Care and support at home

assessment and funding
Care and support at home: assessment and funding

CONTENTS

Assessment for care and support at home  p1
What are community care services?  p2
How does the council decide who will qualify for help?  p3
How are your care needs assessed?  p4
Your care plan  p6
Reviewing your care plan  p7
Support for carers  p8

Paying for care and support at home  p9
Free Personal and Nursing Care  p9
Services which the council may charge for  p12
How charges are assessed  p13
Charges and disability related benefits  p14
Charges and disability related expenses  p14
Savings, capital and maximum charges  p15
Charges for respite care  p16
Information and reviews  p16
Assessment for care and support at home

Most people want to live independently and safely in their own home for as long as possible. If you have mobility problems, care needs, are living with a condition like dementia or need help with everyday tasks, support may be available to help you at home. Financial help may be available towards your care costs too.

This guide explains how your council will assess whether you need care and support at home and whether you qualify for help towards the costs. The council will need to look at:

• Your individual needs and circumstances, including what support you already have
• Which of your needs the council can meet
• Whether you will need to pay towards the cost of your care, and what your contribution will be.
What are community care services?

Community care services can include:

- help or care at home (someone coming in to your home to help you)
- respite care (temporary residential care in a care home)
- community alarms and telecare
- day care (going to a daycentre for support)
- lunch clubs
- night sitting services (if you need care at night)
- provision of equipment or aids to help with everyday activities (handrails to reduce the risk of falls or equipment to help you manage a disability)
- meals on wheels or assistance with meals
- transport

Councils can provide services themselves or arrange for private or voluntary sector organisations to provide care for you on their behalf. You may also be able to use funding from the council to arrange your own care services - see page 17 for more information.

You may be offered temporary (or intermediate) care services if you only need help for a short time, to prevent you needing to go into hospital or to support you after spending time in hospital. These can be provided at home or in a care home and can involve support from both the council and the NHS.
**How does the council decide who will qualify for help?**

Each council will set local eligibility criteria to describe what community care services it will provide and who will qualify for help. The criteria are agreed by local councillors and information about the criteria should be available from the council.

The council’s assessment procedure should explain:

- who can be assessed
- how the council will decide what services you should receive
- how and where you can apply
- how long you might have to wait for an assessment
- which needs the council will be able to meet
- how to make comments or complaints

If the council assesses that your care needs meet its eligibility criteria, it should provide you with help and cannot use its lack of financial resources as a reason for not meeting your needs.

The council will usually review its eligibility criteria for community care services for each new financial year. If the criteria change, you may become entitled to more or less help. Before the council makes any changes to your services, it must first reassess your care needs and compare these with the new criteria to see what help you qualify for.

In some areas, pressure on council budgets means that only substantial or critical needs are met and not lower care needs; however, councils are also advised to look at providing preventative help for people with lower care needs in order to prevent their needs becoming more serious in future.
How are your care needs assessed?

You can contact your council’s social work department for an assessment of your care needs, or your GP or hospital could refer you. The assessment may be simple if your needs can be dealt with by something as straightforward as a hand grab rail for the bath. A more comprehensive assessment may be needed if different agencies need to be involved or if an expert assessment is needed from someone like an occupational therapist or dementia specialist.

The assessment will usually happen in your home, but depending on your needs an assessment might be carried out in hospital or at a day centre or health clinic instead. Some people in hospital will be assessed partly in the hospital, then assessed at home to see how they manage. The assessor will talk to you about how you carry out everyday tasks and look at whether you need adaptations to your home or other assistance. They will ask about the help you currently have from friends, family or a carer and check how much of this support can continue in the longer term.

All councils and NHS Health Boards in Scotland have Single Shared Assessments; they share information so you should not have to give your basic details more than once. A professional, such as a social worker, should be in charge of the assessment with specialist involvement from other professionals, such as an occupational therapist or nurse, if appropriate.
To make the most of the assessment process, think about your care needs in advance and make a note of the problems you face and what you find difficult. You could keep a diary of what you can and cannot do on good and bad days. For example, you may have a disability which restricts what you can do on some days but not others.

The assessment should look at your physical, emotional and psychological needs and also at things that are important to you like your cultural, religious or dietary needs.

If you are living with a particular condition, such as dementia, cancer or Parkinson’s, you should be advised about how to access specialist support. If you have a carer, they should be asked about the support they need too.
Your care plan

After the assessment your council will let you know what needs they think you have and what help they can offer. You should receive a care plan (or support plan) which will clarify what your needs are and what support could help you.

The care plan should include information about:

• your needs and any risks that you may face
• the objectives to be met in providing services for you, and the intended results
• contingency plans for managing any emergency changes to your plan
• details of the services to be provided, any charges you have to pay and whether Self-Directed Support has been agreed (see section 3)
• support which carers and others (such as voluntary agencies) are willing to provide
• a date when the care plan will be reviewed

Your care plan needs to include enough details so that you and the council are clear about the help you should be receiving. If you need more information, ask the person who has drawn up the care plan to explain this in more detail.

The information you are given should be made accessible for you. This could include arranging for information to be translated for you, or produced in larger print.

The care you receive may include, for example, care support in your own home, equipment or adaptations in your home, and services to help any carers who help you. You could receive a package of different types of care including social care, nursing care, health services and housing services.
If your needs are assessed as Personal Care and you are aged 65 or over then you can get specific help from the council free regardless of your income and savings.

Once the council agrees that you need help, they should meet your needs as soon as is reasonably practicable and without undue delay. What counts as undue delay depends on your individual circumstances. Councils are likely to have waiting lists for services; if you are on a waiting list the council should try to offer alternative ways of meeting your needs whilst you wait.

**Reviewing your care plan**

Your care plan should contain a review date, and can also be reviewed at any time if your circumstances change or if you or your care provider ask for a review.

After a review the council could decide that you no longer need the services you have had before, either because your needs have changed or because its own assessment rules have changed.

If your services are withdrawn or reduced, your council must tell you about your right to appeal using the complaints system.
**Support for carers**

A carer is anyone who helps to look after another person and may be a family member or a friend or neighbour.

A carer can ask for their own needs as a carer to be assessed when the cared-for person’s care needs are being assessed, or separately if the person they care for does not want an assessment. Guidance from the Convention of Scottish Local Authorities (COSLA) states that “Carers should be supported to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring”.

Information for carers is available from:

**Carers Scotland**

Offers general help and advice for all carers through its free Carers Line helpline. Carers Scotland is part of Carers UK.

Carers Line: **0808 808 7777** / [www.carersuk.org/scotland](http://www.carersuk.org/scotland)

**Carers Trust Scotland**

The largest provider of comprehensive carer support services in Scotland. For details of local support:

Tel: **0300 123 2008** / [www.carers.org/scotland](http://www.carers.org/scotland)
Paying for care and support at home

Most people pay towards the costs of their care and support at home but in Scotland Nursing Care is free if you need it, and Personal Care is free if you are 65 or over. For other help, each council has discretion about which services it will charge for, and what it will charge. Charges vary for similar services in different parts of Scotland.

**Free Personal and Nursing Care**

Personal care can include help with dressing, washing yourself, eating and drinking or getting around. It can also help if you need someone to watch over you to keep you safe, for example if you are unsteady on your feet, cannot see or hear very well, or do not remember things you need to do to stay safe.

In Scotland, Personal Care at home is free for people who are 65 and over. It is defined in the Community Care and Health (Scotland) Act 2002; the full legislation is available at: [www.legislation.gov.uk/asp/2002/5/contents](http://www.legislation.gov.uk/asp/2002/5/contents)

We have included an extract from the legislation on the following pages which describes the Personal Care which councils should not normally charge for.
As regards the personal hygiene of the person cared for –

- shaving;
- cleaning teeth (whether or not they are artificial) by means of a brush or dental floss and (in the case of artificial teeth) by means of soaking;
- providing assistance in rinsing the mouth;
- keeping finger nails and toe nails trimmed;
- assisting the person with going to the toilet or with using a bedpan or other receptacle;
- where the person is fitted with a catheter or stoma, providing such assistance as is requisite to ensure cleanliness and that the skin is kept in a favorable hygienic condition;
- where the person is incontinent –
  - the consequential making of the person’s bed and consequential changing and laundering of the person’s bedding and clothing; and
  - caring for the person’s skin to ensure that it is not adversely affected.

If the person requires medical treatment, assisting with medication, as for example by –

- applying creams or lotions;
- administering eye drops;
- applying dressings in cases where this can be done without the physical involvement of a registered nurse or of a medical practitioner;
- assisting with the administration of oxygen as part of a course of therapy.
As regards eating requirements, the preparation of, or the provision of any assistance with the preparation of, the person’s food including (without prejudice to that generality) –

- defrosting, washing, peeling, cutting, chopping, pureeing, mixing or combining, cooking, heating or re-heating, or otherwise preparing food or ingredients;
- cooking, heating or re-heating pre-prepared fresh or frozen food;
- portioning or serving food;
- cutting up, pureeing or otherwise processing food to assist with eating it;
- advising on food preparation; and
- assisting in the fulfilment of special dietary needs,

but not the supply of food (whether in the form of a pre-prepared meal or ingredients for a meal) to, or the obtaining of food for, the person, or the preparation of food prior to the point of supply to the person assisting in the fulfilment of special dietary needs,

If the person is immobile or substantially immobile, dealing with the problems of that immobility.

With regard to the person’s general well-being –

- assisting with getting dressed;
- assisting with surgical appliances, prosthesis and mechanical and manual equipment;
- assisting with getting up and with going to bed;
- the provision of devices to help memory and of safety devices;
- behaviour management and psychological support.
If you think your council is not providing a service that is described as Personal Care, you can challenge this decision.

Guidance from the Convention of Scottish Local Authorities (COSLA) also recommends that councils should not normally charge for community care services for people who are terminally ill.

If your local council assesses that you need it, you may get four weeks free home care if you are aged 65 or over. Home care can provide support with more needs than Personal Care and may provide help with shopping and housework following a stay in hospital.

**Services which the council may charge for**

Scottish Government guidance on charging varies according to the type of care that you need, and does not give specific examples of services that councils must provide or arrange. You are likely to have to pay for services which are not Personal Care such as help with housework and shopping. These services are sometimes referred to as domestic assistance.

Charges vary for similar services in different parts of Scotland. The delivery of care can also vary as some councils do not provide care themselves and contract out this work to agencies instead.
How charges are assessed

Once your care needs have been agreed, the council will look at the amount you can afford to pay towards your care from your income and savings. Any care you need which is classed as Personal Care should be free if you are 65 or over regardless of your income or savings.

The Convention of Scottish Local Authorities (COSLA) gives guidance to councils about how they should work out charges, but councils can set their own rules for some costs, so the information in this guide can only be general.

If you want to know about your council’s charging rules you can ask your council for information or look on their website for their charging policy.

The council will use its charging procedures to work out what it considers to be a reasonable amount for you to pay. You have the right to ask your council to reduce the amount you are being asked to pay, or waive it altogether if the amount is not reasonable for you but the council does not have to agree to your request.

The income used for your assessment should be your income after you have met your housing and council tax costs. Councils can also consider disregarding water and sewerage costs and household insurance premiums as well as other housing costs.
Charges and disability related benefits

When assessing what you can afford to pay, your council will want to know about any benefits you receive. These may include Personal Independence Payment, Disability Living Allowance and Attendance Allowance.

Councils cannot count the mobility components of Disability Living Allowance or Personal Independence Payment as income when working out what you have to pay. From 1 April 2017 War Disablement pension and payments from the Armed Forces Compensation Scheme are fully disregarded.

Some councils also ignore income such as war pensions and industrial injuries disablement benefits.

Charges and disability related expenses

Councils should take into account any extra costs that you have because of your condition or disability. You should explain these costs when you are being assessed. These costs could include:

- extra washing, or special washing powder and conditioner if you have sensitive skin
- a community alarm
- any special diet you need
- special clothing or footwear, or extra wear and tear
- additional bedding
- extra heating costs
- gardening and household maintenance if this is work you would normally have done yourself
- cleaning, if this is not part of your care plan
- any care needs that your assessment does not include
Paying for care and support at home

- buying and maintaining equipment which helps you to manage your disability
- transport costs to get to appointments and to maintain social contacts

Other costs may be accepted, but these are usually decided on an individual basis. You need to explain your own costs to see if they can be taken into account.

**Savings, capital and maximum charges**

If you are over your state pension age, guidance from the Convention of Scottish Local Authorities (COSLA) suggests that councils should ignore the first £10,000 of your savings. Where your savings are over £10,000, the council assumes that you have weekly “tariff income” of £1 for each £500 above £10,000. So if you have £12,000 you would be assessed as having £4 weekly tariff income. If you are below your state pension age, only the first £6000 of your savings will be ignored and the tariff income rate will be £1 per £250.

The value of your home is not counted as capital, so is not included in the council’s calculation of your savings and capital. If some of your savings have been earmarked for a specific item such as funeral costs or a repair to your home, you should explain this and ask if it can be ignored.

For a couple, the guidance states that the income and capital of the person who needs care should be taken into account, and that an estimate of the value of the care to the other partner could also be considered.
Charges for respite care

Periods of respite care (temporary care) are arranged by the council in a number of ways and in a variety of settings including daycentres and care homes. Charges depend on the type of care you are assessed to need; respite care at home or in a day centre can be charged for, but respite care in hospital is free.

If respite care is provided in a care home for less than 8 weeks, the council can ask you to contribute towards the cost in one of two ways. They may apply the normal care home financial assessment to you straight away, or they can ask you to pay a reasonable amount for the first 8 weeks. If you disagree with the amount you are being asked to pay you can use the council’s complaints procedure.

If care is provided in a care home for more than eight weeks the council must carry out a formal financial assessment to establish the amount that you can afford to pay.

Depending on the length of time for each period of respite care in hospital, and how often these stays take place, entitlement to some social security benefits may be affected.

For more information see Age Scotland’s guide Care Homes: Funding

Information and reviews

Once a decision about your care needs has been made, you should be given clear information about your charges and how they are assessed. Charges should not be made until you have been told how much you will have to pay.

You have the right to ask for a review of your charges if you think the charge is not reasonable. The council should inform you of your right to a review and you should also be given information about the complaints process.
Self-Directed Support

Self-Directed Support is intended to offer you choice and control over how your care is provided; this includes how it is delivered and the use of the budget that the council has assessed that you need.

If it helps to meet your assessed care needs, you might want to use Self-Directed Support to help you go shopping instead of having it done for you, or to take a computer course to learn about computer skills so you can keep in touch with family or shop online. People have used the payment to do things that are important to them such as being taken regularly to the seaside, or to pay for transport to their place of worship.
The four Self-Directed Support options

You should have the opportunity to consider the four options available for Self-Directed Support:

Option 1 – Direct Payments.
This option provides the opportunity for you to manage your own budget and to have full control over your support at home. The council will assess how much money it considers that you need and you can use this to pay a care service directly or to employ your own care workers.

Option 2 – You choose the care provider and the council arranges and manages your care.
This option allows you to decide between different care or support providers, then the council arranges your care and manages your budget.

Option 3 – The council arranges and manages your care
After your care needs have been assessed, the council arranges all your care and support. Many people are happy with the service that has been arranged by the council and feel comfortable receiving their care this way

Option 4 – Use a mixture of all the above.
Who can receive Self-Directed Support?

In general, if you have been assessed as needing care or support at home by your local council you should be offered the four Self-Directed Support options. Councils must treat everyone equally and must not discriminate between the different groups of people who request Self-Directed Support.

You might be able to receive Self-Directed Support even if you can no longer manage your finances. Payments can be paid to someone who has Power of Attorney or Guardianship to act on your behalf. If someone else is managing your Self-Directed Support for you, they should involve you in making decisions as much as they can.

For more information see Age Scotland’s Guide to Power of Attorney in Scotland

If you are refused Self-Directed Support but believe that you should qualify, you can use the council’s social work complaints procedure to challenge this decision.

What will Self-Directed Support cost?

After your care needs assessment, the council’s social work department will consider whether you are expected to contribute towards the cost of your services and if so, how much you need to pay according to the council’s charging procedure.

If you are aged 65 or over and you choose for your Self-Directed Support to be used to purchase the Personal Care you need at home, you should not be asked for a contribution by your council.
**Self-Directed Support and Carers**

If a carer provides a substantial amount of care on a regular basis, they are entitled to an assessment of their own needs either separately or as part of the assessment for the person they care for. A carer’s support needs could be met by Self-Directed Support.

You can get advice about your rights as a carer from

**Carers Scotland**
Carers Line: 0808 808 7777 / www.carersuk.org/scotland

**Carers Trust Scotland** - for information about local support.
Tel: 0300 123 2008 / www.carers.org/scotland

**Advice and help with Self-Directed Support**

**Care Information Scotland**
Tel: 0800 011 3200 / www.careinfoscotland.scot/

**Self-Directed Support Scotland** is a national membership organisation which has details of local support services.
Tel: 0131 475 2623 / www.sdsscotland.org.uk

**Self-Directed Support in Scotland (website only)**
The Scottish Government’s official Self-Directed Support website.
www.selfdirectedsupportscotland.org.uk

The legislation about Self-Directed Support is available at:
www.gov.scot/Publications/2013/05/3308
Arranging your own care services

If you want to arrange your own care, funded either privately or through direct payments under Self-Directed Support, there are a number of ways to do this: you may wish to make a contract with a home care agency, employ your own carers or buy equipment which will help you in your home. You will spend a lot of time with the carers who support you in your home so it is important to plan and choose carefully.

You should check with your local council if you are not clear whether what you want to arrange is covered by your care plan and the funding available. If you need help whilst you arrange your own services, ask the council to arrange services until you can make your own arrangements.
Home care agencies

You may be able to buy home care services directly from your local council or from another care agency such as a charity or a private agency. This would normally involve arranging for carers to help with activities like bathing, getting in and out of bed, getting dressed, preparing a meal or collecting medication. The number of visits you arrange will depend on your needs and what you can afford within your budget.

To find a home care agency you could:

- Ask your local council for recommendations.
- Contact the Care Inspectorate for a list of agencies and their care service and inspection reports. Call them on 0345 600 9527 or see their website www.careinspectorate.com
- Contact the UK Home Care Association for details of home care agencies that follow its code of practice. Call them on 020 8661 8188 or see their website www.ukhca.co.uk
- Ask friends, relatives or neighbours if they have had good or bad experiences with local agencies.
- Search online or check your phone book for local agencies. Shop around to make sure you get the best deal and the service that is right for you. Always check that a service is properly registered with the Care Inspectorate.
- Ask the agencies to send you a brochure and their price list or have a look on their website for details of the service they provide; most agencies will have standard contracts that you may be able to adapt to meet your needs.
You may want to check:

- Have they cared for anyone with similar needs to your own?
- Have carers had specific training to understand the needs of people who are living with your medical condition?
- Have carers had specific training to understand the needs of people who have your religious beliefs?
- What training do the care workers receive?
- Have they had checks by Disclosure Scotland to ensure they do not have a criminal record?
- What happens if your regular care worker is off sick or on holiday?
- How do you contact the agency in an emergency?
- Whether the price includes VAT and travel costs
- What do you have to pay if you need to cancel the contract at short notice?
- Does the agency charge extra for evenings or weekends?
- What do you need to do you need to make a complaint?

Once you have chosen an agency, they will work with you to agree a contract for your care package: this should give details of when they will arrive, what they will do, how long they will stay and any other relevant information. This should be reviewed every year, or more often if your needs change.
Arranging your own care services

**Emplooying someone yourself**

You may want to employ someone to help you. This is a significant legal responsibility and takes a lot of work to set up and maintain but does give you a lot of control over your care. This would involve setting up an employment contract, dealing with income tax and national insurance and understanding your responsibilities for health and safety, sick pay, holiday pay and employer’s liability insurance. You should also ensure that anyone you employ has had the appropriate criminal record checks from Disclosure Scotland. You may be able to find a local support service or payroll company to do this for you - ask your council if they can recommend one.

A local support scheme may be able to offer you training or a payroll service which helps with the financial aspects of being an employer. HMRC have a New Employer’s helpline which can give you more information. You can call them on **0300 200 3211** or look on the [gov.uk](https://www.gov.uk) website for information for new employers.

The Scottish Personal Assistant Employer’s Network (SPAEN) produces publications about employing your own carers. You can contact SPAEN for advice on **0845 601 1156** or see their website [www.spaen.co.uk](http://www.spaen.co.uk).

Generally, you cannot use Self-Directed Support payments to employ your partner or a relative who lives with you. In certain circumstances, perhaps where your preferred language is not English or for religious reasons, you may be able to employ a partner or relative if the council agrees. Employing a relative could significantly change your relationship with them. Becoming an employee may also affect their eligibility for any benefits they claim.
Arranging your own care services

Making a contract with someone who is self-employed

You can use your Self-Directed Support payments to make a contract with a person who is self-employed. You should ask them about their training, experience and insurance and check whether they are registered with the Care Inspectorate.

It is not always clear whether someone is self-employed or whether they could be considered to be employed by you, particularly if they only provide care for you. If you are making a contract with someone who is self-employed, ask them to produce proof such as documentation from HMRC to show that they are self-employed for tax purposes. HMRC produces a leaflet which explains the difference between being considered as employed or self-employed.

Buying equipment

Self-Directed Support can be used to buy equipment or adaptations for your needs which would otherwise have been provided by your council. If you are choosing equipment, get advice to ensure that the equipment you are buying is safe, appropriate and that the price is reasonable.

Once you have bought the equipment, it will belong to you and you will be responsible for its care and maintenance. Ask your council whether it can assist with maintenance costs.

You can find more information about equipment from Disability Information Scotland; call them on 0300 323 9961 or see their website www.disabilityscot.org.uk
**Dealing with emergencies**

Whatever care services you arrange for yourself, there may be times when the arrangements break down. You should plan back-up arrangements in case you need emergency cover. You could discuss these with your council and ensure that effective back-up arrangements are included as part of your care plan.
If you disagree with a council decision

If you are not happy with a decision made by your council, such as about the level of support you need, you should ask the council for a written statement of its decision and the reasons for it. The council’s response should include a contact number for complaints and explain what you can do to challenge the decision.

A local Citizens Advice Bureau or advocacy service can help you with this if you are not sure how to explain what you think is wrong with the decision.

The Scottish Independent Advocacy Alliance has information about local advocacy services. You can call them on 0131 524 1975 or see their website www.siaa.org.uk

The social work complaints procedure

Each council’s social work department must have a complaints procedure. The council will have a specific person, sometimes called the designated officer, who deals with the complaints procedure and can help you to use it.

The complaints procedure will normally be:

1. Try to sort out the complaint informally: you, or someone acting on your behalf, should contact the person at the social work department who you usually deal with to see if they or their manager can work with you to resolve the problem.

2. If you cannot resolve the complaint informally, or you would prefer not to use the informal stage, you can make a formal complaint, usually in writing, to the council’s designated officer. The council should investigate your complaint and tell you their findings within 28 days of receiving the written complaint. If this is not possible,
the council has 28 days to explain why there is a delay, and must send you their findings within three months.

3. Once you have received the response to your formal complaint, you have 28 days to ask for a review by a panel. The review panel is made up of at least three people and the person who chairs the panel must be independent of your local council. The review panel should meet to re-examine the council’s decision within 28 days of receiving your request. At least 10 days before the meeting you should be told in writing of the time, date and location of the meeting, of your right to attend and that someone can go with you and speak on your behalf. You could be supported by someone like an advocacy worker from a voluntary organisation, but not a solicitor or barrister who is there in a professional capacity.

If you are not satisfied with the decision of the review panel, you can contact the Scottish Public Services Ombudsman to see if they are able to investigate your complaint.

You can call them on 0800 377 7330 or see their website www.spso.org.uk

You may also wish to discuss your complaint with your local councillor or MSP. If you do not know their contact details, call the Age Scotland helpline and we will find this information for you.
Social security benefits

You may be able to claim social security benefits to help meet the cost of the care and support you need at home. The main disability related benefits, which you can claim can claim regardless of your income or savings, are:

- **Personal Independence Payment** for people of working age who have a disability or long-term health condition who need help with daily living or mobility. Personal Independence Payment can continue to be paid after you are 65.

- **Disability Living Allowance** for people who have care or mobility needs. It used to be the main disability benefit for working age people, but it is no longer available for new claimants. Most people who claim Disability Living Allowance will eventually be assessed for Personal Independence Payment instead. Disability Living Allowance can continue to be paid after you are 65.

- **Attendance Allowance** for people who are aged 65 or over who need help with care or supervision during the day, during the night or both. If you do not already receive Disability Living Allowance or Personal Independence Payment you may be able to claim Attendance Allowance.

- **Carers Allowance** is for people who are caring for someone for 35 or more hours a week; the person they care for must be receiving either Attendance Allowance, middle or higher rate care component Disability Living Allowance or the daily living component of Personal Independence Payment. It is paid regardless of your savings but can be affected by earnings and other benefits. If you claim Carers Allowance this could reduce the benefits of the person you care for.

See Age Scotland’s *Benefits Maze guide* for more information.
Who can help?

**Age Scotland helpline 0800 12 44 222**

The Age Scotland helpline provides information, friendship and advice to older people, their relatives and carers.

If you need an interpreter call **0800 12 44 222** and simply state the language you need e.g. Polish or Urdu. Stay on the line for a few minutes and the Age Scotland helpline will do the rest.

You can call us on **0800 12 44 222** for a copy of our publications list or download copies from our website at [www.agescotland.org.uk](http://www.agescotland.org.uk).

**Citizens Advice Bureau (CAB)**

You can find your local CAB by calling Citizens Advice Direct on 0808 800 9060 or visiting the Citizens Advice Scotland website and entering your post code at [www.cas.org.uk/bureaux](http://www.cas.org.uk/bureaux)

**Care Information Scotland**

Information and advice about care in Scotland

Tel: **0800 011 3200** / [www.careinfoscotland.scot](http://www.careinfoscotland.scot/)

**Care Inspectorate**

The regulator for all care services in Scotland, you can search their website for local services which can provide care at home.

Tel: **0345 600 9527** / [www.careinspectorate.com](http://www.careinspectorate.com/)
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