than £1,000 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 detained 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*'.

If you were detained under another section of the MHA, your ongoing care and support may be charged for after you are discharged from hospital.

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 having eligible needs for care and support, it must arrange appropriate care services if you want them to. If it assists with funding, it must also 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 have direct payments, the local authority should give you advice about your responsibilities as an employer and whether you must register with HM Revenue and Customs. You should be able to get help with recruiting a suitable person, paying wages, dealing with tax etc, if you want this assistance. The local authority may provide this, or it may signpost you to a suitable local organisation.

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 advertise for a care worker, it is advisable to use a box number and take up references. Carefully consider the specific duties and help that 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 Disclosure and Barring Service (DBS) check beforehand, but it is a sensible safeguard. You can ask the local authority to apply on your behalf. The DBS carries out checks and keep a list of people barred from working with children or vulnerable adults.

It is important to be aware that directly employed care workers do not need to be registered with the Care Quality Commission (CQC), the care regulator. Disability Rights UK provide information and advice on employing care workers. For more information, see Age UK factsheet 24, *Personal budgets and direct payments in social care.*

6.2 Care agencies

Agencies who provide nurses or care workers to carry out personal care tasks must be registered with the CQC. 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, 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 give you information and advice about local care providers.

Discuss how your needs can best be met with the agency. 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, for example through a care agency. It may be possible 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 personal budget amount, 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. The local authority can take its financial position into account in deciding *how* to meet your eligible needs, but not in deciding *whether* to meet them. If a care home placement will not meet your eligible needs, the local authority must, if necessary, increase your personal budget to enable you to receive care at home.

If you can make these decisions yourself, you cannot be made to move into a care home against your will. If your personal budget is not enough to meet all your care needs, you can challenge the decision (see section 7). If you cannot get more financial support from the local authority, it may be worth considering whether you can purchase additional care privately.

7 Complaints and safeguarding

If you are unhappy with your treatment by the local authority, for example, decisions made about your care needs or your care package, you can raise a formal complaint. Ask the local authority about their complaints procedure.

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

7.1 Safeguarding from abuse and neglect

If you are experiencing, or at risk of, abuse or neglect, you should raise a safeguarding concern with the local authority. The local authority's safeguarding duty applies regardless of how your care is arranged and funded. See Age UK 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

Independent regulator of adult health and social care services in England, assess how local authorities meet their Care Act duties

Carers UK
www.carersuk.org
Email: advice@carersuk.org
Telephone 0808 808 7777 Mon-Fri 9am-6pm

Provides advice, information and support for carers.

Disability Rights UK
www.disabilityrightsuk.org/personal-budgets-helpline
Email: personalbudgets@disabilityrightsuk.org
Telephone 0330 995 0404 9.30am-1.00pm Tuesday and Thursday

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

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
www.foundations.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.

Homecare Association
www.homecareassociation.org.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.

Homeshare
https://homeshareuk.org/
Telephone 0151 227 3499

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

Living Made Easy
https://livingmadeeasy.org.uk/

Provides information and advice about equipment for daily living.

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.

Royal Voluntary Service
www.royalvoluntaryservice.org.uk

Provides services to older people through the activities of its volunteers.

Age UK

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

Age UK Advice
www.ageuk.org.uk
0800 169 65 65
Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice
www.agecymru.wales
0300 303 4498

In Northern Ireland contact

Age NI
www.ageni.org
0808 808 7575

In Scotland contact

Age Scotland
www.agescotland.org.uk
0800 124 4222

Support our work

We rely on donations from our supporters to provide our guides and factsheets for free. If you would like to help us continue to provide vital services, support, information and advice, please make a donation today by visiting www.ageuk.org.uk/donate or by calling 0800 169 87 87

Our publications are available in large print and audio formats

Next update September 2027

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

This factsheet has been prepared by Age UK and contains general advice only, which we hope will be of use to you. Nothing in this factsheet should be construed as the giving of specific advice and it should not be relied on as a basis for any decision or action. Neither Age UK nor any of its subsidiary companies or charities accepts any liability arising from its use. We aim to ensure that the information is as up to date and accurate as possible, but please be warned that certain areas are subject to change from time to time. Please note that the inclusion of named agencies, websites, companies, products, services or publications in this factsheet does not constitute a recommendation or endorsement by Age UK or any of its subsidiary companies or charities.

Every effort has been made to ensure that the information contained in this factsheet is correct. However, things do change, so it is always a good idea to seek expert advice on your personal situation.

Age UK is a charitable company limited by guarantee and registered in England and Wales (registered charity number 1128267 and registered company number 6825798). The registered address is 7th Floor, One America Square, 17 Crosswall, London, EC3N 2LB. Age UK and its subsidiary companies and charities form the Age UK Group, dedicated to improving later life.