Health and social care rights

Explains your rights to social care, and how this differs from healthcare. Includes information on eligibility, needs assessments, financial assessments, and how local authorities may meet your needs. Applies to England and Wales.

Contents

Overview ........................................................................................................................................ 4
  Healthcare overview .................................................................................................................. 4
  Social care overview .................................................................................................................. 5
  Please note .................................................................................................................................. 6
Terms you need to know ............................................................................................................. 6
About healthcare .......................................................................................................................... 10
  What is healthcare? .................................................................................................................... 10
  Who provides healthcare? ......................................................................................................... 11
  What are primary, secondary and tertiary care? ....................................................................... 11
  Where is healthcare provided? .................................................................................................... 11
Healthcare rights and choices ...................................................................................................... 11
  What are my healthcare treatment rights? ............................................................................... 12
  What choices can I make about my primary care? ................................................................... 12
  What choices can I make about my secondary care? ................................................................. 13
About continuing healthcare ...................................................................................................... 15
  What is continuing healthcare (CHC)? ..................................................................................... 15
  Who qualifies for CHC? .............................................................................................................. 15
  What is the preliminary assessment? ......................................................................................... 15
  What is the full assessment? ..................................................................................................... 16
Care and support planning

Eligibility for social care

Social care needs assessments

About social care

What will the review focus on?
How is a review carried out?
Will my care and support plan be reviewed?
Can my care and support plan be connected to other plans?
What will my care and support plan cover?
What if I lack capacity to make care and support planning decisions?
How will I be involved in the care and support planning process?

What is care and support planning?
Can the local authority provide care and support if I don’t meet the eligibility criteria?
What happens after my assessment?
Can the local authority provide care and support if I don’t meet the eligibility criteria?
What happens after my assessment?

Are my needs eligible for social care support?
What are the eligibility criteria in England?
What are the eligibility criteria in Wales?
What happens after my assessment?
Can the local authority provide care and support if I don’t meet the eligibility criteria?

Care and support planning

What is care and support planning?
How will I be involved in the care and support planning process?
What if I lack capacity to make care and support planning decisions?
What will my care and support plan cover?
Can my care and support plan be connected to other plans?
Will my care and support plan be reviewed?
How is a review carried out?
What will the review focus on?

Can I challenge the decision if I’m not eligible for CHC?

About social care

What is social care?
Who is entitled to social care?
Who provides social care?
How do I access social care?
Where can I get information and advice about social care?
Will I have to pay for social care?
Where can I get information and advice about social care?
I’m a carer – do I have rights to social care?

Social care needs assessments

What is a social care needs assessment?
When must the local authority assess me?
How quickly will I be assessed?
How is the assessment carried out?
What if my needs change from day to day or month to month?
What will I be asked about at a needs assessment?
How will I be involved in my assessment?
How can I prepare for my assessment?
Can I refuse to be assessed?

Eligibility for social care

Are my needs eligible for social care support?
What are the eligibility criteria in England?
What are the eligibility criteria in Wales?
What happens after my assessment?
Can the local authority provide care and support if I don’t meet the eligibility criteria?

Care and support planning

What is care and support planning?
How will I be involved in the care and support planning process?
What if I lack capacity to make care and support planning decisions?
What will my care and support plan cover?
Can my care and support plan be connected to other plans?
Will my care and support plan be reviewed?
How is a review carried out?
What will the review focus on?

Can I challenge the decision if I’m not eligible for CHC?

About social care

What is social care?
Who is entitled to social care?
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What are the eligibility criteria in England?
What are the eligibility criteria in Wales?
What happens after my assessment?
Can the local authority provide care and support if I don’t meet the eligibility criteria?

Care and support planning

What is care and support planning?
How will I be involved in the care and support planning process?
What if I lack capacity to make care and support planning decisions?
What will my care and support plan cover?
Can my care and support plan be connected to other plans?
Will my care and support plan be reviewed?
How is a review carried out?
What will the review focus on?
What happens after the review? ................................................................. 33
What support could my local authority provide? ..................................... 34
When should a local authority meet my needs for care and support? ........... 34
How can the local authority meet my needs? .......................................... 35
What is a personal budget? (England only) ............................................ 35
What are direct payments? .................................................................... 35
Who can get direct payments? ................................................................ 36
Can I get any support with direct payments? ........................................... 36
Are there any things I can’t get as social care and support? ..................... 37
What happens if I move to a different local authority area? ....................... 37
What does the financial assessment mean? ............................................. 38
What is a financial assessment? ............................................................. 38
What does the financial assessment consider? ....................................... 38
How much will I need to contribute from my capital? ............................ 39
How much of my income do I have to pay? ............................................ 40
Do I need to have a financial assessment? ............................................. 41
Are any services free? ........................................................................... 41
What is safeguarding in social care? ....................................................... 41
What is safeguarding? ........................................................................... 41
Who do the safeguarding duties apply to? .............................................. 41
What do abuse and neglect mean? ....................................................... 42
What safeguarding duties does the local authority have? ......................... 42
What happens after an enquiry? ............................................................. 43
What is a 'safeguarding adults board'? ................................................... 43
What are my rights as a carer? ............................................................... 43
Am I a 'carer'? ...................................................................................... 44
What social care rights do I have as a carer? .......................................... 44
What is a carer’s assessment? ............................................................... 44
What are the eligibility criteria for carers? ............................................. 45
What happens if I’m found to have eligible needs? ................................. 46
Can carers be charged for support? ...................................................... 46
Useful contacts ..................................................................................... 46
Overview

If you have a mental health problem, sometimes you might need health or social care support. It’s important to know that you have rights about the health and social care support you receive.

What's the difference between 'healthcare' and 'social care'?

There's no legal definition of healthcare or social care. However, some NHS guidance says:

- A healthcare need is related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs.

- A social care need is focused on providing assistance with:
  - the activities of daily living
  - maintaining independence
  - social interaction
  - enabling the individual to play a fuller part in society
  - protecting them in vulnerable situations
  - helping them to manage complex relationships
  - and (in some circumstances) accessing a care home or other supported accommodation.

It can sometimes be difficult to say whether a service you receive is health or a social care. But it matters because healthcare is generally provided free under the NHS, whereas social care is provided by local authorities, who can charge for it.

Healthcare overview

- Healthcare means the services provided to you to maintain and improve your health. Most types of healthcare provided by the NHS are free at the point of delivery to UK residents.

- You have certain rights regarding the healthcare treatment you receive. This includes not being discriminated against, getting information about your treatment and being able to see your medical records. You also generally have the right to give consent before receiving treatment, and to refuse treatment (except in certain situations).

- You have rights to make choices about the healthcare you receive. This includes choosing your GP practice, doctor or nurse, accessing healthcare if you are homeless, and changing hospital.

- Some people may be eligible for a package of care called continuing healthcare (CHC). This is for people who are not in hospital and have been assessed as having a 'primary health need' (this means that your main need must relate to your health). Continuing healthcare can be provided in your own home or in a care home.
Social care overview

- **Social care services** can help you if you need practical help and support because of your illness, disability or age. Social care services are provided by your local authority, though you may have to pay for it.

- The first stage in getting any social care is for the local authority to assess your needs, called a **needs assessment**. This is so the local authority can gain a full picture of your care and support needs, so that they can make informed decisions about whether you're eligible for support.

- You will only get social care support if your needs meet the **eligibility criteria**. When deciding this, your local authority will look at what kind of health problem causes your needs for care and support, whether your needs affect your ability to do things, and how they affect your day-to-day living.

- If the local authority has decided that you have eligible needs, then it will **plan your care and support** with you. You should be involved in the planning process, and the plan should meet your needs and achieve the outcomes that you want.

- The local authority can **meet your needs** for care and support in different ways – for example, providing you with accommodation, care and support at home, counselling or advocacy. If you want to sort out your own care and support, you can ask your local authority to make **direct payments** to cover the cost.

- If the local authority provides you with support, it must **assess your financial circumstances** and decide whether you need to pay for some of the cost. The assessment will look at your income and your capital, and whether you're in a care home or not.

- **Safeguarding** means protecting your right to live in safety, free from abuse and neglect. Local authorities have a legal duty towards people who are experiencing or are at risk of abuse and neglect. If the local authority thinks you're at risk, and you're in its area, then it must make enquiries to decide what action should be taken.

- An **advocate** can help you understand your rights, express your views and wishes, and help make sure your voice is heard. If you have difficulty being involved in decisions about your care and support, then your local authority must provide you with an advocate, unless there is someone else suitable to support you.

- If you're a carer, you may also have **carer’s rights to social care support**. The law is similar to that relating to other adults' social care rights, in that you'll have an assessment, the local authority will decide whether your needs meet the eligibility criteria, and a support plan of your eligible needs will be prepared.

- If you're unhappy with a health or social care service you've received, you can complain. See our legal pages on **complaining about health and social care** for information about how to do this.
Please note

- This guide covers health and social care from the point of view of a person with a mental health problem.
- This guide applies to England and Wales.
- The legal information in this guide does not apply to children unless specifically stated.
- This guide contains general legal information, not legal advice. We recommend you get advice from a specialist legal adviser or solicitor who will help you with your individual situation and needs. See Useful contacts for more information.

## Terms you need to know

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>Advocate</td>
<td>An advocate is a person who can both listen to you and speak for you in times of need. Having an advocate can be helpful in situations where you are finding it difficult to make your views known, or to make people listen to them and take them into account. See our pages on advocacy for more information.</td>
</tr>
<tr>
<td>Authorised person</td>
<td>An authorised person is:</td>
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<tr>
<td></td>
<td>- someone who is authorised under the Mental Capacity Act 2005 to act for you, such as a deputy or someone acting under a personal welfare lasting power of attorney, or</td>
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<tr>
<td></td>
<td>- someone who is considered suitable by a person authorised under the Mental Capacity Act 2005, or</td>
</tr>
<tr>
<td></td>
<td>- if there is not a person authorised under the Mental Capacity Act 2005, someone who the local authority considers is suitable</td>
</tr>
<tr>
<td></td>
<td>See our pages on the Mental Capacity Act for more information.</td>
</tr>
<tr>
<td>Capacity</td>
<td>‘Capacity’ means the ability to understand information and make decisions about your life. Sometimes it can also mean the ability to communicate decisions about your life.</td>
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<tr>
<td></td>
<td>If you do not understand the information and are unable to make a decision about your care, for example, you are said to lack capacity.</td>
</tr>
<tr>
<td></td>
<td>See our pages on the Mental Capacity Act for more information.</td>
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<tr>
<td>Care Act 2014</td>
<td>This is the law that governs social care in England.</td>
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</table>
| **Care and Treatment Planning (CTP)** | Care and Treatment Planning is a way that secondary mental health services are assessed, planned, coordinated and reviewed for someone that lives in Wales. It comes from a law called the [Mental Health (Wales) Measure 2010](https://www.gov.uk/guidance/mental-health-wales-measure-2010). Secondary mental health services include the community mental health team (CMHT), assertive outreach team and early intervention team. You should get:

- a full assessment of your health and social care needs
- a care plan
- regular reviews
- a care coordinator who will be responsible for overseeing your care and support.

See our pages on [leaving hospital](https://www.mind.org.uk/leaving-hospital) for more information. |
| **Carer's assessment** | This is an assessment for carers, to find out what their needs for support are. |
| **Care Programme Approach (CPA)** | The Care Programme Approach is a way that secondary mental health services are assessed, planned, coordinated and reviewed for someone that lives in England. Secondary mental health services include the Community Mental Health Team, Assertive Outreach Team and Early Intervention Team. You should get:

- a full assessment of your health and social care needs
- a care plan
- regular reviews
- a care coordinator who will be responsible for overseeing your care and support.

See our pages on [leaving hospital](https://www.mind.org.uk/leaving-hospital) for more information. |
| **Clinical commissioning group (CCG)** | CCGs are groups of GP practices and other healthcare professionals and bodies that are responsible for commissioning most health and care services for patients. They have replaced Primary Care Trusts (PCTs) in England. |
| **Code of Practice to the Care Act** | This is [published guidance](https://www.gov.uk/guidance/code-of-practice-to-the-care-act) that tells local authorities how they should meet their legal obligations under the Care Act and the regulations under it. Local authorities must |
follow it, unless they can show a legal reason why they can't.

You might also sometimes see it referred to as the 'Care and support statutory guidance', or the 'Statutory guidance issued under the Care Act 2014'.

<table>
<thead>
<tr>
<th>Code of Practice under the Social Services and Well-being (Wales) Act 2014</th>
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<tbody>
<tr>
<td>There are seven Codes of Practice which are guidance to local authorities and local health boards on how they should meet their obligations under the Social Services and Well-being (Wales) Act 2014.</td>
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<td>Local authorities and local health boards must follow the guidance in the Codes of Practice unless they can show legal reasons why they can't.</td>
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<th>Continuing healthcare (CHC)</th>
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<tr>
<td>This is a package of care for people who are not in hospital and have been assessed as having a 'primary health need' (this means that your main need must relate to your health). You don't have to pay anything for CHC – it's arranged and paid for by the NHS.</td>
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<tr>
<th>Disability discrimination</th>
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<tr>
<td>This is when someone is treated worse because of their physical or mental health condition.</td>
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<tr>
<td>For more information, see our pages on disability discrimination.</td>
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<tr>
<th>Healthcare</th>
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<tr>
<td>There's no legal definition of healthcare. However, the National Framework for NHS Continuing Healthcare says that a healthcare need is related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs.</td>
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<th>Local health board (LHBs)</th>
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<tr>
<td>These are organisations in the health service in Wales that have been set up to develop and provide health services based on the needs of the local community.</td>
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<th>Mental Health Act 1983</th>
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<tr>
<td>This is a law that applies to England and Wales which allows people to be detained in hospital (sectioned) if they have a mental illness and need treatment. You can only be kept in hospital if certain conditions are met.</td>
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<tr>
<td>See our pages on the Mental Health Act for more information.</td>
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<tr>
<th>Mental Health (Wales) Measure 2010</th>
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<tr>
<td>This is a law that applies to Wales. It sets out the support that people living in Wales should receive from primary and secondary mental health services.</td>
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<tr>
<th>Needs assessment</th>
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<tr>
<td>This is the first stage in getting any social care. The local authority will assess your needs to gain a full picture of what kinds of care and support needs you have, and use</td>
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</table>
this to make informed decisions about whether you're eligible for support.

| Primary care | This is often the first point of contact for people in need of healthcare. It's provided by professionals such as GPs, dentists and pharmacists. |
| Protected characteristics | 'Protected characteristics' is the name for the nine personal characteristics that are protected from discrimination under the Equality Act. The protected characteristics are:  
  - age  
  - **disability** (this can include mental health problems)  
  - gender reassignment  
  - marriage and civil partnership  
  - pregnancy and maternity  
  - race  
  - religion or belief  
  - sex  
  - sexual orientation. For more information, see our pages on [disability discrimination](#). |
| Safeguarding | In social care, safeguarding means protecting your right to live in safety, free from abuse and neglect. Local authorities have duties under the law towards people who are experiencing or are at risk of abuse and neglect. |
| Safeguarding adults board | All local authorities must have a safeguarding adults board. Their purpose is to:  
  - help and protect adults at risk in their areas  
  - conduct safeguarding adult reviews.  
  A safeguarding adults board is made up of:  
  - the local authority itself  
  - the local clinical commissioning group  
  - a senior police officer from the local constabulary. Other people, such as GPs and members of user, advocacy or carers groups, can also be invited to attend some meetings. |
| Secondary care | These are healthcare services which generally will need a referral from a GP. Examples of secondary mental health services include:  
  - hospitals  
  - community mental health teams (CMHTs) |
<table>
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<tr>
<th>Section</th>
<th>Being 'sectioned' means that you’re kept in hospital under the Mental Health Act. There are different types of sections, each with different rules to keep you in hospital. The length of time that you can be kept in hospital depends on which section you're detained under. See our pages on sectioning for more information.</th>
</tr>
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</table>
| Social care | There's no legal definition of social care. However, the National Framework for NHS Continuing Healthcare says that a social care need is focused on providing assistance with:  
  - the activities of daily living  
  - maintaining independence  
  - social interaction, enabling you to play a fuller part in society  
  - protecting you in vulnerable situations  
  - helping you manage complex relationships  
  - (in some circumstances) accessing a care home or other supported accommodation. |
| Social Services and Well-being (Wales) Act 2014 | This is the law that governs social care in Wales. |
| Tertiary care | Tertiary care is highly specialised healthcare treatment, such as secure forensic mental health services. |

## About healthcare

- [What is healthcare?](#)
- [Who provides healthcare?](#)
- [What are primary, secondary and tertiary care?](#)
- [Where is healthcare provided?](#)

### What is healthcare?

Healthcare means the services provided to you to maintain and improve your health. This involves preventing, diagnosing and treating mental and physical illnesses, diseases and injuries.
Healthcare provided by the NHS is free at the point of delivery to UK residents, apart from certain things, such as dental care and eye tests. In Wales prescriptions are also free. In England prescriptions are free for some, but others have to pay for them. If you live in England it's worth checking on the NHS website to see if you're entitled to free prescriptions.

Who provides healthcare?

Healthcare is provided by the NHS or by private providers. This includes:

- GPs
- hospital doctors
- nurses (for example, community mental health nurses, district nurses or practice nurses)
- clinical psychologists
- psychiatrists
- occupational therapists
- speech and language therapists
- dentists and opticians.

What are primary, secondary and tertiary care?

The NHS is divided into three different types of healthcare:

1. **Primary care** is often the first point of contact for people in need of healthcare. It's provided by professionals such as GPs, dentists and pharmacists.
2. **Secondary care** is services which generally will need a referral from a GP. Examples of secondary mental health services are hospitals, some psychological wellbeing services, community mental health teams (CMHTs), crisis resolution and home treatment teams (CRHTs), assertive outreach teams and early intervention teams.
3. **Tertiary care** is highly specialised treatment such as secure forensic mental health services.

Where is healthcare provided?

Healthcare can be provided in various locations, for example:

- in hospital as an in-patient. This can be as a voluntary patient or an involuntary patient (if you've been sectioned under the Mental Health Act)
- in GP's surgeries or other clinics
- at home or in the community
- in prison.

(See our pages on seeking help for a mental health problem for information on how to access healthcare.)

Healthcare rights and choices
What are my healthcare treatment rights?

You have certain rights about the healthcare treatment you receive:

- **Being free from discrimination.** People or organisations providing healthcare are not allowed to discriminate against you based on protected characteristics like your age, disability, gender, race or religion. To find out more, see our pages on disability discrimination.

- **Getting information about your treatment.** When you're using NHS services, the healthcare professionals and staff must explain things to you in a way that you can understand. You have a right to information about your treatment and local health services.

- **Seeing your medical records.** You have a right to see your medical records. The only exception is where showing them to you would be likely to cause serious mental or physical harm to you or another person. To find out more, see our pages on personal information.

- **Giving consent before receiving treatment.** You have to give your consent (to say 'yes') before any healthcare professional can examine or treat you. They should explain what the treatment is and any risks associated with it. You also have the right to refuse treatment (to say 'no'). However, there are certain situations in which you can be treated without your consent, including:
  - Certain situations when you have been detained under the Mental Health Act (see our legal pages on agreeing to treatment).
  - When your life is in danger, you are unconscious and you can’t explain what you want.
  - When you don’t have the capacity to make a decision about your treatment and the medical professionals believe that treatment is in your best interests (see our legal pages on agreeing to treatment).

If you feel that your healthcare rights haven’t been respected, then you can make a complaint about this. See our legal pages on complaining about health and social care for more information.

What choices can I make about my primary care?

Primary care services are your first point of contact in the healthcare system (such as your GP or pharmacist). You have the right to make certain choices about the primary care you receive:

- **Choosing your GP practice, doctor or nurse.** You have the right to choose which GP practice you register with, and which doctor or nurse to see at that practice.
Exception — the practice doesn't have to accept you if its register is full, or if it doesn't accept patients who live outside of its practice boundary.

- **Accessing healthcare without proof of identity or address.** People who are homeless, vulnerably housed or 'of no fixed abode', asylum seekers, refugees and overseas visitors, whether lawfully in the UK or not, can all register with a GP practice. You don't need to prove identity, address, immigration status or an NHS number to register as a patient, and GPs don't have any contractual requirement to request this. Here's some NHS guidance on how to register with a GP if you are homeless.

- **Primary mental health assessment (Wales).** In Wales, you must be offered a primary mental health assessment if a GP or general practice worker believes that you'd benefit from it. This is a detailed mental health assessment to find out whether local primary mental health treatment or any other local service might improve your mental health or prevent it from getting worse. You shouldn't have to wait more than 28 days for an assessment.

  After the assessment, you should be offered short-term help if this is appropriate. This might be counselling, cognitive behavioural therapy (CBT), solution-focused therapy, family work, online support, stress management, bibliotherapy (therapy involving books) or education. It could be offered individually or through group work. If it seems like a referral to secondary services would be useful, then this should be made for you.

**What choices can I make about my secondary care?**

Secondary care services are those which you generally need a referral from a GP to use (such as hospitals or community mental health teams (CMHTs)). You have the right to make certain choices about the secondary care you receive.

- **Choosing your consultant or specialist.** You have the right to choose where to go for your first appointment as an outpatient if you need to be referred to a consultant or other specialist. You may choose any organisation that provides clinically appropriate care and which clinical team will be in charge of your treatment.

  Exceptions — you don't have the right to choose if you are:

  - a prisoner or detained in an immigration removal centre
  - detained (sectioned) under the Mental Health Act 1983
  - a serving member of the armed forces
  - someone who has been referred to services commissioned or provided by local authorities.

- **Changing hospital.** You have the right to ask to change hospital if you have to wait longer than the maximum waiting times (currently 18 weeks for anything other than specialist cancer treatment). If you need to see a consultant, you can ask to be
referred to a different hospital if you have to wait more than 18 weeks before starting treatment if your treatment is not urgent.

**Exceptions** – you don’t have the right to ask to be referred to a different hospital if:

- the services you are using are not led by a consultant
- you choose to wait longer for your treatment
- delaying the start of the treatment is in your best interest (for example if you first need to lose weight or give up smoking)
- your treatment is no longer necessary.

- **Having a care coordinator and a care treatment plan (Wales).** In Wales, you have the right to a care coordinator who will work with you to help coordinate your care. You also have the right to Care and Treatment Planning. For more information, see our pages on [leaving hospital](#).

- **Re-referring yourself for a secondary mental health assessment (Wales).** In Wales, if you’re over 18 and not currently receiving secondary mental health care, but have received it in the previous three years, then you have a right to re-reference yourself for a further secondary mental health assessment without seeing your GP first. This assessment should be carried out within a reasonable time, and it should identify what secondary mental health services, or other services, might improve your mental health or stop it getting worse.

**Example**

Geoff has a diagnosis of [bipolar disorder](#) and visits his GP to be referred for treatment. His friend, who also has the same diagnosis, has told him that she has been treated by a consultant psychiatrist who has been very helpful to her.

Geoff discusses this with his GP who uses the [NHS e-Referral Service](#) to search for this consultant psychiatrist and find out where she works. Geoff’s GP creates a list for him and gives him log-in details for the service.

At home, Geoff logs into the e-Referral Service and researches the various organisations the psychiatrist works at. He selects one which is fairly close to his home and books an appointment.

Geoff will be treated by his chosen health care specialist or a member of her team at the organisation and location of his choice.

For tips on how to be more involved in any decisions about your healthcare treatment, see our pages on [making sense of your options](#) and [being actively involved](#).
About continuing healthcare

- What is continuing healthcare (CHC)?
- Who qualifies for CHC?
- What is the preliminary assessment?
- What is the full assessment?
- What happens after the full assessment?
- Can I challenge the decision if I'm not eligible for CHC?

What is continuing healthcare (CHC)?

Continuing healthcare (CHC) is a package of care for people who are not in hospital and have been assessed as having a 'primary health need'. You don't have to pay for CHC – it's arranged and paid for by the NHS. However, it's not common for people to receive CHC if they have only mental health problems as opposed to physical health needs.

CHC can be provided in your own home. The NHS might pay for community nurses or specialist therapists to treat you at home, or give you support with things such as bathing, dressing and doing the laundry. CHC may also be provided in a care home with the NHS paying for your care home fees and providing other services such as nursing.

Who qualifies for CHC?

To be eligible for CHC you must:

- be over 18
- be assessed as having a 'primary health need' – this means that your main need must relate to your health
- have substantial and ongoing care needs.

Seeing whether you're eligible for CHC is a two stage process:

1. Preliminary assessment
2. Full assessment

What is the preliminary assessment?

First, you'll have a preliminary assessment of your needs using a checklist. This might be carried out by a doctor or a nurse when you're being discharged from hospital, or by your GP or by a social worker.

**Preliminary assessment checklist**

The checklist covers the following categories (also known as 'care domains'):

- behaviour
- cognition (understanding)
- communication
- psychological/emotional needs
- mobility (ability to move around)
- nutrition (food and drink)
- continence
- skin (including wounds and ulcers)
- breathing
- symptom control through drug therapies and medication
- altered states of consciousness
- other significant needs.

### What is the full assessment?

If the [preliminary assessment](#) shows that you may be eligible for CHC, then you'll have a full assessment. This will be carried out by a multi-disciplinary team, consisting of either:

- two healthcare professionals from different healthcare professions, or
- one healthcare professional and one specialist community care assessor.

The multi-disciplinary team will use a checklist similar to the one used in the [preliminary assessment checklist](#) and score you on how serious your needs are in each of the categories in the checklist.

Because most of the categories considered in the assessment process don't relate to mental health, and because of the way they are scored, people with only mental health problems are rarely considered eligible for CHC, as opposed to those with physical health problems.

### What happens after the full assessment?

The multi-disciplinary team will make a recommendation to your [clinical commissioning group](#) if you're in England or [local health board](#) in Wales about whether you're eligible for CHC. The clinical commissioning group or local health board will write to you to tell you whether you're eligible and give reasons for their decision.

If you are eligible for CHC, the clinical commissioning group or local health board will discuss with you:

- how your care and needs will be managed
- where it will be provided (for example in your own home or a care home)
- which organisation will be responsible for meeting your needs.

### Can I challenge the decision if I'm not eligible for CHC?

Yes – if you have not been found eligible for CHC, you can challenge the decision this way:
1. **Follow the review procedure of the clinical commissioning group that made the decision.** The clinical commissioning group must have its own review procedure which should be publicly available and must be sent to you if you request it.

2. **Apply for an Independent Review Panel.** If the local clinical commissioning group review doesn’t uphold your complaint, you can apply for an Independent Review Panel to review the decision. For more information, see the NHS Continuing Healthcare page.

### About social care

- **What is social care?**
- **Who is entitled to social care?**
- **Who provides social care?**
- **How do I access social care?**
- **Where can I get information and advice about social care?**
- **Will I have to pay for social care?**
- **I’m a carer – do I have rights to social care?**

#### What is social care?

If you need practical help and support because of your illness, disability or age, then social care services can help you. This help and support could be:

- accommodation
- help at home with tasks such as shopping, cleaning and bathing
- day centres
- live-in care services
- transport costs
- counselling
- adaptations to your home
- supporting you if you’re at risk of abuse or neglect (see our page on safeguarding).

Social care services are provided by your local authority, though you may have to pay for it (see our page on financial assessments).

In England, the law on social care is called the **Care Act 2014**, and in Wales it’s the **Social Services and Well-being (Wales) Act 2014** (also written as 'SSW(W)A').

#### Who is entitled to social care?

You’re entitled to social care if:

- you’re over 18 in England, or any age in Wales, and
- you ordinarily reside in the local authority’s area, and
- you meet the eligibility criteria.
Who provides social care?

Social care and support is provided by the social services department of your local authority – you may also know this as your 'council', 'local council' or 'county council'. You can find details of your local authority on the gov.uk website.

Local authorities might perform these services themselves, or they may commission private companies to provide them. Sometimes they will make direct payments so you can buy the services yourself.

How do I access social care?

Here are the steps for accessing social care:
Referral
You or someone else may refer you to adult social services.

Assessment
The local authority will assess your needs and your financial circumstances.

Eligibility
The local authority will consider whether your needs meet the eligibility criteria.

Care and support planning
You and the local authority will plan your care and support.

Meeting your needs
The local authority will provide you with services for your eligible needs. You may have to contribute towards the cost of these services.
1. Referral. You can refer yourself to adult social services (you should be able to find their details from your local authority website). Or you may be referred to adult social services by others, such as your medical team when you are in hospital, or by a family member or a friend.

2. Assessment. If it appears that you may need care and support, your local authority has to carry out an assessment of your needs. The local authority would generally carry out your financial assessment at the same time.

See our pages on needs assessments and financial assessments for more information.

3. Eligibility. Your local authority will decide whether your needs meet the eligibility criteria.

See our page on eligibility for social care for more information.

4. Care and support planning. If the local authority has decided you have eligible needs for care and support, then it will plan with you what support you can be given.

See our page on care and support planning for more information.

5. Meeting your needs. If your needs meet the eligibility criteria, then your local authority must provide you with services to help you with these needs. Depending on your financial assessment, you may have to pay for some or all of the cost of these services.

See our pages on meeting your needs and financial assessments for more information.

Where can I get information and advice about social care?

Local authorities must provide you with accessible information and advice about care and support services in their area.

Information and advice should cover:

- how the social care system works in the local authority
- the types of care and support in the local area
- how to access the available care and support services
- how to get financial advice about your options
- how to raise concerns about someone who may need care and support.

In Wales, the law says that local authorities should also help you access care and support.
Will I have to pay for social care?

Unlike healthcare provided by the NHS, most social care is not free at the point of delivery. You may be asked by your local authority to pay something towards the social care you receive, depending on your financial circumstances (see our page on financial assessments). There are exceptions to this, such as section 117 aftercare, which is always free.

The rules about how local authorities charge for services are fairly complicated. But the law says that you should only be asked to pay what you can afford.

I'm a carer – do I have rights to social care?

If you're a carer, the local authority has a duty to assess and meet your needs for support (if your needs meet the eligibility criteria). See our page on carers' social care rights for more information.

Social care needs assessments

- What is a social care needs assessment?
- When must the local authority assess me?
- How quickly will I be assessed?
- How is the assessment carried out?
- What if my needs fluctuate?
- What will I be asked about at a needs assessment?
- How will I be involved in my assessment?
- How can I prepare for my assessment?
- Can I refuse to be assessed?

What is a social care needs assessment?

The first stage in getting any social care is for the local authority to assess your needs, called a needs assessment. This is so the local authority (local council) can gain a full picture of what kinds of care and support needs you have, so they can make informed decisions about whether you're eligible for support.

Your local authority cannot charge you for a needs assessment, whatever your financial circumstances are.

When must the local authority assess me?

The local authority is under a legal duty to assess you if:

- you're an adult, and
- it appears that you may have a need for care and support.

The local authority might think that you may have a need for care and support if:
• **You tell them about it yourself.** You can phone, email or write to the adult social services department of your local authority. You should be able to find out their contact details on their website.

• **Someone else tells adult social services about you,** because they believe you are in need of care and support.

• **You’re referred to social services** from hospital, or following a safeguarding inquiry.

Although it’s the social services department that is responsible for assessing needs, if any part of the local authority becomes aware that you may have needs for care and support, then the local authority is under a duty to assess you.

**Example**

The council has written to Rapha about his rent arrears. His sister has written back to the council to explain that Rapha has a mental health problem which means that he’s been off work for several months. She explains that he’s having difficulty caring for himself and looking after his finances.

Although the housing department of the council is separate from the social services department, the fact that the housing department is made aware that Rapha may have needs for care and support will mean that the local authority is under a duty to assess him.

*What if I don’t have needs for care and support now, but may in the future?*

The law on social care says that local authorities should think about how they can prevent your needs for care and support from developing. So if you don’t currently have needs, but you’re likely to develop them, you may wish to contact your local authority to tell them you want a needs assessment.

*What if my needs for care and support are low?*

The local authority must assess you even if it believes you may not be eligible for care and support. They have a duty to assess you simply if it appears that you may have needs. Even if you’re found not to have any, the assessment process may still help you, for example by providing useful information, or suggesting other types of community support.

*How quickly will I be assessed?*

There’s no set timescale for the assessment process. The local authority should give you some sort of indication of how long it should take for your assessment to be completed. Normally it shouldn’t take longer than four to six weeks, unless your assessment is complex.
How is the assessment carried out?

An assessment can be carried out in a number of ways:

- **Face-to-face assessment.** Your assessment will most likely be carried out face-to-face with a social worker. The [Code of Practice to the Care Act](https://www.gov.uk/government/publications/code-of-practice-to-the-care-act-2014) says that, in England, all assessments of people with mental health problems should take place face-to-face.

- **Supported self-assessment.** This is when you fill out a questionnaire which the local authority gives you. This should cover exactly the same information as a face-to-face assessment. The local authority should make sure that the information you fill in is an accurate reflection of your circumstances.

- **Online or phone assessment.** This is when the assessment is carried out online or on the phone.

- **Joint assessments.** This is when your needs assessment is carried out at the same time as the assessment of another adult, for example another member of your household, or a carer's assessment.

- **Combined assessments.** This is when a needs assessment is carried out at the same time as another assessment, for example an assessment for [continuing healthcare (CHC)](https://www.gov.uk/government/organisations/nhs-continuing-care).

**Who will assess me?**

You'll be assessed by someone who has the right skills, training and experience. This may be:

- a social worker
- an occupational therapist
- someone else who is suitably qualified.

**What if my needs change from day to day or month to month?**

Your condition may mean that you have good times when you don't need much care and support, and bad times when your needs are greater. Your assessment should take account of the fact that your needs may fluctuate (change in a way you can't predict).

This means that the local authority might:

- **assess you over a longer period,** so that they can get an accurate overall picture of what your needs are and how they impact your life

- **carry out the assessment over a shorter period,** but only if they make sure that they have an accurate picture of what your overall needs are.
What will I be asked about at a needs assessment?

The assessment will focus on your wellbeing.

Wellbeing means:

- your physical, mental and emotional wellbeing
- being protected from abuse and neglect
- your participation in work, education, training or recreation
- your social and economic wellbeing
- your domestic, family and personal relationships
- how suitable your living accommodation is
- your contribution to society.

If you're in England

The assessment must also cover:

- the outcomes you want to achieve in your life, and
- whether providing care or support would help you achieve those outcomes.

If you're in Wales

The assessment must also cover:

- your personal circumstances
- the outcomes you want to achieve
- the barriers to achieving those outcomes
- the risks if these outcomes are not achieved
- your strengths and capabilities.

How will I be involved in my assessment?

It's very important that the local authority involves you as much as possible in your assessment. This means they should consider things like:

- **Giving you an interpreter** if you have difficulty communicating.

- **Involving your family and/or carer**, if this would help you.

- **Providing you with an advocate**, if you have difficulty understanding, retaining (remembering) or considering (thinking about) information, or if you have problems communicating your wishes and beliefs. (See our page on [advocacy in social care](#) for more information about this.)

- **Helping you understand**. They should explain to you the purpose of the assessment and how it's carried out. They should also provide you with information if you ask for it and answer any questions you may have.
How can I prepare for my assessment?

Before your assessment, you might like to make a note of some of the things you want from the assessment and care and support planning process. You can then take this note to your assessment to help you discuss your needs.

Here are some things you might want to think about before your assessment:

- **What your needs are and how you think social care and support might help you.** For example, you may have needs relating to your self-care and you might want support keeping your flat clean and tidy and preparing food. You could make a note of the tasks you need help with.

- **Outcomes that you want to achieve.** What are your wishes, hopes and plans for life? For example, you might want to keep in touch with family or friends, live in your own flat, get a job or manage your money.

- **What barriers there are to achieving your outcomes and plans for life.**

- **Whether you want someone to support you in the assessment process,** such as a family member, a friend or an independent advocate.

- **Whether your needs are fluctuating.** For example, you may be feeling well and not in need of care and support as you prepare for your assessment. But it might be useful to think about how your condition has affected you in the past. This will help you plan for how it might affect you in the future.

Can I refuse to be assessed?

Yes – if you refuse a needs assessment then the local authority is not under a duty to assess you. But there are some exceptions.

You can't refuse a needs assessment if:

- you lack the **capacity** to refuse, and the local authority believes that it’s in your best interests to have an assessment
- the local authority believes you’ve experienced abuse or neglect, or are at risk of it (see our page on **safeguarding in social care**).

If you’ve refused an assessment, but you change your mind and want the local authority to assess you, then they must do so. Similarly, if you’ve refused an assessment, but the local authority considers that there has been a change of circumstances, then they must carry out an assessment if that is what you want.

**Eligibility for social care**

- **Are my needs eligible for social care support?**
- **What are the eligibility criteria in England?**
- **What are the eligibility criteria in Wales?**
What happens after my assessment?
Can the local authority provide care and support if I don’t meet the eligibility criteria?

Are my needs eligible for social care support?

The local authority will not meet every need for care and support that you have. Your needs will only be met if they satisfy the eligibility criteria.

When the local authority is considering whether you have eligible needs, it will look at:

- what kind of health problem causes your needs for care and support
- whether your needs affect your ability to do certain things
- how your needs affect your day-to-day living.

The law on eligibility is slightly different depending on whether you're in England or Wales.

What are the eligibility criteria in England?

To meet the eligibility criteria in England, you must show that:

1. Your needs for care and support arise from certain health problems.
2. As a result, you're unable to do certain things.
3. There is a significant impact on your wellbeing.

1. Your needs for care and support arise from certain health problems

Firstly, you'll need to show that your needs for care and support arise from certain health problems. This includes:

- mental health problems
- physical ill-health
- disability
- learning disabilities
- cognitive disabilities
- dependence on alcohol or drugs.

You don't need to have a specific diagnosis to be eligible for social care and support.

2. As a result, you're unable to do certain things

Next, the local authority will assess whether you're unable to do certain things. These are:

- eating and drinking
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed (dressed)
- being able to make use of your home safely
• keeping your home clean, safe and hygienic
• developing and maintaining family or other personal relationships
• accessing and engaging in work, training, education or volunteering
• using necessary facilities or services in the local community including public transport, and recreational facilities or services
• carrying out any caring responsibilities you have for a child.

In England, you need to show that you're unable to achieve two of these outcomes.

**What does it mean to be 'unable' to do something?**

Being unable to do something doesn't necessarily mean that you can't do it at all. It can include when you are:

- unable to do something without assistance (including being prompted by someone else to do it)
- able to do something without assistance, but it causes you significant pain, distress or anxiety
- able to do something, but doing so would endanger you or people around you
- able to do something, but it takes you significantly longer than would normally be expected.

**3. There is a significant impact on your wellbeing**

The final stage of the eligibility criteria is that, as a result of not meeting the outcomes, there is, or is likely to be, a significant impact on your wellbeing.

**Example**

Cate has severe depression. She is physically able to wash and dress, but will go for long periods of time without washing or dressing unless reminded. She is unable to maintain her personal hygiene or be appropriately clothed. This makes it difficult for her to find work, and affects her social and economic wellbeing.

In England, Cate could have eligible needs for care and as she is unable to achieve two outcomes and this has a significant impact on her wellbeing.

**What are the eligibility criteria in Wales?**

To meet the eligibility criteria in Wales, you must show that:

1. Your needs for care and support arise from certain health problems.
2. As a result, you're unable to do certain things.
3. You don't have a carer or access to community support that can meet your needs.
4. You're unlikely to achieve a personal outcome without help from the local authority.

**1. Your needs for care and support arise from certain health problems**
Firstly, you'll need to show that your needs for care and support arise from certain health problems. This includes:

- mental health problems
- physical ill-health
- disability
- learning disabilities
- cognitive disabilities
- dependence on alcohol or drugs
- age.

You don't need to have a specific diagnosis to be eligible for social care and support.

2. As a result, you are unable to do certain things

Next, the local authority will assess whether you're unable to do certain things. These are:

- eating and drinking
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed
- being able to make use of your home safely
- keeping your home clean, safe and hygienic
- developing and maintaining family or other personal relationships
- accessing and engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community including public transport, and recreational facilities or services
- carrying out any caring responsibilities you have for a child.

In Wales, you need to show that you're unable to achieve one of these outcomes.

3. You don’t have a carer or access to community support that can meet your needs

When the local authority is deciding whether you have eligible needs, they'll consider whether you have:

- a carer who is willing to meet your needs
- access to community support to meet your needs.

If you have the assistance or support of either of these, you will not be considered to have eligible needs.

4. You’re unlikely to achieve a personal outcome without help from the local authority

The local authority will look at whether you’re unlikely to achieve one or more of the personal outcomes identified in the needs assessment process without care and support or direct payments arranged and provided by the local authority.
Example

Kanak has generalised anxiety disorder and agoraphobia. He's physically able to leave his flat, but becomes severely anxious, especially when he's in crowded areas. He can't shop for himself or go to his local sports and leisure centre. Living more independently is an outcome that he wishes to achieve. He doesn't have a carer who is willing to meet his needs.

In Wales, Kanak would be considered to have eligible needs, as he is unable to make use of facilities in the community and is unable to achieve one outcome identified in his assessment without care and support.

What happens after my assessment?

Based on the assessment, the local authority will make a decision about what your needs are and whether they meet the eligibility criteria. It must give you a written record of this decision. If you have an advocate or someone authorised to act on your behalf, they should get a copy too.

**If you are eligible for social care,** then the local authority must help you plan your care and support.

**If you're not eligible for social care,** the local authority must give you:

- reasons for making its decision
- written advice and information about what can be done to meet your needs or for you to achieve your personal outcomes, and what can be done to prevent or delay your needs for care and support from developing
- personalised and specific advice based on your needs assessment. They shouldn't just send you a standard letter.

If you disagree with the decision they've made, you can make a complaint about it. You may wish to challenge the decision in court. If you do this, you may want to take legal advice.

Can the local authority provide care and support if I don’t meet the eligibility criteria?

The local authority has the power to provide you with care and support even if you don't meet the eligibility criteria, but in practice this happens rarely.

**Care and support planning**

- What is care and support planning?
- How will I be involved in the care and support planning process?
- What if I lack capacity to make care and support planning decisions?
- What will my care and support plan cover?
Can my care and support plan be connected to other plans?
Will my care and support plan be reviewed?
How is a review carried out?
What will the review focus on?
What happens after the review?

What is care and support planning?

If the local authority has decided that you have eligible needs for care and support, then it will plan with you what support you can be given. You should be involved in the care and support planning process, and the plan should meet your needs and achieve the outcomes that you want.

The law says that the local authority must:

- prepare a care and support plan, and give you a copy of that plan. This should happen within a reasonable time – the law does not set a time limit. If your needs are complex, your plan may take longer to prepare.
- tell you which of your needs which it is going to meet can be met by direct payments
- help you decide how to have your needs met.

How will I be involved in the care and support planning process?

The law is clear that you must be genuinely involved in planning your care and support. This means that:

- you are the person who best knows what your needs are
- you should play an active role in planning your care and support.

The process is described as 'person-centred' and 'person-led'.

The plan belongs to you and the planning process should be built around your wishes and feelings and your needs, values and aspirations. The law says that the local authority must take all reasonable steps to reach agreement with you about how to meet your needs.

What if I lack capacity to make care and support planning decisions?

In care and support planning, the local authority should not assume that you lack capacity to make decisions. But if it thinks that you may lack capacity, it should carry out a capacity assessment relating to the decisions to be made.

If you lack capacity to make care planning decisions, then you may be supported by an appropriate person like a:

- family member
- carer
- friend.
If you don’t have someone to support you, the local authority should appoint an independent advocate to assist, support and represent you.

What will my care and support plan cover?

Your care and support plan should set out:

- what your needs are
- how your needs will be met
- how the plan will help you achieve your needs and wishes.

Someone from the local authority will work with you to prepare it.

The laws of England and Wales are slightly different on what care and support plans must cover.

**England**

Your care and support plan will set out:

- what your needs are
- which of these are eligible needs
- which needs the local authority will meet and how they will meet them
- how the care and support provided will help your wellbeing, and help you achieve the outcomes you want to achieve
- information about which of your needs are met by a carer, and if he or she is able and willing to continue to meet those needs
- information about your personal budget
- advice and information about reducing your needs or preventing them from developing in the future
- information about direct payments, if this is how some or all of your care and support is going to be provided.

**Wales**

Your care and support plan will set out:

- what your eligible needs are
- what your personal outcomes are
- what the local authority will do to meet your needs and help you achieve your personal outcomes
- how the local authority will monitor how you’re achieving your personal outcomes
- the arrangements for reviewing the plan
- information about direct payments, if this is how some or all of your care and support is going to be provided

The law says that there must be a named individual to coordinate how the plan is going to be prepared, completed, reviewed, delivered and revised.
Can my care and support plan be connected to other plans?

Yes. If appropriate, care and support plans can be combined with plans for other people or plans provided by different organisations. So, for example, you may have plans that relate to your healthcare, such as under the Care Programme Approach (CPA) or Care and Treatment Planning (CTP). Or there may be plans involving other people, such as another member of your household or your carer, that are relevant to your care and support.

Combining your care and support plan with other plans may reduce duplication of work, but it's important that there is clarity. At the start of the care and support planning process, the local authority should check whether you have plans with other agencies. If there is a combined plan, one organisation should take the lead on monitoring your plan and you should be given the name of a lead professional to be your point of contact.

Will my care and support plan be reviewed?

Yes – your needs may change over time, so it's essential that your plan is kept under review and changed if necessary. However, reviews of your care and support plan should not be used as a way to make cuts to services provided to you.

The purpose of reviewing your plans is to:

- monitor progress and changes
- consider how the care and support plan is meeting your needs and allowing you to achieve your personal outcomes
- keep your plan up to date
- determine what, if any, services might be needed in the future.

When will my plan be reviewed?

Your care and support plan should be reviewed:

- 12 months from when it was first set up, and
- every 12 months after that.

However, it might be reviewed more frequently if:

- you have few friends or family members supporting you
- your circumstances change, for example if your condition worsens
- there are problems with the delivery of your care and support, such as a care worker providing poor care and support or a change in a care provider.

You have the right to request a review of your care and support plan. If your request is reasonable, the local authority should carry out the review within a reasonable time.
There must be a review if your care and support plan is going to be closed.

How is a review carried out?

The way the review is carried out should be agreed with you and should be appropriate to your circumstances. It can be carried out in a number of ways:

- **Self-review.** This is when you review your own care and support plan and submit it to the local authority for them to sign off. This method is generally only appropriate if you have a stable, longstanding support package with fixed or long-term outcomes.

- **Peer-led review.** This includes, for example, a group of friends or family helping you review your plan.

- **Review from a distance.** This could be by phone or online.

- **Face-to-face review.** This is where you sit down with your social worker and go through your plan.

The local authority must involve you when carrying out the review. If you'll have difficulty involving yourself in the review process, then the local authority should appoint an independent advocate for you. It should also involve:

- your carer
- your family
- anyone else you request, if that is appropriate and what you want.

What will the review focus on?

The review should focus on matters such as:

- Have your circumstances or needs changed?
- What is working in the plan? What isn’t working? What may need to change?
- Have the outcomes set out in the plan been achieved?
- Do you have new outcomes you want to achieve?
- Could improvements be made to achieve better outcomes?
- Is your personal budget appropriate and appropriately managed (England only)?
- Are there changes to your support network?
- Are you at risk of neglect or abuse?
- Are you (and your carer, and your advocate if you have one) satisfied with the plan?

What happens after the review?

If there are no changes needed, then your care and support plan will continue as before.

Your plan will be revised if there is a need to make changes to it. These may be minor or may involve considerable changes. When revising your care and support
plan, the local authority will look at the same issues as it would when it assesses your needs.

You must be involved in any decision to revise your care and support plan, as should your carer and family if this is what you want. The local authority should provide you with an advocate if you have difficulty being involved in the process.

**What support could my local authority provide?**

- When should a local authority meet my needs for care and support?
- How can the local authority meet my needs?
- What is a personal budget? (England only)
- What are direct payments?
- Who can get direct payments?
- Can I get any support with direct payments?
- Are there any things I can’t get as social care and support?
- What happens if I move to a different local authority area?

When should a local authority meet my needs for care and support?

The local authority will have to meet your needs for care and support if:

- your needs meet the eligibility criteria,
- you're ordinarily resident in its area, or you have no fixed address, but you're present in its area (for example if you're homeless and are currently staying in a particular local authority area), and
- you don't have a carer who is meeting your needs for care and support.

If you have a carer who is able and willing to continue meeting your needs for care and support, then the local authority is not required to do so.

**Examples**

- Selena is homeless and is currently sofa-surfing with a friend. The local authority where she is staying has to meet her needs for care and support, as she is present in their area.

- Leo has been assessed as having eligible needs for care and support. His mother is his full-time carer and says she is willing and able to continue to meet his needs. His local authority is not under a duty to meet Leo’s needs as he has a carer who is doing so.
How can the local authority meet my needs?

The local authority can meet your needs for care and support in different ways. This includes providing you with:

- accommodation
- care and support in a home or in the community
- counselling and advocacy
- social work
- services, goods and facilities
- information and advice
- adaptations to your home
- occupational therapy.

The local authority can meet your needs by:

- providing services itself
- arranging for someone else to provide service
- making direct payments.

What is a personal budget? (England only)

In England, but not in Wales, the local authority must set a 'personal budget' for you. This is a statement that sets out:

- the cost of meeting your eligible needs
- the amount that you must pay towards the costs of meeting your needs based on your financial assessment
- the amount the local authority must pay towards meeting your needs.

If you feel that your personal budget is not enough to meet your care and support needs, or if the local authority cuts it, you can challenge this. For details on how to do this, see our pages on complaining about health and social care.

What are direct payments?

If you want to sort out your own care and support, you can ask your local authority to make direct payments to cover the cost of the care and support that the local authority would otherwise provide.

You must use your direct payments to meet the care and support needs set out in your care and support plan. Your local authority will monitor, and if necessary review, your direct payment arrangements.

**Advantages of direct payments**

- Puts you in control of how you commission your own care and support.
• Gives you more choice, control and independence.

• Reduces administrative costs and can make your personal budget go further.

**Disadvantages of direct payments**

• You may find it a burden having to commission your own care and support.

• You may find yourself, for example, having to employ people and comply with tax and employment law which is often not straightforward. (The Low Incomes Tax Reform Group has produced this [Disability Tax Guide](https://www.disabilitytaxguide.org.uk/), which has helpful information about this.)

**Who can get direct payments?**

The local authority should make direct payments to meet your [eligible needs](https://www.gov.uk/guidance/eligibility-for-direct-payments) if you request it, and it considers that:

• you have capacity to request direct payments

• you or a nominated person are capable of managing direct payments, either alone or with assistance that you have access to. A nominated person could be a family member or an organisation that specialises in administering direct payments.

• direct payments to you or a nominated person is an appropriate way of meeting your needs.

If you don't have capacity to request direct payments then an authorised person can request them on your behalf.

**Who can't get direct payments?**

Certain people cannot, by law, receive direct payments. These include:

• prisoners

• people who are subject to court orders requiring treatment for drug or alcohol problems.

**Can I get any support with direct payments?**

Your local authority should publish information about:

• what direct payments are

• how to request one

• how you can nominate a person to help you manage your direct payments

• what responsibilities are involved in managing direct payments and being an employer

• details of local social care providers and how to make arrangements with them

• details of local organisations and local authority support which can help you manage your direct payments and other responsibilities associated with them.
The gov.uk website can help you find information about direct payments on your local authority's website.

Are there any things I can’t get as social care and support?

You cannot be given things which the law says should be provided under different legislation. For example:

- The local authority can't meet your needs for care and support if you're subject to immigration control.
- The local authority can't meet your needs for care and support by providing healthcare, unless that healthcare is incidental to a service that it provides, and is the sort of service a local authority would normally be expected to provide.
- The local authority can't provide you with accommodation that it would usually supply under its housing duties. It can't use the social care legislation to give you a council house or flat.

What happens if I move to a different local authority area?

If you move to a different local authority area, then the local authority you currently live in and the local authority you intend to move to must work together to make sure that there's no interruption to your care and support.

When you're thinking about moving, it's a good idea to try to find out information about what care and support services your future local authority offers. You can usually find this out on their website.

Here is an outline of the process of transferring care and support responsibilities to a new local authority:

<table>
<thead>
<tr>
<th>Step</th>
<th>What should happen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling the local authority that you want to move</td>
<td>You should tell your current local authority that you intend to move.</td>
</tr>
<tr>
<td></td>
<td>- In England, you may have to contact your future local authority yourself.</td>
</tr>
<tr>
<td></td>
<td>- In Wales, your current local authority must inform your future one of your intentions.</td>
</tr>
<tr>
<td>Getting information about available services</td>
<td>Your future local authority should inform you about what services it offers.</td>
</tr>
<tr>
<td>Making sure your care continues during your move</td>
<td>Both local authorities should take joint responsibility for making sure your care continues during your move.</td>
</tr>
<tr>
<td>Supplying the new local authority with your care and support plan</td>
<td>Your current local authority should supply your future one with your:</td>
</tr>
<tr>
<td></td>
<td>- most recent care and support plan (and any carer’s support plan if your carer is moving with you)</td>
</tr>
<tr>
<td><strong>Getting a needs assessment</strong></td>
<td>Your future local authority must carry out a needs assessment and determine whether your needs are eligible.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Developing a care and support plan</strong></td>
<td>Your future local authority must develop a care and support plan which includes arrangements for your move. They must share this plan with you.</td>
</tr>
<tr>
<td><strong>Continuing to meet your needs until your new care and support plan is developed</strong></td>
<td>If a needs assessment has not been carried out by the time of your move, your future local authority should continue to meet your needs under your existing care and support plan until a new one has been developed.</td>
</tr>
</tbody>
</table>

## What does the financial assessment mean?

- What is a financial assessment?
- What does the financial assessment consider?
- How much will I need to contribute from my capital?
- How much of my income do I have to pay?
- Do I need to have a financial assessment?
- Are any services free?

### What is a financial assessment?

Unlike healthcare services provided by the NHS, social care is not always free. If the local authority provides you with support, it must assess your financial circumstances and decide whether you need to pay for some of the cost. If you do, the local authority will give you a copy of the assessment and explain how the decision was made.

Your financial assessment will generally be carried out at the same time as your needs assessment.

### What does the financial assessment consider?

The assessment will look at your income and your capital. What is taken into account will depend on whether you’re supported in a care home or not. Different local authorities may charge differently and you can ask for a copy of their charging policy.

### What is income?
Income is usually regular payments that you receive. Most types of income will be taken into account, but a few are not.

Income includes:

- earnings from employment
- benefit payments
- pensions
- the mobility part of Disability Living Allowance or Personal Independence Payments (PIP)
- Child Tax Credit.

If you have income as part of a couple, then only your share will be taken into account. The assessment cannot consider the income of your partner or family members.

**What is capital?**

Capital is the money or other assets that you own, for example:

- savings
- property
- stocks and shares.

The assessment will add up all of your capital.

If you own a share in an asset (for example if you own a house as a couple or have savings in a joint account), the value of your share will be taken into account. The assessment cannot count assets that you don't own, for example savings of your partner.

If you own a home, the value of your home will not be taken into account if:

- You live in your home.
- You live in a care home, and one of the following people are living in your home:
  - your partner
  - a relative under 18 or over 60
  - a relative who is incapacitated.

How much will I need to contribute from my capital?

The law is slightly different in England and Wales:

*In England*

<table>
<thead>
<tr>
<th>What is the total value of your capital?</th>
<th>How much will you need to contribute?</th>
</tr>
</thead>
</table>

39
<table>
<thead>
<tr>
<th>Capital Range</th>
<th>Contribution Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £14,250</td>
<td>You will not pay a contribution from your capital (but you may still be asked to pay something from your income).</td>
</tr>
<tr>
<td>Between £14,250 to £23,250</td>
<td>You will pay on a sliding scale.</td>
</tr>
<tr>
<td>More than £23,250</td>
<td>You will likely be asked to pay the full cost of your care.</td>
</tr>
</tbody>
</table>

_In Wales_

How much you need to contribute depends on whether or not you live in a care home:

**If you live in a care home**

<table>
<thead>
<tr>
<th>Total Value of Capital</th>
<th>Contribution Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £30,000</td>
<td>You will not pay a contribution from your capital (but you may still be asked to pay something from your income).</td>
</tr>
<tr>
<td>More than £30,000</td>
<td>You may have to pay the full cost of your care.</td>
</tr>
</tbody>
</table>

**If you live anywhere other than a care home**

<table>
<thead>
<tr>
<th>Total Value of Capital</th>
<th>Contribution Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £24,000</td>
<td>You will not pay a contribution from your capital (but you may still be asked to pay something from your income).</td>
</tr>
<tr>
<td>More than £24,000</td>
<td>You may have to make a contribution from your capital, but it will not be more than £70 per week.</td>
</tr>
</tbody>
</table>

**Example**

Maude gets support from carers twice a day, helping her clean her home and prepare meals. She lives at home with her partner, Arun, in a house valued at £350,000 and no mortgage. Maude also has a joint bank account with Arun worth £20,000.

The local authority assesses Maude’s finances. The value of her home is not taken into account as she is living there. Fifty percent of the joint savings will be taken into account, so Maude’s total capital will be £10,000.

**How much of my income do I have to pay?**

The local authority must leave you with enough money to live on and cannot reduce your income to below a minimum amount.
If you're in a care home, this is £24.90 per week in England and £27.50 in Wales.

If you're not in a care home, the minimum amount will depend on:

- whether you're in England or Wales
- your age
- whether you're single or part of a couple
- whether you have children.

Do I need to have a financial assessment?

In some circumstances, you may not need a full assessment. This might be because it's clear that:

- you cannot pay anything towards your care, for example because of your benefit entitlement
- your capital is above the limit
- the cost of the support you receive is very small.

Are any services free?

Some social care cannot be charged for, for example:

- equipment or minor adaptations to the home
- a limited period of support to allow someone to regain the ability to live at home
- aftercare services under section 117 of the Mental Health Act. If you receive support after a period in hospital under section, your local authority must be clear what support is provided under section 117.
- transport to a day centre (Wales only).

What is safeguarding in social care?

- What is safeguarding?
- Who do the safeguarding duties apply to?
- What do abuse and neglect mean?
- What safeguarding duties does the local authority have?
- What happens after an enquiry?
- What is a 'safeguarding adults board'?

What is safeguarding?

Safeguarding means protecting your right to live in safety, free from abuse and neglect. Local authorities have duties under the law towards people who are experiencing abuse or neglect (or are at risk of either).

Who do the safeguarding duties apply to?

Local authorities have safeguarding duties towards you if you are an adult and:
you have needs for care and support (even if the local authority is not meeting your needs)
you are experiencing, or are at risk of, abuse or neglect
as a result of your needs, you are unable to protect yourself against abuse or neglect, or the risk of it.

In these pages we refer to someone to whom the local authority owes safeguarding duties as 'a person at risk'.

Note: Local authorities do also have safeguarding duties towards children, but the information in these pages only covers adults.

What do abuse and neglect mean?

Abuse can mean:

- physical abuse
- domestic abuse (including psychological and emotional abuse)
- psychological abuse (including humiliating you, isolating you, bullying you – either in person or online)
- financial abuse (having your money or possessions stolen or misused or coercing you into a financial arrangement)
- sexual abuse
- discriminatory abuse.

Neglect can mean:

- ignoring medical, physical or emotional care needs
- failing to provide you with access to health, care and support or educational services
- withholding necessities of life, such as food, medication and heating
- self-neglect (this can cover a wide range of behaviour such as neglecting your personal hygiene, health or surroundings, and can include behaviours such as hoarding).

What safeguarding duties does the local authority have?

If the local authority has good reason to believe you're a person at risk (meaning safeguarding duties apply), and you are in its area, then it must make an enquiry so it can decide what action should be taken.

What is an enquiry?

An enquiry might just be a conversation with you, or it may be a more formal multi-agency investigation. It depends on the circumstances.

The aim of an enquiry is to:

- find out the facts
- see what your views are
• assess whether you need protection, support and redress (such as compensation if you have lost money)
• protect you from the abuse and neglect, taking into account your wishes
• make decisions about follow-up action
• help you come to terms with what has happened and move towards recovery.

You should be fully involved in the enquiry. If you have difficulty in being involved, then the local authority should appoint an advocate for you.

What happens after an enquiry?

Once the enquiry has happened, and the local authority knows what your wishes are, there are a number of things that could happen:

• There could be no further action.
• Staff could be disciplined (for example if you had been abused or neglected by a care worker).
• If the enquiry reveals that a criminal offence has been committed against you, then the local authority will pass over the enquiry to the police.
• The local authority could prepare a safeguarding plan which might set out:
  o what future steps should be taken
  o what further support, treatment or information you may need
  o what further risk prevention strategies should be undertaken.

What is a 'safeguarding adults board'?

All local authorities must have a safeguarding adults board. Its purpose is to:

• help and protect adults at risk in their areas
• conduct safeguarding adult reviews when there are concerns about how the authorities have responded, or it is suspected that an adult has suffered severe abuse or neglect or has died as a result of abuse or neglect.

The board is made up of:

• the local authority itself
• the local clinical commissioning group (CCG)
• a senior police officer from the local constabulary.

Other people, such as GPs or members of user, advocacy or carers groups can also be invited to attend some meetings.

**What are my rights as a carer?**

This information is for adult carers of someone experiencing a mental health problem.
If you are a young carer (under 18), see the NHS website or the Carers UK website for information on your rights.

- Am I a 'carer'?
- What social care rights do I have as a carer?
- What is a carer’s assessment?
- What are the eligibility criteria for carers?
- What happens if I'm found to have eligible needs?
- Can carers be charged for support?

Am I a 'carer'?

Local authorities consider you to be a 'carer' if you are an adult who provides, or intends to provide, care for another adult who needs it. However, they will not usually consider you a carer if the caring you do is part of your job (either paid work or voluntary work, such as for a charity).

What social care rights do I have as a carer?

If you're a carer, you may be entitled to social care support under the Care Act 2014 (in England) or the Social Services and Well-being (Wales) Act 2014 (in Wales).

The law for carers is similar to other adults, in that:

- you’ll have an assessment (called a carer’s assessment) to find out what your needs for support are
- the local authority will decide whether your needs meet the eligibility criteria
- a support plan of your eligible needs will be prepared.

If it appears that you may have needs for support now, or in the future, then your local authority must carry out a carer’s assessment.

(See our pages on coping when supporting someone else for more general information about being a carer, including further options for support.)

What is a carer’s assessment?

A carer's assessment is similar to a needs assessment. It will look at:

- your needs for support, and what those needs are or will be
- your ability to continue providing care and support for the person you’re caring for
- your willingness to provide care and support for the person you’re caring for
- the impact of your needs for support on your wellbeing
- what outcomes you wish to achieve in life and how your needs impact achieving these outcomes
- whether providing you with support, information, advice or assistance in the community could help you achieve your outcomes
- whether you work or wish to work
• whether you participate or wish to participate in education, training or a leisure activity.

What are the eligibility criteria for carers?

This is different depending on whether you're in England or Wales.

England

To be eligible for support in England, you must show that:

1. You have a need for support that arises out of your providing care for an adult.
2. As a result, your physical or mental health is, or is at risk of, worsening. Or you're unable to achieve various things, such as:
   o caring for a child
   o caring for other people
   o maintaining a habitable home environment
   o maintaining nutrition
   o developing and maintaining family or other relationships
   o engaging in work, training, education or volunteering
   o using facilities or services in the community
   o engaging in recreational activities.
3. As a result of your needs there is, or is likely to be, a significant impact on your wellbeing.

Wales

To be eligible for support in Wales, you must show that:

1. You have a need for support that arises out of your providing care for an adult.
2. Your need must relate to a set of standard tasks, namely:
   o ability to care for yourself or carry out domestic routines
   o ability to communicate
   o protection from abuse or neglect
   o involvement in work, education, learning or leisure activities
   o maintenance or development of family or other significant personal relationships
   o development and maintenance of social relationships and involvement in the community
   o fulfilment of caring responsibilities for a child.
3. You cannot meet your need either:
   o alone
   o with the support of people who are able and willing to provide support, or
   o with help from community services that you have access to.
4. You're unlikely to achieve your personal outcomes (the things that you want to achieve in life) unless the local authority provides:
   o support to you
   o care and support to the person you're caring for
   o direct payments.
What happens if I'm found to have eligible needs?

If you’re assessed as having eligible needs for support, then the local authority will have a duty to meet your needs if the person you’re caring for is ordinarily resident in the local authority’s area.

The local authority must prepare a support plan, which covers the same ground as an adult’s [care and support plan](https://www.gov.uk/government/publications/care-and-support-plans) and can be reviewed in the same way.

Can carers be charged for support?

Most local authorities do not charge carers for support provided to meet their needs. If they do charge, they will carry out a financial assessment to see what you can afford to pay. You should ask your local authority for their policy on this.

**Useful contacts**

*Carers Trust*

carers.org
Information and support for carers.

*Carers UK*

0808 808 7777
carersuk.org
advice@carersuk.org
Independent information and support for carers.

*Disability Tax Guide*

disabilitytaxguide.org.uk

Information for people who receive direct payments, and as a result have to operate a payroll for their care workers or personal assistants.

*Gov.uk*

gov.uk

Government services and information, including information on [applying for direct payments](https://www.gov.uk/government/publications/applying-for-direct-payments).
Health in Wales

wales.nhs.uk
Information from the NHS in Wales.

Local Government and Social Care Ombudsman

0300 061 0614 (to make a complaint)
lgo.org.uk

The final stage for complaints about councils and some other organisations providing local public services. Looks at complaints about adult social care providers (such as care homes and home care providers). Free service that independently investigates complaints.

Parliamentary and Health Service Ombudsman

0345 015 4033
ombudsman.org.uk

Independent complaint handling service for complaints that have not been resolved by the NHS in England and UK government departments.

Public Services Ombudsman for Wales

0300 790 0203
ombudsman-wales.org.uk

Looks into complaints about public services and independent care providers in Wales.

Where can I get support?

Local Mind

Local Minds support over 280,000 people across England and Wales. Their services include supported housing, crisis helplines, drop-in centres, employment and training schemes, counselling and befriending. They may be able to help you find advocacy services in your area.

Find your local Mind here.

Find an advocate

An advocate is a person who can both listen to you and speak for you in times of need. Having an advocate can be helpful in situations where you are finding it difficult to make your views known, or to make people listen to them and take them into account.
For information on advocacy services and groups in your area, you could start by contacting the Mind Legal Line and your local Mind.

Read more about how advocacy might help you.