



# Your guide to getting the care you need

A practical guide for people looking to arrange care for themselves or a loved one

Updated for 2023/2024



## Preface



If you are reading this, the chances are that either you, a family member or someone for whom you act as attorney needs care, either now or imminently. This can be a very stressful time for all involved.

The process of trying to find suitable care (often needed urgently), then trying to work out who will need to pay for it, can be extremely challenging for most people. After all, it's not something most of us think about until faced with an urgent need for care.

At My Care Consultant, every day we help people who are struggling to make sense of the rules and regulations that apply whilst they try to navigate the challenges of getting care for a loved one. Whilst we always recommend seeking professional advice, be it from a care navigator like My Care Consultant, a financial adviser in respect of how best to pay for care or a legal firm to ensure the wishes of those needing care are adhered to now and in the future, we know from experience that a basic understanding of how things work helps most people at least start off down the right path.

So we have written this guide to help point you in the right direction at the earliest opportunity. We've tried to ensure the structure and contents are straightforward and clear, but we know that everyone's circumstances are unique. So, should you require clarification on any matter you can always contact My Care Consultant for a free 15-minute chat without any obligation to progress towards any of our chargeable services. To contact My Care Consultant please either e-mail us on [ask@mycareconsultant.co.uk](mailto:ask@mycareconsultant.co.uk) or call us on **020 3290 3110**. If we're busy, leave a message including contact details and we'll come back to you within one working day.

Good luck and we hope you find the care you need and deserve

**Jacqueline Berry**

**Founder of My Care Consultant**

## Contents

Introduction	6
Types of Social Care	7
How much does social care cost?	9
How the UK Social Care systems work (and determining who pays)	10
Paying for care as a Self-Funder	13
What happens if you run out of money?	14
The importance of taking Regulated Financial Advice	15
The relevance of Legal Capacity	16
5 steps you should take	17
What now?	19
Appendices 1 to 8	20

## Notations used within this guide



This sign denotes sources of further information



This sign denotes an important point to be especially aware of

## Introduction

Across the UK, the way the care system works in each of the home countries can seem unfamiliar and extremely complicated. Urgent questions arise when someone needs care, and whether the person seeking information is doing so for themselves, for a family member in need of care or for someone they are acting as Attorney for, they need quick answers to questions such as:

- What care is currently available in the locality?
- How do I know that it will meet this person's care needs and is of a good standard?
- What financial support, if any, is available?
- Will the person in need of care have to pay some or all of their own care fees, and what options are available to do this?

At the root of much confusion is the distinction between 'social care' and 'health care'. This distinction is one that for many seems quite arbitrary, and an individual's situation and needs may not necessarily sit clearly within one or the other.

## What is 'social care'?

Whilst there is no formal definition of social care, it's often described as dealing with the "activities of daily living". In other words, help that is needed in order to carry out day to day activities like eating, washing, dressing, using the toilet and getting around. It also refers to help needed to maintain independence, to ensure a level of social interaction, to manage complex relationships and to be protected in vulnerable situations.

In contrast, a healthcare need is one related entirely to the treatment, control or prevention of a disease, illness, injury or disability and the aftercare of someone with these conditions.

## Who is responsible for health care and social care?

Across the UK, healthcare is the responsibility of the NHS and is free at the point of need. Social care, in contrast, is the responsibility of local authorities in England, Scotland and Wales and Health and Social Care Trusts in Northern Ireland.

Most types of social care are means-tested, so people who are assessed as being able to afford to pay are usually required to do so. How much they pay also depends on whether that care is needed at home (often referred to as domiciliary care) or in a residential care or nursing home, as the rules are different.

# How much does social care cost?

## Good care doesn't come cheap

There are no standard rates for care in later life and the amount to be paid will depend on the type of support and level of care needed as well as where the person in need of care lives in the UK.

If, following a means test, it is decided that the local authority will be paying for an individual's care, the local authority will have fixed rates that they are willing to pay to care providers. Those who have to fund their own care typically pay more for exactly the same type and level of care. This is usually around 30% - 40% more than the local authority rates. This cross-subsidising remains one of the iniquitous aspects of the current care system.

## The cost of residential care

Care home fees can vary significantly by location and service levels, but many charge fees in excess of £1000 per week. If nursing care is required, this can cost up to 25% more and dementia care is more expensive than standard elderly care, primarily because the staff to resident ratio needs to be higher.

## The cost of care at home

Care at home (often referred to as domiciliary care) is generally charged at an hourly rate. For care during the day, this is likely to be between £15 and £30 per hour. If care is needed overnight, a nightly rate may be charged, and is often upward of £100 a night.

The UK Home Care Association has recommended a minimum price for home care of £25.95 per hour (from April 2023) based on minimum legally compliant pay rates, travel time, mileage and wage-related costs.

## The cost of live-in care

Live-in care fees can start at around £1000 per week but can be considerably more depending on the individual's location and needs, and the provider chosen.

Where two people require care this can be a more cost-effective solution than a care home, as some providers will simply charge a supplement to care for an additional person in the same house, rather than double the normal rate.



## Examples of UK variations

The extent to which some aspects of social care are free or subject to partial funding at the point of need currently vary from country to country. The following are examples only and not an extensive summary.

- In Northern Ireland, care at home is free for those over age 75. For those aged 75 or under, if the Trust decides to charge for these services it must first conduct a financial assessment. The exception to this is the home-help service and the meals on wheels service, which are usually charged at a standard rate.
- In Scotland, care is split into three constituent parts
  1. Accommodation costs (also sometimes referred to as 'Hotel costs')
  2. Personal care
  3. Nursing Care

The local authority will make flat rate contributions towards any personal and, if necessary, nursing care required, based purely on the person's physical/care needs and regardless of their financial situation.

- In Wales, whilst domiciliary care is means tested, the maximum amount that anyone can be charged is currently set at £100 per week.
- In England, most forms of social care are subject to means testing with only a few services currently funded in full by local authorities irrespective of a person's ability to pay (see below).



## Things you should get for free

There are some home adaptations and items that you can obtain for free from local authorities which can help someone needing care to stay at home. These items might be community equipment items like a telephone with large buttons or flashing lights, electronic medication reminders, bed rails, alarms or minor home adaptations (subject to budget constraints). Grants/ financial support may be available for more major home adaptations.



To find out more take a look at the following Age UK link. This provides useful information applicable across the UK. At the time of writing it is available here:

<https://www.ageuk.org.uk/information-advice/care/housing-options/adapting-home/>

# The importance of taking specialist, regulated Financial Advice

If you must pay for some or all of your care, we recommend speaking with a financial adviser who is regulated by the Financial Conduct Authority (FCA) and who can offer specialist paying for care advice. They can help you compare all your options, explain all the costs and any risks involved before helping you decide what is right for you.

They are also particularly well placed in respect of three critical issues:

1. Firstly, only a regulated financial adviser with specific qualifications can advise on all ways of paying for care. This is particularly relevant when it comes to a specialist product called an Immediate Needs Annuity (INA). These products can only be recommended by a regulated financial adviser who has passed an exam on long term care insurance recognised by the regulator. The most common exams to look out for are:

- CF8 : Long-Term Care Insurance from the Chartered Insurance Institute
- CertLTCP : The certificate in Long-Term Care and later Life Planning from the London Institute of Banking & Finance

Whilst an INA will not be the best option for everyone, it remains the only way for most people to guarantee the payment of their care fees for life. We suggest that every self-funder should at least be aware of what this would cost in their situation, if only to help assess the relative merits of all other available ways of paying for their care.

2. A financial adviser can advise the most appropriate course of action to minimise the chance of running out of money and losing control over the nature and quality of the care received.
3. To minimise the impact that paying for care has on other financial plans or future wishes, a financial adviser can help find the best way to ensure care fees are paid for as long as possible, whilst retaining as many assets as possible to use, invest, gift or leave to beneficiaries in a Will.

**Speak to  
an FCA  
regulated  
financial  
adviser**

## Your rights when you take advice

If you take regulated financial advice and later find the advice and any product sold to you were not suitable for your circumstances at the time, you could have a case for mis-selling and pursue compensation.

If you don't take regulated financial advice you won't have this protection. You will have to carry out your own research to try to make an informed choice about the best way to pay for care, and you may have fewer grounds for complaint or compensation.

**REGULATED  
FINANCIAL  
ADVICE  
PROVIDES  
PROTECTION**



## **Appendices**

<b>Appendix 1 – Capital Thresholds</b>	<b>i</b>
<b>Appendix 2 – State Benefits</b>	<b>ii</b>
<b>Appendix 3 – Jargon Buster</b>	<b>v</b>
<b>Appendix 4 – Flowchart – Local Authority Needs Assessment (England)</b>	<b>viii</b>
<b>Appendix 5 – Flowchart – Eligibility for NHS Continuing Health Care (England)</b>	<b>ix</b>
<b>Appendix 6 – Flowchart – Eligibility for NHS Continuing Healthcare and hospital discharge (England)</b>	<b>x</b>
<b>Appendix 7 – Flowchart – Local Authority Financial Assessment (England)</b>	<b>xi</b>
<b>Appendix 8 – Plans for social care reform across the UK (as at 11/4/2023)</b>	<b>xii</b>



# Appendix 1

## Capital Thresholds 2023/2024

Country	Capital Threshold	What does this mean?
England and Northern Ireland*	£23,250 or more	If you have more than this amount you will have to pay the full cost of your care. If you have less than £23,250 in capital, but a weekly income that is high enough to cover the cost of your care, you will still have to pay all your fees.
	More than £14,250 but less than £23,250	You will have to contribute towards the cost of your care: £1 for every £250 of savings between £14,250 and £23,250, known as 'tariff income', will be added to your other eligible income to determine your ability to pay.
	Less than £14,250	You won't have to contribute anything from your capital, but if your eligible income is high enough you will still be expected to contribute towards care costs from that.
Scotland**	£32,750 or more	If you have more than this amount you will have to pay the full cost of your care. If you have less than £32,750 in capital, but a weekly income that is high enough to cover the cost of your care, you will still have to pay all your fees.
	More than £20,250 but less than £32,750	You will have to contribute towards the cost of your care: £1 for every £250 of savings between £20,250 and £32,750. known as 'tariff income', will be added to your other eligible income to determine your ability to pay.
	Less than £20,250	You won't have to contribute anything from your capital, but if your eligible income is high enough you will still be expected to contribute towards care costs from that.
Wales***	More than £50,000	If you have more than this amount you will have to pay the full cost of your care.
	Less than £50,000	You won't have to contribute anything from your capital but if your eligible income is high enough you will still be expected to contribute towards care costs from that.

\*In Northern Ireland there is no charge for domiciliary care for those over age 75

\*\*In Scotland personal care at home is free. Where an individual is in a care home, flat rate contribution/s will be made towards eligible personal and nursing care needs regardless of their financial position. With effect from April 2023 the rates are £233.10 pw and £104.90 pw. A financial means test is only carried out to assess payment for accommodation costs.

\*\*\*In Wales the maximum charge for non-residential care and support irrespective of the size and cost of care package needed to meet eligible needs is currently £100 pw. Capital limit for non-residential care £24,000.



**Your finances and eligibility for local authority support should be re-assessed at regular intervals, as well as when your capital falls below one of the statutory thresholds.**

# Appendix 2

## State Benefits (2023/2024)

It's important that those in need of care and those caring for someone are aware of their benefit entitlement and claim accordingly. Where someone is self-funding their care, such benefits will provide some help towards the costs involved. If they are receiving local authority funded care, the financial assessment to determine how much they should pay will assess their finances as though they are claiming all the benefits they are entitled to, whether they are or not.

Benefits are either means-tested (requiring a full financial assessment) or non means-tested (so income and savings are not taken into account when assessing eligibility for the benefit).

The following list, whilst not exhaustive, indicates those benefits most likely to be relevant to older clients in need of care.

### Non means-tested benefits

#### 1. Attendance Allowance (AA)

This is tax-free money for people over 65 who need help at home because of a long-term illness or disability. Current rates (2023/2024) are set at £68.10 a week if help is needed either in the day or at night and £101.75 a week if help is needed both day and through the night.

The person claiming AA must have needed help with their care for at least 6 months. (If they're terminally ill, a claim can be made straight away.)

In Scotland, AA will be replaced by Pension Age Disability Payment. The date for the introduction of new claims has (at the time of writing) yet to be agreed but is expected to be during 2022, with existing AA claims to be transferred over the next few years, and the transfer complete by 2025.

#### 2. Personal Independence Payment (PIP)

This is money for people aged 16 or over but below State Pension age, who have a disability or health condition and need help with daily living or getting around.

PIP is made up of two parts: a daily living component and a mobility component.

The weekly rate for the daily living part of PIP is either £68.10 or £101.75. The higher rate is paid to claimants who are terminally ill and not expected to live for more than 6 months, or whose disability or long term illness impacts them severely enough to score very highly in the needs assessment. The weekly rate for the mobility part of PIP is either £26.90 or £71.00. The mobility rate the claimant receives depends on the level of their assessed need.

In Scotland, PIP will be replaced by Adult Disability Payment, starting in 2022. Transfers for claimants of the existing PIP benefit are expected to be completed by 2025.

The Scottish Government proposes that the eligibility rules for both Adult and Pension Age Disability Payments will remain largely the same as for PIP and Attendance Allowance, with benefit rates also aligned.

#### 3. Disability Living Allowance (DLA)

This is money for people who have extra care needs or mobility needs as a result of a disability. There are two parts or "components" - the care component and the mobility component. You may qualify for one or both of these.

You can no longer make a new claim for DLA if you are 16 or over, as in effect it has been replaced by PIP (see above).

If your care home fees are paid in full or in part by the local authority, the National Health Service (NHS) or

# Appendix 3

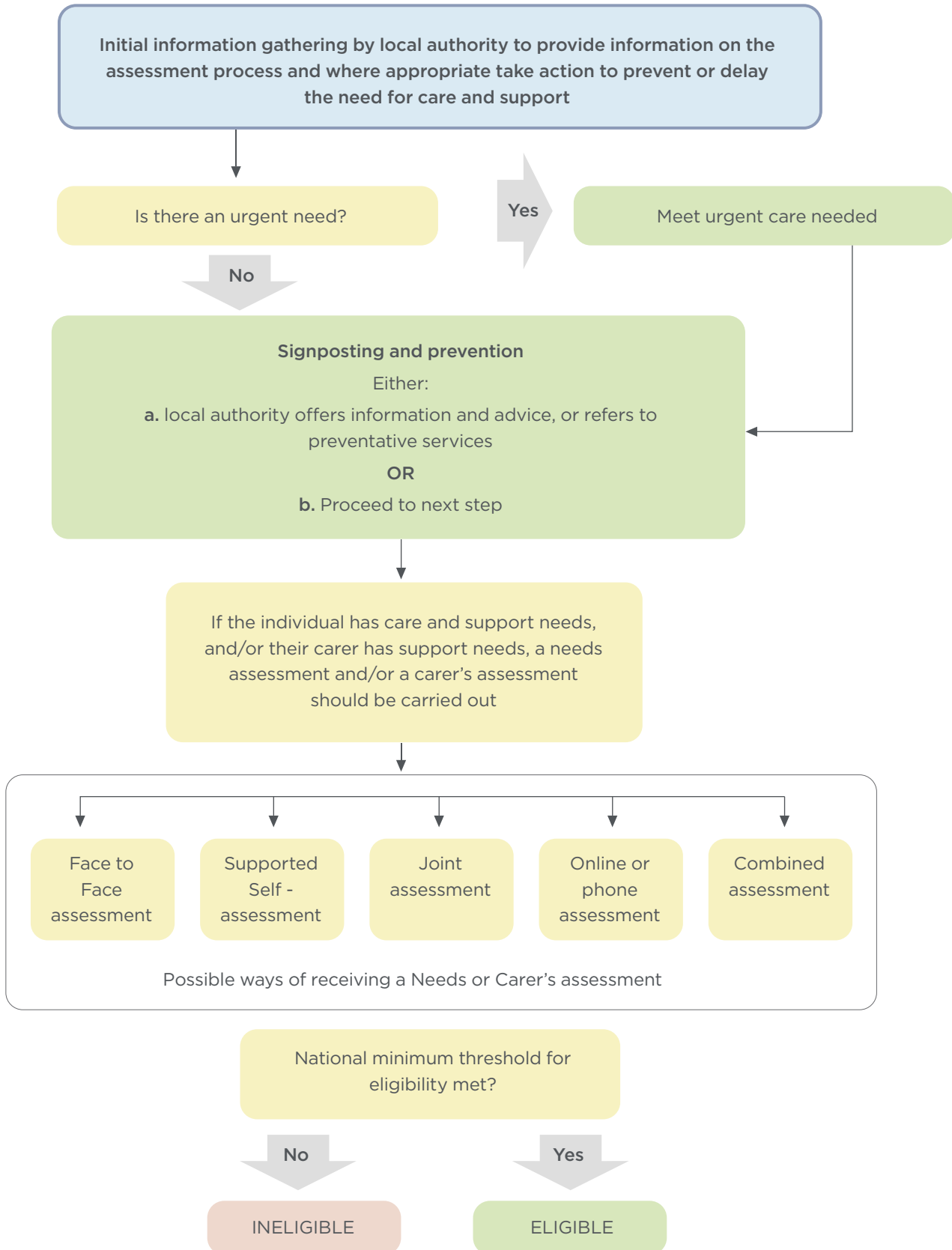
## Jargon Buster

When dealing with the UK care system/s the following are terms you may come across that might require some explanation.

Acronym	Term	Explanation
	Advocacy	Help and guidance, independent of your local council, to enable you to get the care and support you need
AA	Attendance Allowance	A non-means tested benefit for people who are over 65 years of age
CA	Carers Allowance	A non-means tested benefit for people who are over 16 years old and caring for someone for more than 35 hours per week and subject to an earnings limit
	Carers Allowance Supplement	An additional payment paid on top of Carers Allowance applicable only in Scotland
	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 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
CCG	Clinical Commissioning Groups	Regional NHS organisations established by the Care Act 2012 to deliver NHS services in England. CCGs have been replaced by Integrated Care Boards (ICBs) with effect from 1st July 2022.
	Community Care Services	Local social care services that can help you live a full, independent life and to remain in your own home for as long as possible
	Community Health Services	Local health services that are provided outside the hospital setting, such as district nursing
	Combined Power of Attorney	A type of Power of Attorney which allows the person (attorney) to represent and make decisions on behalf of another person in respect of property, finance and health and welfare. This is available only in Scotland
CHC	Continuing Healthcare	A package of care paid for by the NHS where the primary care need is health-related
	Continuing Power of Attorney	A type of Power of Attorney which allows the person (attorney) to represent and make decisions on behalf of another person in respect of property and finance. This is available only in Scotland
COP	Court of Protection	Created under the Mental Capacity Act 2005 this court has jurisdiction in England and Wales over property/finance and health/welfare decisions for those who no longer have mental capacity to make decisions themselves

Source: <https://www.equityreleasecouncil.com/news/equity-release-council-publishes-spring-2019-equity-release/>

# Appendix 4 - Flowchart - Local Authority Care Needs Assessment (England)



# Notes



**For more information please contact:**



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