

Care and support at home

About this factsheet and who it is for

When asked, many older people would prefer to remain in their own homes if they needed care and indeed, for some time now, it has been Government policy to encourage and enable this to happen. This factsheet will help you understand recent changes made under the Care Act and make the rights decisions to help you live safely and independently.

The artwork on the front of this factsheet was done by an older artist for EAC's over 60s Art Awards.



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Assessing your care and support needs

The need for care can arise for different reasons; it might be a permanent need as a result of a disability, illness or frailty in old age or, it might be just a temporary need to get over an accident or illness. Whatever the reason it is important to obtain an assessment of your needs. The first port of call for this is your local social services department which has a duty to assess the care needs of anyone who has been identified as possibly needing care and support services that can be provided by them. These could include home care, meals on wheels, day care, equipment and alterations to your home, care in a care home or respite care. There is no charge for this assessment.

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.

Your assessment is the first stage in getting the help and support you might need as your local council are likely to arrange this before providing services for you. Even if you will be arranging for and paying privately for your care it is still a good idea to have this assessment to help

you understand and decide what sort of care and support you need and is available.

Once it has been agreed that services can be provided by the council they will carry out a financial assessment to work out if you should contribute towards the cost.

The three stages of an assessment

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 national eligibility criteria for community care services.

Stage 3: The means 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.

Obtaining an Assessment

To obtain an assessment, you should contact your local council social services department adult services team and ask for a care needs assessment.

Alternatively, a relative, friend, GP, community nurse or other professional worker can contact the council on your

relative's behalf, providing they have your relative's permission.

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.

Your local council has a duty to do the assessment as soon as is **appropriate and reasonable** given your individual's needs.

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 Assessment Process

The Care Act 2014 sets out the assessment process for local authorities to follow, along with details of the minimum threshold of need at which point the authority must offer care and support services.

The type of assessment that you will have will depend on your personal circumstances, but it will be one of the following:

A **face-to-face assessment** is conducted between the person requiring care and support and a qualified assessor.

A **supported self-assessment** is where the same assessment materials are used as in a face-to-face assessment, but the person requiring care and support completes the assessment on their own.

A **joint assessment** is where relevant agencies work together to avoid the person undergoing multiple assessments.

An **online or phone assessment** may be appropriate for people with less complex needs, or for someone who is already known to the local authority and the assessment is being done due to a change in circumstances.

A **combined assessment** is when an adult's assessment is combined with a

carer's assessment. However, if either party disagree to a combined assessment then they are both still entitled to separate assessments.

The scope of the assessment

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

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

The Care Act and the 'wellbeing principle'

The Act has introduced a general duty on local authorities to promote an individual's 'wellbeing'. This means that councils should always have a person's wellbeing in mind when arranging services or making decisions.

The guidance that accompanies the Care Act states that:

Whenever a local authority carries out any care and support functions relating to an individual, it must act to promote wellbeing – and it should consider all of the aspects (below) in looking at how to meet a person's needs and support them to achieve their desired outcomes.

This person-centered approach to supporting people in the community should hopefully lead to the availability of information, advice and other services that will help prevent, and respond to, any deterioration in your physical, psychological or social wellbeing.

What is wellbeing?

Wellbeing is a broad concept which is likely to have a different meaning to everyone, but it is described in guidance as relating to the following areas:

- Personal dignity
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control over day-to-day life
- Social and economic wellbeing
- Suitability of living accommodation
- The person's contribution to society
- Domestic, family and personal relationships

If you feel that an element of your day-to-day living is negatively impacting on your wellbeing, then this should be discussed in any assessment of your needs. The guidance states that:

During the assessment process, for instance, the local authority should explicitly consider the most relevant aspects of wellbeing to the individual concerned, and assess how their needs impact on them.

The wellbeing principle applies equally to those who are entitled to ongoing care and support from the local authority, as it does to those who are not considered eligible.

Improving wellbeing

If it is agreed that there are needs that are having a negative impact on your wellbeing then your local council should

help you in arranging services to help alleviate this impact.

Services could include:

- Stress management courses and 'care breaks' for unpaid carers
- Arranging a handyman service to help with adaptations or repairs
- Access to independent information and advice services
- Help around the home with domestic tasks such as cleaning and shopping
- Transport services so that you are able to become involved in your community

The national threshold for care & support services

Your local authority must provide for needs that meet the **following three conditions**:

1. The needs arise from or are related to a physical or mental impairment or illness.
2. As a result of those needs the adult is unable to achieve two or more of the specified outcomes:
 - managing and maintaining nutrition
 - maintaining personal hygiene
 - managing toilet needs

- being appropriately clothed
- being able to make use of the home safely
- maintaining a habitable home environment
- developing and maintaining family or other personal relationships
- accessing and engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community, including public transport and recreational facilities or services
- A potential consequence of being unable to achieve these outcomes is a significant impact on the adult's wellbeing.

An adult is to be regarded as being unable to achieve an outcome if they:

- are unable to achieve it without assistance
- are able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety
- are able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others
- are able to achieve it without assistance but take significantly longer than would normally be expected

3. Finally, the local authorities must consider whether, as a consequence of the person being unable to achieve one of the outcomes above there is, or is likely to be, a significant impact on the adult's wellbeing. To do this the local authorities should consider how the adult's needs impact on the area of wellbeing which are set out on page 5 of this factsheet. Local authorities should determine whether:

- the adult's needs impact on an area of wellbeing in a significant way; or,
- the cumulative effect of the impact on a number of areas of wellbeing mean that they have a significant impact on the adult's overall wellbeing.

Considerations for the local authority

At each stage in the assessment process there are six key 'themes' that must be considered by the local authority:

- **Mental Capacity** – Does the person understand the questions they are being asked and can they make an informed decision about their wishes and feelings?
- **Advocacy** – Does the person have 'substantial difficulty' in being involved in the assessment? If so, the council must provide access to an independent advocate
- **Impact on family and carers**

- **Safeguarding** – Is the individual experiencing, or at risk of, abuse or neglect.
- **Strengths-based approach** – What are the strengths and capabilities of the individual and their network of support, such as family and local organisations
- **Proportionate and appropriate** – Is the assessment appropriate for the individual’s needs and is it person-centred.

Preparing for an Assessment

There are many ways to 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.

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 needs to be sufficiently detailed to enable you to know what help is supposed to be provided and, 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. Our *Factsheet 7: Funding Care and Support at Home* explains about the charging structure and direct payments for home care

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 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 be met in different ways, perhaps by 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 choose 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, local councils should 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 you should 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. It is similar to the initial assessment, but will consider whether your needs have changed and whether you still need the 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.

Funding Your Care and Support

There are various sources of support that may be available, depending on your financial circumstances and your current health situation. This section explores the help that may be available to meet the cost of your care.

Council funding

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.

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 and support 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 do. 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 at home.

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 the 'Care and Support Statutory Guidance'.

Similar guidance is followed in Wales,

although there is a maximum weekly charge of £90 for home care services. In Scotland and Northern Ireland, personal care you have been assessed as needing 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.

In principle, the Care and Support Guidance instructs councils to allow people to retain a minimum amount of money for their own personal use, rather than it all being used to pay for care. The minimum this amount should be is set at a 25 per cent buffer above the basic level for Pension Credit Guarantee Credit. However, for 2019/20 this figure has remained at £189 per week.

However, if you have capital or savings in excess of the means test limit £23,250 (£24,000 in Wales), you can be charged the full cost of your care.

The value of your home is not taken into account in the means test for home care and the means test should only take into account the resources of the person needing care. In the case of couples, joint accounts are generally 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 (DLA) (care component only)
- Personal Independence Payment (PIP) (daily living component only)
- 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 or support costs associated with your needs. The mobility component

of DLA and PIP payments should 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.

Direct payments and personal budgets

Traditionally, if you were assessed as needing care at home by your council, your local council would arrange the care services and invoice you for your share of the bill. However, councils must now give you the option to take a Direct Payment or Personal Budget.

Direct Payments

If you are eligible to receive some financial support from your local council you will be offered the choice of a direct payment. This ultimately puts you in charge of the money that the council spend on your care needs – it allows 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 to show how the money has been spent. Receiving direct payments gives you greater choice in who the supplier of your care 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 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.

For further advice on employing a personal care assistant, speak with the Personal Budgets Helpline at Disability Rights UK on 0330 995 0404 or email personalbudgets@disabilityrightsuk.org

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

Personal budgets

Similar to Direct Payments, the Government has introduced personal 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 personal budgets. For example, you may be entitled to direct payments from social services to cover care costs and, from the housing department, a Disabled Facilities Grant to adapt to your home.

Challenging decisions

If you believe 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.

NHS funding for care at home

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 either to avoid an admission to hospital or to support a successful discharge.

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.

NHS continuing healthcare

If your care needs are so severe that they are considered to be primarily healthcare needs, you may be eligible for NHS Continuing Healthcare. This means

that the full cost of your care will be met by your local NHS body.

In the majority of cases, continuing healthcare payments are made to people who are residents in residential care home or nursing homes, however it can be paid for care and support at home if this is the most effective and efficient way of meeting the individual's needs.

Speak to your GP or Social Worker to request an NHS Continuing Healthcare assessment.

Personal health budgets

If you are eligible for NHS continuing healthcare, you have a right to a personal healthcare budget

A personal health budget is an amount of money to support your identified health and wellbeing needs as planned between you and your NHS team, they can give you more choice and control over how these needs are met. The personal health budget can be managed in several ways:

- Notional Budget - you will be informed how much money is available and you can be involved in deciding how this money is spent on meeting your needs, the NHS will then arrange the agreed care and support.

- Direct Payments - you can receive the money and use it to buy the care and support you need, as agreed with your NHS team.
- Direct payments held by a third party - an organisation or trust holds the money for you, it works with you and supports you on deciding how it is spent as agreed with your NHS team and uses it to buy in the services for you.

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, which also inspects them to ensure the care they deliver is up to 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, from the Care Quality Commission www.cqc.org.uk or from the United Kingdom Home Care Association (UKHCA) www.ukhca.co.uk

Non-means tested benefits

The following benefits do not consider your capital and may help meet the cost of your care.

Attendance Allowance

This is a non-means tested, non-taxable allowance for people aged 65 years or over who are physically or mentally disabled and need personal care or support.

There are two rates:

- lower rate £59.70 per week for people who need care day or night;
- higher rate £89.15 per week for people who need care both day and night.

Eligibility to AA is based on the need for personal care having been required for a period of at least 6 months. People who are terminally ill can qualify immediately for the higher rate without having to satisfy the six month qualifying period.

Personal Independence Payments

Personal Independence Payments is a non-means tested, non-taxable allowance for people aged 16 to 64 with a long term health condition or disability and have difficulties related to daily living and/or mobility. You must have had these conditions for 3 months and expect them to last for at least 9 months. You may

also qualify if you are terminally ill (not expected to live more than 6 months).

It is made up of 2 components:

Daily living component

- Standard rate £59.70 per week
- Enhanced rate £89.15 per week

Mobility component

- Standard rate £23.60 per week
- Enhanced rate £62.25 per week

Disability Living Allowance

This is a non-means tested, non-taxable allowance for people under 65 years, who are physically or mentally disabled and need either personal care or help with mobility or both.

Note: It is no longer possible to make a new claim for Disability Living Allowance as the Personal Independent Payment (PIP) should be applied for instead.

It is made up of 2 components:

Care component

- Lowest rate £23.60 per week
- Middle rate £59.70 per week
- Highest rate £89.15 per week

Mobility component

- Lower rate £23.60 per week
- Higher rate £62.25 per week

Most people receiving DLA have now moved over to Personal Independence Payments.

Note: If you are receiving DLA and were over the age of 65 on or before 8 April 2013, then there are currently no plans to transfer your claim to PIP.

Carer's Allowance

This is a non-means-tested but taxable benefit paid at a rate of £67.25 per week to people who regularly care for someone who is severely disabled, living at home and in receipt of:

- Attendance Allowance; or
- the middle or highest rate of the care component of Disability Living Allowance; or
- the daily living component of Personal Independence Payments.

To qualify for Carer's Allowance you must be 16 years of age or over and spend at least 35 hours a week caring for the person. You may not get Carer's Allowance if you earn over £128 per week after tax. The benefit is reduced by the amount of certain other benefits you receive, including State Pension. Therefore, Carer's Allowance will not be paid if you receive certain other benefits of £67.25 or more a week.

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 can be provided 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 social services first to determine whether you would qualify.

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 housing department 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 handyperson 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.

Equity release

Releasing capital from your home is becoming more popular as property prices have substantially increased over the years.

More information can be found in our factsheet: Equity release

About FirstStop Advice

FirstStop is a free information and advice service designed to help older people decide how best to meet their needs for support, care and suitable housing. It is provided jointly by a growing number of national and local organisations and it is led by the charity, Elderly Accommodation Counsel (EAC).

Contact us

- Visit us online: www.housingcare.org
- Use our self-help tool at hoop.eac.org.uk

The information contained in this factsheet is intended to be, and should be regarded as, a brief summary and is based on our understanding of present legislation, regulations and guidance. No responsibility can be accepted for action based on this information.

May 2020

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