

Care: Care and Support at Home

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. Whatever the reason for needing it there is a myriad of help, care and support available if you know where to turn to get it.

This factsheet will attempt to point you in the right direction to help you understand the system and make the right decisions to help you live safely and independently.



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 a professional 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 community care 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. Alternatively, if you can afford it, there are also independent agencies that can do this privately.

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. Sadly, many local authorities on tight budgets can only provide care to those people who have substantial or critical needs so it is a good idea to ask them to describe what procedures, priorities, and rules they use to decide whether they will provide services, and if they will help to pay for them. Ask them to explain about how their rules apply to your situation.

There are no national eligibility criteria for community care services, but there is government guidance, on which each council must base its services on. Details of the services that your council provides should be available from the local council offices or in most cases available on their website. Your GP's surgery or local Age Concern should also be able to help you understand the local eligibility criteria and how to access services.

The assessment is the first stage in getting the help and support you might need and must be carried out by your local council before they can provide or arrange any services for you. Even if you will be arranging for and paying privately for your care it is still a good idea to have a proper 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, any other professional worker or a friend or relative, with your permission can contact social services on your behalf.

The assessment that follows would normally be carried out by a social worker or care manager who will decide whether you require any care services or support and whether you fit their eligibility criteria for those services.

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. Again, there are no set rules for calculating how much the council can charge for services but there is national guidance the council must adhere to.

The three stages of an assessment

There are three stages of the assessment process:

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 eligibility criteria it has set for community care services. Sadly, in some areas, because of budgetary constraints services may be restricted and made available only to the most needy.

Stage 3 A 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 behalf, providing they have your 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. These targets are usually published in the local 'Better care, higher standards' charter.

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

Government guidance issued to councils states that assessments should be carried out under what is known as the 'Single Assessment Process' (SAP). This means that you should only have one assessment covering both your health and social care needs, although the assessment may be spread over several visits to your home.

The SAP was set up so that staff from different backgrounds could work together to ensure that you receive the best possible care and support from different departments without having duplicate assessments from different staff.

The type of assessment you have will depend your needs in England and Wales there are four different types:

A **contact assessment** is likely to be the first contact between you and the local council and is the point at which basic personal information is gathered. It also identifies if a further assessment is needed. Sometimes this may be carried out over the telephone or you may have to complete a form. If it is decided that you have further needs or are in any way at risk an overview assessment will be arranged.

An **overview assessment** looks in more depth at the different aspects of your daily life and would normally involve a social worker or care manager visiting your home. This may then lead to the need for a further assessment by a specialist worker (specialist assessment) or a very detailed assessment (comprehensive assessment).

A **specialist assessment** is carried out by a specialist worker, such as an occupational therapist, who may assess your need for specialist equipment or alterations to your home.

A **comprehensive assessment** is a very detailed assessment, which requires input from a number of other departments, possibly including the NHS, housing department and any relevant voluntary organisations.

In Scotland, the assessment process is similar and is called the 'Single Shared Assessment Process' which also sets out four types of assessment – simple assessment, comprehensive assessment, specialist assessment and self-assessment. More information is available from the Scottish Executive on www.scotland.gov.uk/topics/Health/care/JointFuture/SSA.

In Northern Ireland, your local Health and Social Services Board will explain the assessment process in their area. To find information about devolved services in Northern Ireland look at www.direct.gov.uk. To find information about Health and Social Services Boards look at www.onlineni.net.

The scope of the assessment

During the needs assessment, different areas of your life should be considered including:

- Your views on 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).

In England and Wales, there are four priority levels for the help that could be provided for your relative. These are outlined in 'Prioritising need in the context of *Putting People First*', which is a framework provided by the Department of Health in England to councils for setting eligibility criteria for adult social care. The guidance advises councils to prioritise the needs of people according to the immediate and longer-term risk to them if their needs are not met. The guidance also gives local councils discretion over the level of need and risk they meet. The level of need that each council meets is decided by local councillors and depends on the council's resources. Recent reports suggests that many councils only provide services to those people whose needs are critical or substantial leaving those with moderate or low needs to rely on family or friends, pay for their care and support privately or do without.

Critical need

These are the most serious and extreme circumstances. There may be a risk to life and/or a high risk that the person will not be able to remain in their current accommodation. Such people, due to their condition, may be unable to protect themselves from the risk of serious accident or harm, including self-harm. Support is needed to prevent the development of an avoidable health condition or to prevent such a condition becoming worse. There may be a risk where even the most basic essential tasks cannot be carried out. This may be an immediate problem or one very likely to occur without urgent intervention. Critical need is when one or more of the following occur:

- Life is, or will be threatened; and/or
- Significant health problems have developed or will develop; and/or
- There is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- Serious abuse or neglect has occurred or will occur; and/or
- There is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- Vital involvement in work, education or learning cannot or will not be sustained; and/or
- Vital social support systems and relationships cannot or will not be sustained; and/or

- Vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial need

These are circumstances where there is a significant level of need and the majority of normal day-to-day activities are affected. There is a substantial risk to the person or others now or in the foreseeable future and without the provision of support a critical risk will develop. Substantial need is when:

- There is, or will be, only partial choice and control over the immediate environment; and/or
- Abuse and neglect has occurred, or will occur; and/or
- There is, or will be, an inability to carry out the majority of personal and domestic routines; and/or
- Involvement in many aspects of work, education or learning cannot, or will not, be sustained; and/or
- The majority of social support systems and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Moderate need

These are circumstances that affect some normal day-to-day activities and cause some concern. Moderate need is when:

- There is, or will be, an inability to carry out several personal care or domestic routines; and/or
- Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- Several social support systems and relationships cannot or will not be sustained; and/or
- Several family and other social roles and responsibilities cannot or will not be undertaken.

Low need

Although there may be areas of need and normal life is being affected, the majority of day-to-day activities are still possible and the person has most support systems in place. Low need is when:

- There is or will be an inability to carry out one or two personal care or domestic routines; and/or
- Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- One or two social support systems or relationships cannot or will not be sustained; and/or
- One or two family and other social roles and responsibilities cannot or will not be undertaken.

To find out more about government guidance on setting and applying eligibility criteria for England see: www.dh.gov.uk/en/Publicationsandstatistics/Publications.

For Wales: <http://new.wales.gov.uk/publications/circular>. For Scotland: www.scotland.gov.uk/topics/Health/care/JointFuture/Publications/Guidance

Preparing for an Assessment

There are many ways that you can 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, as a minimum 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. Factsheet 7 explains about the charging structure and direct payments for home care

The support that 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 the 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 you 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 legitimately offer the cheapest option. Some councils set a limit on the amount of care they will provide or arrange before suggesting you relative should move into a care home. However, the Government's FACS guidance reminds local councils to '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 No. 7 Finance: Funding Care at Home

About FirstStop Financial Advice

As part of FirstStop Advice, we have selected a panel of Care Fees Advisers who specialise in care funding and can help you fully understand your entitlements from the State and provide financial advice on care plans and other options available to you for meeting your care costs and, as far as possible, preserve your capital and savings. If you would like your local Care Fees Adviser to contact you please complete the form on the next page and send it to the address given, or complete it on line at www.firststopadvice.org.uk, or call the advice line if you need help completing it.

FirstStop Advice is provided jointly by some of the most trusted and respected advice organisations in the UK, with a particular focus on the needs of older people's affairs. FirstStop Advice will receive a portion of any revenue generated as a result of business conducted through the FirstStop Financial Advice Service.

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