



Assessment and care services from your local council

If you're finding it difficult to manage everyday tasks at home, you have a right to ask your council's adult social services department to assess your support needs.

This factsheet explains how to ask for a care needs assessment and what support services you may receive from your local council if you're assessed as needing support.

Last reviewed: August 2016

Next review date: August 2017

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The information in this factsheet applies to England only. If you're in Wales, contact Age Cymru (0800 022 3444, agecymru.org.uk) for information and advice. In Scotland, contact Age Scotland (0800 470 8090, agescotland.org.uk). In Northern Ireland, contact Age NI (0808 808 7575, ageni.org).

1. What is a care needs assessment?

A care needs assessment looks at how you manage everyday activities, such as washing and dressing, cooking, doing household tasks and getting out and about. It works out what help you need and how you might get it.

The assessment is carried out by a social care professional. They will consider what kind of help you might need to support you in your daily life. They will also consider whether or not your support needs are high enough for the council to help you. If you don't qualify for help, they will direct you to other organisations for support. You'll be involved throughout the assessment and will be given a chance to discuss your difficulties and the impact they have on you.

The type of support suggested will depend on your needs, but might include things like adaptations to your home, disability equipment, visits from carers or residential care.

Reasons to have an assessment

Even if you don't want, or don't think you'll qualify for, support from the council, 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. It's useful to get this information from a professional, even if you then want to use it to arrange help yourself.

To do...

When you contact social services you may be asked some basic questions such as your name, address, age, who your doctor is, who your next of kin is, the state of your health and what difficulties you are having. Have this information to hand so you are clear about what you want to say.

2. Getting a care needs assessment

If you need some help to look after yourself, contact your local council's adult social services department and ask for a care needs assessment. You can find their contact details in the phone book or at gov.uk/apply-needs-assessment-social-services.

It's also possible for someone else, such as a relative or carer, to request an assessment for you. They'll need your consent to do this. If you may not have the ability to give your consent, the council should assess your mental capacity. If you lack capacity, the council can decide that it's in your best interests to carry out a needs assessment and won't need your agreement.

Who can have an assessment?

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

The needs assessment shouldn'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 5).

The council shouldn't just think about whether or not you have eligible care needs, but also whether you would benefit from services to prevent, reduce or delay any care needs.

It's unlikely that anyone who appears to have a need for care and support would be refused a care needs assessment. However, if you have been refused an assessment and don't think you should have been, you could make a complaint - see chapter 11.

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 'an appropriate and reasonable time', taking into account how urgent your needs are and whether those needs are likely to fluctuate or change. The council should tell you when they think your assessment will be carried out, and keep you informed throughout the assessment process.

Urgent assessments

If your care needs suddenly increase, or your existing care arrangements break down, social services can arrange an urgent assessment. Or they might provide you with an emergency care package until a full assessment can be carried out – for example, if you need services quickly to avoid an admission to hospital. However, once a full care needs assessment has been completed, your care package could change completely.

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 11 for more information.

3. Your care needs assessment

Types of care needs assessment

Assessments might involve a face-to-face visit, a phone call, or a self-assessment form. If your needs are straightforward, a simple assessment over the phone might be enough, or you may need a more detailed face-to-face needs assessment if you have more complex needs.

Good to know

Your preferences should be taken into account – for example, if you'd prefer not to complete a self-assessment form, you have the right to ask for a face-to-face assessment with a care professional instead. The council should also suggest a face-to-face assessment if it appears that self-assessment is not appropriate for you, for example if you don't appear to have the capacity to understand or carry out a self-assessment.

Self-assessments

Many councils have introduced this option to allow you to assess your own care needs. The paperwork should be the same as for a face-to-face assessment, but you fill it in yourself. The council should provide enough information for you to feel confident that you understand the process and feel fully involved and in control.

A self-assessment may be available as a paper questionnaire or as an online form on the council's website. 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.

You can also complete a supported self-assessment – where you lead the assessment, but get some support from a social care professional who can assist you and answer your questions. The council must be sure that your self-assessment gives a full 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.

Carer's assessments

If you have a relative or friend who provides care for you, they could ask for a carer's assessment to look at their own needs. This can be carried out at the same time as, or separately to, your care needs assessment.

For more information about carer's assessments, see our factsheet **Carers: what support is available** (0800 319 6789, independentage.org).

Before an assessment

Where possible, the council must give you information about the assessment process, in an accessible format if you need it – eg in large print. This should include a copy of the questions you'll be asked at the assessment. It's also helpful to prepare in advance by gathering information and thinking about the questions you want to ask.

To do

Don't forget to tell the council about any communication needs you may have, so that adjustments can be made for you at your assessment. Also, if you want anyone else to be involved in your assessment – see page 11 – make sure you tell the council in advance.

What happens at the assessment?

Your care needs assessment will usually be carried out in your own home by a social worker or a care manager. In some cases, you may be assessed in hospital, in a GP surgery or at the social services office. You could also be assessed by a local care organisation on behalf of the council.

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

Looking at your care needs

The care professional will talk to you about your current situation – for example, what tasks or activities you can do by yourself, what you can do with some difficulty and what tasks or activities you can't do at all.

The aim is to work out whether you can achieve certain 'care outcomes', including whether you can:

- prepare and eat food without help and get enough to drink
- wash yourself and clean your clothes
- use a toilet and manage all your toilet needs
- dress yourself properly
- move around your home safely
- keep your home safe and habitable
- have enough contact with other people
- take part in activities like volunteering, training or learning
- use local services, such as public transport and local shops
- carry out any caring responsibilities you have for a family member.

Good to know

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

A care outcome will not be achieved if:

- you can carry out that task or activity without help, but it causes you a lot 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, either with or without help.

If your needs often change, the care professional should make sure the assessment covers an appropriate amount of time so that all 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 and work with you to create a back-up plan for when your needs are at their worst.

Good to know

The care professional should ignore any help you get from a friend or relative to achieve these care outcomes – they should just be looking at what you can and cannot achieve by yourself.

Looking at your wellbeing

The assessor should also consider and discuss the impact your care needs have on your wellbeing, and whether there are services which can help you achieve what you want to. For example, if equipment could be provided to help you get around inside your home so that you don't need to move home.

If you do want to move, the council should take into account your preferred accommodation. If you're assessed as needing residential care and want to move into a care home or sheltered accommodation in a different part of the country, make this clear during the assessment and give your reasons for wanting this.

Reducing and preventing the need for care

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

Remember...

You are the best judge of your own wellbeing and need for care and support. 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 choose to have someone with you during the assessment, such as a relative, friend or carer. This is a good idea, especially if you think you might find it difficult to explain your situation.

Other people involved in your care – for example, a care worker, occupational therapist, sheltered housing warden or GP – may also be involved in your assessment if you want. If you ask for a particular person to be involved, the council must involve them, either in person or by writing to them or talking to them on the phone.

Occupational therapists and physiotherapists may also be involved in care needs assessments. They might recommend disability equipment, an adaptation to your home or specific exercises.

If your assessment shows that you need other services – such as an NHS service or specialist housing – you may be referred to another organisation.

If you have difficulty in communicating or understanding information, you might want to consider involving an independent advocate – see chapter 10 for more details.

Things to remember when having a care needs assessment

- Make sure you mention 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 being more capable than you really are.
- 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.
- Write a list beforehand if you think you may not remember everything you need to say
- 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 (see chapter 8)
- If you're unhappy with the outcome of the assessment, don't give up – you have the right to ask for a review or you can make a complaint (see chapter 11).

4. Do I qualify for support?

How the council decides if you qualify

The council uses national eligibility criteria to work this out. There is a care needs threshold over which people qualify for support from their council.

The care eligibility threshold

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

- Is your need for support because of a physical or mental impairment or an illness?
- Are you unable to achieve two or more of the 'care outcomes' (explained in chapter 3)? In other words, do you have a lot of care needs?
- Could 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 big impact on your daily life and overall wellbeing. This means it's very important that you fully explain your situation during your assessment, so the impact that your care needs have on your life is clear. This is why it may help to keep a diary 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 (eg whether you have a need for more social contact)
- your physical and mental health
- your safety

- your financial wellbeing (eg whether there are any benefits you could be claiming)
- your housing situation
- your control over your daily life.

If your care needs could have a big effect on at least one of these areas of wellbeing, then this could be considered a 'significant impact'. Or, if your care needs have a small effect on several of these areas of wellbeing, this could add up to a significant impact on your wellbeing as a whole.

Using this as a basis, councils have to make their own judgment on whether your care needs have a significant impact on your wellbeing and daily life. When they are making this decision, they should think about what is most important to you.

An example: Robert

Robert 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 Robert is unable to achieve is getting out and about to see friends and family.

Knowing how important his social life is to Robert, the council could decide his care needs have a significant impact on his wellbeing. This may not be the case for someone who was not so sociable, or was happier to stay at home. The council should look at the person's individual situation and preferences.

After your assessment

Social services must give you a copy of your assessment – ask if you don't get one.

If you qualify for support

If your assessment decides your care needs meet the national eligibility criteria, adult social services will work out how best to meet those needs – for example, whether you need to move into a care home or can get support at home – and how much it will cost.

It is possible to arrange your own support services instead of having them arranged by the council. The council can give you money directly to spend on services that you feel best meet your care needs (see chapter 6).

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 be able to receive support services from the council. Councils can sometimes use their discretion to meet needs that don't qualify under the criteria. The council must:

- fully explain why you don't qualify for council support, and what factors the council took into account when making this decision
- give you information and advice about where to go to get the support you need
- where possible, tell you what you might be able to do to stop your needs from getting worse in the future.

If you're choosing home care services yourself, see our factsheet **Home care agencies: what to look for** (0800 319 6789, independentage.org) for more information.

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

If you do qualify for council support, the council can charge you for any care and support they provide, but it can't charge anyone else, such as your partner or someone you live with. NHS health services, such as visits you may receive from a community nurse as part of your care and support plan, will be provided free of charge.

To decide how much you should contribute towards the cost of your support services at home, social services will need to assess your income and savings (but not the value of your home). This is known as the financial assessment.

From April 2020, the government plans to introduce changes to the way people pay for their care, including the introduction of a cap on what people pay towards their care costs. Details of these changes are still to be confirmed.

Good to know

There are different rules about charging if you're moving to a care home. For information about charges and financial support for care home fees, see our factsheet **Paying care home fees** (0800 39 6789, independentage.org).

How the council works out your contribution

The council looks at your income and savings when working out how much you should contribute towards your care.

- If you have savings of less than £14,250, you will not need to use any of your savings to pay for your care.
- If you have savings between £14,250 and £23,250, you will need to pay £1 per week towards your care for every £250 in savings you have over £14,250.
- If you have capital of more than £23,250, you may have to pay for all the care you receive.

An example

Tim has £16,000 in savings, which is £1,750 over the lower limit. This is seven times £250, so Tim will pay £7 a week towards his care from his savings. He has been assessed as being able to contribute £30 a week from his actual weekly income. So in total, Tim will pay £37 a week towards his care.

If you receive any disability benefits (see below), these are usually taken into account by the council in the financial assessment.

If you have any expenses that are related to your disability (eg additional clothing or heating costs), the council should take these costs into account when assessing your finances.

The charges the council makes as a result of the financial assessment must be reasonable and not put you in financial difficulty. They should not take your income below the level of the Minimum Income Guarantee (MIG). If you're single and have reached the qualifying age for Pension Credit, the MIG amount for 2016/17 is £189.00 a week. If you're a member of a couple and one or both of you receives Pension Credit, your MIG is £144.30 a week. The council can choose to set a higher level if it wishes. You should also be left with enough money to cover any disability-related expenses that were highlighted during your financial assessment and the council agreed you needed to cover.

Charging: an example

Linda is 70 and lives on her own. She needs some home care to help with personal tasks likes getting in and out of bed and getting dressed, and she has a personal alarm system. Owing to her food allergies, she has to pay for non-prescription medication, which costs her £20 per week. She receives Guarantee Pension Credit. The amount that she gets in Pension Credit includes a Severe Disability Addition. As Linda has savings of £15,400, she is assumed to have an extra £5 per week on top of her income:

Income

Table 1 Linda's income

Income	Amount
State Pension	£119.30
Occupational Pension	£40.56
Tariff income from savings	£5.00
Attendance Allowance	£55.10
Pension Credit	£52.59
Total income	£272.55

Allowances

Table 2 Linda's allowances

Allowances	Amount
Pension Guarantee Credit	£155.60
25% buffer	£38.90
Disability-related expenditure	£20.00
Total allowances	£214.50

Since Linda's total income is more than the basic living allowance that the council allows her to keep, her council asks her to pay the difference between the two amounts, which means she pays £58.05 towards her care costs.

Good to know

You should be given a written record of your financial assessment, explaining what you will be charged, how often, and if this charge is likely to increase in the future. You can also ask the council to tell you where you can go for independent financial advice if you need it.

If you have difficulty paying

You can ask social services to consider reducing their charges. If you refuse to pay the charges, social services cannot withdraw the services but they are able to recover the money later if it's established that the charges are 'reasonable'.

Councils can choose to:

- set maximum amounts that someone should contribute
- ignore additional sources of income, beyond what is covered in the government guidance to councils
- charge only a certain percentage of someone's disposable income.

Councils are encouraged by the government to consider doing this, to support people to live independently and promote their wellbeing.

You may also be entitled to claim a disability benefit, such as Personal Independence Payment or Attendance Allowance to help you pay for your support services. For more information, see our factsheets on disability benefits: **Disability benefits: Attendance Allowance** and **Disability benefits: Personal Independence Payment and Disability Living Allowance**.

Should the NHS be paying for your care?

If you have complex health and care needs, you might qualify for NHS Continuing Healthcare. This is a package of care arranged and funded by the NHS. It is not means-tested, so if you are eligible you will have all your care paid for by the NHS. You will need to have a separate assessment to work out

whether you qualify for this. For more information, see our factsheet **Continuing Healthcare: should the NHS be paying for your care?** (0800 319 6789, independentage.org).

6. Personal budgets and direct payments

Everyone who qualifies for council support has a legal right to be told what their personal budget is. This is the amount of money that the council has calculated is needed to meet your social care needs. You may need to contribute some of your own money towards your personal budget. This will be worked out in a financial assessment (see chapter 5).

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 for the kind of services you need, and that care may cost more if your needs are complex. If you've chosen to move outside your council's area, they must take into account the cost of care in the area you're moving to when calculating your personal budget.
- let you know what your personal budget is in good time, so that you can start planning your support knowing how much money is available.

Ways to receive your personal budget

This section applies if you are receiving care in your own home. The situation is different if you are in a care home. See our factsheet **Paying care home fees** (0800 319 6789 independentage.org.uk).

If you're receiving care in your own home, you can receive your personal budget in different ways:

Direct payments

If the council will be providing some or all of the money needed to make up your personal budget, you can receive direct payments from the council. Rather than receiving services

directly from the council, you receive a payment from them, which you then use to arrange your own support services. This 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. You should also be given details of a local support scheme which can help you with managing direct payments. At present, it isn't possible to receive direct payments if you are in a care home.

Other options

If you don't want to receive direct payments and manage your personal budget yourself, you have several other options:

- the council can arrange services for you
- your personal budget can be held and managed as an account with your council
- your personal budget can be held as an account with a third party, eg a user-led or disability-led support service that can help manage the budget and arrange services.

If you prefer, you can take some of your personal budget as a direct payment and leave the rest with the council or another organisation to manage for you.

Top-ups on your personal budget

If you choose services that cost more than the average for that type of support (eg using a more expensive care agency), you will have to put extra money towards your care, above your personal budget amount. Remember, you may also have to pay some of your own money towards the personal budget.

What if I am paying for all my care myself?

You still have a right to ask the council to arrange your care for you. However, they can charge you a fee for arranging the care on your behalf.

For more information about personal budgets and direct payments, see our factsheet **Using direct payments and personal budgets** (0800 319 6789, independentage.org).

If you need more support or advice about managing direct payments, contact Disability Rights UK (0300 555 1525, disabilityrightsuk.org) for details of local schemes.

7. Your care and support plan

If your care needs assessment finds that you qualify for support and your financial assessment (means-test) works out that the council will be paying for some or all of your care, the council must develop a written care and support plan with you.

You should be fully involved in putting this plan together. A family member or independent advocate could also be involved.

Good to know

Although councils must ignore any help from friends, relatives or local voluntary organisations when working out whether you qualify for support, this help is taken into account at the care and support planning stage, provided they are willing and able to keep providing 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.

What should be in your plan

The care and support plan must always include:

- what your support 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)
- what you want to achieve in your day-to-day life (your 'outcomes'), and how you are going to achieve these goals
- when friends and family can help you
- which free services could help you, such as reablement support to help get you back on your feet (eg after a hospital stay), aids, and minor adaptations up to the value of £1,000
- what your personal budget is to meet the rest of your needs
- which services you could spend your personal budget on, and what they will cost

- ways to make sure your needs don't get any worse (for example, details of a relevant local organisation which could support you)
- whether any of your needs are being met by a direct payment, how much the direct payment is and how often it will be paid to you.

Agreeing your plan

Your final care and support plan should be agreed between you and the assessor. 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 reflects your needs, you should raise any concerns with the assessor. You may want to add more information or suggest an amendment. Both you and the assessor should sign and date your care and support plan once you're happy with it.

If you can't resolve a disagreement about your care and support plan, you might want to consider making a complaint (see chapter 11).

Good to know

If you don't have the mental capacity to agree your care and support plan, the council should arrange a 'best interests' meeting to make sure the plan is appropriate for you and in line with your wishes. The council should involve your family or friends and any professionals involved in your care when making a 'best interests' decision. You may qualify for an independent advocate to represent you if there is no one suitable to support you (see chapter 10).

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

The council can give you information about the services available in your local area, including how much they cost. The

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

- moving into sheltered housing or extra care housing
- moving into a care home
- 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

For more information about these services, see our factsheet **Help at home: what may be available in your local area** (0800 319 6789, independentage.org).

Support services may be provided directly by social services, or social services may commission other organisations (eg private home care agencies or charities) to provide them. You could also receive money to arrange your own support services (see chapter 6).

Good to know

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

8. Reviewing your care needs

Even if you feel that nothing has changed, social services should review your care and support plan within six to eight weeks of it being set up to make sure everything is working as it should. This can include a review of your direct payments if you get them. Your plan should then be reviewed at least once a year.

Social services should tell you when the review will happen so that you and any relevant professionals can be involved, as well as your carer or independent advocate (if you have one or want one). The way the review is carried out should be agreed with you – it could be face-to-face with a social worker or other professionals, over the phone, or you may be able to carry out a self-review (similar to the self-assessment mentioned in chapter 3). This could depend on whether you feel many changes are needed to your care or not.

Good to know

You have a right to ask for a review of your care and support plan at any time if you think that your care needs or financial position have changed. If your request is refused, you can make a complaint (see chapter 11).

9. Refusing services

Social services may suggest support that you don't want to receive (eg you may not want to go to a day centre or have care staff visiting you at home). You can discuss your concerns with social services and ask for your needs to be reassessed. You do have the right to refuse services if you prefer, as long as you have mental capacity to understand the decision you are 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 ask you to sign a disclaimer acknowledging that some of your needs are not being met and that you understand the risk you're taking by not accepting the support being offered. Social services should still provide you with any other services that have been agreed. Even if you can't arrange the extra support you need privately, you can still decide that you want to stay at home.

To do...

If you're in a situation where you want to use different support, discuss your concerns with social services and try to arrange for your needs to be re-assessed and the services changed. Or you may want to organise your care through a direct payment (see chapter 6). This can give you more control over which services you receive and when you receive them. Contact us for more advice (0800 319 6789, advice@independentage.org).

10. Getting help from an independent advocate

An independent advocate is a trained person, independent of social services, who can help you to express your views and wishes, and make sure you have all the information you need and understand it. They can also help you to challenge decisions.

You need to be involved in decisions about your care. So if you lack mental capacity or have difficulty communicating or expressing your views clearly, this might be a good option for you.

The council must arrange for you to have an independent advocate if:

- you have substantial difficulty in understanding relevant information, remembering information or using information to make decisions, and communicating your views, wishes and feelings

and

- you don't have anyone suitable who can help you (such as a friend or family member, or if your family do not agree with your care decisions).

If you meet these conditions, the council must arrange an advocate to attend your assessment or help you with the self-assessment process and during care planning and review. If you lack mental capacity, you may qualify for an independent mental capacity advocate (IMCA) instead.

Even if the council doesn't think you qualify for advocacy, you can still arrange to have an independent advocate at your assessment if you want to. Independent advocacy services are generally free, and you can contact them directly yourself. Ask the council for details of local advocacy organisations. To find out more about advocacy, see our factsheet **Independent advocacy** (0800 319 6789, independentage.org).

11. Making a complaint

You can complain to your council for any of the following reasons:

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

You can do this by verbally raising the matter with the staff concerned or by formally putting your complaint in writing using the council's complaints procedure. For more information about making a complaint, see our factsheet **Complaints about care and health services** (0800 319 6789, independentage.org).

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 10.

12. If you move to a new area

If you're moving to a new council area, your current council and the council in your new area must work together to make sure that you still get the support you need when you move.

To do...

Start by contacting the council in the area you want to move to. Once you have confirmed that you intend to move into their area, they should ask for a copy of all the necessary information about you from your existing council (such as your care needs assessment and care and support plan).

Before you move

The new council should:

- carry out a care needs assessment for you before you move, using the information from your previous council to help them to understand how you like your needs to be met
- agree a new care and support plan with you, to be ready to put into action from the day you move.

If this isn't possible, the new council should arrange for you to get the support you were getting under your previous support plan, and arrange for you to have a new care needs assessment as soon as possible. If the new council assesses you as having different needs to those your previous council identified, they must provide a written explanation of their reasons for this.

If someone caring for you has had a carer's assessment and gets support from the council, the same procedure applies to them.

Good to know

You should be given the name of a person from each council who is responsible for supporting your move. If there is a delay with your move, both councils should keep in touch with you

and each other to make sure arrangements continue to be in place.

Changes to your support

If the new council changes your care and support plan once they have assessed your needs, they should write to you to explain why. If the amount that you need to pay towards your support changes, they should also write to explain this.

13. Useful contacts

For advice about independent living and getting the right support for you:

Disability Rights UK (0300 555 1525, .disabilityrightsuk.org)

To find someone to help you speak up and get the services you need or make a complaint:

Contact the Older People's Advocacy Alliance (017 8284 4036, opaal.org.uk). Or ask your local council about local advocacy services.

To find home care services (privately or for spending your personal budget):

UK Home Care Association (020 8661 8188, ukhca.co.uk)

If a friend or relative helps care for you and needs support:

Carers UK (0808 808 7777, carersuk.org)

If you would like to talk about any of the issues raised in this factsheet, please call our free Helpline on 0800 319 6789 to arrange to speak to one of our expert advisers. Or you can email us (advice@independentage.org).

This factsheet has been put together by Independent Age's expert advisers. It is not a full explanation of the law and is aimed at people aged over 60.

If you need this information in an alternative format (such as large-print or audio cd), call us on 0800 319 6789 or email advice@independentage.org.

Tell us what you think

We'd love to hear what you think of our publications. Please write to us at the address below, phone us on 020 7605 4294 or email advice@independentage.org.

We will use your feedback to help us plan for changes to our publications in the future. Thank you.

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- get fit – run, walk or cycle in aid of Independent Age
- take part in our annual raffle
- donate in memory of a loved one
- remember Independent Age in your will and benefit from our Free Wills offer to supporters.

If you would like to donate or raise money in aid of Independent Age, please visit our website, email supporters@independentage.org or call our fundraising team on 020 7605 4288.