



Factsheet 41

How to get care and support

November 2023

About this factsheet

This factsheet explains the process for:

obtaining a local authority assessment of your needs, whether you are someone who needs care and support or are a carer

deciding whether you are eligible to receive care and support services

agreeing a plan to meet your care and support needs, including the overall cost and any contribution you must make.

This factsheet covers how you should be treated if you must pay the full amount for care and support services following a financial assessment.

This factsheet covers how you should be treated if you must pay the full amount for care and support services following a financial assessment. This *self-funder* It also explains what should happen if you are found to be ineligible for services.

Age UK produces factsheets explaining other aspects of the social care system in more detail. Call Age UK Advice for copies of factsheets or go to www.ageuk.org.uk/services/information-advice/guides-and-factsheets/

The information in this factsheet is correct for the period November 2023

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3 Getting a needs assessment

3.1 What you need to do first

The first step in getting help from the local authority is to ask for a needs assessment. There should be a phone number to start the process on their website or you can apply in writing.

You can phone to request the assessment yourself. Alternatively, a friend, relative, or health professional such as a nurse or your GP, can make the request for you, with your permission.

The local authority must provide you with accessible information about the assessment process. Wherever possible, this must be provided before the assessment takes place. You can also contact an organisation like Age UK or [Age UK](#) for advice and information.

3.2 The assessment duty

The local authority has a **duty** to carry out the needs assessment, regardless of your level of needs and finances.

The assessment duty applies where it [applies](#) to the local authority that you [live in](#). As this is a low threshold, the local authority almost always has a duty to carry out an assessment if you may have some level of need.

How quickly should an assessment take place?

The local authority has flexibility in deciding how soon to carry out an assessment but it **must** base its decision on your individual needs and circumstances. It should do the assessment as soon as is **appropriate and reasonable** given your individual needs.

The local authority may seek to prioritise some requests over others, meaning it is important to explain as much as you can about your needs and circumstances, especially if you require urgent help.

You can ask the local authority to explain how soon your assessment will take place. If you feel you are waiting too long, ask the local authority to explain its decision and make a complaint if needed.

Urgent needs

If you have an urgent need for help, the local authority has the power to put services in place immediately, without waiting to do an assessment, which it must carry out as soon possible afterwards.

[If your condition](#) deteriorates rapidly, the local authority should provide an immediate [assessment](#) there and then.

3.3 What to expect 0.404 RG[)JT&TQq0.000008871 0 595.32 841.92 reW*nQ EMC Spa

Meaning of *unable to*

You are treated as unable to achieve an outcome if you are:

- (a) unable to achieve it without assistance
- (b) able to achieve it without assistance but doing so causes you significant pain, distress, or anxiety
- (c) able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of you, or of others, or
- (d) able to achieve it without assistance but take significantly longer than would normally be expected.

The list of outcomes:

- (a)

Significant impact on wellbeing

significant impact

However, the guidance says:

a local authority need not consider the impact of your inability to achieve individual outcomes but should consider the cumulative effect overall

4.2 Case examples

These examples explain how you can try to make sure your needs and your wishes are communicated to whoever assesses you.

Example 1

If you live alone and find it difficult to get out and about because of mobility problems or because you have become reluctant or scared to go out alone, you should explain what it feels like to you to be stuck indoors and unable to get out and about in your neighbourhood, go to the shops, visit your friends, follow leisure activities you like etc.

The assessor may think you are content to stay indoors and it does not have a significant impact on your wellbeing. This could mean you would not be considered eligible for any help to get out and about.

Example 2

You are a carer in your early 60s and are fearful you are going to have to give up work early because of your caring responsibilities unless you get help.

It is really important to make it clear how distressing it would be for you to have to do that, the effect on your self-esteem, the financial impact, the impact on your relationships with work colleagues etc.

Otherwise the local authority may decide they do not need to put in more help, because the impact of giving up work at your age would not be significant.

4.3 What happens if I do not meet eligibility criteria?

Local authorities must give you written reasons explaining why you do not meet the eligibility criteria.

If you think they have got this wrong, ask for reconsideration or challenge their decision by making a complaint. Local authorities must give you information and advice about meeting, reducing, and preventing needs. The information and advice must be tailored to your individual situation.

This means you should not be left without information and advice to help you manage your care needs better, or to help you identify and contact other suitable organisations that can support you.

Even if you do not have eligible needs now, the local authority has a discretion to provide you with care and support. As this is the aut choice, you may find they are unwilling to do so.

The local authority may agree to do this, for example, to give your carer a break to recharge batteries by providing some alternative care support to (). Both of you must agree to the help for this to be done.

5.2 How will my eligible needs for care or support be met?

The local authority has a wide discretion as to how to best meet your eligible needs once it has identified them.

There is no list of services that must be provided. Basic examples of what can meet your needs are in section 8 of the Act. These include accommodation in a care home or premises of another type; care and support at home or the community; counselling or other types of social work; goods and facilities; and information, advice and advocacy.

Care and support planning should be a very flexible process. If you have suggestions for a particular service you think would meet your needs, suggest it to adult social care for inclusion in your care plan. As you may not know all the local options to meet your needs, the local authority should provide you with professional advice and support.

Once the range and amount of care and support you need is agreed, there are different ways to put it in place. The cost of agreed services is in your personal budget (see section 6). A care plan is delivered by:

the local authority providing or arranging services for you, or

direct payments to buy the care you want yourself. This option is only for non-residential care services, or short-term care in a care home, or

a care *broker*. The guidance says this is only likely to be an effective way of meeting needs in exceptional circumstances, such as to assist a self-funder

Care services may be provided by a local authority, a private company, a charity, or any combination of these organisations.

Once support is provided, it must be checked or reviewed regularly to confirm it is appropriate and safe, there are no changes in your needs, and that funding is adequate. If you have any concerns or your circumstances change, you can ask for a review, see section 10.

5.3 Self- *right to request*

If the financial assessment concludes you are a *self-funder* because your capital exceeds £23,250, the local authority can expect you to arrange your own care and support, as long as you have mental capacity to do so or have someone able to help you.

However, you can ask the authority to make the arrangements under the *right to request*. Once the request has been made, the authority has a legal duty to meet your eligible needs, though you will not be entitled to any financial assistance. It has the power to charge an arrangement fee for doing this.

The guidance notes a request for support can be made for a variety of reasons, such as finding the system difficult to navigate, or wishing to take advantage of their expert knowledge of local services.

Resource allocation system

Some local authorities calculate the indicative personal budget figure using a resource allocation scheme (RAS). This usually consists of an assessment questionnaire, which awards points depending on your level of needs. A computer programme uses your points to generate your indicative budget. This should only be used as an estimated figure, which must be checked against the reality of your situation.

Carers

If you are a carer entitled to support, you should receive an individual personal budget sufficient to meet your eligible support needs. It should not be a flat rate standard amount but tailored to your situation.

The use of funding panels

There has been concern about the use of funding panels to drive down local authority costs and side-step legal duties to meet all eligible needs.

Guidance says they can be a necessary expert checking and governance mechanism, for example for signing off expensive or unique personal budget allocations. It goes on to warn:

local authorities should refrain from creating or using panels that seek to amend planning decisions, micro-manage the planning process or are in place purely for financial reasons.

If you are told that your case is going to panel, you should ask why this is needed and you may want to ask to attend the panel meeting. Ask for

7 Paying for care and support services

With some exceptions, the local authority has the power to charge a contribution towards the cost of any care and support services they provide or arrange to meet your needs.

8 Types of care

The local authority has wide discretion over meeting your eligible needs.

The guidance says that *care should be provided in a way that is most appropriate to them,*

. This section gives examples of how your needs may be met. The services the local authority arrange must meet your eligible needs and should take account of your preferences. The local authority records how it is meeting your needs in your care and support plan, after it has agreed this with you. You may also find the information in this section useful if you are

You cannot be forced to move into a care home against your will, provided you have mental capacity to make this decision for yourself. However, you may be advised, following an assessment at home or in hospital, that it is the only safe and effective way of meeting your care needs. Alternatively, you may decide this is the right decision for you.

If you do not want to move into a care home, say so and talk to your social worker. They can explore whether your needs can be met in your own home through a coeacit1 3566 omeewc car yl calt, suo3(g)6(h)-3(sa)-3(a)4(ca)s5(r(n)-3(f)1-5()-5

The local authority should provide written information if you receive preventative support. This must specify your needs, why the action is proposed, expected outcomes, timescale, and what happens next. You may be offered one or more preventative services.

Whether you are someone who needs care or a carer and regardless of whether you meet the eligibility criteria, you should at least be offered written advice and information about what you can do to prevent, delay or reduce care and support needs.

10 Review of services and needs

Your care and support plan must be kept under review. The purpose of a

The authority must have clear, justifiable reasons why it believes your situation has changed in such a way that requires a revision of your care and support plan. The guidance is clear that a review should not be used to arbitrarily reduce your care and support or personal budget.

An arbitrary reduction to the personal budget would be unlawful, as the amount must always be appropriate to meet your needs and

Revision of the plan and needs assessment

If the authority believes a revision of your care and support plan is necessary following a review

11.1 The independent advocacy duty

If you struggle to understand or make decisions about your care and have no one you want to help you engage in the process, such as a relative or friend, the local authority must offer you an independent advocate.

the care and support process, ensuring you are involved as fully as possible. You may need assistance when the local authority is assessing your needs or preparing or reviewing your care and support plan.

The local authority independent advocacy duty applies if you experience *substantial difficulties*

appropriate person

13 Moving from one local authority area to another

If your placement is arranged by the local authority in area A, they remain responsible for meeting your care needs and any financial support you qualify for, even though you have moved to area B. You are

Where local authorities disagree

If two or more local authorities cannot agree who is responsible, there is a legal procedure that must be followed and the Secretary of State for Health and Social Care makes the decision about responsibility.

The guidance states:

the determination of ordinary residence must not delay the process of meeting needs. In cases where the ordinary residence is not certain,

resolve the question of residence subsequently.

This means that, if the local authority is meeting your needs when the dispute arises, it must continue doing so until the dispute is resolved. If no local authority is meeting your needs, the authority for where you are living or are physically present must accept responsibility for you until the dispute is resolved.

Note

Ordinary residence should not be confused with habitual residence, which relates to social security benefits and housing.

Useful organisations

Care Quality Commission

www.cqc.org.uk

Telephone 03000 616 161

Independent regulator of adult health and social care services in England, covering NHS, local authorities, private companies or voluntary organisations and people detained under the

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

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