

Care Act 2014: information for carers

The Care Act 2014 represents the most significant reform of care and support in more than 60 years. It replaces numerous laws affecting carers and the people they care for, introducing major reforms to meet the demands of our changing society.

The Act represents a fairer system of arranging and paying for care, putting the needs and wellbeing of people at the heart of every decision.

Most of the new legislation came into force in April 2015. Some reforms on paying for care, including a cap on care costs, originally planned for April 2016, will commence in April 2020

Provisions of the Care Act in force from April 2015:

Assessments

- Carers have the same legal rights to an assessment of their needs as the person they are caring for.
- More carers are entitled to an assessment. Previously, only carers who provided 'regular and substantial care' were eligible. Now all carers who feel they could benefit from some support have the right to an assessment. It doesn't matter about the amount of care they provide or their financial resources – the important factor is the impact that caring may have on daily life and wellbeing.
- Carers who have been refused an assessment in the past because they did not meet the eligibility criteria can now request another assessment.
- An assessment will consider physical and emotional aspects of caring responsibilities, along with its wider implications. Is a carer willing or able to continue caring? What about other family responsibilities? Does caring affect employment or study? Are there opportunities to enjoy hobbies, holidays or social events?

Eligibility

- The new law introduces **national** guidelines on care and eligibility criteria which all councils must use to decide whether someone is entitled to support. This makes for a fairer system, ending the 'postcode lottery' of differing provisions across individual local authorities.

Information, advice and advocacy

- Everyone is entitled to advice and information on care and support services, even if they are self-funding or they have not been assessed as needing specific help.



- Independent advocacy services should be provided when someone has difficulties in discussing and communicating their wishes regarding their care needs.

Safeguarding

- Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect.
- The Care Act now sets out a clear **legal** duty for local authorities to lead on safeguarding issues in their area. They must set up a Safeguarding Adults Board (SAB) to work the other agencies such as the NHS and the police to develop a joint safeguarding strategy.

Wellbeing

- Promoting wellbeing is a key part of the Act with emphasis on physical, mental and emotional issues. A 'person-centred', proactive approach aims to prevent, reduce or delay the need for care interventions.

Paying for care

- Following assessment, the local authority may decide a carer needs support but is not entitled to financial help i.e. they pay for their own services - they are 'self funding'.
- People who are self-funding have a right to ask councils to put services in place for them. These services should be charged at the same rates as the council pays for someone whose care is being funded.
- When someone receives social care support, they will have the right to ask for a personal budget. This is a summary of the estimated costs of their support services. It is particularly useful when someone is paying for their own care and will become essential when care accounts are introduced. This was originally planned for April 2016 but has been deferred until 2020.
- From April 2015, deferred payment agreements (DPAs) are available from all council across England. This arrangement enables people to use the value of their own home to pay for care home costs. The council will pay bills, recouping the cost when someone decides to sell their home or after their death. This means people will not have to sell their house during their lifetime in order to pay for care.

Care Act provisions from April 2020

Cap on care costs

The introduction of a lifetime cap on care costs heralds one of the most significant changes to the social care system since it was created after the Second World War. However, the government has delayed this flagship policy limiting care costs for self-funders of pension age or younger disabled adults. Originally planned to start in April 2016, its introduction is due in 2020.



We have outlined the main proposals, using figures relating to the original 2016 introduction. Please be aware that these costs are likely to change by 2020.

The cap on costs for self-funders will be limited to **£72,000**

- It is proposed that the upper limit for residential care where the value of someone's home is included will rise from £23,250 to £118,000.
- Where the value of someone's home is not a consideration, the upper limit will rise from £23,250 to £27,000.
- The upper limit when considering care at home will also rise from £23,250 to £27,000.
- To be eligible, a person needs to be assessed by their council as having eligible care needs. Only the cost of the assessed care needs will count towards the cap.
- The council will then set up an individual care account. This tracks the amount of money spent on a person's eligible care needs. The word 'eligible' is important as it only includes the needs identified by the assessment. For example, if someone decides to have a cleaner but their assessment doesn't specify help with cleaning is needed, that cost won't be included in a care account.
- Anything they or the council spend on their eligible needs will be included in their care account. Once it reaches £72,000, the council will pay for 'eligible needs'. It is important to note that the 'daily living costs' such as food and accommodation when someone is in a care home will not count as 'eligible needs' - the proposed charge is £12,000 per year.
- The council can reassess care needs, even if someone pays for their own care. There will be regular checks to confirm the amount being spent is still in line with the costs of assessed needs.
- If someone wants to move to a home which is more expensive than the rate quoted by the council, it will be possible under the new legislation for them to pay their own top-up fees to cover the difference.
- When someone is not happy about a council decision, they have a new right to complain and appeal it and for this to be independently investigated.

Top-up fees

'Top-up' fees may apply if someone wants to move into a care home which is more expensive than the council is willing to pay. Currently, top-up fees must be paid by someone else – often a family member. New legislation will allow people to pay their own top-up fees.

If you need further information or would like to discuss any aspect of your caring role, please contact Carers' Resource. You will find our details listed overleaf.



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We can provide this information in other formats (large print, Braille and audio) and in other languages.

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