First steps in getting help with your care needs

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

This factsheet explains how to ask for a care needs assessment, how the assessment works, and what care and support services you may qualify to receive.
About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That’s why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility.

A charity founded over 150 years ago, we’re independent so you can be.

The information in this factsheet applies to England only.

If you’re in Wales, contact Age Cymru (0800 022 3444, ageuk.org.uk/cymru) for information and advice.

In Scotland, contact Age Scotland (0800 12 44 222, ageuk.org.uk/scotland).

In Northern Ireland, contact Age NI (0808 808 7575, ageuk.org.uk/northern-ireland).
In this factsheet, you’ll find reference to our other publications. You can order them by calling 0800 319 6789, or by visiting independentage.org/information
# Contents

1. Terms you might encounter  
2. What is a care needs assessment?  
3. Getting a care needs assessment  
4. Getting help from an independent advocate  
5. Types of care needs assessment  
6. What happens at the assessment?  
7. Do I qualify for support?  
8. After your assessment  
9. How much will I have to pay for my care and support?  
10. Personal budgets and direct payments  
11. Your care and support plan  
12. Reviewing your care needs  
13. Refusing services  
14. What can you do if something goes wrong?  

---

Independent Age – First steps in getting help with your care needs – May 2019
1. Terms you might encounter

Social care
Help and support services provided to people who need them, for example because of illness, disability or old age. Social care helps people to carry out everyday tasks, like washing, dressing and eating or drinking – it doesn’t include healthcare. It might be provided at home or in a care home.

Mental capacity
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.

Eligibility
In the context of social care, your entitlement to receive services based on whether you meet the qualifying criteria.
2. **What is a care needs assessment?**

If you need some support to look after yourself, help may be available from your local council. The best way to get this help is to request 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, and getting out and about. The assessor will look at what activities you can’t do without assistance. They will also consider whether or not your support needs meet the eligibility criteria for help from the council (see chapter 7). If they do, you will usually be given a financial assessment 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.

You’re entitled to be involved throughout the assessment and must be given a chance to discuss your difficulties and the impact they have on you. Your views should be taken into account.
The type of support recommended will depend on your needs, but might include things like adaptations to your home, disability equipment, visits from carers, or residential care. You may be entitled to receive money from the council so you can make your own arrangements for the help that you need.

Q: Why should I get a care needs assessment?

A: 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. 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 use it to arrange help yourself.
3. Getting a care needs assessment

Before arranging an assessment

When you contact the council to ask for an assessment, you may be asked some basic questions. For example:

- name
- address
- age
- your doctor
- your next of kin.

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 about this in advance to make sure you’re clear about what you want to say.

To request a care needs assessment, contact your local council’s adult social services department. 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. Some people aren’t able to give consent because they don’t have mental capacity (see page 4). In that case, the council may decide that it’s in that person’s best interests to carry out an assessment.

**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 because they don’t think you’ll qualify for council support.

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 council shouldn’t just think about whether or not you have eligible care needs, but must also consider whether you would benefit from services to prevent, reduce or delay the development of 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 14). In some cases it may be appropriate to take legal advice, for example, because the council seems to have a policy which wrongly excludes people from getting an assessment.

Ms A

Ms A 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 agree to carry one out as she seems to need support.

Mr B

Mr B has been diagnosed with dementia. For the last 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 as he becomes quickly disorientated. She worries that he is becoming increasingly withdrawn and isolated. She requests a care needs assessment for him from the council and they agree to carry this out, providing Mr B agrees.

**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.
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.

The council can also arrange some support for you before you have a needs assessment (or reassess you, if you’re already getting help but suddenly need more). If you need urgent help, the council must consider whether to do this.

In some circumstances, the council must put urgent care in place even if they haven’t yet carried out an assessment, for example, if a failure to do so would otherwise 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 your full care needs assessment and financial assessment have been completed.

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.
4. Getting help from an independent advocate

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

Care and support advocates

The council must arrange for you to have a care and support advocate if you don’t have anyone appropriate to help you and 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.

If you meet these conditions, the council must arrange an advocate so you can be properly
involved throughout the process. This includes being involved in:

- your care needs assessment (including a self-assessment)
- your care planning (if applicable – see chapter 11)
- reviews of the care you’re receiving.

You have the right to decide if someone 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 is able to help, but you disagree, you’re entitled to receive help from an independent advocate paid for by the council instead.

**Non-instructed advocacy**

If you lack mental capacity (see definition on page 4), you may qualify for advocacy when making certain decisions. Non-instructed advocates work on behalf of people who don’t have mental capacity. If you also have a care and support advocate, the council should try and appoint someone who is qualified to do both roles so that you only have to work with one advocate.
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, if that resource is available locally. Advocacy services are generally free, and you can contact them directly. The council should be able to tell you about local advocacy schemes.

To do...

Ask the council for details of local advocacy organisations. To find out more about advocacy, see our factsheet Independent advocacy.
5. Types of care needs assessment

Assessments might involve a face-to-face visit, a phone call, or a self-assessment form (see below). 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. The assessor must be appropriately trained to carry out the assessment.

Face-to-face assessments are usually carried out by a social worker or occupational therapist. They may need to consult other professionals to get a full picture of your needs.

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 for someone if their mental capacity is a concern.
Self-assessments

The council must offer you the option of a supported self-assessment if you have sufficient mental capacity to participate. 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 for accuracy.

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 the process. This should help you 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 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.

**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. In fact, the council must offer a carer’s assessment if they know you have a carer who may need support. Carers may be eligible for funded support services.

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 **Support for carers** (0800 319 6789, independentage.org).

**Before an assessment**

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 list of the questions you’ll be asked at the assessment.
It’s also helpful to prepare by gathering information about your needs and thinking about the questions you want to ask. You may find it helpful to make sure you understand the eligibility criteria the council will use (see chapter 7) and consider how these relate to your needs.

**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.

Your council may need to provide a translation service if you have difficulty understanding English.

Also, if you want anyone else to be involved in your assessment (see page 20) make sure you tell the council in advance.
6. What happens at the 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

The aim is to work out whether you can achieve certain ‘care outcomes’ without help. These are as follows:
<table>
<thead>
<tr>
<th>The care outcomes</th>
<th>Examples of what this means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing and maintaining nutrition</td>
<td>preparing and eating food without help and getting enough to drink</td>
</tr>
<tr>
<td>Maintaining personal hygiene</td>
<td>washing yourself and cleaning your clothes</td>
</tr>
<tr>
<td>Managing toilet needs</td>
<td>getting to and using the toilet</td>
</tr>
<tr>
<td>Being appropriately clothed</td>
<td>dressing yourself in clothes appropriate to the weather</td>
</tr>
<tr>
<td>Being able to make use of your home safely</td>
<td>moving around your home safely, including going up stairs, using the kitchen and accessing the bathroom</td>
</tr>
<tr>
<td>Maintaining a habitable home environment</td>
<td>keeping your home clean and safe; being able to pay the bills</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Developing and maintaining family or other personal relationships</td>
<td>having enough contact with other people so you don’t become isolated</td>
</tr>
<tr>
<td>Accessing and engaging in work, training, education or volunteering</td>
<td>taking up a volunteering opportunity or attending a course</td>
</tr>
<tr>
<td>Making use of necessary facilities or services in the local community including public transport</td>
<td>using local services, such as public transport and shops, and getting to healthcare appointments</td>
</tr>
<tr>
<td>Carrying out any caring responsibilities you have for a child</td>
<td>looking after a child you’re responsible for, including caring responsibilities as a grandparent</td>
</tr>
</tbody>
</table>
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 will involve looking at everything that is involved in achieving them. For example, an assessment 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, for example:

- whether you can manage your money in order to have enough to do your shopping
- whether you can plan what shopping you need
- whether you can check use-by dates on food
- whether you can turn your cooker or microwave on.

The assessor must look at all of 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 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**

At the assessment stage, the care professional must ignore any help you get from a friend or relative to achieve the care outcomes – they should just be looking at what you can and cannot achieve by yourself.

**If you have fluctuating needs**

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 C

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

Looking at your wellbeing

The assessor doesn’t just look at what care outcomes you can’t achieve. They must also consider and discuss whether the inability to achieve these things has a significant impact on
your wellbeing. See chapter 7 for examples of what is meant by wellbeing.

You will usually be the best judge of your own wellbeing and need for care and support, and the council must take this into account. So if being able to continue doing something or doing it in a particular way is important to you, make sure you tell the assessor.

The assessment must consider whether there is care and support which can help you achieve what you want to. For example, you may not be able to get around your home safely but may not want to move house. The assessment must look at whether anything might let you stay in your home safely – for example, adaptations or equipment.

### 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 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 in communicating or understanding information, you may be entitled to have an independent advocate to help you – see chapter 4.

**Things to remember when having a care needs assessment**

- Find out in advance what’s going to happen and what you’ll be asked, so you can prepare.

- 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 more capable than you really are.

- 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.

- Bear in mind the eligibility criteria (see chapter 7) and focus on the things that will make a difference as to whether you’re assessed as eligible for help or not.

- 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 12).

- 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).
Good to know

If you think you might move to a new area to be nearer family or friends, make sure you tell the assessor and ask them to note this in your assessment now as a need. However, your council may still decide your choice is out of preference, not need. If care is more expensive in the new area, you might then have to pay the difference. For information on moving to a new area, see our factsheet Paying care home fees or Getting a financial assessment for care at home.
7. Do I qualify for support?

How the council decides if you qualify

The council uses national eligibility criteria to work out if you qualify for support.

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 6?
- 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 (eg whether you have a need for more social contact)
- your physical and mental health and emotional wellbeing
- your safety
- your economic wellbeing (eg 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.
It may be decided 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 judgment on 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.

**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 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.
8. After your assessment

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 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. 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.

If you’re choosing home care services yourself, see our factsheet Getting care services at home for more information. If you’re choosing a care home, see our guides How to find the right care home and Paying for your care.
If you qualify for support

If your assessment finds your care needs do 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. 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:

1. 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 for your care in the same way as they would
for someone who is entitled to council help to pay for their care. However, the council can charge you an arrangement fee.

2. 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, they can’t charge an arrangement fee for this.

3. 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?**

If you do qualify for council support, the council can charge you for most of the care and support they provide, but must provide certain things free of charge. These include:

- adaptations to your home that cost less than £1,000 each, or equipment to help with daily living
- intermediate care and reablement designed to help you recover and maintain or regain your independence at home, provided for up to six weeks.

Even if the council is entitled to charge for your care, it can’t charge anyone else, such as your partner or someone you live with.

To decide how much you should contribute towards the cost of your care and support services, social services will need to assess your income and capital. This is known as the financial assessment. There are different rules about charging, depending on whether you’ll be receiving care at home or moving to a care home.
For information about the financial assessment for care in your own home, read our factsheet *Getting a financial assessment for care at home*.

For information about the financial assessment for care in a care home, read our factsheet *Paying care home fees*. 
10. Personal budgets and direct payments

What is a personal budget?

If you meet the qualifying criteria, your council has a duty to make sure your social care needs are met. To do this it must work out the cost of meeting your needs – your personal budget.

Everyone who qualifies for financial help from the council has a legal right to be told what their personal budget is. The personal budget includes:

- any amount that the financial assessment found you would have to pay towards your care
- any amount that the financial assessment found the council must pay towards your care.

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.

Direct payments

If you’ll be receiving care at home and the council will be paying some or all of the money in your personal budget, you may be able to receive direct payments from the council. 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. It isn’t possible to receive direct payments if you’ll be moving into a care
home permanently, except in a few areas in the country.

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.

For more information, see our factsheet Social care: ways to use your personal budget.
11. 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 pay you a direct payment so you can do so yourself.

You must be fully involved in putting this plan together. The council must also involve your carers and anyone else you request to be involved.

You may be entitled to help from an independent advocate (see chapter 4).

Good to know

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.
What should be in your plan

The care and support plan must always include:

- 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 ‘outcomes’), and with your wellbeing
- what your personal budget is
- how to stop your needs getting any worse, if relevant. For example, details of a relevant local organisation that could support you
- whether any of your needs are being met by a direct payment (see chapter 10), 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.

Councils are not limited to meeting your eligible needs in set ways. They might:

- provide a care worker to visit you at home
- offer counselling
- help with your accommodation
- tell you about a free charitable service that can help you.

**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 an amendment.

Sometimes a care and support plan has a section for you and the assessor to sign. If you sign it, the council may say this shows you agreed with
the plan. 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 it is 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).

**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, including (where possible) how much they cost.

The types of services recommended 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.

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 10).

If 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 (see page 9).
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.
12. 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 is to make sure it is working well and you are safe. Your plan should then be reviewed at least once a year.

Social services must tell you about your review because they 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).

A review might be carried out in a number of ways – for example, face-to-face, over the phone, or as a self-review. The way the review is carried out should, wherever possible, be agreed with you. A review should be suited to your situation; it may make some small changes or it may identify that you need a full reassessment.

You should be told in advance what areas your review will cover. These should include:

- Have your circumstances or needs changed?
• Is your personal budget still enough to meet your needs?

• Are there new goals (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 reason 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 request one, as long as your request is reasonable. For example, you might ask for a review because your care worker hasn’t been given enough time to do everything they are supposed to, such as if they have been employed for two hours a day but it takes four hours to provide the care you need.
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 staff visiting 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 major 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. This can give you more control over which services you receive and when you receive them. Contact us for more
Mental capacity and refusing services

If you don’t have the mental capacity to accept the care and support on offer, the council will have to decide whether it’s in your best interests to receive it. 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.

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.
14. What can you do if something goes wrong?

There are a number of parts of the process you might experience problems with. For example:

- 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 high 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 what can you do?
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 is 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 is 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, the relevant type is likely to be 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.
More information, including about how the time limits work, can be found in our factsheet *Complaints about care and health 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, 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 (0345 4 345, gov.uk/civil-legal-advice). You could also visit find-legal-advice.justice.gov.uk to find a solicitor.
Our publications cover England only. While we make every reasonable effort to ensure that our information is accurate at the time of publication, information can change over time. Our information should not be used as a substitute for professional advice. Independent Age does not accept any liability for any loss, however caused, arising from the use of the information within this publication. Please note that the inclusion of other organisations does not constitute an endorsement from us.

The sources used to create this publication are available on request. Contact us using the details below.

**Thank you**

Independent Age would like to thank those who shared their experiences as this information was being developed, and those who reviewed the information for us.
How did we do?

To tell us what you think of our information, contact us using the details below. We will use your feedback to help us plan future changes to our publications.

If you would like to be involved in helping us to develop our information products, you can join our Readers Panel. For more information visit independentage.org/readers-panel or call us.

Other formats

If you need this information in a different format (such as audio CD), please contact us.