

Your guide to Local Authority support for Adult Social Care - England

Practical information and tips for getting a fair outcome when seeking support from your local authority to help meet social care needs

Updated April 2026

About My Care Consultant

My Care Consultant (MCC) is an independent care navigation company that exists to help consumers navigate their way through the complex care system, understand their care options and the various ways to pay for it. We provide a range of information and advice services designed to help you understand and secure all available financial and practical help from the State, the Local Authority and the NHS, as well as help in sourcing suitable care services and clear explanations in respect of ways to fund them. Whether it's just a question needing an answer or a bespoke care planning service that's needed, we can help resolve your concerns and find solutions to your care needs.

We understand that arranging often urgent care for a loved one without much time or previous experience of care or the benefit system can be overwhelming. We hope this guide to Local Authority funded Social Care provides useful, clear and practical information and tips to help you understand eligibility and support you regarding this aspect of the care system.

To find out more about how MCC can help you, contact us on 020 3290 3110 or email us via: ask@mycareconsultant.co.uk.

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An Overview – 4 key facts you need to know before getting into the detail

1. Your local authority (or Health and Social Care Trust if you live in Northern Ireland) is responsible for social care. The NHS is only responsible for health care. The difference between the two is important (see Section titled 'Understanding Social Care')
2. Your local authority has a legal obligation to meet your care needs if those needs are significant enough to be deemed 'eligible needs'. Whilst each local authority has its own assessment procedures, they are still required to use nationally agreed criteria when deciding who has eligible needs that require care and support. This process of deciding if someone's needs are eligible for local authority support is called a '**needs assessment**'.
3. If a needs assessment results in your care needs being deemed 'eligible', then who pays to meet those needs is decided by a '**financial assessment**' or '**means test**' conducted by your local authority. This assessment will look at your capital and income to decide if you have the means to pay. There are three possible outcomes of the financial assessment:
 - a. You have to pay 100% of the cost
 - b. Your local authority/Council will pay 100% of the cost, or
 - c. You have to pay something towards the cost and your local authority/ council will pay the rest.
4. Apart from points 2 and 3 above, slightly different rules apply to those who live in England, Northern Ireland, Scotland and Wales, as social care is a politically devolved matter across each of the four home nations of the UK. For example:
 - In Northern Ireland, care at home is free for those over age 75.
 - In Scotland, Local Authorities will make a flat rate contribution towards any 'personal care' based purely on your care needs and regardless of your financial position.
 - In Wales, whilst care at home is means tested, the maximum that you can be charged is currently capped at £100 per week.

Unless otherwise indicated, detail within this guide defaults to how the social care system works for those living in England.

At My Care Consultant we continue to see examples where the correct procedures to determine eligibility for local authority funded social care haven't been properly followed or implemented, so we hope this guide is a useful starting point for those in need of care, their loved ones or legal representatives, helping them understand what *should* happen and what to do if it doesn't.

A photograph of an elderly woman with short grey hair, wearing a bright yellow cardigan over a white top and grey trousers, seated in a silver metal wheelchair. She is smiling and looking up at a caregiver. The caregiver, a woman with blonde hair tied back, wearing blue scrubs and glasses, is leaning over the wheelchair, holding a small blue and white striped cup. Another caregiver in blue scrubs is visible in the background, standing near a wooden wall with a large clock. The scene is brightly lit, suggesting an indoor care home or hospital setting.

Understanding Adult Social Care

Understanding Adult Social Care

Adult social care covers a wide range of services to help older people and those living with a disability or physical or mental illness, to live independently and safely. It can include personal care as well as wider support to help people stay active and engaged in their communities.

Social care includes support in people's own homes (known as home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes (known as 'residential care'); 'reablement' services to help people regain independence; provision of aids and adaptations for people's homes; provision of information, guidance and advice; and providing respite support for family carers.

Social Care v Health Care

Confusion often arises upon first contact with the care system over the difference between health care and social care.

If the person in need of care has what is referred to as a 'primary health need' then they may be eligible for NHS funded care which is free at the point of need. Otherwise, if their needs relate to the ability to carry out day-to-day activities such as washing, dressing, mobility, maintaining continence, personal hygiene or eating, it is classed as 'social care' and is usually paid for by the person being cared for, if they have the means. If they don't have sufficient means to be able to pay for their own care, it may be funded in full or in part by their local authority.

Short-term and long-term social care

Social care itself can be broken down into two broad categories of 'short-term care' and 'long-term care'. Short-term care refers to a care package that is expected to last for a limited time, with the intention of maximising the independence of the individual using the care service and ideally eliminating their need for ongoing support. Long-term care services are provided on an ongoing, open-ended basis and range from high-intensity services like nursing care to lower-intensity community support such as help preparing meals. Both long and short-term care are the responsibility of the local authority and are sometimes described as 'formal' care.

How much might it cost?

The cost of social care, whether at home or in a residential care home, is dependent upon a number of factors, such as the amount of care needed, the nature of that care and where that care is delivered (for example, most types of care are more expensive in London, the Southeast and the Southwest of England than elsewhere in the UK).

As a result, the lifetime costs of adult social care for older people varies considerably from person to person. In 2010 the Dilnot Commission estimated 50 per cent of people aged 65 and over will spend up to £20,000 on care costs in their lifetime and that 10 per cent would face costs of more than £100,000. However, it is very difficult to foresee which individuals will have the greatest needs for the longest period (for example, those who are unfortunate enough to develop dementia) so costs are very hard to predict.

Will my local authority pay towards the cost?

As social care is a politically devolved issue across the UK, there are slightly different rules and regulations that apply across England, Northern Ireland, Scotland and Wales in determining eligibility for local authority (or in the case of Northern Ireland, Health and Social Care Trust) funding. Unless otherwise stated, detail within this guide defaults to how the social care system works for those living in England. Regardless, and as a general rule, the first step is an **assessment of the care needs** of an individual so that the local authority or Trust can determine whether these needs are significant enough to qualify for support – often referred to as ‘eligible needs’. This will then be followed by a **financial assessment** to determine how much, if anything, the individual will be asked to pay towards the provision of care that meets these needs.

Is any support automatically available free of charge?

There's some help and support you can get for free that's available to everyone regardless of their financial position. It's not means-tested and it does not matter what your income is.

Whilst it varies dependent upon location within the UK, this free care typically includes:

1. Some equipment and home adaptations

You may be entitled to free home adaptations and equipment to help you to continue to safely live in your own home, provided they cost less than £1,000 each. The type of adaptations and equipment this includes are:

- handrails for the stairs
- grab rails for the bathroom
- an intercom system for answering your front door
- ramps for wheelchair access
- a walking frame
- perching stools in your kitchen or shower
- If the hospital gives you any equipment to use when you get home, such as a toilet surround frame, this should also be free.

Ask the adult social services department of your local council for a **home assessment** (usually conducted as part of a **care needs assessment**). You can do this online or by telephoning them and an occupational therapist will visit you at home to see whether there are adaptations that could help your needs to be met at home.

2. Benefits

Make sure you claim any benefits that you're entitled to. Some, like **Attendance Allowance**, **Disability Needs Allowance** and its replacement **Personal Independence Payment (PIP)**, are not means tested. If you're looking after someone with care needs, you may be able to claim a carer's benefit such as **Carer's Allowance**.

3. Help after coming home from hospital

You may be eligible for free care and support at home for up to 6 weeks after a stay in hospital, or to prevent you having to go into hospital in the first place. It's known as **intermediate care** or **reablement**. The idea is to get you back on your feet as soon as possible. It might include equipment or home adaptations to help you get around the house. Or it might be home help from a paid carer for tasks like cleaning, getting washed and dressed, and using the toilet.

4. Section 117 aftercare

Some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital. The law that gives this right is section 117 of the Mental Health Act, and it is often referred to as 'section 117 aftercare'.

A person wearing a light blue button-down shirt is holding a white tablet. Their hands are visible, with the right hand touching the screen. The background is a soft, out-of-focus light beige. The title 'The Local Authority Needs Assessment' is centered over the image in a dark blue, sans-serif font.

The Local Authority Needs Assessment

The local authority needs assessment.

If you think you, or someone you know, needs help to cope with day-to-day living, the first step is to get a needs assessment from your local authority. Contact your GP or social services department at your local council and ask for a **needs assessment**. You can call them or in some areas apply online through your local authority's website. If you're not able to do this yourself, a friend or relative can do it on your behalf.

You can use the Gov.uk website to find your local council and social services:

<https://www.gov.uk/find-local-council>

Your rights

Anyone can request a needs assessment regardless of their income and savings, or whatever their needs are. There is no charge for it. People who are caring for someone with needs are also entitled to their own **carer's assessment**.

Every local authority has a legal duty to carry out an assessment to find out what or how much help is needed. This also gives the person being assessed the opportunity to explain what care and support they feel they need to make their life easier and to enable them to live as independently as possible.

If you have an urgent need for help, the local authority has the power to put services in place immediately, without waiting to do an assessment. But the assessment must be carried out as soon possible afterwards.

You are entitled to refuse a needs assessment, but the local authority must assess you if you later change your mind. There are two situations where a local authority must carry out an assessment, even if you refuse. These are if you:

- lack capacity to refuse and the local authority thinks an assessment is in your 'best interests', or
- are experiencing, or are at risk of, abuse or neglect.

What's involved?

There are no designated timescales in respect of how quickly an assessment should take place, but it should be carried out in an appropriate and reasonable timeframe, considering all relevant details and the urgency of any needs. Most local authorities set their own standards which are published on their websites, and this generally leads to assessments being arranged within 28 days of a request and agreed services being in place within a further 28 days.

Unfortunately, at the time of writing, there is a significant backlog of people awaiting assessments so you may experience much longer delays than was previously the case.

The needs assessment can happen face-to-face (usually in your home) or over the phone and sometimes involves completion of a self-assessment questionnaire. Either way, they usually last at least an hour. Someone from the local authority or council such as a social

worker, nurse or occupational therapist will ask you how you're managing everyday tasks like washing, dressing and cooking. If it seems you may need some alterations in and around your home such as grab rails in the bathroom, you might also be referred for a separate **home assessment**.

In some cases, though, your assessment may happen in hospital, in your GP's surgery or at your local council's offices.

Eligibility

Whilst local authorities have their own individual assessment procedures, they are required to follow national criteria to decide who has eligible needs requiring care and support. They will have to consider three questions in making their decision:

1. Does the person have care and support needs because of a physical or mental condition?
2. Are they unable to achieve two or more desired goals or outcomes because of their care and support needs?
3. As a result of 2 above, is there a significant impact on their wellbeing?

If the answer to each of the above is 'yes' then you, or the person being assessed will have eligible needs.

In respect of 2 above, the local authority will consider the following 'care outcomes':

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed
- being able to make use of the home safely
- maintaining a habitable home environment
- 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 the adult has for a child

The local authority will judge that a person can't achieve an outcome if they're unable to achieve it without assistance; without significant pain, stress or anxiety; without endangering themselves or others; or if it would take significantly longer than would normally be expected. The care outcomes should be recorded within an assessment document which the assessed person or their legal representative can request a copy of.

In addition, the person assessing you should agree with you how to describe your situation. They then work out the various needs, which should have the following elements:

- What are the issues?
- What are the difficulties you face on a daily basis?
- What difference would it make to your life if these issues or difficulties were tackled?
- What is the desired 'outcome'?
- What services or support could bring about these outcomes?

Through asking these questions, the practitioner can assess your level of care needs and the possible 'risk' if you're not provided with support. The assessor may contact other health or care professionals who are involved with your care. *With your permission*, they may also talk to any relatives also involved with your care.

What happens if someone lacks mental capacity?

Where there is concern about a person's capacity to fully participate in a needs assessment, for example as a result of a mental impairment such as dementia, acquired brain injury or learning disabilities, then the local authority should ensure an assessment of capacity is carried out under the Mental Capacity Act (MCA). For those who may lack capacity, the local authority should facilitate extra support to help the individual identify and communicate their needs and make subsequent decisions, which may include the help of family or an Independent Mental Capacity Advocate.

What about health care?

A local authority cannot legally provide nursing care (this is the responsibility of the NHS). However, a care needs assessment should involve local authorities and the NHS working together to identify if someone in need of care has healthcare needs as well as or instead of social care needs.

What happens after the needs assessment?

Following an assessment, there will be a written care plan (sometimes called a care and support plan). You or your legal representative can request a copy of this if it isn't shared with you automatically. It should outline your assessed needs and suggest suitable solutions to address those needs. It will also explain which needs are eligible to be met by the local authority and how much your eligible needs will cost to meet. This amount is referred to as your 'Personal Budget'.

If you meet the eligibility criteria, your local authority has a legal duty to meet your eligible needs (although you may still need to make a contribution towards the cost). If you don't meet the eligibility criteria, the local authority does have discretion to provide you with care and support anyway. As this is the authority's choice, you may find they are unwilling to do so, given the financial strains on local authorities' budgets. However, they are still required to 'signpost' you to other ways of meeting any of your presenting needs that fall outside the definition of eligible needs.

If your care needs have changed after an original care plan has been put in place you can request a review at any time. And if you disagree with the outcome of a needs assessment you can contest it – see the later section on **increasing your chance of a fair outcome**.

If it is determined that you do have eligible needs, this should lead to a **financial assessment (means-test)** being carried out to find out if the local authority will contribute to some or all of your Personal Budget (the amount they believe it should cost to meet your eligible needs) and whether you will have to contribute anything yourself. The authority must follow national guidelines when carrying out a means-test.

For a flow chart depicting how a needs assessment works, go to Appendix B of this guide

The Local Authority Financial Assessment (or “means test”)



The local authority financial assessment or 'means test'.

What is a financial assessment?

If you need long-term care and have received a care support plan that details eligible needs, the next step is to undergo a **financial assessment**, also called a '**means test**' to find out if you are eligible for financial support from your local authority. This involves a financial-assessment officer from your local authority assessing your ability to pay for a care home or in-home care and deciding who will pay how much of the fees.

The thresholds for receiving financial support are such that the majority of people have to pay for some or all of their social care, at least initially. If the total value of your assets is above the following amounts (2026/2027), and you do not qualify for NHS support, you're unlikely to receive any funding from your local authority until such time as your assets have dropped below these amounts:

- £23,250 in England and Northern Ireland
- £36,750 in Scotland
- £50,000 in Wales (for residential care) or £24,000 (for in-home care)

You'll also be expected to use your income (with some exceptions) to pay towards the cost of your care, minus a minimum amount you should be left with every week after paying for your care. This minimum amount varies depending upon whether you are in a care home – where it's known as a **Personal Expense Allowance** - or receiving care at home – where it is called a **Minimum Income Guarantee**).

How does the means test work?

The means test can take a few different forms – it may be carried out at your home or online or you may be asked to share the relevant financial information electronically. The assessment officer will ask you about the following:

- Your earnings, if you have any
- Any money you receive from pensions, both state and private
- Any benefits you receive
- All of your savings and investments (if they are held jointly with your partner, they will usually be treated as being divided equally between the two of you and only your share will be taken into account)
- Any property you own (the value of a jointly owned property will be divided between you according to the shares you have in it).

The value of your personal possessions or any life-insurance policies won't be included in the assessment.

If you're staying in your own property and receiving care there, the value of your home will not be included in the assessment. The same is true if you're moving into residential care but your spouse, partner or a dependent relative will continue to live in your home.

Light touch financial assessments

In some circumstances, a local authority may choose to treat you as if you have had a full financial assessment, even if you haven't. This often happens when the local authority is confident the costs of the care or service will be met by the person in need, based on the evidence they have in respect of their ability to pay. This is called a '**light-touch financial assessment**'. If the local authority decides to do this, it must tell you that a light-touch assessment has taken place and make it clear that you still have the right to request a full financial assessment if you want to. You might feel this is necessary if there is a dispute about paying care fees.

What happens if someone lacks mental capacity?

Those who lack capacity to give consent to a financial assessment and who do not have anybody legally able to represent them (for example via an appropriate power of attorney) , may require the appointment of a property and financial affairs deputyship. Family members can apply for this to the Court of Protection or the local authority can apply if there is no family involved in the care of the person. While this takes some weeks, it then enables the person appointed to access information about bank accounts and financial affairs.

Getting the results

After the means test, your council will write to let you know how much you will be expected to pay towards the care you need (as defined in your care-support plan). The three possible outcomes are:

- You have to pay 100% of the cost
- The council will pay 100% of the cost
- You have to pay something towards the cost and the council will pay the rest.

If you disagree with the result, you can appeal to the council. Also, if your circumstances change at a later date, you can ask the council to review the financial assessment. You also *need* to inform the local authority in advance of the annual assessment review if your financial circumstances have changed in some way (e.g. you inherit money or take out an Equity Release plan).

Will I have to sell my home to pay for care?

Many people worry that they will have to sell their home to pay for social care. In some situations, your home won't be taken into account in the means test. There are a few circumstances where this applies:

- If you need care at home
- If you need short-term or temporary care in a care home
- If you are moving permanently into a care home, the value of your home will be ignored if it's still occupied by:
 - your partner or former partner, unless they are estranged from you
 - your estranged or divorced partner IF they are also a lone parent
 - a relative who is aged 60 or over

- a relative who is disabled
- a child of yours aged under 18

If the above doesn't apply and your property is going to be included, your local authority/council must still ignore it for the first 12 weeks of your care. This is to give you time to decide what to do with your property and how you will pay any on-going care fees, for example whether to enter into a deferred payment agreement with the council (see below). You are likely to qualify for help with care fees during the 12-week period if your other capital assets are under £23,250.

If your circumstances are such that your property is included in the means test it will be valued at its present market value, minus any mortgage or loan you may have on it and minus 10% of its value where there would be costs incurred in selling it.

What is a deferred payment agreement?

A deferred payment agreement (DPA) is an arrangement with the local authority that lets people use the value of their home to help pay care home costs. If you qualify, they will help to pay your care home bills on your behalf. You can delay paying them back until you choose to sell your home, or until after your death. You'll sign a legal agreement, stating that the money will be repaid when your home is sold.

The local authority usually ensures that the money you owe in care fees will be repaid by putting a legal charge on your property. They do this by contacting the Land Registry to place the charge. The charge is removed when the debt is repaid. Typically, you can't use more than 70%-80% of the value of your home to pay for fees. This is to leave you, or the executor of your will, with enough money to cover any interest and administration charges, and the cost of selling the property. It also makes sure the local authority gets their money back even if house prices fall.



TOP TIP

A deferred payment agreement works in a similar way to an equity release scheme from a commercial provider. You might want to compare these to see which suits you best

What costs are involved?

Local Authorities are entitled to charge interest on a Deferred Payment Agreement (DPA) and almost always do. However, the maximum amount they are allowed to charge is set by the government:

- **In England and Wales**, the interest rate is based on the gilt market rates plus 0.15 per cent and is revised every six months in January and July

- **In Scotland**, there are no interest charges during your Deferred Payment Agreement. Interest is only charged at 'a reasonable rate' when the individual terminates the agreement or from 56 days after their death.
- **In Northern Ireland**, there is no formal system for deferred payment agreements, but this may be made available to individuals on a case-by-case basis. Contact your local Health and Social Care Trust for more information.

Your local authority may also charge administration fees, including legal fees, valuation costs and running costs. A list of administration charges should be available to you direct from your local authority or online. Whatever the actual charges are, they should be at a level that the local authority will not make a profit from such agreements.

What about eligibility?

To take part in a DPA the following eligibility criteria applies:

- Your local authority has agreed you have care needs that should be met via a care home placement.
- You should have savings and capital of less than a certain amount, not including your share of the value of your home. In England this is £23,250. In Scotland, it's £36,750 and in Wales, it's £50,000.
- You should be a homeowner or have another asset the local authority can use as security.
- The value of your home is being taken into account in assessing what you should pay for your care home fees. i.e. no partner or dependant will be living there.
- You should be, or are planning to be, in a care home for the long term. You won't be able to take out a deferred payment agreement for temporary stays in care.
- You would need to agree to the terms of the deferred payment agreement.



TOP TIP

If you have jointly held savings, it is in your interest to divide capital into the proportions owned or contributed by each of you before a local authority financial assessment takes place

Do I have to pay towards my partner's care costs?

If you're wondering whether one partner of a couple is liable for the other's care costs, generally speaking the answer is no. The local authority cannot include capital or income belonging to your partner (or any other family member) in your financial assessment.

The charging regulations give the local authority the power to treat you as having an equal share in jointly held capital, such as a joint bank account, except where there is evidence that your share is unequal. This does not apply if the asset is property or land, where your actual percentage ownership should be reflected in the financial assessment. Local

Authorities may ask for details of both partners' finances. A local authority may ask for details of your partner's finances on a separate form. This is primarily to ensure that they are left with sufficient resources to live on when you go into a care home.

What about benefits?

The financial assessment of your income will take into account the majority of your benefit entitlement, with some exceptions, regardless of whether such benefits are being claimed.



Make sure you are aware of your entitlement to both means-tested and non means-tested benefits and claim anything you are entitled to. You can check this online via this link: <https://www.gov.uk/benefits-calculators>

Giving away assets to avoid paying for care

Some people are tempted to give away their property, savings or investments before taking the means test, in order to 'hide' their wealth from the assessor. However, this is called 'deprivation of assets' which is not permitted and Local Authorities clamp down hard on this. If they believe you have deliberately given away your income and/or assets with the aim of avoiding care fees, they will assess you as if you still had everything. This could leave you in a very difficult position – where you must fully fund your own care but have given your assets to someone else, who has no obligation to meet the cost of your care needs.

For a flow chart depicting how a financial assessment works in England, go to Appendix C of this guide

A close-up, slightly blurred photograph of a person's hand holding a black pen, poised to write on a document. The document features a line graph with several data points. The background is out of focus, showing what appears to be a desk or table. The overall lighting is soft and warm.

In practice how does
the Local Authority
arrange and pay for
care?

In practice, how do local authorities pay for and arrange care?

The local authority has broad discretion as to how to best meet your eligible needs once it has identified them. Care services can be provided by a local authority, a private company, a charity, or any combination of these. Once provided, it must be checked or reviewed annually. This should confirm it is appropriate and safe, that there are no changes in your needs, and that funding remains adequate.

What is a Personal Budget?

If the local authority has assessed you as having “eligible needs” they will calculate a personal budget for you. This will be based on what it should cost to meet your eligible needs. The financial assessment will work out how much you’re expected to contribute towards this, and how much the local authority will pay. You can be put in charge of this budget either by telling the local authority how you would like it spent, or by the local authority giving you the money so you can pay directly for your own care (known as a **direct payment**). If you prefer, your budget can be given to a separate organisation (such as a user-controlled trust) to spend on your care as they see fit.

There are three different ways that you can receive the local authority’s contribution towards your Personal Budget:

- a **direct payment** into your bank account each month for you to pay for your care. The council will usually ask for receipts to ensure you're spending the money on care. This option is usually only for home care services, or short-term care in a care home.
- **the council arranges and pays** for your care for you.
- a **mixed personal budget** – the council arranges some of your care directly and you arrange and pay for the rest.

If the local authority concludes that you must pay for all of your own care, they can expect you to arrange your own care and support, as long as you have mental capacity to do so or have someone to help you. However, you can ask the authority to make the arrangements under the ‘**right to request**’. Once the request has been made, the authority has a legal duty to meet your eligible needs, though you will not be entitled to any financial assistance. It does have the power to charge an arrangement fee for doing this.

Your rights

If the local authority is arranging and paying for your care, you still have some rights over how your personal budget is spent.

Care Homes - If you need to live in a care home the council must give you at least one affordable choice. Some councils have a list of homes they recommend. If you choose a care home that's more expensive than your personal budget, a relative or friend can pay the difference (this is called a **top up fee**). They will have to sign an agreement with the council and care home which sets out the costs, how often they have to be paid, and what will happen if they can no longer make the payment.

Care at home - If you're not happy with the type of paid home help the council suggests, you can look for services the council provides and ask them to change it if they can.



How to increase your chance of getting a fair outcome

How to increase your chance of getting a fair outcome

Preparing for a needs assessment

Know your rights

If your local authority seems reluctant to carry out an assessment, you do not need to accept this. Remember, every local authority has a legal duty to carry out an assessment to find out what or how much help is needed, and it doesn't matter how complex or simple your needs are. If you feel you're being unreasonably refused an assessment, you may wish to make a formal complaint.

Preparation is key

It's a good idea to sit down with a friend or relative before the needs assessment to discuss what to say. Think about all aspects of your life, such as personal care, washing, showering, dressing, going to the toilet, preparing meals and shopping. Do you struggle with any of these things? If so, what could help?

- Make a list of key points and services that might help you live more comfortably at home. What would you ideally like? Don't assume that the assessor knows or understands your difficulties.
- Think about the ways in which your needs could be addressed. For example, if home care is needed at a specific time, say so and explain why, or if a care home is needed near a relative in another part of the country, say so and give details of where they live.
- Think about your cultural, social, religious and emotional needs too, for example: 'I want to go to my place of worship once a week' or 'I want to visit my brother twice a month'
- Look at the local authority eligibility criteria, against which you will be measured. All councils must publish details of their eligibility criteria and make it available to local people. Where appropriate, use the same words to describe your needs.
- Keep a diary for a week or so before the assessment, noting down the things you can manage on your own, things you have difficulty with, things you need help with and things you can no longer do. Also make a note of any recent changes in your needs and specific incidents such as a fall.
- What support do you currently get from family and carers? This is important because even if you continue to get care and support from others, the conversation should cover what would happen if they could no longer give this support.
- Gather 'supporting evidence' such as letters from a GP or other professionals. For example, if you have problems with getting about or walking, the GP might suggest ramps, grab rails, or help with shopping.
- Make a list of any medication being taken and what conditions they are for.

During the assessment be open and honest

Resist the temptation to say things are better than they are or that you are managing when in reality you are struggling. It's important not to feel embarrassed or ashamed – getting the right support depends on you being open about your needs. If you have good and bad days, be realistic about the help needed on bad days (even if it's difficult to admit).

Your wellbeing needs, such as your social and emotional needs, may not be considered unless you point them out and are clear about how important they are to you.

Tell the assessor if there are things you want to do. For example:

- To be more active
- To stay living at home as long as possible
- To engage more with the community by attending social groups and events
- To have some help with shopping, going for walks or swimming.

Make sure you are supported at the assessment.

It can help to have someone else who is familiar with your situation present at the assessment, e.g. a relative, friend or carer. They can help communicate your needs and get across all the necessary points. It's particularly advisable to have someone else present if you have difficulty expressing yourself or don't feel confident about explaining your situation. What is said in the needs assessment forms the basis of the care plan that follows.

If there isn't someone suitable who can support you, you have the right to ask for an **independent advocate** to be appointed. The local council must provide you with someone to support you if you can't speak up for yourself or have difficulty understanding others. An advocate will help to ensure that the relevant circumstances of your situation are taken into account and your views and preferences are listened to. Local Authorities have a responsibility to ensure individuals have access to independent advocacy services if this would help them participate fully in the assessment process.



TOP TIP

You can approach a third party such as the charities Age UK or POhWER (who work with local authorities across England) to see if they have advocates in your area

Ask for a copy of the assessment

Check all of your needs have been recorded, including the impact on your wellbeing. If you feel the assessment does not reflect the true picture of your needs, ask the local authority for a reassessment and make a complaint if necessary.

Preparing for a financial assessment

Preparation is key.

To make the assessment as smooth as possible and to ensure that you receive the amount of support you are entitled to, make sure you have all the information at hand when the financial assessor visits:

- Details of savings in bank accounts, building societies, premium bonds and individual savings accounts (ISAs)

- Any stocks and shares that you own
- Any disability-related expenses

The ownership of your property is also an important factor for a financial assessment. Make sure you are clear about ownership. Complicated family arrangements where adult children own a share of their parents' home are increasingly common and will affect how much of the property valuation the local authority can take into account.

Speak with an expert like My Care Consultant

The rules are complex and expert help from someone that understands exactly what is and what isn't taken into account when assessing your assets/capital and income can be very valuable. Not all types of capital and income are eligible, and mistakes can, and do, happen.

Make sure you understand what benefits you are entitled to

These will be included in the financial assessment regardless of whether you are claiming them or not. If you have not been claiming some of them, make sure you start.

Double check that you are not eligible for NHS support

If you require care as a result of a 'primary healthcare need', you should be eligible for NHS Continuing Healthcare (NHS CHC) funding. This means that the NHS has to pay your care fees. Unfortunately, NHS CHC eligibility is increasingly difficult to establish, but if the application is successful, it will save thousands of pounds in care fees each year. Even if you are not eligible for NHS Continuing Healthcare funding (NHS CHC), you may be eligible for Funded Nursing Care (FNC) payments, currently £235.88 p/week (2024/25 rate). These are paid towards the cost of nursing care when someone is living in or is about to move to a care home that is registered to provide nursing care.

Section 3 of the Mental health Act 1983

Where an individual has been detained under Section 3 of the Mental Health Act 1983 (MHA 1983) they may be entitled to aftercare paid for by the local authority. If a relative who needs care has been 'sectioned', it is crucial this information is shared with the local authority. We have helped families recover many thousands of pounds for people who were charged for aftercare which they should have received for free under Section 117 MHA 1983.



How to challenge a decision

How to challenge a decision

There are four main steps to take when challenging the outcome of a needs or financial assessment:

1. Find out about and use the complaints procedure for your local authority – or your local Health and Social Care Trust in Northern Ireland. The details will be on their website. It's also worth taking a look at their eligibility criteria for care services, and their charging policy.
2. Contact your local authority or Trust. They have a legal duty to give you a written explanation of their decision. Take time to read it. If you think it's unfair, you can ask for your case to be reassessed. There might simply have been a failure in communication or a misunderstanding that can be easily fixed.
3. Get help with a complaint if you need it – for example, speak to a care navigator like My Care Consultant or your local branch of Citizens Advice.
4. If you've made a complaint about your care direct to your local authority (often called **local resolution**) and this doesn't sort out the problem, you have the right to ask for an independent review by the Ombudsman whose role is to look at individual complaints about local authorities, all adult social care providers (including care homes and home care agencies) and some other organisations providing local public services. Their service is free, and they will investigate your complaint in a fair and independent way, not taking sides in the process.
 - In England, contact the [Local Government and Social Care Ombudsman](#)
 - In Northern Ireland, contact the [Northern Ireland Ombudsman](#)
 - In Scotland, contact the [Scottish Public Service Ombudsman](#)
 - In Wales, contact the [Public Services Ombudsman for Wales](#)

In England, you can see how your local authority is performing in terms of the percentage of complaints were upheld and the nature of those complaints at the following web page:

<https://www.lgo.org.uk/your-councils-performance>

Sources of further information

Further Information

The following are links to useful information in respect of eligibility for social care provision and funding, based on where you live in the UK.

If you live in **England**

<https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/getting-a-needs-assessment/>

If you live in **Northern Ireland**

<https://www.nidirect.gov.uk/articles/arranging-health-and-social-care>

If you live in **Scotland**

<https://www.careinfoscotland.scot/topics/how-to-get-care-services/>

If you live in **Wales**

<https://www.ageuk.org.uk/globalassets/age-cymru/documents/information-guides-and-factsheets/fs41w.pdf>

Appendices

Appendix A – GLOSSARY OF USEFUL TERMS

Appendix B – Flow chart depicting a Local Authority needs assessment (England)

Appendix C – Flow chart depicting a Local Authority financial assessment or means test (England)

Appendix A – GLOSSARY OF USEFUL TERMS

Activities of daily living

Things you do every day to look after yourself, such as eating, washing, dressing and using the toilet. An assessment of your needs will look at how well you can manage your activities of daily living, and what help and support you need.

Adult social care

Care and support for adults who need extra help to manage their lives and be care independent

Advocacy

Help from someone else to enable you to get the care and support you need

Aids and adaptations

Help to make things easier for you around the home

Assessment

The process of working out what your needs are and who will pay for services to meet those needs

Benefits

Payments from the Government that you may receive because of your age, disability, income or caring responsibilities

Care plan

A written plan after you have had an assessment, setting out what your care and support needs are, how they will be met (including what you or anyone who cares for you will do) and what services you will receive.

Carer

A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a **care worker**, who is paid to support people.

Carer's Assessment

If you are an unpaid carer for a family member or friend, you have the right to discuss with your local authority/council what your own needs are, separate to the needs of the person you care for. You can discuss anything that you think would help you with your own health or with managing other aspects of your life. The council uses this information to decide what help it can offer you.

Care Navigator

Someone whose job it is to provide independent information, guidance and advice to help you understand, source and fund the care you need, when you need it and to help with eligibility for Local Authority, NHS or Benefit funding.

Capacity (mental)

The ability to make your own choices and decisions. In order to do this, you need to be able to understand and remember information and communicate clearly - whether verbally or non-verbally - what you have decided. A person may lack capacity because of a mental health problem, dementia or learning disability.

Deprivation of assets

When you deliberately reduce the amount of savings or property you have, in order to qualify for help from your council with paying for care costs or for various benefits. Your local authority/council may judge that you have deliberately reduced your assets if it believes that you knew you would probably need care and support.

Direct Payments

Money that is paid to you (or someone acting on your behalf) on a regular basis by your local authority/council so you can arrange your own support.

Eligibility

When your needs meet your local authorities/councils criteria for council-funded care and support

Financial assessment (aka means test)

Interaction that your local authority/council may have with you to work out how much you can afford to pay towards the care and support you need. It involves looking at your income, savings and individual circumstances. This will take place after an assessment of your care and support needs.

Home Care

Care provided in your own home by paid care workers to help you with your daily life. It is also known as **domiciliary care**.

Minimum Income Guarantee

A way of keeping some of your income when you have to pay for all or some of the care you receive in your own home. When the council carries out a financial assessment, it must make sure that your care costs do not cause your income to fall below a certain level. There is a different arrangement if you live in a care home, where you will have a **personal expenses allowance**.

Needs assessment

The process of considering whether you need help or support because of your age, disability or illness. Anyone who appears to have a need for care or support - regardless of how severe those needs are or how much money they have - is entitled to a needs assessment, which can be arranged by contacting the adult social services department at your local authority/council and requesting it.

Nursing Care

Care in a residential care home with nursing

NHS Continuing Healthcare

A package of care for adults aged 18 or over which is arranged and funded solely by the NHS

NHS Funded Nursing Care

If ineligible for NHS Continuing Healthcare, you may qualify for funding provided by the NHS to help cover the cost of care by a registered nurse in a care home or nursing home. It is sometimes called registered nursing care contribution.

Ombudsman

Someone appointed by the Government or Parliament to investigate your complaints about an organisation or service. In England, if you have made a complaint about the NHS that you think has not been fully dealt with or you are unhappy with the response, you can ask the Parliamentary and Health Service Ombudsman to look at your complaint. If you have made a complaint to a council, you can contact the Local Government Ombudsman if you haven't had a response within a reasonable time or if you are unhappy with the result.

Personal Budget

Money that is allocated to you by your local authority/council to pay for care or support to meet your assessed needs

Primary care

The part of the NHS that is the first point of contact for patients. This includes GPs, community nurses, pharmacists and dentists.

Primary Care Need

A Primary Health Need is the situation where the main aspect or majority of the individual's care is focused on addressing or preventing their Healthcare needs. It is also identifiable as being over and above what a local authority can be expected to provide, i.e. social care needs.

Reablement

A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability

Residential Care

Care in a care home

Respite Care

A service giving carers a break, by providing short-term care for the person with care needs in their own home or in a residential setting.

Self-assessment

A form or questionnaire that you complete yourself, either on paper or online, explaining your circumstances and why you need support

Self-funding

When you arrange and pay for your own care services and do not receive financial help from the council.

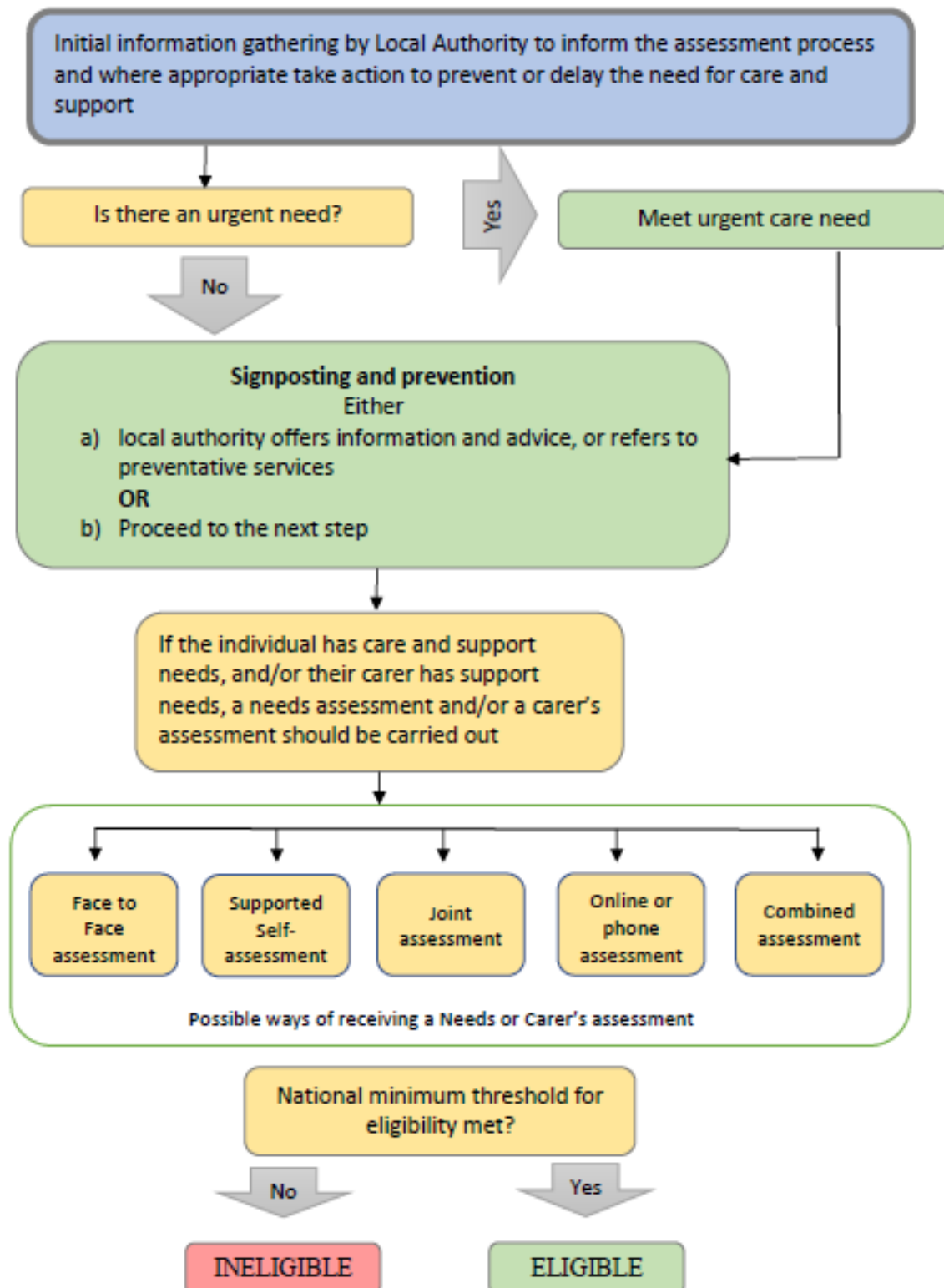
Single Assessment Process

An attempt to coordinate assessment and care planning across the NHS and local authorities/ councils, so that procedures aren't repeated and information is shared appropriately

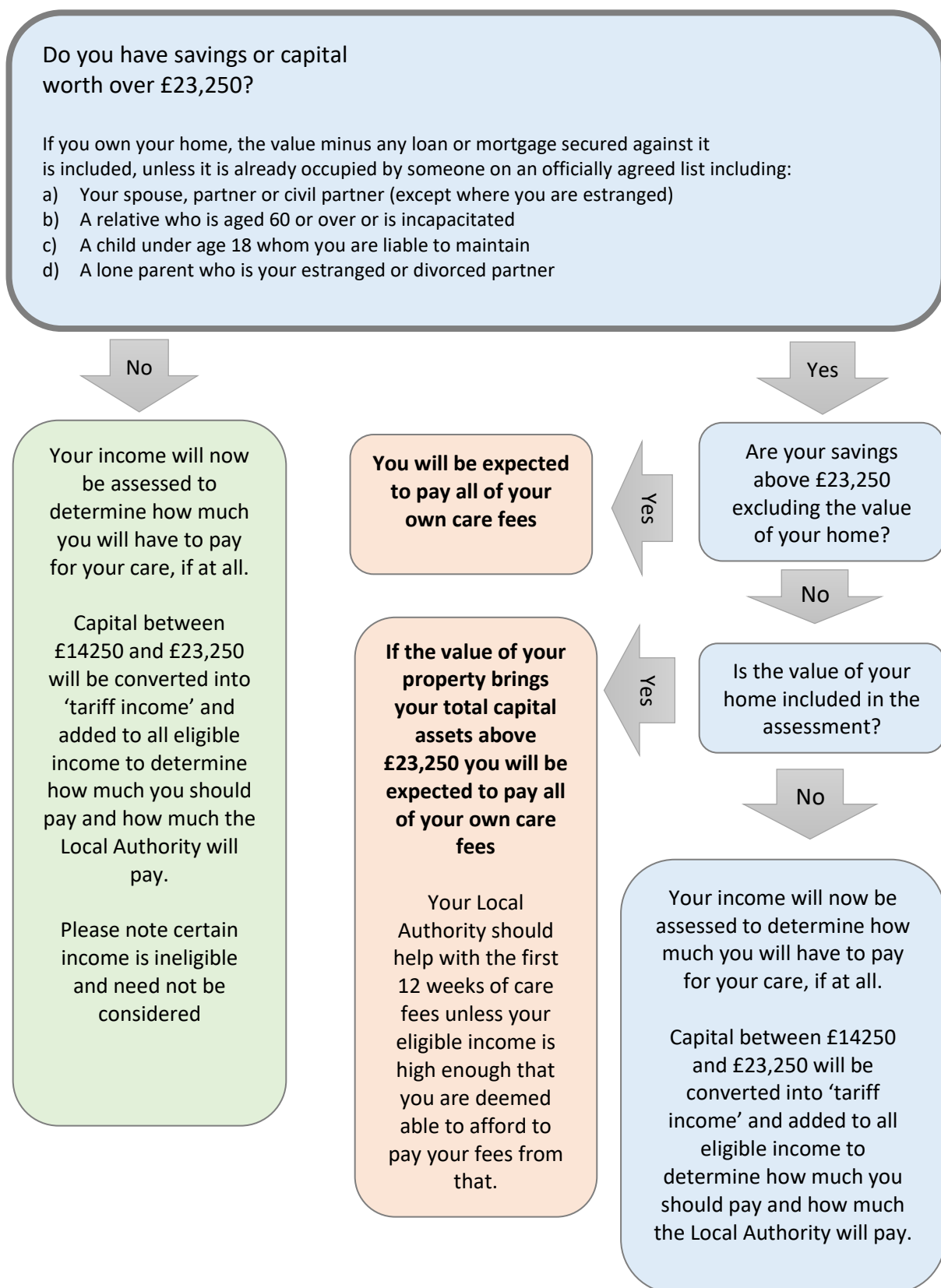
Wellbeing

Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.

Appendix B – Flow chart depicting a Local Authority needs assessment (England)



Appendix C – Flow chart depicting a Local Authority financial assessment or means test (England) – 2026/27



Notes

