

Know your rights: social care (England)

There are things your local authority must do if you have, or are wondering if you may have, care and support needs.

The social care system in England can help provide a range of services to support people, such as care in a residential home, care in your own home, or access to living aids and home adaptations to help you remain independent. Social care services are different to healthcare services – whilst healthcare is provided free-of-charge by the NHS, social care is provided by local authorities, who can charge for the services.

Whether you qualify for this support depends on your level of need. If you do qualify for support, your local authority will then assess your financial circumstances to identify whether they will pay for some or all of your care. Some support, such as living aids and minor home adaptations, is available free of charge for those who have eligible care needs.

We want you to know your rights; what you are entitled to, and what your local authority should be providing.

Getting information and support

Your local authority must provide you with information and advice about the care services available in your area. This should be available in a format that is easily accessible to you.

This information should include:

- how the local authority works in your local area
- what types of care and support are available in your local area
- what care providers are available in your local area
- how you can access care and support services in your local area
- how you can access independent financial advice (in terms of meeting your needs for care and support)
- how you can raise concerns about the safety or well-being of an adult who has needs for care and support.¹

¹ Department of Health and Social Care (2016). Guidance: Care Act fact sheets; Fact sheet 1. <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-1-general-responsibilities-of-local-authorities-prevention-information-and-advice-and-shaping-the-market-of-care-and-support-services>

Getting your needs assessed

A needs assessment will determine whether you qualify for care and support services to be provided by your local authority. It will also say what your needs are.

If you request a needs assessment, or if a third party (for example, your GP) refers you to your local authority for a needs assessment, your local authority must provide you with one.

The assessment must look at:

- the impact your needs have on your well-being
- what you want to achieve in day-to-day life, and whether, and to what extent, receiving care and support can help you achieve this.²

The assessment must involve:

- you
- any carer you might have
- any other adult you ask the local authority to involve³
- a representative from the local authority.

You are eligible for a local authority to meet your needs for care and support if:

- your needs arise from a physical or mental illness. You do not have to have a specific diagnosis to be eligible for support.
- Your needs mean that you are unable to achieve two or more of the following daily activities:
 - managing and maintaining nutrition
 - maintaining personal hygiene
 - managing toilet needs
 - being appropriately clothed
 - keeping your home clean and tidy enough to live in
 - developing and maintaining family or other personal relationships
 - accessing and engaging in work, training, education or volunteering
 - making use of necessary facilities or services in the local community including public transport, and recreation facilities or services
 - carrying out any caring responsibilities you have for a child.⁴
- your needs have a significant impact on your well-being.⁵

² Department of Health and Social Care (2016). Care and support statutory guidance 2017. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#first-contact-and-identifying-needs>

³ Department of Health and Social Care (2016). Care and support statutory guidance 2017. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#first-contact-and-identifying-needs>

⁴ Department of Health and Social Care (2014). The care and support (eligibility criteria) regulations 2014. <http://www.legislation.gov.uk/ukdsi/2014/9780111124185>

⁵ Department of Health and Social Care (2014). The care and support (eligibility criteria) regulations 2014. <http://www.legislation.gov.uk/ukdsi/2014/9780111124185>

Covering the costs

If the assessment confirms that you have care and support needs, your local authority must determine who is responsible for meeting these.

The different types of care and support will fall into one of two categories:

- means-tested support (your income and assets determine who will cover the costs)
- free support (your local authority should cover the costs in all cases).

Means-tested support

For services such as care in a residential care home or nursing home, or care provided in your own home, the local authority will conduct a financial assessment to find out who should pay for your care and support; you or the local authority.

Your annual income/assets	Who covers the cost?
More than £23,250	You will have to cover the full cost.
Between £14,250 and £23,250	The cost will be split between you and your local authority.
Below £14,250	Your local authority will cover the full cost. ⁶

Please note: unless included in the list of free support (see below), all other care and support will be means tested.

Free support

There are some care and support services that local authorities must provide for free, to anyone with an eligible care need regardless of their financial circumstances. These are:

- aids (of any value) and minor adaptations (costing £1000 or less per adaptation) that help you maintain independence in the home
- intermediate care, including reablement care (this is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury), which must be provided free of charge for up to 6 weeks
- care and support for people with Creutzfeldt-Jakob Disease
- aftercare services and support provided under section 117 of the Mental Health Act 1983
- any service or part of a service which the NHS contribution is under a duty to provide including continuing health care and the NHS contribution to registered nursing care.⁷

⁶ Department of Health and Social Care (2017). Care and support statutory guidance. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#charging-and-financial-assessment>

⁷ Department of Health and Social Care (2014). Care and support statutory guidance. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#first-contact-and-identifying-needs>

Appealing a decision

If you're unhappy with decisions made regarding your care and support needs, you can appeal directly to your local council and ask them to review their decision.

If you do appeal to your local council, and you're still not happy with their decision, you can complain to the [Local Government Ombudsman](#).

For more information and advice, you can contact our helpline: **0800 5200 520**

Help us improve the system

We are campaigning to improve people's access to care and support. We want to ensure that more people with arthritis know about, and can benefit from, the services that are available to them. If you'd like to be involved in helping us do this, you can join our [Campaigns Network](#) where you will receive approximately one email a month letting you know what we're up to and how you can get involved.

If you've had experience of applying for care and support with your local council and would like to share your story with us, you can email campaigns@versusarthritis.org

What are aids and adaptations?

Your needs assessment will look at whether you need aids and adaptations to help you remain independent in the home.

Aids help people to manage everyday tasks such as bathing, dressing, and cooking.

Adaptations are more substantial additions or alterations that primarily help someone to move freely around their home. An adaptation can be minor (costing less than £1000) or major (costing more than £1000).

On the next page are some examples of aids and adaptations (minor and major) used by people with arthritis:

Aids	Adaptations
<p>For dressing: shoehorns, boot grips, knee supports.</p> <p>For the kitchen: soft or wide handled cutlery, adapted kettles, two-handled saucepans, dishwashers, microwaves, electric can openers, food processors.</p> <p>For resting and standing: perching stools, banisters, rails or handles, high stools.</p> <p>For assisting with housework: 'grabbing' tools, a trolley for moving items, upright vacuum cleaners, lever handles on doors, touch lamps.</p> <p>To help with washing: tap turners/lever taps, bath seats, raised toilet seats, shower seats, seat adjusters.</p> <p>For staying mobile around the home: portable ramps, slide sheets, soft knee pads, wheelchairs.</p> <p>For sleeping: adjustable beds, beds that raise you up, hot water bottles, gloves to reduce pain when sleeping, specialist mattresses.</p>	<p>To help with mobility around the home: automatic doors for wheelchairs, doorways widened for wheelchair access, fixed ramps, graded/sloping front drive, stair lifts, wheelchair lifts.</p> <p>To help with bathing: baths with built-in handles, fixed hoists, major permanent bathroom changes (for example a walk-in bath/wet room).</p>