

Factsheet

First steps in getting help with your care needs in England and Wales

If you're finding it difficult to manage everyday tasks, you may be entitled to help from your local council. The first step is an assessment of your needs.

This factsheet explains how the assessment works and what services you may qualify for. It also explains how you can arrange your own care and manage the payment yourself.



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About Independent Age

At Independent Age, we want more people in the UK to live a happy, connected and purposeful later life. That's why we support people aged over 65 to get involved in things they enjoy. We also campaign and give advice on the issues that matter most: health and care, money and housing.

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1. What is a care needs assessment?

If you need some support to look after yourself, your local council may be able to help. You can ask for a care needs assessment from your local council's adult social services department.

The assessment looks at how you manage everyday activities, such as:

- washing and dressing
- cooking
- carrying out household tasks
- staying in touch with family and friends
- getting out and about.

The assessor will consider whether or not your support needs meet the eligibility criteria for help from the council.

The eligibility criteria are the rules that the council uses to work out if you qualify for care services. England and Wales have different eligibility criteria – see [chapter 6](#).

If your support needs do meet the eligibility criteria, the council will usually look at your finances to work out what you may have to pay towards your care. If you don't qualify for help, the council may direct you to other organisations for support.

The type of support recommended will depend on your needs, but might include things like:

- adaptations to your home
- disability equipment
- visits from care workers
- residential care.

You have a right to be involved throughout the assessment and the assessor must give you a chance to discuss your difficulties and the impact they have on you. Your views must be taken into account.

Why should I get a care needs assessment?

Even if you don't want support from the council, or don't think you'll qualify for support, it's still a good idea to get an assessment. The council can help you identify your care needs and the best support for you. They can also tell you about local support services. It's useful to get this information from a professional, even if you then want to arrange help yourself.

2. Getting a care needs assessment

When you contact the council to ask for an assessment, they will ask you some basic questions, which could include your:

- name
- age
- address
- doctor's contact details.

You may also be asked questions to check if you need an assessment – for example, about your health and what difficulties you are having. Think in advance about what you want to say. You may have to wait longer for your assessment if your needs are not considered urgent.

How to ask for an assessment

To request a care needs assessment, contact your local council's adult social services department. You can find their contact details at [gov.uk/apply-needs-assessment-social-services](https://www.gov.uk/apply-needs-assessment-social-services).

It's also possible for someone else, such as a relative, carer or your GP, to request an assessment for you. They'll need your consent to do this. Some people aren't able to give consent because they don't have mental capacity. In that case, the council may consider if it's in that person's best interests to carry out an assessment.



Mental capacity

This is the ability to make and communicate your own decisions at the time when they need to be made. You might lose this because of an illness such as dementia, or if you were unconscious, for example. It's possible to have mental capacity at some times and not at others.



Good to know

If you'd like help arranging an assessment or expressing your views, an independent advocate could help you through the process. See [chapter 4](#) for more information.

Who can have an assessment?

Councils have to assess anyone who appears to need support, unless they don't want an assessment. The council can't refuse to carry out an assessment purely because they don't think you'll qualify for council support.

If you have been refused an assessment and don't think you should have been, you could make a complaint (see [chapter 14](#)). In some cases, it may be appropriate to take legal advice – for example, because the council seems to have a policy that wrongly excludes people from getting an assessment.

Ms Akao

Ms Akao has arthritis and finds it very difficult to get around inside and outside. In particular, she finds it difficult to access her bathroom, which is upstairs. She also finds it difficult and painful to wash and dress herself, and it takes her a very long time. She asks the council for a care needs assessment and they arrange one with her, because she seems to need support.

Mr Blake

Mr Blake has been diagnosed with dementia. For the past year he has been able to continue living independently in his own home. However, he is increasingly forgetful and is beginning to struggle with some tasks. His daughter has found that he has been wearing the same clothes for several days without washing them. He used to enjoy being part of the community and took part in many local events but is no longer able to get out because he becomes quickly disorientated. She worries that he is becoming withdrawn and isolated. She requests a care needs assessment for him from the council and they agree to carry this out, providing Mr Blake agrees.

What does the assessment look at?

The assessment focuses on your physical and mental wellbeing. It looks at how you manage everyday activities – such as making a meal or getting around your home safely – and whether you need help with certain things.

The care needs assessment mustn't look at your finances – you will have a separate financial assessment to work out what you may have to pay towards any support you need (see [chapter 9](#)).

The person carrying out your assessment must think about whether:

- you have care needs that meet the criteria for support from the council
- you would benefit from services to stop or delay your care needs getting worse.

How soon will I have my assessment?

This depends on how urgent your needs are. Government guidance doesn't give timescales, but says that social services should provide assessments within a reasonable time. The council should tell you when they think your assessment will be carried out, and keep you informed throughout the assessment process.



Remember

If you need help urgently, you should tell the council this when you contact them to ask for a needs assessment.

Urgent assessments and getting help more quickly

If you urgently need some help (for example, to avoid being admitted to hospital), the council can arrange an urgent assessment for you. Tell them how urgent your case is, and why, when you first contact them.

In some circumstances, the council must put care in place urgently even if they haven't yet carried out an assessment – for example, if not doing so would put your life at risk.

If urgent support is arranged before you have an assessment, the support you get and how it is paid for could change once you've had your full care needs assessment and financial assessment.



To do

If you think you have been waiting too long for an assessment, ask to speak to the manager of adult social care to find out when the process will be completed. You might also want to make a complaint – see [chapter 14](#) for more information. In some circumstances you may want to get legal advice.

3. Types of care needs assessment

Assessments might involve either:

- a face-to-face visit
- a phone call
- a self-assessment form.

If your needs are straightforward, an assessment over the phone might be enough. If you have more complex needs, you may need a face-to-face assessment. The assessor must be appropriately trained to carry out the assessment.

Assessments are usually carried out by a social worker or occupational therapist. They may have to consult other professionals to get a full picture of your needs.

Self-assessments (England)

In England, the council must offer you the option of a supported self-assessment if you have the mental capacity to take part in this. A supported self-assessment is carried out jointly by you and the council but, in practice, you would usually complete the assessment paperwork first and then the council would check it.

Self-assessment forms should be similar to those used for a face-to-face assessment, but you fill them in yourself. The council must provide information about what you need to do so that you feel confident and in control.

A self-assessment may be available as a paper questionnaire or as an online form on the council's website. If it's online but you'd rather have a paper copy, ask the council for one.

If the council needs more details from you, your self-assessment may be followed by a face-to-face needs assessment with a social care professional.

The council should check that your self-assessment gives a complete and accurate picture of all your needs, so they may also get the views of other people, with your permission. This could include healthcare professionals, like your GP, and any friends and family members involved in your care.



Good to know

Your preferences should be taken into account. In particular, you're entitled to refuse to use the self-assessment process. If the council suggests an assessment over the phone, they must consider if this would pose a risk or challenge for you. The council should carry out a face-to-face assessment if they are not sure whether someone has the mental capacity to take part in the assessment process.

Carer's assessments

If you have a relative or friend who provides care for you, they are entitled to a carer's assessment to look at their own needs. The council must offer a carer's assessment if they know you have a carer who may need support. Carers may qualify for support services paid for by the council.

The carer's assessment can be carried out at the same time as your assessment, if you agree. Otherwise it must be carried out separately.

For more information about carer's assessments, see our factsheet [**Getting help from the council as a carer.**](#)

4. Getting help from an independent advocate

An independent advocate is a trained person who can be involved in your assessment and care planning. They can help you to understand the process and express your views and wishes. They can also help you to challenge decisions.

How do I qualify for an advocate?

England

In England, an advocate may be referred to as a Care Act advocate or a care and support advocate. The council must arrange for you to have an advocate during your assessment if you don't have anyone appropriate to help you, and you have substantial difficulty with one of the following:

- understanding the relevant information
- remembering that information
- weighing up the information
- communicating your views, wishes and feelings.

Wales

In Wales, an advocate may be referred to as an independent professional advocate. Your local authority must arrange an advocate for you if you don't have anyone appropriate to support you, and if you need help with any part of the care assessment process.

In both England and Wales, if you meet these conditions, the council must arrange an advocate so you can be properly involved in:

- your care needs assessment
- your care planning (if you qualify for council support – see [chapter 6](#))
- reviews of the care you're receiving.

Getting help from family or friends

You have the right to decide if someone close to you (a family member or friend) is an appropriate person to help you, if you have the mental capacity to make that decision. If the council suggests a friend or relative can help, but you disagree, you're entitled to get help from an independent advocate paid for by the council instead.

Independent Mental Capacity Advocates

If you lack the mental capacity to make certain decisions for yourself, you may qualify for an Independent Mental Capacity Advocate (IMCA) to help you through the care assessment. There are different types of advocacy that IMCAs can provide:

Instructed advocacy

Some people may be able to communicate their views, wishes and feelings, but may still lack the mental capacity to understand information, remember their choices or weigh up their options. In this case, the advocate's role is to work with the person and to find a way to put their point of view across clearly. The advocate supports them in what they want to achieve.

Non-instructed advocacy

Some people may have limited ways of communicating, and may be unable to express their views, wishes and feelings. The advocate must make sure the person's best interests are considered.



Remember

Mental capacity can fluctuate and the council must never assume that someone lacks mental capacity. Doing so could deprive them of their rights.

Arranging an advocate for yourself

If you don't qualify for an advocate through the council, you can still arrange to have an advocate involved if you want to and there are advocates available locally. Advocacy services are generally free and you can contact them directly.



To do

If you'd like to arrange for an advocate to help you, ask the council for details of local advocacy organisations. To find out more about advocacy, see our factsheet [Helping you get your voice heard: Independent advocacy](#).

5. What happens at the care needs assessment?

Your care needs assessment will usually be carried out by someone from the council's adult social services team. The assessor may not be a social worker, but they must have the right skills and experience to carry out your assessment.

If you have a face-to-face assessment, it may be carried out in your home or, in some cases, you may be assessed in hospital, a GP surgery or at the social services office.

All aspects of your life – emotional, psychological, social and physical – should be looked at during your care needs assessment.

Looking at your care needs

England and Wales use different systems when deciding whether you qualify for support – these are explained more in [chapter 6](#). However, in both England and Wales, your care needs assessment will look at whether you can achieve certain 'care outcomes' without help.

Care outcomes are different ways to take care of yourself – for example, preparing and eating meals, washing yourself and having enough social interaction with other people.

You may find that your council interprets these care outcomes quite narrowly. You may have to put your case forward strongly if you feel they're underestimating your difficulties, or not including something you have difficulty with.

Assessing whether or not you can achieve each of these outcomes should include looking at everything that is involved in achieving them. As assessment, say, of whether you can prepare and eat food and get enough to drink must look at not only whether you can feed yourself, but also whether you can, for example:

- manage your money in order to have enough to do your shopping
- plan what shopping you need

- check use-by dates on food
- turn on your cooker or microwave.

The assessor must look at all the care outcomes and each one is equally important. So, for example, an assessor can't just look at eating, drinking and washing.

You must be assessed as being unable to achieve an outcome if:

- you can carry out that task or activity without help, but it causes you a lot of pain or anxiety, puts your safety or the safety of other people at risk, or takes you a lot longer than is normally expected
- you can't carry out that task or activity at all without help.



Good to know

In Wales, you may be asked during your assessment whether you get any help from friends or relatives to do things.

In England, the care professional must ignore any help you get from a friend or relative to achieve your care outcomes. They should just be looking at what you can and cannot do by yourself.

If your needs go up and down (fluctuate)

If your needs vary, the assessor must make sure the assessment is carried out over a sufficient period of time so that all your relevant care needs are included. If you're having a face-to-face assessment, this means they may need to visit you more than once to properly assess which activities you have difficulties with. Or, they could involve a professional who understands your condition in the assessment. This will help them to create a plan for when you need support.

Mrs Chopra

Mrs Chopra has multiple sclerosis. She uses a walking frame to help with mobility issues and generally manages to live independently. However, she regularly has relapses in her condition. During these times, she cannot walk and sometimes struggles to sit up. The assessor considers Mrs Chopra's needs over a few weeks, to take this into account. They also speak to Mrs Chopra, her GP and close family about how Mrs Chopra's condition changes. The assessor has the appropriate skills to understand Mrs Chopra's condition and make recommendations.

Reducing and preventing the need for care

When thinking about suitable support for you, the council must also look at whether there is any support that could prevent your care needs from getting worse in the future, or reduce the needs that you have now.



Remember

Your care needs assessment is a chance for you to have your say – you should be in the driving seat. It's important to explain how you feel about your current situation to make sure that your views are heard in the assessment.

Who can be involved in my care needs assessment?

You can include other people involved in your care. Consider who may be able to add relevant information to the assessment and let the assessor know you want them to be involved. For example, you may have a relative, friend, care worker, sheltered housing warden or GP who knows about your difficulties or what's important to you. If you ask for a particular person to be involved, the council must involve them.

The council may involve other professionals, such as an occupational therapist, to recommend particular equipment or adaptations. If your assessment shows that you may need other kinds of help, such as health treatment or specialist housing, the council may ask other authorities to contribute to your assessment or care planning.

The council should consider whether your condition needs expert insight – for example, if you have dementia. If you're deafblind, they must involve an expert who understands how the two conditions work together.

If you have difficulty communicating or understanding information, you may be entitled to have an independent advocate to help you – see [chapter 4](#).



To do

See [chapter 7](#) for tips on how to prepare well for your assessment.

6. Do I qualify for support?

The council uses national eligibility criteria to work out if you qualify for support. Councils in both England and Wales look at care outcomes, but have different criteria.

England

In England, the aim of the care needs assessment is to work out whether you can achieve certain care outcomes without help. These are as follows:

Care outcomes	Examples of what this means
Managing and maintaining nutrition	Preparing and eating food without help and getting enough to drink
Maintaining personal hygiene	Washing yourself and cleaning your clothes
Managing toilet needs	Getting to and using the toilet
Being appropriately clothed	Dressing yourself in clothes appropriate to the weather
Being able to make use of your home safely	Moving around your home safely, including going up stairs, using the kitchen and getting into and out of the bathroom
Maintaining a habitable home environment	Keeping your home clean and safe; being able to pay the bills
Developing and maintaining family or other personal relationships	Having enough contact with other people so you don't become isolated

You will qualify for support if your care needs assessment shows that the answer to all three of the questions below is yes:

- Are you unable to achieve two or more of the care outcomes?
- Is your need for support because of a physical or mental impairment or an illness?
- Does this have a significant impact on your wellbeing?

To get social care support from the council, it is not enough to show that you have difficulties in some areas of your life. You also need to show that they have a significant impact on your wellbeing. This means it's very important that you fully explain your situation during your care needs assessment, so the impact that your care needs have on your life is clear. It may help to keep a diary of your needs in advance and to have someone else with you during the assessment.

What does 'a significant impact on your wellbeing' mean?

Wellbeing covers a lot of different areas, including:

- your personal relationships – for example, whether you need more social contact
- your physical and mental health, and emotional wellbeing
- your safety
- your economic wellbeing – for example, whether there are any benefits you could be claiming
- your housing situation
- your control over your daily life
- being able to work, study or volunteer
- feeling that you are contributing to society
- being treated respectfully and with dignity.

The person carrying out your assessment may decide that your inability to achieve one of the care outcomes has a big effect on one aspect of your wellbeing, or that there are smaller effects on several areas of wellbeing, which add up to a significant impact on your wellbeing as a whole.

Councils have to make their own judgement about whether your care needs have a significant impact on your wellbeing. When they are making this decision, they must take into account what is most important to you.

Mr Roberts

Mr Roberts was previously a very sociable person who enjoyed going out a lot, and his personal relationships are very important to him. Because of his care needs, one of the care outcomes that Mr Roberts is unable to achieve is getting out and about to see friends and family.

Knowing how important Mr Roberts' social life is to him, the council might decide his care needs have a significant impact on his wellbeing. This may not be the case for someone who isn't as sociable, or who is happy in their own company. The council should look at the person's individual situation and preferences.

Wales

In Wales, the care needs assessment will look at five main areas:

Main element	Explanation and examples
Your circumstances	<p>The assessment will look at various aspects of your life, such as:</p> <ul style="list-style-type: none"> • your health • whether you can carry out personal care activities – for example, getting out of bed, washing, dressing and bathing • whether you can carry out household activities and daily routines – for example, shopping and cleaning.
Your personal outcomes	<p>These are things you would like to achieve, such as:</p> <ul style="list-style-type: none"> • being able to carry out personal care or household activities • being more active • maintaining or developing relationships with family and friends • being more involved in your local community.

Any barriers stopping you from achieving your personal outcomes

These are things preventing you from achieving your outcomes. This could be something related to your health, or something out of your control. It could be that:

- you're struggling to use the stairs
- you don't know how to meet new people and form relationships
- your carer isn't able to help you as often as you need.

Any risks to you if you don't achieve your personal outcomes

These are things that may happen if you don't receive the support you need. This could include:

- falling and causing physical harm
- loneliness and social isolation
- neglect.

Your strengths and capabilities

The assessment will look at what you're currently capable of, as well as the support available from your family, friends or the wider community.



Remember

In Wales, you may be asked during your assessment whether you get any help from friends or relatives to achieve your care outcomes. The council must also look at whether your friends or relatives are willing and able to help. The council must consider the wellbeing of the carer, and offer support if they decide the carer is unable to handle the responsibility.

7. Preparing well for your assessment

Here's a checklist of things you can do to help your assessment go smoothly and to get the outcome you want.

- Find out in advance what's going to happen and what you'll be asked, so you can prepare. The council should give you information about the assessment process, and in an accessible format if you need it – for example, in large print. This should include information on:
 - the assessment format – for example, over the phone or face to face
 - how long the assessment will take
 - how to get an independent advocate
 - how to make a complaint.
- Don't forget to tell the council if you need any adjustments to be made for you at your assessment. For example, your council may need to provide a translation service if you have difficulty understanding English.
- Tell the council if you want anyone else to be involved in your assessment. If you need help understanding the assessment process and expressing your views and wishes, think about whether an advocate would be right for you (see [chapter 4](#)).
- Write a list beforehand to help you remember everything you need to say. Think about your day and consider what you would and wouldn't be able to do without help, and things you can do but not without difficulties. It's useful to keep a diary so that you can tell the assessor what your needs are on a bad day as well as a good day.

- Make sure you think about all your needs – the assessment is your chance to explain what you need help with. Assessors will only take into account needs that come up during the assessment so, if you forget to mention something, you might be assessed as more capable than you really are. To help you think about and record your care needs for each care outcome (in England), see our checklist [Considering your care needs](#).
- Bear in mind the eligibility criteria (see [chapter 6](#)) and focus on the things that will make a difference as to whether you're assessed as eligible for help or not.
- You can record that you have taken these actions and more by downloading our checklist [Preparing for your care needs assessment](#), or call our Helpline to ask for a copy ([0800 319 6789](#)).

8. After your assessment

If you don't think the assessment went well or you forgot to mention something important, contact social services to ask them to look at the assessment again.

Social services must give you a written record of your assessment – ask if you don't get one. Check that it's accurate and that everything relevant has been taken into account.

If you're unhappy with the outcome of the assessment, don't give up – you may be able to do something about it. For example, the council may have left out something important or got the law wrong (see [chapter 14](#)).

If you don't qualify for support

If your assessment decides your care needs don't meet the national eligibility criteria, you won't usually receive support services from the council. However, councils can sometimes use their discretion to meet needs that don't qualify under the criteria. If you don't meet the eligibility criteria, the council must still:

- give you information and advice about what can be done to meet your needs
- advise you on what can be done to stop your needs getting worse in the future.

For example, they may give you details of local home care agencies, or signpost you to exercise groups or opportunities to socialise with your local community.

If you're choosing home care services yourself, see our factsheet [Arranging home care](#) for more information. If you're choosing a care home, see our guide [How to find the right care home](#).

If you qualify for support

If your assessment finds your care needs do not meet the national eligibility criteria, the council must make recommendations about how your needs should be met. You'll usually be given a financial assessment to decide how much you should contribute towards the cost of your support (see [chapter 9](#)).

Arranging your care

If your financial assessment shows the council will pay something towards your care costs, then they must start care planning with you to work out how your needs are to be met (see [chapter 10](#)). This applies whether you'll be receiving care at home or in a care home.

You can also ask the council to arrange your care even if they won't be paying towards it. They don't always have to agree to do so; this works in different ways depending on your situation.

- **If you're paying for all your care yourself (self-funding) and need care at home**, you're still entitled to ask the council to arrange your care at home. If you do this, the council must plan your care, but they can charge you an arrangement fee.
- **If you're self-funding and need care in a care home**, you can also ask the council to arrange your care home place. Unlike with care at home, the council can choose whether to help you or not. If they do, in England they can't charge an arrangement fee for this, but in Wales they may charge a fee.
- **If you lack mental capacity to make arrangements for your care and there's no one authorised or able to do this for you**, the council must help and they must not charge an arrangement fee. This applies if you need care at home or in a care home.

9. How much will I have to pay for my care and support?

Once you've had a care needs assessment and the council has decided you qualify for support, you will need to have a financial assessment. This is to work out how much the council can contribute towards meeting your care needs.

The amount you pay depends on your financial situation – the council looks at your income and your total capital, such as savings, investments or property. There are also different rules about charging, depending on whether you'll be receiving care at home or moving to a care home.

The cost of care varies across the UK.

In England

You will usually only get financial help from the council if you have capital of less than £23,250. If you have more than this, you may be asked to pay the full cost of your care.

In Wales

In Wales, there is a £100 cap on the cost of care at home. This means you will not have to pay more than £100 a week for your care needs.

If the total cost of your care is less than £100 a week, then you will usually only get financial help from the council if you have capital of less than £24,000. This also applies if you will be moving into a care home.

In both England and Wales, whether you qualify for council support or not, the council must provide certain things free of charge – for example, intermediate care and reablement services designed to help you recover from illness and maintain or regain your independence at home.



Good to know

If you have a high level of physical and/or mental health needs, you may qualify for free care support known as NHS Continuing Healthcare. For more information, see our factsheet [Continuing Healthcare: Should the NHS pay for your care?](#)

The cost of care varies depending on many things, such as whether you'll be getting care at home or in a care home.

For information about the financial assessment for care in your own home, read our guide [Paying for care at home in England and Wales](#).

For information about the financial assessment for care in a care home, read our guide [Paying care home fees in England and Wales](#).

10. Your care and support plan

A care and support plan sets out how your needs will be met. The council must develop a written care and support plan with you if it is going to arrange your care and support, or contribute towards the cost of your care.

You must be fully involved in putting this plan together, and can ask for your carers and anyone else you request to be involved as well. You may be entitled to help from an independent advocate (see [chapter 4](#)).

Putting together your care and support plan: Finding out what services are available

The council must provide information about the services available in your local area and, in England, you must be told how much it will cost.

The types of services recommended will depend on your needs, but might include:

- telecare, such as pendant alarms or movement sensors
- disability equipment, such as walkers, bath seats or handrails
- making adaptations to your home, such as installing ramps or stairlifts or widening doors to make rooms wheelchair accessible
- home care – for example, care workers visiting to help you with washing, dressing, eating or taking medication
- attending a day centre
- meals on wheels.

Support services may be provided directly by social services, or social services may commission other organisations – for example, private home care agencies or charities – to provide them. You could also receive money to arrange your own support services (see [chapter 11](#)). There are no set ways that your eligible needs must be met – you can be creative when thinking about the support that will work best for you. However, the council must agree that the service is suitable and will meet your needs.



Good to know

Depending on the type of support that you need, some of your care may be provided by the NHS – for example, a community nurse or community psychiatric nurse. These services would be free. Housing departments may also provide services connected to care.

What should be in your plan

England

In England, the care and support plan must always include the following:

- what your needs are, including your emotional, psychological, cultural, social and spiritual needs, as well as your physical care needs
- which of your needs qualify for support (eligible needs)
- how those eligible needs will be met
- how the recommended care and support will help with what you want to achieve in your day-to-day life (your care outcomes), and with your wellbeing
- how much money your care will cost, and how much the council will contribute
- how to stop your needs getting any worse, if relevant – for example, details of a local organisation that could support you
- whether any of your needs are being met by a direct payment (see [chapter 11](#)), how much the direct payment is and how often it will be paid to you
- details of any care provided by a relative or friend, if they're willing and able to do so. The council won't have to meet any needs being met by a carer.

Wales

In Wales, the care and support plan must always include the following:

- the care outcomes – the things you would like to achieve
- what the council will do to achieve those outcomes
- any care needs that will be met
- how progress towards achieving those outcomes will be monitored and measured
- the date of the next review of the care plan
- if you'll be getting direct payments (see [chapter 11](#)), how much they'll be and when you'll receive them.

It should also include:

- details of how any carers, friends or family members will support your care needs
- any resources, including financial support, they may need.



Good to know

In England, councils must ignore any help you receive from friends, relatives or local voluntary organisations when working out whether you qualify for support. However, this help is taken into account at the care and support planning stage, provided these people and organisations are willing and able to provide that care. The council looks at which of your care and support needs are already being met by someone else, and which the council has to meet.

Agreeing your plan

The council must do what they can to agree your final care and support plan with you. You have the right to receive a copy of it – ask for it if you don't get one.

If you don't think your care and support plan fully meets your needs, raise any concerns with the assessor. You may want to add more information or suggest changes.

Sometimes a care and support plan has a section for you and the assessor to sign. If you don't agree with your plan, you don't have to sign it. The council can't refuse to put your care and support into place while they are sorting out a disagreement. If you can't resolve a disagreement about your care and support plan, you might want to consider making a complaint or seeking legal advice (see [chapter 14](#)).

If you later find that your care plan is not meeting your eligible needs as identified in your care needs assessment, contact social services as soon as possible. They must sort out the problem. This may include carrying out a review (see [chapter 12](#)) or taking urgent action if necessary.

11. Personal budgets and direct payments

Rather than having all your care and support arranged for you by the council, you can be involved in deciding how the money is to be spent, or you can manage the money and spend it yourself.

Personal budgets (England)

What is a personal budget?

In England, the total amount of money needed for your care is known as a personal budget. This is worked out when you are creating your care and support plan with your council, and includes:

- any amount you would have to pay towards your care
- any amount the council must pay towards your care.

The amount you are expected to pay towards your personal budget is worked out in your financial assessment. Your contribution to your care costs must not take your income below a certain amount, which is set by the UK Government.

You will be given a personal budget to show how much the council thinks is needed for your care, even if you end up having to pay for all your care yourself. This can be useful to know if you end up arranging your own care privately.

What the council must do

The council must:

- be clear about how they calculated your personal budget
- make sure that the budget is high enough to meet your needs
- take into account the local cost of the kind of services you need, and that care may cost more if your needs are complex
- tell you what your estimated personal budget is at the start of the care planning process, so that you can start planning your support knowing how much money is likely to be available
- increase your personal budget if it becomes clear that the amount in the estimated budget isn't enough to meet your needs.

How are personal budgets worked out?

The way your personal budget is calculated varies from council to council, but the council must explain to you how they work out your personal budget.

The council must then make sure that the amount is enough to meet all the needs in your care and support plan. They should consider which options are best for you and offer value for money, rather than just picking the cheapest option.

They should check it against the actual costs of providing the support you need – they shouldn't just use general amounts. This may mean your final personal budget is then increased or decreased.

How can I receive my personal budget?

There are several ways that you can use your personal budget:

- **direct (cash) payments** – allowing you to buy your own care and support services (this is explained in more detail later in this chapter)
- **an account managed by the council** – with support being provided in line with your wishes

- **an Individual Service Fund (ISF)** – the council pays an organisation that provides support services in line with your wishes.

You could also choose a mixture of these options. For instance, you could take some of your personal budget as direct payments and leave the rest with the council to arrange some services for you.

Reviewing your personal budget amount

If you feel your personal budget isn't enough to meet your needs or that your contribution is leaving you with too little income, you can ask the council to review it. If you are contributing towards your personal budget and you refuse to pay your contribution, the council can pursue this debt if it's established that the charges have been calculated correctly.

If your needs change – or the personal budget becomes too low for some other reason – you can ask the council to review the amount.



Good to know – Personal health budgets (England)

In England, a personal health budget is available for people who are eligible for NHS Continuing Healthcare, wheelchair users and people who access mental health aftercare services. It is different to a personal budget for social care, because it's provided by your local NHS Clinical Commissioning Group. It's a different way of spending health funding to meet someone's needs.

It may be possible to merge a personal health budget and a personal budget for social care if you take both as direct payments.

For more information, see our factsheet [Continuing Healthcare: Should the NHS be paying for your care?](#)

Direct payments (England and Wales)

If the council will be paying some of or all the money towards your care, you may choose to receive the council's contribution as a direct payment. In England, this is one way of receiving your personal budget.

This means that, rather than receiving services arranged by the council, you receive money from them to buy services that you feel best meet your eligible needs. Direct payments can be a good option if you want to have more flexibility about the times you receive services, or more control over choosing a care worker. You should still be given information and advice about the local services that can help to meet your needs.

Councils should provide support for people using direct payments. This might include help with things like recruiting, employing and managing staff if you decide to employ a care worker yourself. They should also help you work out how you will receive the money.

There are limits to what you can use a direct payment for. This varies across the UK, and should be something you discuss when you create your care and support plan (see [chapter 10](#)).

For more information, see our factsheet [Direct payments](#).

12. Reviewing your care needs

Even if you feel that nothing has changed, social services must review your care and support plan to make sure everything is working as it should and that you are safe. Your plan should be reviewed at least once a year. In England, social services should also review your care plan within six to eight weeks of setting it up.

Social services must involve you, any carers you have and anyone else you'd like to be involved. You may be entitled to an independent advocate to help you (see [chapter 4](#)).

Your review could be face to face, over the phone or done as a self-review. The council should agree this with you. A review should be suited to your situation; it may make some small changes to your care or it may show that you need a full reassessment of your care needs.

You should be told in advance what areas your review will cover, but the areas below should be included:

- Have your circumstances or needs changed?
- Are your direct payments or personal budget still enough to meet your needs?
- Are there new goals (care outcomes) you would like to achieve?
- Are you and your carer, if you have one, satisfied with your care plan?

A review must not simply be used as a chance to reduce your care package, unless there has been a corresponding change to your needs or circumstances.

If you are unhappy with your review, speak to social services to see if any changes can be made. If this doesn't resolve the problem, you can make a complaint (see [chapter 14](#)).



Good to know

The council must also carry out a review if you ask for one, as long as your request is reasonable, such as if your needs have changed since your assessment.

For example, when your needs were first assessed, a care worker may have been employed for two hours a day, but it now takes four hours to provide the care you need. In this case, you could ask for a review of your needs.

13. Refusing services

Social services may recommend support that you don't want to receive – for example, you may not want to go to a day centre or have care workers visit you at home. You can discuss your concerns with social services during the care planning stage and try to find another way to meet your needs. If you don't think they have assessed your needs properly in the first place, you may want to ask for a reassessment.

You do have the right to refuse services, as long as you have mental capacity to understand the decision you're making. Social services cannot force you to receive help. However, this may mean that you won't receive enough support to live safely and comfortably at home. Social services may have a duty to act if there is a safeguarding concern.

If you're in a situation where you want to use different support to what the council has offered, you may want to consider using direct payments so that you can organise your own care. This can give you more control over which services you receive and when you receive them (see [chapter 11](#)).

Mental capacity and refusing services

If you refuse services, but don't have the mental capacity to make this decision, the council will have to decide whether it's in your best interests to receive the services. They might arrange a formal 'best interests' meeting to consider this. When making a best interests decision, the council must consult the following people, if appropriate:

- anyone with lasting power of attorney or deputyship for you
- your family and friends
- any professionals involved in your care.

Remember that this meeting is only to determine what these people think your views, wishes and choices would have been, not what they think is the right decision. In some circumstances – for example, if there is a disagreement about what is in your best interests – the Court of Protection will be asked to make the decision.

Contact us for more advice about refusing services (**0800 319 6789**, advice@independentage.org).

14. What can you do if something goes wrong?

It's important to speak up if:

- you have been refused a care needs assessment
- you have experienced delays in getting an assessment
- you're not satisfied with your care needs assessment or care and support plan
- you don't think your personal budget or direct payments are enough to meet your needs
- you don't think what you are being charged is correct
- you're concerned about the quality of the services you're receiving.

Often problems can be sorted out by talking to the social worker or their manager. But, if this doesn't work, there are two main ways of trying to resolve disagreements:

- making a complaint
- using a solicitor to pursue a legal case.

Time limits for making complaints

There is a time limit for using each of these procedures. It's important not to miss it because you're trying to sort things out directly with the social worker.

- A complaint must be made within 12 months of the problem occurring or of you becoming aware of it, but usually it's better to start the complaint as soon as possible.
- If you decide to pursue a legal case, the time limit is much shorter. If it becomes necessary to start court proceedings, it's likely to be a judicial review. Judicial review proceedings must be started within three months of the date when there were first grounds for a legal challenge.

It is sometimes, but not always, possible to pursue a late complaint or a late legal challenge.

For more information, including about how the time limits work, see our factsheet [Complaints about social care services](#).



To do

If you need support to make a complaint or communicate your views to staff, you may want to ask for help from an independent advocate – see [chapter 4](#).

If you want specialist legal advice, you will need to find a solicitor who specialises in community care law. Getting legal advice can be expensive. If you decide to get legal advice, you may want to contact Civil Legal Advice ([0345 345 4 345](tel:03453454345), [gov.uk/civil-legal-advice](https://www.gov.uk/civil-legal-advice)) to find out whether you would qualify for legal aid.

Whether or not you might qualify for legal aid, Civil Legal Advice can give you details of organisations or solicitors specialising in community care law. You could also visit [find-legal-advice.justice.gov.uk](https://www.find-legal-advice.justice.gov.uk) to find a solicitor.

15. Summary

- A care needs assessment is a chance for you to talk to a professional from your local council's adult social services team about things you have difficulty doing because of your care needs. They will ask you questions to work out what you struggle with, and what support could help you.
- To request a care needs assessment, contact your local council's adult social services department (see [chapter 2](#)).
- Your assessment could be face to face, over the phone or a self-assessment (if you live in England). The council should consider what would be best for you, and you can let them know what you would prefer.
- If you need help understanding the assessment process and expressing your views and wishes, you might be able to get support from an advocate (see [chapter 4](#)).
- There are things you can do to prepare for your assessment, such as keeping a diary to record your care needs over a period of time (see [chapter 7](#)).
- The council uses national eligibility criteria to work out if you qualify for support (see [chapter 6](#)).
- If you don't qualify for support from the council, they must still provide you with information and advice about support services available to you (see [chapter 8](#)).
- If you do qualify for support, your financial assessment works out how much the council will contribute towards your care needs (see [chapter 9](#)).

- The council must develop a care and support plan with you. This sets out how your needs will be met. You must be fully involved in putting this plan together, and there are a number of things that should be included (see [chapter 10](#)).
- You can choose to arrange your care yourself, even if the council is contributing towards the costs (see [chapter 11](#)).
- Social services should review your care needs to make sure things are going as planned. If your needs have changed since your assessment, you can request a review (see [chapter 12](#)).
- If you have had problems with parts of the care assessment process, you might want to make a complaint. In some circumstances, you may want to get legal advice (see [chapter 14](#)).

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