

FACTSHEET NO. 8

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Care: Obtaining Care and Support from Your Local Council



Many older people will need some form of care and support in later life and much of this can be provided by your local council Social Services Department as part of what is often referred to as Community Care Services. Where a need for care or support is identified it is the responsibility of your local council to carry out an assessment of those needs and where a person is eligible for care and support to assist in making the necessary arrangements.

In this factsheet we shall endeavour to take you through the process of assessing your care needs, eligibility criteria and funding.

Obtaining an Assessment

To obtain an assessment of the care and support you might need you should contact your local council Social Services Department which has a duty to assess the care needs of anyone who has been identified as possibly needing community care services. There is no charge for the assessment and it is available to all regardless of their means. The community care assessment must be carried out before any financial assessment to determine who should pay for any services you might need. Alternatively, if you can afford it, there are also independent agencies that can carry out assessments privately.

Professionals assessing your needs decide what services or support can be provided to meet your needs. These could range from home help to a live-in carer or from adapting your home to recommending alternative accommodation. Sadly, many local authorities on tight budgets can only provide care to those people who have substantial or critical needs so it is a good idea to ask them to describe what procedures, priorities, and rules they use to decide whether they will provide

services, and if they will help to pay for them. Ask them to explain about how their rules apply to your situation.

There are no national eligibility criteria for community care services, but there is government guidance, on which each council must base its services on. Details of the services that your council provides should be available from the local council offices or in most cases available on their website. Your GP's surgery or local Age UK should also be able to help you understand the local eligibility criteria and how to access services.

The assessment is the first stage in getting the help and support you might need and must be carried out by your local council before they can provide or arrange any services for you. Even if you will be arranging for and paying privately for your care it is still a good idea to have a proper assessment to help you understand and decide what sort of care and support you need and is available. To get an assessment you should contact your local social services department. If you are unable to do this your GP, community nurse, any other professional worker or a friend or relative, with your permission can contact social services on your behalf.

The assessment that follows would normally be carried out by a social worker or care manager who will decide whether you require any care services or support and whether you fit their eligibility criteria for those services.

Once it has been agreed that services can be provided by the council they will then carry out a financial assessment to work out if you should contribute towards the cost. Again, there are no set rules for calculating how much the council can charge for services but there is national guidance the council must adhere to which we discuss below.

Some councils will also allow self-assessment that would involve you answering questions about what you consider your care needs are and what support you feel you need. It could take the form of a printed questionnaire or be carried out on line through the council's website. You do not have to complete a self-assessment and if you prefer to have a social worker visit you or wish for this as well you are entitled to it. In complex cases even after completing a self-assessment a social worker may have to visit you to carry out a full assessment.

Details of your local social services department can be obtained from your GP, the library, the local telephone directory or your council's website. It need not be yourself that contacts the council, your GP or a relative or friend can do this on your behalf, but you will normally need to be in agreement to having an assessment.

The Assessment Process

The assessment is the first stage in getting the help and support you might need and must be carried out by your local council before they can provide or arrange any services for you. Even if you will be arranging for and paying privately for your care it is still a good idea to have a proper assessment to help you understand and decide what sort of care and support you need and is available. The assessment would normally be carried out by a social worker or care manager who will decide whether you require any care services or support and whether you fit their eligibility criteria for those services.

Once it has been agreed that services can be provided by the council they will then carry out a financial assessment to work out if you should contribute towards the cost. Again, there are no set rules for calculating how much the council can charge for services but there is national guidance the council must adhere to.

The three stages of an assessment

There are three stages of the assessment process:

Stage 1 The assessment of your care and support needs.

Stage 2 The council decides whether it will provide or arrange services for you. It makes this decision by comparing your assessed needs with the eligibility criteria it has set for community care services. Sadly, in some areas, because of budgetary constraints services may be restricted and made available only to the most needy.

Stage 3 The mean's test. This is secondary to the assessment of your needs. The council should only assess your finances once they have agreed to provide or arrange the necessary services. Details of the means test for people living at home are covered further on in this fact sheet The assessment will normally be carried out by a social worker or care manager from the social services department to decide whether you are able to live safely and independently in your own home. It may be useful to have a family member or friend who knows you well present at the assessment.

Timescale

There are no national rules that set out how quickly a local council must carry out the needs assessment. The length of time you have to wait will depend on the urgency of your need and how much at risk you are because of your problems. Councils normally set targets for the time by which an assessment should start. These targets are usually published in the local 'Better care, higher standards' charter.

If the local council fails to meet the targets it has set or to carry out your assessment within a reasonable time, you or a relative on your behalf can make a formal complaint. The

council, if asked, must provide you with details of their complaints procedure.

The Single Assessment Process

Government guidance issued to councils states that assessments should be carried out under what is known as the 'Single Assessment Process' (SAP). This means that you should only have one assessment covering both your health and social care needs, although the assessment may be spread over several visits to your home. The SAP was set up so that staff from different backgrounds could work together to ensure that you receive the best possible care and support from different departments without having duplicate assessments from different staff. The type of assessment you have will depend on your needs. In England and Wales there are four different types:

A contact assessment is likely to be the first contact between you and the local council and is the point at which basic personal information is gathered. It also identifies if a further assessment is needed. Sometimes this may be carried out over the telephone or you may have to complete a form. If it is decided that you have further needs or are in any way at risk an overview assessment will be arranged.

An overview assessment looks in more depth at the different aspects of your daily life and would normally involve a social worker or care manager visiting your home. This may then lead to the need for a further assessment by a specialist worker (specialist assessment) or a very detailed assessment (comprehensive assessment).

A specialist assessment is carried out by a specialist worker, such as an occupational therapist, who may assess your need for specialist equipment or alterations to your home.

Scotland and Northern Ireland

In Scotland, the assessment process is similar and is called the 'Single Shared Assessment Process' which also sets out four types of assessment – simple assessment, comprehensive assessment, specialist assessment and self assessment.

More information is available from the Scottish Executive on www.scotland.gov.uk/topics/Health/care/JointFuture/SSA.

In Northern Ireland, your local Health and Social Services Board will explain the assessment process in their area. To find information about devolved services in Northern Ireland look at www.direct.gov.uk. To find information about Health and Social Services Boards look at www.onlineni.net.

A comprehensive assessment is a very detailed assessment, which requires input from a number of other departments, possibly including the NHS, housing department and any relevant voluntary organisations.

The scope of the assessment

During the needs assessment, different areas of your life should be considered including:

- Your views on your perceived problems and expectations.
- Clinical background (any medical problems, medication or any falls).
- Disease prevention (blood pressure, weight, drinking/smoking).
- Personal care and physical wellbeing (your ability to look after yourself, any mobility difficulties or continence problems).
- Senses (any sight or hearing problems that are causing difficulties).
- Mental health (memory problems or depression).
- Relationships (family, friends, carer).

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- Safety (difficulties relating to your safety or the safety of others around you, neglect or abuse).
- Your immediate environment and resources (whether you can look after your home, suitability of accommodation, benefit advice, ability to shop).
- Lifestyle choices (where you want to live, any important interests).

In England and Wales, there are four priority levels for the help that could be provided for your relative. These are outlined in 'Prioritising need in the context of Putting People First', which is a framework provided by the Department of Health in England to councils for setting eligibility criteria for adult social care. The guidance advises councils to prioritise the needs of people according to the immediate and longer-term risk to them if their needs are not met. The guidance also gives local councils discretion over the level of need and risk they meet. The level of need that each council meets is decided by local councillors and depends on the council's resources. Recent reports suggests that many councils only provide services to those people whose needs are critical or substantial leaving those with moderate or low needs to rely on family or friends, pay for their care and support privately or do without.

Critical need

These are the most serious and extreme circumstances. There may be a risk to life and/or a high risk that the person will not be able to remain in their current accommodation. Such people, due to their condition, may be unable to protect themselves from the risk of serious accident or harm, including self-harm. Support is needed to prevent the development of an avoidable health condition or to prevent such a condition becoming worse. There may be a risk where even the most basic essential tasks cannot be carried out. This may be an

immediate problem or one very likely to occur without urgent intervention. Critical need is when one or more of the following occur:

- Life is, or will be threatened
- Significant health problems have developed or will develop
- There is, or will be, little or no choice and control over vital aspects of the immediate environment
- Serious abuse or neglect has occurred or will occur
- There is, or will be, an inability to carry out vital personal care or domestic routines;
- Vital involvement in work, education or learning cannot or will not be sustained
- Vital social support systems and relationships cannot or will not be sustained
- Vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial need

These are circumstances where there is a significant level of need and the majority of normal day-to-day activities are affected. There is a substantial risk to the person or others now or in the foreseeable future and without the provision of support a critical risk will develop. Substantial need is when:

- There is, or will be, only partial choice and control over the immediate environment; and/or
- Abuse and neglect has occurred, or will occur; and/or
- There is, or will be, an inability to carry out the majority of personal and domestic routines; and/or
- Involvement in many aspects of work, education or learning cannot, or will not, be sustained; and/or

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- The majority of social support systems and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Moderate need

These are circumstances that affect some normal day-to-day activities and cause some concern. Moderate need is when:

- There is, or will be, an inability to carry out several personal care or domestic routines; and/or
- Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- Several social support systems and relationships cannot or will not be sustained; and/or
- Several family and other social roles and responsibilities cannot or will not be undertaken.

Low need

Although there may be areas of need and normal life is being affected, the majority of day-to-day activities are still possible and the person has most support systems in place. Low need is when:

- There is or will be an inability to carry out one or two personal care or domestic routines; and/or
- Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- One or two social support systems or relationships cannot or will not be sustained; and/or
- One or two family and other social roles and responsibilities cannot or will not be undertaken.

To find out more about government guidance on setting and applying eligibility criteria for England see: www.dh.gov.uk/en/Publicationsandstatistics/Publications.

For Wales: www.new.wales.gov.uk/publications/circular. For Scotland: www.scotland.gov.uk/topics/Health/care/JointFuture/Publications/Guidance

Preparing for an Assessment

There are many ways that you can prepare for your assessment and you may wish to involve a friend or relative, for example:

- Think in advance about the things you want to talk about during the assessment.
- Draw up a list of tasks you find difficult and the services you think may help you.
- If you have 'good' and 'bad' days, keep a diary for a few days, noting the activities that sometimes you can't manage as well as the ones that are always difficult. It is good to be positive but also be realistic about the help that you need even if you hate admitting it.
- You should not assume that the person carrying out the assessment knows about your needs so give them as much detail as you can so that they fully understand your situation.
- If you have any difficulty communicating for example a speech or hearing impediment or if English is not your first language, make sure social services know this in advance so that they can be prepared for this.

A checklist of what might be considered when looking at your needs and circumstances.

The following are from a worked example of a single assessment process that can be found on the Department of Health website and can be useful to provide a checklist of the areas of your life that need to be considered.

www.dh.gov.uk

Your perspective of current needs

- Presenting needs and issues in your own words (including environmental factors,
- relationships, recent life events and other external factors that precipitate or exacerbate needs)
- The significance of the needs for you and the length of time experienced
- Potential solutions identified by you, including your expectations, strengths, abilities and motivations

Clinical background

- History of medical conditions and diagnoses
- History of falls
- Medication and your ability to self-medicate
- Hospital in-patient admissions in past 12 months, with dates and reasons

Disease prevention

- Blood pressure - 3 most recent results
- Nutrition, diet and fluids
- Vaccination history for last 10 years
- Drinking and smoking history
- Exercise pattern
- Cervical, breast or prostate screening – most recent screen with results

Impairments and disabilities (such as physical disability, learning disability, sensory impairment, cognitive impairment and diagnosed mental illness)

Possible areas where you might need care and support

Activities of Daily Living – washing, bathing, toileting, grooming, dressing, eating, drinking and swallowing, mobility.

Health and Wellbeing Issues - oral health, pain management, breathing difficulties, tissue viability, foot-care, eyesight, hearing, sleeping patterns, incontinence.

Mental Health Issues – communication, orientation, memory loss, depression or other mental health problems

Personal and Emotional Circumstances - bereavement and loss, emotional difficulties, carer support, social contacts, personal relationships, relationships in general, involvement in leisure, hobbies, work and learning

Personal Safety - Abuse and neglect, personal security, risk to others

Coping in your Environment - food preparation, housework and cleaning, shopping, access to local facilities and shops, location of accommodation, accessibility to, and within accommodation, amenities of the accommodation.

Level of and Management of Your Personal Finances

Receiving the Care Plan

Once the council has decided that it should provide or arrange services for you it should provide a written care plan and give a copy to you and/or a relative if you wish. The care plan should be agreed between you and the social worker, needs to be sufficiently detailed to enable you to know what help is supposed to be provided and once agreed signed by both yourself and the social worker. As a minimum it should contain:

A statement of your needs, including your physical, social, emotional, psychological, cultural and spiritual needs together with any associated risks. Needs could include basic things like the need to live near relatives so that visiting and support are easy or, to have food that meets your religious and dietary needs.

Details of how your needs will be met, including the services that can be provided and the contact details for arranging them. Details of any charges you might have been assessed to pay and whether a direct payment

instead of services has been agreed. We explain about the charging structure and direct payments for home care further on in this Factsheet.

The support carers and others, such as voluntary organisations would be willing to provide.

A date when your assessment and the services you receive will be reviewed. Some councils provide care plans that set out clearly who will provide each service, which organisation they work for, when they will arrive and leave and what tasks they will be doing. If you need to know more about what help is being provided or arranged, the person who drew up the care plan should be able to explain everything in more detail.

Obtaining the care to match your needs

The local council's duty is to provide or arrange services that meet a person's assessed and agreed needs, including social and emotional needs. These needs can sometimes be met in different ways, perhaps by you receiving care at home or by direct payments or if necessary, by adapting your home, moving to more suitable accommodation or into a care home.

Where care needs could be met equally well in different ways, the local council can legitimately offer the cheapest option. Some councils set a limit on the amount of care they will provide or arrange before suggesting you should move into a care home. However, the Government's FACS guidance reminds local councils to 'tailor services to each individual's circumstances and, only use upper cost parameters for care packages as a guide'.

If you are worried that the care plan does not reflect your care needs or some amendments are needed, you should talk to the care manager. If the issue remains unresolved, consider making a complaint through the complaints procedure. Otherwise, if you are happy with the care plan, both you and the

care manager should sign and date the care plan and if you wish your relative can be given a copy.

Reviewing Your Needs

The care manager should arrange to review your needs and the services you are receiving at least once a year. This review would normally be conducted at home, but can be in a hospital, day centre or in a care home if that is more appropriate. It is similar to the initial assessment, but will consider whether your needs have changed and whether you are still eligible for services being provided.

If your situation changes in the meantime, you can ask for a review at any time by contacting either the person who carried out your original assessment or the duty social work team.

Withdrawal of services

If, following a review, the council decides to withdraw or reduce the services you have been receiving they should check that you are not left at serious physical risk even though you might not appear to meet the council's current eligibility criteria. They should also check whether you have previously been given any assurances about the duration of the service they are considering withdrawing. If services are withdrawn or reduced, with or without a review, the local council must tell you about your right of appeal by using their complaints procedure.

Carers' Assessment

Apart from your own needs social services have a duty, when identified, to consider the needs of carers. This is called a carer's assessment and can be carried out at any time but usually at the same time as your own. The purpose of the carer's assessment is to ascertain if they need any support to help them live a normal life outside their caring responsibilities. This could be visiting home care, a sit in service, day centre support or

respite care for you to give them a break. Your carer may also be entitled to receive the Carer's Allowance, a Department of Work and Pensions benefit paid to carers. For more information on support for carers visit <http://www.carersuk.org>

Funding Your Care and Support

Unless a package of care services is being provided by the local council, a restricting factor on what care and support you have might be what you can afford to purchase privately. In this factsheet we look at how council funding works and the alternatives if you do not qualify for council support.

Council Funding and Financial Assessments

Once it has been agreed that services can be provided by the council they will then carry out a financial assessment to work out if you should contribute towards the cost. Again, there are no set rules for calculating how much the council can charge for services but there is national guidance the council must adhere to.

There are two stages to establishing how much funding might be available for your care, the assessment of needs described above and the means test. If the local council has assessed you as needing and qualifying for care at home, they can either provide it directly or arrange for it to be delivered through local private or voluntary agencies. They will then work out how much you should contribute towards the cost. Although local councils have the discretion as to whether to charge for home care services, in practice most will charge. To work out your contribution you will normally have to undergo a means test or as it is sometimes referred to, a financial assessment, to ascertain your financial position.

This will look at both savings and income to assess how much you could afford to contribute towards the cost of your care and support.

There is a national framework that provides guidance to local authorities on how to work out charges for home care provided or arranged by them. This is called 'Fairer Charging Policies for Home Care and Other Non-Residential Social Services'.

England and Wales both use guidance of this name. In Scotland, personal care is free for those over 65 years, but charging still applies to non-personal care services, such as day care, luncheon clubs, meals on wheels and community alarms.

Each local authority should publish and make available to users and carers clear information about charges and how they are assessed. This information should be made available at the time a person's needs assessment is carried out and, after the means test, written information should be provided detailing how any charges are worked out and payable.

In principle, the fairer charging policy instructs councils to allow people to retain a minimum amount of money for their own personal use, rather than it all being used for paying for care. The minimum this amount should be is set as a 25 per cent buffer above the basic levels of the guaranteed credit of Pension Credit. For example, if Pension Credit was £140 per week, 125 per cent of that would be £175.00 and be the amount ignored in calculating the income assessable when charging for care.

However, in most areas if you have capital or savings in excess of the means test limit £23,250 2012/13, you can be charged the full cost of your care. These are the minimum capital limits provided in the fairer charging guidance although a few councils exercise their discretion by increasing the capital limits or might set a maximum level of charges people should be asked to pay. The value of your home is not taken into account in the means test for home care and, if only one member of a couple requires care, the means

test should only take into account the resources of that person. Any joint accounts are treated as divided equally between the partners.

Local councils may charge differently depending on the services being used. For example, meals at home or in day care may be charged at a flat rate to all users, without applying a means test because they are regarded as a substitute for ordinary living costs that you might be expected to incur anyway. There is no set national guidance for how services should be charged for, but normally it would be based on the hours of service provided. Whatever method is used it must be deemed to be reasonable.

The following welfare benefits can be taken into account as long as in doing so it does not reduce your income to below the 25 per cent buffer described above:

- The severe disability premium of Pension Credit
- Attendance Allowance
- Disability Living Allowance
- Constant Attendance Allowance
- Exceptionally Severe Disablement Allowance

The local council should provide an individual assessment of disability related expenditure before taking these benefits into account and if necessary, ignore them if they are needed to pay for other care, support or costs associated with your needs. The mobility component of Disability Living Allowance should also be ignored.

The council will allow an amount to be deducted from your income for housing costs for example, rent, mortgage payments and council tax. Some may also include water bills and home insurance.

Direct Payments and Individual Budgets

Direct Payments

Instead of asking for a contribution towards the cost of care services the council may offer direct payments, an amount of money they have assessed as you needing to enable you to buy in the services you need yourself. The money must be spent on meeting your assessed needs and records have to be kept as to how the money is spent. Receiving direct payments does give you the choice of who the supplier is and can be used to purchase most community services. They cannot though be used to pay a relative or someone else living with you unless they are specifically employed as a live in carer.

Paying a carer direct could mean that you are an employer and with that comes employer's responsibilities for example deducting and accounting for PAYE tax and National Insurance.

Direct payments can be stopped at anytime if you would prefer the council to arrange and provide the services you need.

Individual Budgets

Extending the model of cash instead of care, the Government has introduced individual budgets as a way of making money available for a person's social care with help in deciding how to use it. By bringing together monies available from different government agencies it becomes possible to include the cost of equipment and adaptations into individual budgets. For example, you may be entitled to direct payments from social services to cover your care costs and, from the housing department, a disabled facilities grant for adaptations to your home.

If you consider that the council are charging you too much or your direct payments are inadequate to meet your needs there is a process through which the council can be challenged. The council should make this

information available to you should you wish to seek a review or make a formal complaint about any aspect of your assessment.

Non-Means Tested Care and Benefits

Care provided by the NHS, such as nursing services provided by community or district nurses, is free as is the first six weeks (four weeks in Scotland) of intermediate care provided to either avoid you having to go into hospital or to support you if you have just been discharged from hospital.

Also, in England and Wales, if someone has been detained in hospital for assessment and treatment under sections 3, 37, 45A or 47 of the Mental Health Act 1983 aftercare services provided under section 117 of that same Act are delivered free of charge.

Attendance Allowance from the Department of Work and Pensions is a non-means tested, non-taxable benefit payable at a lower rate of £51.85 per week if you need care by day or night and at a higher rate of £77.45 per week if you need care by day and night.

Paying for Care Privately

If you do not qualify for local council support it may be necessary to purchase the care you need privately through home care agencies, all of which have to be registered with the relevant social care registration authority who also inspect them to ensure the care they are delivering is up to the prescribed minimum standards.

The cost of employing a home care agency will depend on where you live and the amount of care you need. Details of local home care agencies and the services they can provide can be obtained through your local social services department, in England from the Care Quality Commission www.cqc.org.uk or from the United Kingdom Home Care Association (UKHCA) www.ukhca.co.uk.

Home Adaptations

In order for you to continue living in your own home it may require some alterations, repairs or adaptations. Minor works or equipment for example grab rails or ramps costing under £1,000 would normally be provided and fitted free of charge in England. Elsewhere they may be charged for.

Following an assessment of your needs you may be entitled to a means tested Disabled Facilities Grant (DFG) to help with the cost of adapting your home. Further information about DFGs can be obtained from your local housing or environmental health department although it might be quicker to have an assessment from the social services first to determine whether your needs would qualify for a grant.

In Scotland, there are housing grants from the local council similar to DFGs in England and Wales

To find out more about adapting your home you should contact your local council or a Home Improvement Agency (HIA), which are not for profit organisations often called Care and Repair or Staying Put agencies. Most HIAs will offer additional services such as handy-person or gardening schemes and have lists of approved contractors. The initial visit from the HIA is free and any subsequent charges will be discussed first and can usually be included in any grant if awarded.

If you need adaptations or alterations to your home but do not qualify for any grants or, do not have sufficient savings to pay for it, it may be possible to raise the money through a bank loan or, if you own the property, by releasing capital from its value. You can apply to release capital this way on favourable terms from a not-for profit organisation known as the Home Improvement Trust (HIT) which runs a scheme called 'Houseproud' in conjunction with many of the councils and home improvement agencies in England, Wales and Scotland

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but not Northern Ireland. To find out more about the HIT, visit www.houseproud.org.uk or call the FirstStop advice line to find out if there is a scheme in your locality.

Equity release

If you cannot get the care or support you need from your local council and do not have sufficient income or savings to pay for services, equipment or adaptations privately you could consider equity release if you own your home. Releasing capital from your home is becoming more popular as property prices have substantially increased over the years. There is much to consider when embarking on this route and there maybe more suitable alternatives. Your FirstStop adviser will be able to explain your options in detail should you wish or you can download the 'FirstStop Guide to Releasing Capital From Your Home' from the FirstStop website.

About FirstStop Financial Advice

FirstStop can help you choose a specialist Care Fees Adviser who can help you fully understand your entitlements from the State and provide financial advice on care plans and other options available to you for meeting your care costs. We can also help you find advice about Equity Release and the products available on the market.

FirstStop Advice as part of the Elderly Accommodation Counsel is provided jointly by some of the most trusted and respected advice organisations in the UK, with a particular focus on the needs of older people's affairs.

The FirstStop Advice service relies on charitable funding to continue its valuable work, if you wish to make a donation please do so using the enclosed form or ask us for more details.

Visit us online at:

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Open Mon – Fri, 9am – 5pm

Calls may be monitored or recorded

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