



counsel + care 
for older people, their families and carers

guide

Guide 70:

Assessment and services from your local council in Wales

If you are experiencing difficulties because of a disability, the local council social services department may be able to provide the support or assistance that you need. This system of support and services is known as community care. This guide explains the community care system in Wales and your right to an assessment and services from your local council.

The Counsel and Care advice service works with older people, their families and carers to get the best care and support. All the guides and factsheets we produce are available from our website: www.counselandcare.org.uk or paper versions can be ordered by calling 020 7241 8522. You can call our advice line on 0845 300 7585 to arrange an appointment to speak to one of our experienced advisors.



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Your donations, legacies and payroll giving enable Counsel and Care to get the best care and support for older people, their families and carers

The Counsel and Care service is now part of Independent Age, a unique and growing charity providing information, advice and support for thousands of older people across the UK and the Republic of Ireland. Visit www.independentage.org for more information about Independent Age.

There are differences in the ways each country cares for and supports older people. The information in this guide applies to Wales, although there may be similarities with countries in the rest of the UK.

If you live in Scotland, please see our guide:

Assessment and services from your local council in Scotland (guide number 50)

If you live in England, please see our guide:

Assessment and services from your local council in England(guide number 12)

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This guide has the following sections:

1	Community care support services	4
2	Obtaining a needs assessment	5
3	If you have been refused an assessment	6
4	Delays in assessments	7
5	The Unified Assessment	8
	5.1 Domains (the different areas of your life).....	10
6	What happens at an assessment?	14
7	The importance of your care plan	16
8	'Fair Access to Care Services'	17
9	How to find out about services	18
10	Receiving services	19
11	Charging for services	20
12	The direct payments scheme	23
13	A review of your needs	24
14	Refusing services and other problems	25
15	Challenging decisions	27
16	Carers' needs	28
	16.1 Carer's assessments in Wales	28
	16.2 Carers Strategies in Wales	29
	16.3 Carer's Allowance.....	29
	16.4 Carers' organisations	30

1 Community care support services

Many older people may need some support to remain independent at home. The local council social services department is responsible for making sure that vulnerable older people and those with disabilities have the support they need. This support might be provided by family or friends. If this is not possible, the local council social services can arrange community care services. Services may be provided directly by the council or arranged through other organisations, for example, private agencies or local voluntary groups. It is also possible to 'employ' your own care and support services by using the Direct Payments scheme, where the council provides you with money for you to spend on services that meet your care needs, rather than providing the services directly (see section 12 of this guide). Housing departments and health authorities may also provide services connected to community care. The collection of support services is sometimes referred to as a 'care package'.

The second phase of the Welsh Assembly's 'Older People's Strategy 2008-13' will focus on continued improvement of the health and wellbeing of older people and look at new ways of enabling them to stay independent for longer. The strategy can be viewed at:

<http://wales.gov.uk/strategy/strategies/2166490/olderpeopleII.pdf?lang=en>

2 Obtaining a needs assessment

If you feel you need some assistance to manage your daily needs, you should contact your local council social services department, and ask for an individual needs assessment. A relative, carer or friend, can also contact social services and ask for a needs assessment on your behalf. You can also ask a professional to organise an assessment for you, such as your GP, community nurse, a voluntary worker or an advice worker.

Social services must assess anyone who appears to be in need of a community care service that they provide. If you have a disability, social services have a duty to assess your needs, regardless of whether they provide this service or not. Social services cannot refuse to assess you because you have too much money. They should not ask you about your finances before they have carried out a full assessment of your needs.

When you contact social services you may be asked some basic questions, such as your age, who your doctor is, your next-of-kin, the state of your health and what difficulties you are having, so it is important to have this information ready. If you are not personally experiencing difficulties, but you are caring for someone who does, you are also entitled to an assessment. This is known as a carer's assessment (see section 16).

Social services should publish their criteria for what level of needs they can meet with examples, and information on the type of assessment that will be carried out, based on the Unified Assessment (see section 5).

3 If you have been refused an assessment

If you are refused a needs assessment, it may be because the local council social services department does not feel you are in need of any services that they provide. This may be because the person you spoke to did not ask you the right questions and was not fully aware of your needs. If this happens, it may be helpful to write a letter or email to social services (remembering to keep a copy) explaining your circumstances in more detail. You can ask your carer, someone who knows you, or your GP to send in more information. An advice agency or independent advocate may be able to assist you to write on your behalf. It may be helpful to ask for a copy of the local council social services criteria for assessment. For more information about advocacy, see our guide:

Independent Advocacy (guide number 25)

If you are still not satisfied with the response from social services, you could consider making a complaint. For more information about making a complaint, see our guide:

Complaints about community care and NHS services in Wales (guide number 74).

4 Delays in assessments

If you develop a very serious need, or your existing care arrangements have broken down, an urgent needs assessment can be arranged by the local council social services. Alternatively, the local council social services can provide you with an emergency care package until they can carry out an assessment.

There is no set policy for the time limit you have to wait for your needs assessment by the local council social services to be carried out. The length of time you wait will depend on your situation. However, good practice guidance states social services departments must undertake an assessment within 'a reasonable time' and many departments will have their own targets for time limits. These should be publicised in the customer charter or long-term care charter that is available from your local council social services department. If the council fails to meet its own targets, or to assess you within a reasonable time, you can complain. For more information about making a complaint, see our guide:

Complaints about community care and NHS services in Wales (guide number 74).

5 The Unified Assessment

The 'Health and Social Care for Adults: Creating a Unified and Fair System for Assessing and Managing Care' policy guidance brought in the Unified Assessment. This means that you can expect to have only one assessment, which will cover both your health and social services needs. It means that people being assessed should not need to have more than one assessment, or repeat the same information to many different people. Some assessments may require input from a wider range of agencies such as the local council housing department, the Pension Service and disability benefit agencies.

Under the Unified Assessment, skilled and competent staff should carry out your assessment, and contributions from more qualified and specialist professionals should be available if a more detailed assessment is required.

During the Unified Assessment, the professionals will discuss your care needs with you to decide what support services you may need to meet your individual needs. Together, you both will look at what you are able to do, your health and disabilities, and your current living and care arrangements. You should be fully involved in the assessment process and able to state your preferences and choices. Your carer, relative and other professionals, such as an independent advocate or your GP may, with your agreement, also be involved.

The type of assessment you receive will depend on your needs. For example, if you find it hard to prepare a hot meal, you may be assessed for this by a simple interview, and then provided with Meals on Wheels as a service. Or, if you are having falls, or need a reminder to take your medicine at the right time, you may be assessed as needing services like telecare. This service allows you to raise the alarm should you fall (by

pressing a button on a special pendant or wristwatch, or by wearing a fall sensor, which will automatically raise the alarm should you fall), or you may receive a phone call from someone who works at a special call centre to remind you to take your medicine.

There are lots of other services that may be available to help you at home. For more information, see our guide:

Help at Home: what may be available in your local area (guide number 14).

Such services usually have their own individual assessment, but can form part of a more comprehensive assessment of your needs under a 'multi-disciplinary assessment' or 'comprehensive assessment'.

If you have more complex difficulties, you will need a more detailed assessment, sometimes known as a 'comprehensive assessment'. A social worker or care manager should co-ordinate this. They may also contact other people involved in your care, such as a care worker, community nurse, GP or medical specialist.

Occupational therapists and physiotherapists are also often involved to ensure that you can remain as independent as possible with recommended aids, adaptations or exercises; this is called a multi-disciplinary assessment.

The importance of the detailed individual needs assessment is that all areas of your life (known under the Unified Assessment as 'domains') are looked at. It is important that all of your needs are considered, including any psychological and emotional needs you may have. If you do not feel that your assessment has covered everything, you can ask for a review or re-assessment. If this is refused or you are still not satisfied, you can make a complaint (see section 15).

5.1 Domains (the different areas of your life)

The different aspects of your life that should be examined during the Unified Assessment are called 'domains' in the guidance to social services and health authorities. These areas of your life are assessed and recorded by the social worker, and will form the basis for deciding what support you should be provided with. It is very important that all domains are covered during the assessment. The following should be considered:

Your perspective

- Problems and issues in your own words
- Personal and spiritual fulfilment, and life-style choices
- Advocacy needs
- Your expectations, needs, strengths, coping mechanisms, abilities and motivation, including cultural and social expectations
- Recent life events

Carer's perspective and need for carer's assessment (if you have a carer)

- If you are a carer, and need more information about this part of the assessment, please see our guide:
Carers: what support is available (guide number 10).

Clinical background

- History of medical conditions and diagnoses
- History of falls
- Medication use and ability to take your medicine properly
- Recent hospital admissions
- Breathing difficulties

Disease prevention

- History of blood pressure monitoring

- Nutrition/current diet/swallowing ability/how much fluid you drink
- Vaccination history
- Drinking and smoking history
- Exercise pattern
- History of screening (such as going to appointments for breast or prostate screenings)

Personal care and physical wellbeing

- Pain
- Oral health
- Footcare
- Skin care, including prevention of pressure areas
- Mobility in and out of the home
- Climbing stairs
- Continence
- Sleeping patterns

Activities of daily living

- Washing
- Bathing
- Grooming (e.g. haircare or shaving)
- Dressing
- Getting to and using toilet
- Transfer in/out of a chair
- Transfer in/out of bed
- Eating and drinking
- Ability to make choices and have control over environment
- Suitable equipment

Senses

- Sight

- Hearing
- Smell
- Taste
- Speech and communication, first/preferred language and understanding

Mental health

- Cognition and dementia
- Mental health, including feeling confused or paranoid, depression, reactions to loss, and other emotional difficulties
- Addictions or substance misuse (for example, tranquillisers or alcohol.)

Relationships

- Social support and network, personal relationships, and involvement in leisure, hobbies, religious groups
- Support from a carer and strength of caring arrangements
- Ability to care for others where necessary, i.e. partner

Safety

- Abuse and neglect (risk assessment)
- Other aspects of personal safety (risk assessment)
- Public safety/hazards (risk assessment)
- Manual handling assessment for your carer (risk assessment)

Instrumental activities of daily living

- Meal and snack preparation
- Making a hot drink
- Heavy housework (cleaning)
- Keeping warm
- Shopping
- Care of the home

- Managing affairs (finances, paperwork)

Immediate environment and resources

- Accommodation (including noise), heating or physical hazards (risk assessment), location and access
- Level and management of finances and need for benefit advice (risk assessment)
- Access to local facilities and services
- Work, education, learning and participation in community activities
- Transport needs.

If you do not feel that your assessment has covered everything that is relevant to your care needs, you can ask for a re-assessment. If this is refused or you are still not satisfied, you could consider making a complaint. For more information, see our guide:

Complaints about community care and NHS services in Wales (guide number 74).

6 What happens at an assessment?

Most types of assessment will be carried out in your own home, normally by social services staff (a social worker or care manager). If you are in hospital, your assessment may be carried out in hospital as part of your hospital discharge process. You can have someone with you during the assessment if you wish, such as a relative, friend or an independent advocate. This may be particularly important if you have communication difficulties. Before the assessment takes place, it may be helpful to write down a list of things you want to talk about, or record over a week the difficulties you face in going about your daily routine.

The assessment should not cover your finances, except to ensure you are receiving the correct benefits. You should only be asked about your income or savings if it is agreed that the local council social services are to provide you with support services. Local councils are able to charge for the provision of services; however, this charge must be 'reasonable' and for home care, not be more than £50 per week (see section 11).

If your partner, a relative or a friend is caring for you, they should also be involved in your needs assessment and both of you should have the opportunity to discuss any worries you may have. If you have a carer, he or she can also ask for their own assessment of needs so that they can continue caring for you, but still have involvement in activities outside of this role (see section 16).

Remember that your needs assessment is a chance for you to have your say. It is important to explain how you feel so that your views are included in your care plan. For example, if you want to move into a care home or you want to live in a different part of the country, it is really important to make this clear during the assessment. State your reasons and explain

why this is important to you i.e. maintaining family contact.

The person who carries out the assessment should record what you have said about your difficulties and what you are able to do. The local council social services department will use the assessment to decide what support it will offer. If the council decide that you do not meet their eligibility criteria and so they will not be providing you with a service, you remain entitled to a written statement of your needs following the assessment. If the local council are not able to meet a need, they should record that this as an 'unmet need'. This is an important part of the assessment process so that the council can develop services that do not currently exist.

7 The importance of your care plan

If it is decided, following your assessment, that you are either to receive support services provided by the local council social services in your own home, or you are to move into a care home funded by the council; you should be given a written care plan (also known as a personal plan of care). The care plan should clearly state your individual needs, which should include your emotional, psychological, cultural, social and spiritual needs, as well as your physical care needs. The care plan should also include details of how you will receive the support you need. If you are provided with a service, the plan should include who will supply this, along with contact details of someone you can contact if you have a problem.

Care plans should be agreed between you and the social worker, and should include any concerns you have. Both you and the social worker should sign and date this care plan. You have the right to receive a copy of your individual care plan. If you do not receive a copy, you should ask for one.

If you feel that your care plan does not accurately reflect your care needs or that an amendment is necessary, you should raise this with your social worker. If issues remain unresolved, you can consider making a complaint. For more information, see our guide:

Complaints about community care and NHS services in Wales (guide number 74).

8 'Fair Access to Care Services'

Each council can set the eligibility criteria for the services they are able to provide, related to the resources they have available. There is, therefore, variation in eligibility criteria across the country. However the 'Fair Access to Care Services' guidance, published within the 'Health and Social Care for Adults: Creating a Unified and Fair System for Assessing and Managing Care' by the Welsh Assembly, sets the framework that each council should follow when agreeing their eligibility criteria.

The 'Fair Access to Care Services' guidance suggests four levels of need:

- Critical
- Substantial
- Moderate
- Low.

Due to budgetary constraints, some councils are restricting eligibility for services to people with critical and substantial needs only. Local councils should prioritise the needs of a person according to the immediate and longer-term risk to the person if their needs were not met. The 'Fair Access to Care Services' advises that when assessing the risk, the social services department should focus on:

- The autonomy and freedom to make choices;
- Health and safety including freedom from harm, abuse and neglect, taking in the wider issues of housing and community;
- The ability to manage personal and other daily routines;
- The involvement in family and wider community life.

9 How to find out about services

Under the 'Health and Social Care for Adults: Creating a Unified and Fair System for Assessing and Managing Care' guidance, local councils and health services in Wales should work together to publish coordinated information about the services available in their area. Your local council should also be able to give you information on the charges for services and if they are means-tested, how these are calculated against your income. The information should be available in a range of languages and in accessible formats.

There are a range of services that may be available to you. Some will be free and some will be charged for, depending on your income, savings and capital. These services could include: aids and adaptations to your home ; home care; day centres; meals on wheels; respite care; holidays; housing; care homes; telecare or telehealthcare, as well as services from voluntary, charitable and private organisations. For more information about these services, please see our guide:

Help at Home: what may be available in your local area (guide number 14).

10 Receiving services

Once your needs have been identified in your care plan, it will be decided if all, or some, of your needs will be met in accordance with the 'Fair Access to Care Services' guidance (see section 8). Once services have been provided, arrangements should be made to monitor both the effectiveness of the services as well as any changes in your needs. Social services cannot withdraw or reduce the services you are receiving without carrying out a re-assessment of your needs first.

The services you receive, as stated in your care plan, may be provided by a private or voluntary agency employed by the local council social services. If you are unhappy with a service that you receive provided by the council, you should complain to the council. If the service is provided by a private or voluntary agency on the council's behalf, you should still direct your concerns to the local council, as they remain responsible for ensuring you receive the services agreed within your care plan.

If you are assessed as not having eligible care needs, you may want to contact Age Cymru (tel.: 0800 169 65 65 www.agecymru.org.uk). They can direct you to a local office that may provide voluntary or low cost home care services. Alternatively, if you can afford to purchase care privately, you may wish to contact the UK Home Care Association (UKHCA) (tel.: 020 8288 5291; www.ukhca.co.uk), or see our guide:

Home Care Agencies: what to look for (guide number 15).

11 Charging for services

If you need health services, such as a community nurse, as part of your care plan, these will be provided free of charge. The council can charge you for the services they provide you with. They cannot charge anyone else, such as your partner or somebody that you live with, for the services that you receive.

The local council can set their own rules for charging for services at home. However, when setting charges, councils must abide by the 'Social Care Charges (Wales) Measure 2010' as well as the guidance 'Fairer Charging Policies for Home Care and Other Non-residential Social Services'. The charges must be reasonable and should not put you in a position of financial difficulty. Since 11th April 2011, councils should cap charges for domiciliary care at £50 a week. This cap on charges does not include services that have a flat rate charge, such as 'meals on wheels'. Any services set at a flat rate charge that you receive will be charged separately to any capped charge for domiciliary care.

When assessing your contribution to your care costs, your income should not be reduced below the appropriate level of Pension Guarantee Credit plus a 'buffer' of 35%. This means that for 2012-13, a single person's income should not be taken lower than £192.65 a week, which is £142.70, plus an additional 35% on top. A couple's income should not be taken lower than £294.165, which is £217.90, plus an additional 35% on top. In addition to this, as noted above, any charge should not exceed £50 per week.

This guidance also says that councils are allowed to take your savings into account when considering what to charge for services. If you have savings of more than £23,250 you may be charged the full rate of £50 per week (or

less if your local council has chosen a lesser capped charge) for the services you receive. Some councils are more generous and set a capital limit which is higher than £23,250, but they are not allowed to set it any lower than £23,250. Other councils set limits on the amount that they will charge for the services that they provide at less than the £50 per week cap set out in the 'Social Care Charges (Wales) Measure 2010'.

If you have difficulty paying the charge for services, you can ask the local council social services to consider a reduction. The local council social services cannot withdraw services from you if you refuse to pay the charges, but they are within their right to pursue this debt if it is established that the charges are 'reasonable'.

Social services should publicise information on their charging policy and how they calculate how much you should pay. You may be entitled to claim a disability benefit such as Disability Living Allowance or Attendance Allowance to help you pay for your support services. For more information see our guide:

Disability Benefits: Attendance Allowance and Disability Living Allowance (guide number 3).

If the local council takes any disability benefit you receive, such as Attendance Allowance, into account when assessing your charge, consideration should be given to any additional costs which might be incurred as a result of the disability, for example: extra heating or washing costs. If you receive the higher level of Attendance Allowance, or the care component of Disability Living Allowance, but social services only provide you with services during the day; only the lower level of Attendance Allowance, or the middle rate care component of Disability Living Allowance, should be included in your financial assessment. This is because the higher rates are given in recognition that you may need help during the day and night. Social services should not take into account the

higher rate when they are not providing for these care needs.

If it is identified in your care plan that your needs are too high and complex to be met in your own home and need to be met in a care home, the government has a different set of guidance on how councils should assess your ability to pay towards care home fees. This is known as the Charging for Residential Accommodation Guidance (CRAG). For further information about paying care home fees, see our guide:

Care Home Fees: paying them in Wales (guide number 72).

12 The direct payments scheme

As an alternative to receiving support provided directly by the local council social services or an agency acting on their behalf, you should be offered access to the Direct Payments scheme if you meet the council's eligibility criteria for the scheme and the cost of your care is more than your contribution.

The Direct Payments scheme is when you receive a payment from the council into a nominated account, which you then use to 'employ' your own care and support services that you arrange yourself. The local council social services should provide you with support to arrange these services, as well as advice about your legal responsibilities as an employer. The council may be able to provide you with details of a local independent living scheme which specialises in supporting people through the process of Direct Payments.

For more information about Direct Payments, see our guide:

Home Care: using Direct Payments and individual budgets (guide number 23).

13 A review of your needs

If your needs change, or you do not feel that your first assessment took all of your individual needs into account, you can ask for a review or re-assessment from social services. If you are challenging your first assessment, you should try to contact the person who carried out the assessment, otherwise you can contact the duty social work desk to request a re-assessment of your needs. You should state why you think that your needs are different from your original assessment. If they refuse to review your assessment, you can formally request a re-assessment or make a complaint.

Even if you feel nothing has changed, social services should review your original care package within 4-6 weeks of it being set up and hold regular reviews of your situation, at least once a year. They should tell you when the review is to be carried out so that you and other related professionals can be involved, as well as your carer or independent advocate (if you have one or want one).

14 Refusing services and other problems

Government guidance advises local councils that they must meet your assessed needs if they fall within their eligibility criteria and you have capital under £23,250 but that they can consider their budget when deciding how to meet your needs. This means that councils may offer you their 'preferred option', which may be the cheapest option. For example, if you need 24-hour care, the local council social services may decide your needs can be met most economically in a residential care home rather than by arranging for you to receive services in your own home. This is permitted provided that the council have taken into account all of your assessed needs and the deprivation to your home life has been balanced against your care needs.

If you do not want to go into a care home, the local council social services, provided you have mental capacity, cannot force you to go into a care home. You may be able to negotiate a higher level of home care as councils are not allowed to limit the provision of home care under a blanket policy that does not take into account your individual circumstances. If you stay in your own home you may not receive the level of help from social services that you would like or that makes you feel comfortable and safe. You should be able to obtain a review of your original needs assessment and argue that you need to remain in your own home. If the council social services will not increase the level of your care at home so that it meets all of your needs, you may have to sign an agreement to acknowledge that some of your needs are not being met. The council social services should not refuse to provide you with any services at all, but you may have to negotiate with them to agree that unpaid carers will meet some of your needs or that additional private care will be paid for by you.

If at any time you feel that you are being pressurised into moving to a care

home against your will, you may wish to seek further advice about your rights in relation to this matter from an advice organisation, such as Counsel and Care (tel.: 0845 300 7585; www.counselandcare.org.uk). You may also wish to involve the support of an independent advocate to ensure your views, wishes and rights are taken into account in any decision. For more information about advocacy see our guide:

Independent Advocacy (guide number 25)

As a result of your needs assessment, you may be offered services that you do not want, for example, you may not want to go to a day centre or have care staff visiting you at home. If you are in this situation discuss your concerns with your social worker or care manager and try to arrange for your needs to be re-assessed and the services changed. You have the right to refuse services; the council social services cannot force you to receive help.

15 Challenging decisions

If you are not satisfied with your needs assessment, have been refused an assessment, have experienced delays in getting an assessment or services, or are concerned about the quality of services you receive, you can complain using the local council's complaints procedure. For more information, see our guide:

Complaints about community care and NHS services in Wales
(guide number 74).

If you need support with making a complaint or communicating with council staff, you may find the support of an independent advocacy service helpful. For more information see our guide:

Independent Advocacy (guide number 25).

16 Carers' needs

Your local council social services department is required by law to consider the needs of unpaid carers. If you are an unpaid carer, particularly one who provides 'substantial and/or regular support', you may wish to request an assessment of your needs in your own right. This is known as a 'carer's assessment'.

16.1 Carer's assessments in Wales

If you are a carer, you can request a carer's assessment by contacting your local council social services department. This can be done at the same time as, or separately to, the needs assessment of the cared-for-person. The contact details for social services should be in the phone book under the name of your local council and/or the council website.

The social services department in the area where you are ordinarily resident will usually be responsible for carrying out the carer's assessment. The social worker will co-ordinate the carer's assessment but should also involve any other relevant professionals, such as someone from the local housing department, if you care for the cared for person in your own home.

Unlike the needs assessment (which uses the Unified Assessment process and guidance), there is no legislation at this time which details exactly what should be covered in the carer's assessment.

The Carers and Disabled Children Act 2000 enabled local authorities to provide separate assessments of carers needs so that even if the person you care for refuses an assessment, you as their carer, can still request an assessment for yourself.

Services that may be provided as a result of a carer's assessment could include a 'sit-in' service, a day centre place or a short stay in a residential care home for the cared-for-person. The carer's assessment could also result in a respite break for the cared for person and/or the carer (see section 15.4).

The Carers (Equal Opportunities Act) 2004 extended local councils' duty to inform carers of their right to an assessment. The act also requires councils to support carers to live as full a life as possible, taking into account whether the carer is undertaking or wishes to undertake any education, training, employment or leisure activities.

The Work and Families Act 2006 requires employers to consider flexible working patterns to support employees who are also carers.

16.2 Carers Strategies in Wales

The Carers Strategies (Wales) Measure 2010 was given Royal Approval in 2010. The policy recognises that 11.9% of the Welsh population are carers. It recognises the impact of caring and that without support caring relationships can break down. The new measure seeks to further this work by indentifying carers earlier. It recognises that most carers come into contact with the NHS, charities or other relevant private organisations working to support vulnerable people, such as home care agencies, rather than social services. The new measures therefore requires all organisations to work together to submit information strategies for carers to the Welsh Assembly by October 2012.

16.3 Carer's Allowance

Carer's Allowance is a benefit payable to people who are unable to work full time because they are caring for another person for at least 35 hours a week. To be eligible for Carer's Allowance, the cared-for person has to be in receipt of Attendance Allowance or the middle/ higher rate care

component of Disability Living Allowance. Your local Citizens Advice Bureau (tel.: 0844 477 2020; www.citizensadvice.org.uk) can advise on entitlement to Carer's Allowance and may be able to help you apply.

For more information about Carer's Allowance, see our guide:

Carers: What support is available? (guide number 10).

16.4 Carers' organisations

- Carers UK (tel.: 0808 808 7777; www.carersuk.org/wales) provides advice and information for carers. They may also be able to put you in touch with a local carers' support groups that can provide you with emotional and practical support.
- The Princess Royal Trust for Carers (tel.: 0844 800 4361; www.carers.org) provide advice, information and local support services for carers.
- Carers Direct (tel.: 0808 802 0202; www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx) is a comprehensive national information service for carers managed by the Department of Health in England and NHS Choices.

This factsheet is not a full explanation of the law and is aimed at people aged over 60

The Counsel and Care service is now part of Independent Age. Independent Age is the operating name of the Royal United Kingdom Beneficent Association.

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Registered charity number 210729

Tel.: **0845 300 7585**

Email: **advice@counselandcare.org.uk**

Website: **www.counselandcare.org.uk**

If you have found our advice useful, please consider making a donation or leaving a legacy in your will.

As a charity we rely on donations

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