



advice and support for older age

**Independent
Age**

Guide

Guide 70

Assessment and services from your local council in Wales

If you are finding it difficult to manage everyday tasks at home, you have a right to ask your local council social services department to assess your support needs.

This guide explains more about how to ask for a needs assessment and what support services you may receive from your local council in Wales if you are eligible.

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Contents

1. What is a needs assessment and how do I get one?	Page 3
2. Your needs assessment	Page 8
3. Do I qualify for support?	Page 12
4. Your care plan	Page 15
5. Charging for services	Page 17
6. Using direct payments	Page 20
7. A review of your needs	Page 22
8. Refusing services from the council	Page 23
9. Challenging decisions made by the council	Page 24
10. Key things to remember	Page 25
11. Useful contacts	Page 26

1. What is a needs assessment and how do I get one?

What is a needs assessment?

A needs assessment is when a social care professional talks to you about how you are managing everyday activities such as looking after yourself, doing household tasks and getting out and about. The professional will consider what kind of help you might need to support you in your daily life. They will also judge whether or not your support needs are high enough for the council to help you, or if they should direct you to other organisations for support.

Getting a needs assessment

If you feel you need help to manage daily tasks at home, you should contact your local council's social services department to ask for a 'needs assessment'. The contact details for the social services department will be in the phone book or on the council website.

A relative or friend can also contact social services and ask for a needs assessment on your behalf if you would prefer. Or you can ask a professional like your GP or community nurse to organise a needs assessment for you - although the social services department may need to speak to you to confirm that you have given them your permission to do this.

To do...

When you contact social services, you may be asked some basic questions, such as your age, the name of your doctor, your next-of-kin, the state of your health and what difficulties you are having.

Note down all of these details before you make the phone call, so that you have everything easily to hand. During your initial telephone conversation with social services, it is important to emphasise all the difficulties you are experiencing as your answers will affect the social worker's decision about whether or not to carry out a full needs assessment.

Good to know: your right to an assessment

Social services must assess anyone who appears to be in need of a care service. You are entitled to a needs assessment regardless of your savings or income. Social services should not ask you about your finances until after they have carried out your needs assessment, except to ensure that you are receiving the correct benefits. You should only be asked about your finances if it is agreed that social services will provide you with support services.

If you are refused a needs assessment, it may be because social services does not agree that you are in need of any services that they provide. Perhaps the person you spoke to did not ask you the right questions and was not fully aware of your needs.

If this happens, you may want to write a letter or email to social services (remembering to keep a copy for your own records), which explains your difficulties and any medical conditions in more detail. You can ask your carer or GP to send in more information about your care needs to support your request for a needs assessment.

An independent advocate may be able to help you to write the letter or email. For more information about advocacy,

see our guide Independent advocacy (Guide 25). You may also wish to contact Age Cymru (08000 223 444, ageuk.org.uk/cymru) for details of whether your local branch offers an advocacy service.

If you are not satisfied with the response from social services, you could consider making a complaint (see chapter 9).

Types of needs assessments

The type of needs assessment you receive will depend on your care needs. For example, if you find it difficult to prepare a hot meal, a social worker may assess you through a simple interview over the phone and then provide you with a 'Meals on Wheels' service. Or, if you are feeling isolated, a social worker might carry out an assessment with you over the telephone and arrange for you to attend a day centre once a week.

If you have more complex care needs, you will need a more detailed needs assessment. A social worker should arrange this and may also involve other people who play a part in your care, such as a community nurse, your GP or a medical specialist.

Occupational therapists and physiotherapists are also often involved in needs assessments. They may recommend that you need a particular type of disability equipment, an adaptation to your home or that you need to do special exercises. Where assessments involve professionals from other departments or organisations, this is called a 'multi-disciplinary assessment'.

Carers' assessments

If you have a relative or friend who regularly cares for you, they may wish to ask the local council's social services department for an assessment of their own needs. They may be able to get support, have a break or be involved in activities outside of their caring role. This is known as a 'carer's assessment'. A carer's assessment may be carried out at the same time as, or separately to, any assessment you may receive as the cared-for person.

A carer's assessment may provide extra care and support for you, and/or additional support for your carer. Support could include a 'sit-in' service, a carers' training session, a respite break or a day centre placement for you, so that your carer can go to work or attend social events. If the support is for your carer, they may be asked to pay towards the support.

For information about carer's assessments, carers' support services and Carer's Allowance, see our guide Carers: what support is available (Guide 10).

How soon will I have my assessment?

How long you have to wait for an assessment may depend on your situation and the number of assessments that need to be carried out in your local area. Good practice guidance says that the council should provide a needs assessment within 'a reasonable time', but this is not very clearly defined. As a guide, it has been suggested that waiting for more than four to six weeks (in non-urgent cases) may be unreasonable.

If you quickly develop serious care needs, the council can carry out an urgent needs assessment. Or they might provide you with an emergency care package until a full needs assessment can be carried out (for example, if you need services quickly to avoid an admission to hospital). However, once a full needs assessment has been completed, your care package may completely change.

To do...

If you have been waiting for an assessment for more than six weeks, you could contact the adult services manager or the duty social worker at the council to ask when you can expect the assessment to take place.

If the council fails to meet its own targets for how long someone should be waiting for an assessment, or fails to assess you within what you feel should be a 'reasonable time', you can make a complaint (see chapter 9).

2. Your needs assessment

Your needs assessment will normally be carried out in your own home by a member of social services (a social worker or a care manager). If you are in hospital, your assessment will be carried out in hospital, usually as part of the hospital discharge process.

Who should be there for my needs assessment?

You can have someone with you during the assessment if you want to, such as a family member, friend or carer. This may be helpful if you feel you may have difficulty explaining your situation.

Other people involved in your care - a care worker, community nurse, sheltered housing warden, GP or medical specialist - may also be involved in your assessment, as long as you are happy with this. Occupational therapists and physiotherapists are also often involved.

To do...

If you don't have a friend or family member who is able to be at your assessment but you feel that you need some support to express your wishes and concerns, ask the council about local independent advocates. An advocate can support you to make sure that your views are heard, and that you are fully involved in the decisions being made about your care.

What happens at the assessment?

During the needs assessment, the social care professional will discuss your support needs with you to decide what services could be provided to meet your needs. Your social worker must look at all areas of your life when working out what support you need, including any emotional, social, spiritual, cultural, psychological or physical care needs.

They will ask you questions about your current situation and discuss with you what tasks or activities you can do, what you can do with some difficulty and what you cannot do at all. The assessment will measure your level of support needs and the possible 'risk' to your health and wellbeing if you are not provided with support services. This information will then be compared with the needs that the council has already said they can meet, according to their eligibility criteria (see chapter 3).

Remember...

Your needs assessment is a chance for you to have your say. You should be fully involved in the assessment and able to state your preferences and choices.

What will I be asked about?

The social care professional should talk to you (where appropriate) about:

- Your physical health (including any medication you are taking, any recent hospital stays, any pain you are suffering)
- Your mental health and emotional wellbeing (such as if you have any problems with your memory, confusion etc, or if you have depression or any emotional difficulties)
- How well you can manage your personal care (such as looking after your feet, teeth, eyes etc, as well as basic tasks like eating and drinking, going to the toilet, washing and dressing)
- Whether you can get around both indoors and outdoors, and do basic tasks like shopping and housework
- How well you can manage your finances and other paperwork, and whether you are claiming all of the benefits you are entitled to
- How much support you get from friends and family, and whether you take part in any social or leisure activities
- whether your home is still suitable for you, and if you are able to access all the local facilities and services that you need

To do...

It is important that you explain how you feel about your current situation to make sure that your views are included in your assessment and any care plan created afterwards.

For example, if you wish to stay in your home but have mobility problems and feel isolated, you may want to discuss transport problems or the possibility of going to a day care centre.

If you feel you need to go into residential care but want to move to a care home in a different part of the country, it is important to make this clear during the assessment. State your reasons and explain why this is important to you, for example, being close to family.

After your assessment

You should be given a copy of the assessment, so you can see what the professional has written, and what support they recommend for you.

If you do not feel that your needs assessment has covered everything that is relevant to your care needs, you can ask for a re-assessment. If this is refused or you are not satisfied with the re-assessment, you could consider making a complaint (see chapter 9).

3. Do I qualify for support?

Meeting the council's eligibility criteria

At the moment, each council in Wales can set its own eligibility criteria, which means that they decide what level of need they will meet. The levels of need that they can choose to meet are:

Critical – your life is or will be threatened if your needs are left unmet. You have no control over your daily life and are unable to carry out vital personal tasks such as washing, dressing, feeding yourself and going to the toilet. You cannot take part in any social activities, hold on to responsibilities or maintain relationships with people due to your situation.

Substantial – you have limited control over your environment and daily life, and you cannot carry out most vital personal and domestic tasks. It is very difficult for you to have social contact and carry out any responsibilities you previously had.

Moderate – there are some domestic tasks that you cannot carry out. You are unable to maintain many relationships with people or carry out all of the roles and responsibilities you previously had.

Low – there are one or two domestic care tasks that you are unable to carry out, and one or two of your relationships with others or social activities are suffering as a result of your care needs.

Many councils will only support people 'critical' and 'substantial' care needs, due to restrictions in their budgets. Others may also meet 'moderate' needs.

If you qualify for support

If your care needs are assessed as meeting the council's eligibility criteria, you should be provided with a care plan (see chapter 4) and social services will arrange for services to be provided to meet your needs. The services you receive may be provided by the council directly, or by a private agency or voluntary organisation arranged by the council.

It may be possible to arrange your own support services through a direct payment. This means the council will give you money directly to spend on services that you feel best meet your care needs, rather than the council providing those services for you (see chapter 6).

If you do not qualify for support

If your assessed care needs do not meet the council's eligibility criteria, you will not be entitled to receive support services from the council. You are, however, still entitled to a copy of your assessment. The council should also give you information and advice about where to go to get the support you need.

You may want to contact Age Cymru (08000 223 444, ageuk.org.uk/cymru) who can direct you to local support services. If you are looking for home care services, you may wish to contact the UK Home Care Association (UKHCA) (020 8661 8188, ukhca.co.uk) who can provide you with a list of private home care agencies in your area. You may also want to see our guide, Home Care Agencies: what to look for (Guide 15).

4. Your care plan

If you are eligible to receive support services from social services, you should be given a care plan. The care plan should be put together based on the discussion that you have had with the social care worker, and it should reflect your wishes wherever possible.

Your care plan should say:

- what your support needs are
- what you want to achieve in your day to day life (councils call this your outcomes)
- how you are going to achieve your goals (outcomes), such as when friends and family can help you, which services you could use and what they will cost
- how you are going to measure whether or not you are reaching your goals
- what the back-up plan will be if your usual support plans fall through for any reason
- when your plan should be reviewed, and who will be responsible for the review.

To do...

If you feel that your care plan does not accurately reflect your care needs or that any changes are needed, you should raise this with your social worker. If any issues remain unresolved, you could consider making a complaint (see chapter 9).

Putting together your care plan: finding out what services are available

The professional working with you to put together your care plan can give you information about the services available in your local area, including how much they cost.

The services you could be eligible to receive include:

- disability equipment (walkers, bath seats, hand rails etc)
- adaptations to your home (installing ramps, stair lifts or widening doors to make rooms wheelchair accessible)
- home care (for example, care workers visiting you to help you with washing, dressing, eating or taking medication)
- attending a day centre
- meals on wheels
- moving into a different kind of housing
- telecare (pendant alarms, movement sensors etc).

For more information about these services, see our guide *Help at Home: what may be available in your local area* (Guide 14).

To do...

Think about which services will best suit your situation – the social care professional may make suggestions, but you need to be happy with what you are getting. See chapter 8 about what to do if you are not happy with the services being offered.

5. Charging for services

If you need health services as part of your care plan (such as visits from community nurses to give injections or dress bandages), this will be provided free of charge by the NHS.

The council, however, can charge you for any services that they provide. They cannot charge anyone else, such as your partner or somebody that you live with, for the services that you receive.

They should publicise their charging policy, which explains which services they charge for, and how they work out what you need to pay towards these services. Councils can charge up to £55 a week for home care services. This does not include some services that have a small flat rate charge, such as meals on wheels. These services will be charged for separately.

What you pay will depend on your income and any savings that you have. You will have a financial assessment to work this out – there is a form that you will need to fill out.

Good to know

There are different rules about charging if you are going to be moving in to a care home. For information about charges and financial support for care home fees, see our guide Care Home Fees: paying them in Wales (Guide 72).

Working out your contribution

Councils are allowed to take your savings into account when considering what to charge for services. If you have savings of more than £24,000 you may be charged the full

rate of £55 per week (or less if your local council has set a lower cap) for the services that you receive.

The council will also look at how much money you have coming in on a regular basis. When working out what you need to pay towards your services, the council must make sure that your income does not fall below a certain amount because of what you are paying towards your care.

For April 2014-April 2015, a single person's income should not be taken lower than £200.27 a week, and a couple's weekly income should not be taken lower than £305.78. The council must also allow you to keep a further 10% of your income as a contribution towards your daily living costs, which may be higher as a result of any disability or medical condition you have.

To do...

To boost your income, make sure you are claiming any disability benefits you are entitled to such as Personal Independence Payment (if you are under 65 – this replaces Disability Living Allowance for any new claimants), or Attendance Allowance (if you are over 65). For more information see our Guides to Disability Benefits: Attendance Allowance (Guide 3a) and Disability Living Allowance and Personal Independence Payment (Guide 3b).

Disability benefits can be taken into account in your financial assessment. But make sure that if you are only getting help from the council during the day, that they are not taking into account the higher rate of your disability benefit (if you get this). The higher rates are given because you may need help during both the day and night.

What to do if you cannot afford the amount you are being charged

If you have difficulty paying the amount you have been asked to contribute, you can ask social services to consider reducing their charges.

Social services cannot remove your services if you refuse to pay the charges, but they are able to recover this as a debt if it is later shown that the charges were 'reasonable'.

Good to know

When setting their charges, councils must follow the 'Social Care Charges (Wales) Measure 2010' as well as the Social Care Charges (Means Assessment and Determination of Charges) (Wales) Regulations 2011. The charges must be 'reasonable' and should not put you in any financial difficulty. They should also be consistent with other council charging policies across Wales.

6. Using direct payments

Direct payments are provided to allow people to have more choice and control over the support services they receive.

Rather than receiving services directly from social services, you can receive a cash payment from them into a nominated account, which you then use to arrange your care and support services as detailed within your care plan.

Good to know

If you have to pay towards your services, then your contribution as well as the council's contribution must go to the nominated bank account.

Why might I want to choose direct payments?

Direct payments can be a good option if you want to have more flexibility about the times you receive services or to give you more control over choosing a care worker (or personal assistant) to support you, as you can employ someone directly using your cash payment.

Social services should provide you with information and advice about the services available locally, as well as details of a local support scheme which can help you with managing direct payments.

Alternatively, Disability Wales (029 2088 7325, disabilitywales.org) can provide details of your nearest Centre for Independent Living. These centres support people with direct payments with things like understanding what they can spend their direct payments on, recruiting a personal assistant, and managing paperwork.

To do...

If you think you might be interested in having direct payments, speak to your social worker about what is involved and make sure you would be happy managing this. You can ask someone to manage your direct payment on your behalf, and your social worker can give you more information about this.

7. A review of your needs

Even if you feel that nothing has changed, social services should review your care plan within three months of it being set up to make sure everything is working as it should. They should then review your care plan at least once a year. Social services should tell you when the review will happen so that you and any relevant professionals can be involved, as well as your carer or independent advocate (if you have one or want one).

To do...

If your needs have changed since your last needs assessment and you think you need different or more services, you can contact the duty social work team. Request a re-assessment of your needs and explain why you think that your needs are different from when you had your original assessment.

Good to know

At the moment, you need to have a new needs assessment if you move to a new local authority area.

8. Refusing services from the council

Social services may offer you services that you do not want to receive. For example, you may not want to go to a day centre or have care staff visiting you at home. Or it could be that social services think that you need to move into a care home, but you want to stay in your own home.

You can discuss your concerns with your social worker and ask for your needs to be re-assessed. You do have the right to refuse services if you prefer, as long as you have the mental capacity to understand the decision you are making. Social services cannot force you to receive help.

However, refusing services may mean that you will not be receiving enough support from social services to live safely and comfortably at home. Social services may ask you to sign an agreement acknowledging that some of your needs are not being met and that you understand this. Social services should still provide you with any other services that have been agreed, but you may have to negotiate with them to agree that unpaid carers, or care workers paid for by you, for example, will meet some of your remaining needs.

To do...

If you are in this situation, discuss your concerns with your social worker and try to arrange for your needs to be re-assessed and the services changed. Or you may want to organise your care services through a direct payment (see chapter 6). This can give you more control over which services you receive and when you receive them.

9. Challenging decisions made by the council

You can make a complaint to the council in any of these situations:

- you are not satisfied with your needs assessment
- you have been refused an assessment
- you experienced delays in being assessed
- you don't think what you are being charged is correct, and the council won't reconsider or reduce the charges
- you are concerned about the quality of a service you receive.

The Welsh Government website has information about the complaints process which councils must follow (wales.gov.uk/topics/health/socialcare). Or for more information about making a complaint, see our guide *Complaints about community care and NHS services in Wales* (Guide 74).

If you are complaining about a council-funded support service, you can also complain to the service provider directly. Each care home or home care agency will have their own formal complaints procedure that you can use.

To do...

If you need support to make a complaint or communicate your views to staff, you may want to contact Age Cymru (08000 223 444, ageuk.org.uk/cymru) for details of local advocacy organisations. For more information about advocacy, see our guide *Independent advocacy* (Guide 25).

10. Key things to remember

- Make sure you mention all your needs. The assessment is your chance to explain what you need help with.
- If you think you may not be able to remember everything you need to say, write it down beforehand and keep your notes handy during the assessment.
- If you feel that the assessment did not go well, or you missed out something important, contact the social services to ask them to look at it again.
- If you are unhappy with the final outcome of the assessment, don't give up - you have the right to ask for a review or you can make a complaint.

11. Useful contact details

For general information about social care services in Wales, visit the Welsh Government website (wales.gov.uk/topics/health/socialcare).

Other useful organisations

- Age Cymru – a local branch may be able to offer support through the assessment process and if things go wrong (08000 223 444, ageuk.org.uk/cymru)
- Care and Social Services Inspectorate Wales – find registered social care services and read inspection reports (cssiw.org.uk, 0300 7900 126)
- Carers UK – find local support for a friend or family member who is caring for you (0808 808 7777, carersuk.org)
- Disability Wales – can help you find local support if you are considering a direct payment (029 2088 7325, disabilitywales.org)
- UK Home Care Association (UKHCA) – find a registered home care agency in your area (020 8661 8188, ukhca.co.uk)

If you would like to talk about any of the issues raised in this guide, please call our free advice line on 0800 319 6789 to speak to one of our expert advisers.

This guide is not a full explanation of the law and is aimed at people aged over 60.

If you need any of this information in another format (such as large-print or Braille), please contact our Information Manager on 020 7605 4294 or email comms@independentage.org

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