

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 at home, meals on wheels, day care, equipment and alterations to your home, care in a care home or respite care. There is no charge for an assessment from the council.

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.

Prior to April, local authorities would set their own criteria for who was considered eligible for care and support; this resulted in many local variations on what was considered an eligible care need.

Since April 2015, national guidance for all local authorities in England has been introduced through the Care Act 2014, the minimum threshold for an eligible care need is explored further later in this factsheet.

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. To get an assessment you should contact your local social services department. If you are unable to do this your GP, community nurse, friend or relative can contact social services on your behalf.

The assessment that follows is often carried out by a social worker or occupational therapist, but it can be any qualified person. They will then support you in identifying the care and support services that you may be entitled to.

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.

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. Details of the means test for people living at home are covered in our *Fact Sheet 7: Funding Care and Support at Home*.

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.

The only guidance that has been given to local authorities is performance indicators set by the Government. These state that work towards starting assessments should happen within 48 hours with an assessment taking place no later than 28 days. They then have another 28 days to implement services. However, if your need for care and support is urgent then social services will have to react appropriately.

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 (whether you can look after your home, suitability of

accommodation, benefit advice, ability to shop).

- Lifestyle choices (where you want to live, any important interests).

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 in particular:

- 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

Prior to April, local councils assessed an individual on a range of physical, social, psychological and cultural needs and determine the person as having either a; low, moderate, substantial or critical levels of need. Due to budget cuts, many authorities were only providing assistance once a critical level of need had been identified.

Since April 2015 they 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 sometimes 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 if you wish your relative can be given a copy.

Reviewing Your Needs

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

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

Withdrawal of services

If, following a review, the council decides to withdraw or reduce the services you have been receiving they should check that you are not left at serious physical

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

Paying for Care and Support at Home

Obtaining State funding and paying for care and support at home can be a complex area; this is covered in our Factsheet: Funding Care and Support at Home.

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).

About FirstStop Financial Advice

Working together, EAC and its partners in FirstStop Advice provide comprehensive information and guidance to help you afford the care, accommodation or services you need.

FirstStop's national Advisors are trained to advise on:

- What you may be entitled to in state benefits and financial help from your local authority;
- Whether you may be entitled to help with your care costs;
- Ways of making your income and capital go further;
- Services that are provided free by local and national voluntary organisations;
- Homesharing, co-housing and other mutual support networks.

A key FirstStop partner organisation is the *Society of Later Life Advisers (SOLLA)*.

SOLLA's members are regulated Financial

Advisers who specialise in providing financial advice to older people, they also adhere to the Society's Code of Best Practice.

If you decide, after speaking to us, that you would like advice from a SOLLA member, we can provide local details to you.

(Neither EAC or FirstStop has any financial interest in SOLLA or its member IFAs)

Contact us

- Visit us online: www.housingcare.org

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.

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