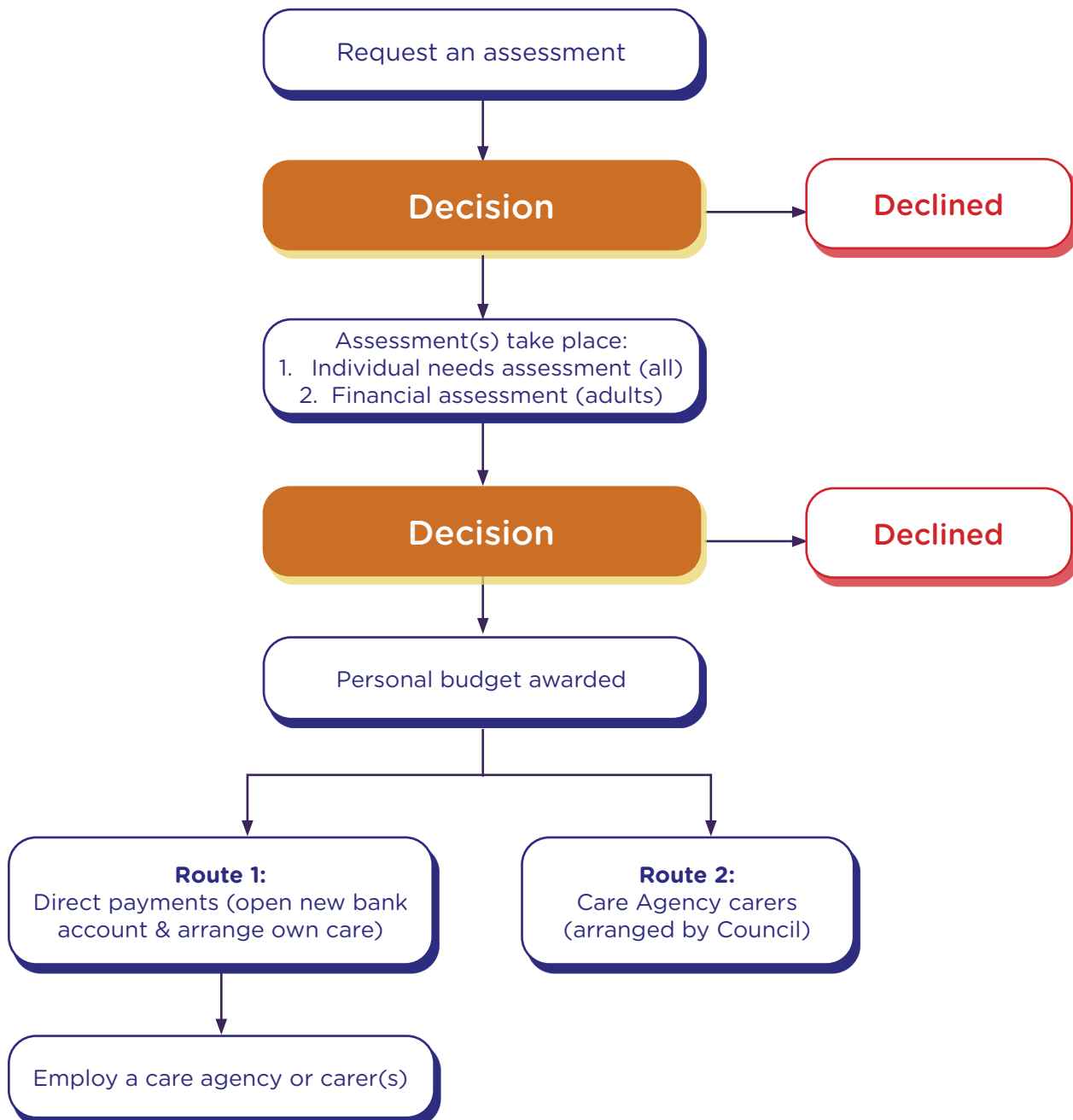


# Funding for Care Needs

## Social Care

### Important notes

- Community Support team can help you throughout entire process – email us at [communitysupport@debra.org.uk](mailto:communitysupport@debra.org.uk)
- You may wish to contact [Penderels Trust](#) or other local agencies to assist with recruitment and/or employment of a carer(s) or care agency.
- You can request a social care review if your needs change (e.g. require more hours or help).



# Funding for Care Needs

## Social Care

### Guidance for assessment process

1

Social Care assessments are carried out by the social work department. Request an assessment from the Adults or Children with Disabilities Team.

2

The social work department will review your request and determine if you are eligible for an assessment(s). If accepted, you will undergo an assessment(s). If declined, you can ask for details on how to challenge this decision.

3

A social worker will arrange a remote or in-person assessment(s). There are two types of assessments: 1. Individual needs (all) – the social worker will determine a care package/budget based on your individual needs. 2. Financial (adults only) – the social worker will determine if you will need to contribute, which is means-tested.

If awarded a personal budget, you can choose how you wish to receive the award – i.e. by direct payment or arranged by the Council. You can change your preferred option at any time.

4

Most councils have a preferred suppliers list of local agencies. After a package is agreed, the care agency should conduct a home visit and create an individual care plan. Most agencies will offer the same carers, as they recruit for 'runs'. Although not always guaranteed. Any good care agency should always aim to offer consistency..

If declined, you can ask for details on how to challenge this decision.

5

Route 1 - Direct payments are specific amounts paid directly to your account for the purposes outlined in your care package. You can manage this yourself or through a third party. If you choose to receive direct payments, you are required to open a new bank account so that the money is stored separately from your personal funds. You will receive direct payments every 4 weeks; you must use this money for your care as outlined in your care package.

6

Route 2 - Councils can arrange this for you for the purposes outlined in your care package, including making the payments for care services and/or to agencies. If you choose this route, you do not have a choice over which care agency is used.

7

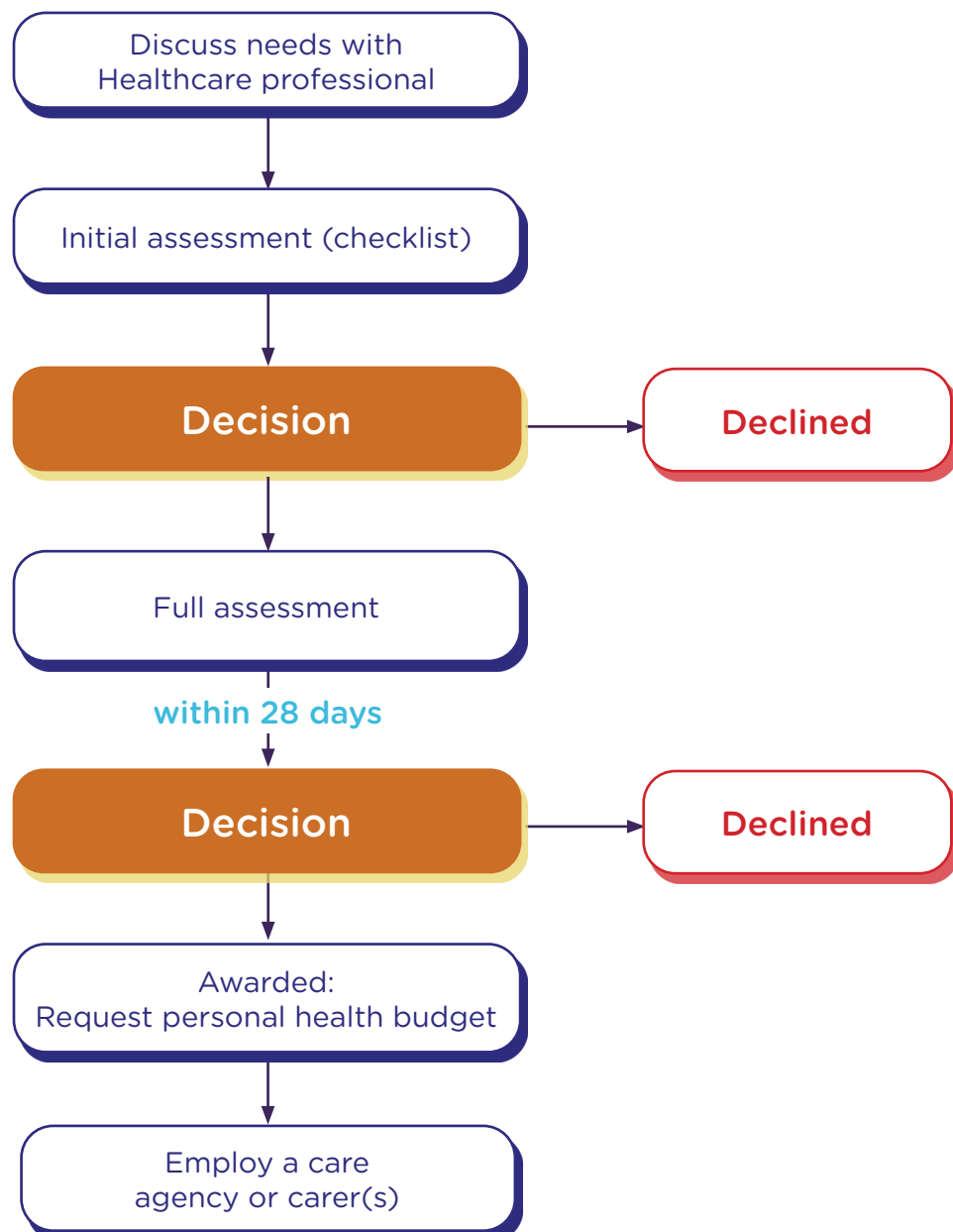
Once employed, a care agency will provide you with a carer(s). If you employ an individual carer(s), they should help with personal care tasks based on the hours/money in your care package. This can be someone you know or someone who works for a care agency.

# Funding for Care Needs

## Continuing Healthcare (England & Wales)

### Important notes

- Community Support team can help you throughout entire process – email us at [communitysupport@debra.org.uk](mailto:communitysupport@debra.org.uk)
- You may wish to contact [Penderels Trust](#) or other local agencies to assist with recruitment and/or employment of a carer(s) or care agency.
- If your needs change then your eligibility for continuing healthcare may also change. You can challenge the decisions made around these changes.



# Funding for Care Needs

## Continuing Healthcare (England & Wales)

### Guidance for assessment process

1

If you live with a disability you may be eligible for a care package based on your health care needs. You should discuss this with a Healthcare professional, such as your GP or EB team.

2

You should be fully involved in the assessment process. The Healthcare professional will complete an initial assessment (checklist) to determine if you need a full NHS continuing healthcare assessment.

3

If you meet the eligibility criteria, you may have a full assessment or be given your award. If you do not meet the eligibility criteria, you will not receive a health care package. If declined, you can ask for details on how to challenge this decision.

4

A full assessment may not always be required. When it is required, a team of healthcare professionals will review your physical, mental and social care needs, looking at evidence and completing a decision support tool to make their recommendations. A decision will be made within 28 days.

5

If awarded, you will be notified of your care package. If declined, you can ask for details on how to challenge this decision.

6

Once you have your award you can request a personal health budget to give you more choice over the services and care you receive. Your award will be reviewed after 3 months and then at least every year to make sure it still meets your needs (not for eligibility).

7

Once employed, a care agency will provide you with a carer(s). If you employ an individual carer(s), they should help with personal care tasks based on the hours/money in your care package. This can be someone you know or someone who works for a care agency.