GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Long-Term Care Series

United Kingdom (England)

Long-Term Care In-Kind Benefit Plan Details

1992-2024

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Version: 1.0 (April 2025)

This project is funded by the National Institutes of Health, National Institute of Aging, R01 AG030153.

Please cite as "Gateway to Global Aging Data (2025). *Gateway Policy Explorer: United Kingdom (England), Long-Term Care In-Kind Benefit Plan Details, 1992-2024*, Version: 1.0 (April 2025), University of Southern California, Los Angeles. https://doi.org/10.25553/gpe.ltc.kb.eng"

Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — *Gateway Policy Explorer: Long-Term Care Series*

The *Gateway Policy Explorer* (http://g2aging.org/policy-explorer) is part of the Gateway to Global Aging Data (http://g2aging.org) project. The *Long-Term Care Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

Why are we tracking past policy? Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Long-Term Care Series* are country and time. In the United States, policy is reported at the state level. We prioritize data collection for each country or state based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country or state and each broad category of policies covered in the *Gateway Policy Explorer: Long-Term Care Series*.

United Kingdom (England)

In-Kind Benefits

Plan details 1992-2024 * †

In-kind benefits are one of the long-term care (LTC) services provided to older individuals with care needs in England. In-kind benefits include home care, community care, and residential care. Before 2014, England provided LTC services through various legislations. Eligibility for adult social care coverage and definitions of dependence lacked strict criteria and varied by local authority. In general, individuals were eligible for in-kind benefits as long as they resided within the geographical area of the local authority where they were applied to receive care.

In 2014, the Care Act was adopted, establishing a single legislation that outlines entitlement to public care and support for all adults with care needs. Individuals are eligible for in-kind benefits through the Care Act as long as they reside within the geographical area of the local authority where they are applying to receive care. The Care Act specifies a minimum threshold of care needs. Individuals qualify for benefits if their care needs arise from a physical or mental impairment or illness that hinders them from achieving 2 out of the 10 specified outcomes outlined in the Act. Local authorities have discretion over how they charge for services. However, national guidelines establish common principles to ensure that individuals have a reasonable amount of money left for personal expenses. Benefits are means tested to determine coverage and copayments but are not taxed.

Key Dates

First law: 1948

Major changes since 1992: 2014

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* If you have questions or suggestions, please contact policy@g2aging.org.

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

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Chapter 1: Policy enacted 1992-2013

Overview

During this period, England provided a wide range of long-term care (LTC) services through home care, community care, and residential care mostly organized at the local authority level. Benefit eligibility was based on care and financial needs.

LTC is part of adult social care in England. Before 2014, adult social care was organized by several legislations including the National Assistance Act 1948, National Health Service and Community Care Act 1990, and the Health and Social Care Act 2012, among many others. Eligibility for adult social care coverage lacked strict criteria and varied by local authority. In general, individuals were eligible for in-kind benefits as long as they resided within the geographical area of the local authority where they applied to receive care. In 1996, direct payments were introduced, allowing eligible individuals the choice to purchase services themselves rather than relying solely on care provided in-kind by their local authority. The evaluation of dependence, including minimum thresholds, was not clearly defined in legislation and varied among local authorities. In 2003, the Fair Access to Care Services (FACS) eligibility bands were introduced to standardize criteria, but they primarily served as guidelines, allowing local authorities discretion in implementation. These bands categorized risks into four levels: low, moderate, substantial, and critical, based on potential consequences of unmet care needs. Local authorities had discretion over how they charged for services. However, national guidelines established common principles to ensure that individuals had a reasonable amount of money left for personal expenses. Benefits were means-tested but not taxed.

This policy period (chapter) provides details on in-kind benefits covered by several legislations in England including the National Assistance Act 1948, National Health Service and Community Care Act 1990, and the Health and Social Care Act 2012, among many others, from 1992 to 2013.

Statutory basis

The National Assistance Act 1948 (UK Parliament, 1948)

Health Services and Public Health Act 1968 (UK Parliament, 1968)

Health & Social Services and Social Security Adjudications Act 1983 (UK Parliament, 1983)

Disabled Persons (Services, Consultation and Representation) Act 1986 (UK Parliament, 1986)

The Income Support (General) Regulations 1987 (UK Parliament, 1987)

National Health Service and Community Care Act 1990 (UK Parliament, 1990)

The National Assistance (Assessment of Resources) Regulations 1992 (UK Parliament, 1992)

Community Care (Direct Payments) Act 1996 (UK Parliament, 1996)

Health and Social Care Act 2001 (UK Parliament, 2001)

Health and Social Care Act 2012 (UK Parliament, 2012)

Financing

Source of financing

Long-term care services are financed by the National Health Service (NHS), local authorities, charities, and out-of-pocket payments by beneficiaries (Comas-Herrera et al., 2010).

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC risks covered are not clearly defined for adult social care before 2014 and definitions may have varied by local authority. Essentially, care needs related to age, illness, disability, or any other similar circumstance that requires care or assistance are covered (UK Parliament, 1948, §21; UK Parliament, 1990, §42; UK Parliament, 2012, §65).

Eligible population

The requirements to be eligible for adult social care coverage are not strictly defined before 2014 and implementation may have varied by local authority. In general, services were provided under the following circumstances:

- Residence requirement: Resides within the geographical area of the local authority where they are applying to receive care (UK Parliament, 1948, §24)

Benefit

Home care benefit

Home care benefits differed by local authority but the main services included (UK Parliament, 1968, §13; UK Parliament, 2001, §49; Comas-Herrera et al., 2010):

- Home nursing (before 2001)[1]: nursing care provided in a home environment
- Personal care: help with ADLs such as eating, personal hygiene, dressing, and using the toilet
- Domestic assistance: help with household-related activities such as laundry, household chores, buying groceries, and preparing meals
- Meal delivery (e.g., Meals on Wheels): a service that delivers meals to individuals at home who are unable to purchase or prepare their own meals

In 1996, direct payments were introduced, providing eligible individuals with the option to purchase services themselves instead of relying on care provided in-kind by their local authority (UK Parliament, 1996).

Community care

Community care benefits differed by local authority but the main services included (Comas-Herrera et al., 2010):

- Day care centers: facilities that provide LTC services including personal care during the day but do not provide accommodation

In 1996, direct payments were introduced, providing eligible individuals with the option to purchase services themselves instead of relying on care provided in-kind by their local authority (UK Parliament, 1996).

Residential care

Residential care benefits differed by local authority but the main services included (UK Parliament, 1948, §21; Comas-Herrera et al., 2010):

- Residential home[2]: facilities that provide accommodation and personal care services, such as bathing, dressing, taking medication, and going to the toilet
- Nursing home[2]: facilities that provide accommodation, personal care, and 24-hour assistance from qualified nurses

In 1996, direct payments were introduced, providing eligible individuals with the option to purchase services themselves instead of relying on care provided in-kind by their local authority. However, direct payments could not be used for residential care. Residential care benefits had to be received in-kind (UK Parliament, 1996).

Other benefits

Other care benefits differed by local authority but the main services included (Comas-Herrera et al., 2010):

- Home equipment and adaptations (e.g., personal care alarm, stairlift)

In 1996, direct payments were introduced, providing eligible individuals with the option to purchase services themselves instead of relying on care provided in-kind by their local authority (UK Parliament, 1996).

Provision of care

In-kind benefits are provided by local authorities, community health services, and independent for-profit and non-profit organizations (Comas-Herrera et al., 2010).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of care needs is not clearly defined for adult social care before 2014 and minimum levels may have varied by local authority.

In 2003, the Fair Access to Care Services (FACS) eligibility bands were created to standardize eligibility criteria across local authorities. Four bands categorized the severity of risks to independence and well-being and the potential consequences if needs went unmet. These bands included the following levels: low, moderate, substantial, and critical. However, the FACS eligibility bands operated primarily as a guideline or framework rather than enforceable regulations, allowing for flexibility in their application across different local authorities. As a result, local authorities that implemented the FACS bands established varying thresholds. The following lists the number of local authorities that set their minimum level of care needs at what FACS level in 2013 (UK Government, 2015):

- Low: 3 local authorities
- Moderate: 16 local authorities
- Substantial: 130 local authorities
- Critical: 3 local authorities

Box 1 defines each level.

Duration of benefit

The duration of benefits is not clearly defined for adult social care before 2014 and the duration may have varied by local authority.

Means testing

Individuals with more than the upper capital threshold pay for the full cost of care services. In 2001, the upper capital threshold was £18,500 and in 2013 it was £23,250. Table 1 lists capital thresholds from 1992 to 2024. Box 2 lists types of capital that should be disregarded in the context of residential care (UK Parliament, 1992).

Age requirement

None

Care needs assessment

Definition of dependence

The definition of dependence is not clearly defined for adult social care before 2014 and definitions may have varied by local authority.

In 2003, the Fair Access to Care Services (FACS) eligibility bands were created to standardize eligibility criteria across local authorities. However, the FACS eligibility bands operated primarily as a guideline or framework rather than enforceable regulations, giving local authorities the discretion to decide whether or not to implement the FACS guidelines. Four bands categorized the severity of risks to independence and well-being, or the potential consequences if needs went unmet. These bands included the levels of low, moderate, substantial, and critical (Department of Health, 2003). Box 1 defines each level.

Evaluation of dependence

Under the NHS and Community Care Act 1990, local authorities were obligated to assess the needs of individuals who may require community care services and decide whether their circumstances required the provision of LTC services (UK Parliament, 1990, §47(1)). Under the Disabled Persons Act 1986, local authorities were obligated to consider caregivers' abilities (UK Parliament, 1986, §8). When an individual is regularly cared for by someone who is not officially employed for that purpose, the local authority must assess the need for those services and take into account the caregiver's ability to continue providing care. However, the assessment is not clearly defined for adult social care before 2014 and therefore it may have varied by local authority. Overall, most assessments aimed to align the individuals' needs with the available services, prioritizing support for individuals with greater care needs. This involved a comprehensive assessment of care requirements and the subsequent arrangement of a tailored care package to fulfill them. A care manager often played a key role in coordinating the assessment process and organizing care services, possibly overseeing a dedicated budget for service provision (Comas-Herrera et al., 2010).

Evaluators

The local authority's social services department conducts the evaluation of dependence (Comas-Herrera et al., 2010).

Benefit limitations

Can you mix LTC benefits?

Before 2014, adult social care in England was organized by several legislations. The legislations do not specify any restrictions on mixing benefits.

Is there free choice between cash and benefits in-kind?

From 1996, individuals have the option to purchase services themselves through direct payments or receive care in-kind. However, direct payments cannot be used for residential care. Residential care benefits must be received in-kind (UK Parliament, 1996).

Can you receive LTC benefits with other social security benefits?

Before 2014, adult social care in England was organized by several legislations. The legislations do not specify any limitations on the accumulation of LTC benefits alongside other social security benefits.

User costs

User charges

Several legislations require local authorities to assess individuals' financial capacity to pay for local authority services and to recover charges, if applicable, in a manner they consider reasonable (UK Parliament, 1948, §22; UK Parliament, 1983, §17; UK Parliament, 1990, §44). Hence, local authorities have discretion over how they charge for services. However, national guidelines establish common principles for them to adhere to when setting these user charges to ensure that individuals are left with a reasonable amount of money for personal expenses.

For home care and community care, the national guidelines state that local authorities should disregard a sum of income of at least 25% above the level of social security income maintenance benefits (e.g., Income Support, Job Seekers Allowance (Income Based) (JSA-IB), Guaranteed Credit element of Pension Credit) (Department of Health, 2001a; Department of Health, 2013; Comas-Herrera et al., 2010). Additional details regarding user charges for home care and community care, which vary by local authority, have not been identified yet.

For residential care, all local authorities must ensure that individuals are left with an allowance for weekly personal expenses called the Personal Expenses Allowance (PEA). Table 2 lists PEA from 1992 to 2024. National guidelines provide capital thresholds for local authorities to use in their financial contribution assessments. The guidelines state that individuals with more than the upper capital threshold pay for the full cost of care services (UK Parliament, 1948, §22(2)). Individuals with less than the lower capital threshold have a contribution that is only based on their income (not their capital). Individuals with capital between the thresholds have a tariff income added to the income considered in their financial assessment. The tariff income is £1 per week for every £250 of capital over the lower capital threshold (UK Parliament, 1987, §53; Department of Health, 2001b).[3] Table 1 lists capital thresholds from 1992 to 2024. Box 2 lists types of capital that should be disregarded in the context of residential care and Box 3 lists types of income that should be disregarded in the context of residential care. Additional details regarding the income-based contribution for residential care, which varies by local authority, have not been identified yet.

Taxation of benefits

Not subject to taxation

Chapter 2: Policy enacted 2014-2024

Policy change in 2014
Before 2014, long-term care in England was regulated by several legislations. However, these legislations lacked precise definitions for determining eligibility for adult social care coverage. In 2014, the Care Act was created, establishing a single legislation that outlines entitlement to public care and support for all adults with care needs. Among its key provisions, the Care Act specifies a minimum threshold of dependence. Individuals qualify if their care requirements stem from a physical or mental impairment or illness that hinders them from achieving 2 out of the 10 specified outcomes in the Act and impacts their overall well-being. Moreover, the Care Act establishes a regulatory framework for personal budgets, a concept introduced by the government in 2007 but not previously formalized into legislation. While benefits may differ between local authorities, the Care Act mandates that all local authorities offer in-kind benefits through personal budgets. It also grants beneficiaries the option to select from three allocation methods for their personal budgets: a managed account, an individual service fund, or direct payments.

Overview

During this period, England provided a wide range of long-term care (LTC) services through home care, community care, and residential care mostly organized at the local authority level. Benefit eligibility is based on care and financial needs.

The Care Act 2014 provides LTC services, which are part of adult social care, to older adults with care needs. Local authorities are responsible for providing care through personal budgets, which includes assessing people's needs and, if individuals are eligible, funding their care. Individuals are eligible for in-kind benefits through the Care Act as long as they reside within the geographical area of the local authority where they are applying to receive the personal budget. Beneficiaries have the option to select from three allocation methods for their personal budgets: a managed account, an individual service fund, or direct payments. In a managed account, the local authority administers and coordinates care on behalf of the beneficiary. An individual service fund operates similar to a managed account, but is instead managed by a third party (e.g., service provider). In a direct payment arrangement, the beneficiary receives their personal budget and arranges care services themselves. The evaluation of dependence varies by local authority because there is no specific statutory form. However, individuals qualify if their care requirements stem from a physical or mental impairment or illness that hinders them from achieving 2 out of the 10 specified outcomes in the Care Act and impacts their overall well-being. Local authorities have discretion over how they charge for services. However, national guidelines establish common principles to ensure that individuals have a reasonable amount of money left for personal expenses. Benefits are means-tested but not taxed.

This policy period (chapter) provides details on in-kind benefits of the LTC system in England from 2014 to 2024.

Statutory basis

The Care Act 2014 (UK Parliament, 2014a)

The Care and Support (Charging and Assessment of Resources) Regulations 2014 (UK Parliament, 2014b)

The Care and Support (Eligibility Criteria) Regulations 2014 (UK Parliament, 2014c)

Financing

Source of financing

In-kind benefits are provided through personal budgets for social care, which are part of adult social care. Adult social care is financed by grants from the central government, council tax, business rates, and out-of-pocket payments by beneficiaries (Appleby, 2021).

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The Care Act covers care needs related to limitations in physical and mental health, emotional well-being, and independence in daily life, which includes activities of daily living (ADL) and instrumental activities of daily living (IADL) (UK Parliament, 2014a, §1(2)).

Eligible population

An individual is eligible for care coverage under the Care Act if all of the following conditions are satisfied:

- Residence requirement: Resides within the geographical area of the local authority where they are applying to receive the personal budget (UK Parliament, 2014a, §13)

Benefit

Home care benefit

Local authorities provide in-kind benefits through personal budgets and allow beneficiaries to select from three allocation methods: a managed account, an individual service fund, or direct payments (UK Parliament, 2014a, §8(2)). Box 4 details the differences among these methods.

Home care benefits offered through personal budgets vary by local authority but usually include (Age UK, n.d.c Surrey County Council, 2024c; Leeds City Council, n.d.c; Bristol City Council, 2024a):

- Personal care: help with ADLs such as eating, personal hygiene, dressing, and using the toilet
- Domestic assistance: help with household-related activities such as laundry, household chores, buying groceries, and preparing meals
- Meal delivery (e.g., Meals on Wheels): a service that delivers meals to individuals at home who are unable to purchase or prepare their own meals

Community care

Local authorities provide in-kind benefits through personal budgets and allow beneficiaries to select from three allocation methods: a managed account, an individual service fund, or direct payments (UK Parliament, 2014a, §8(2)). Box 4 details the differences among these methods.

Community care benefits offered through personal budgets vary by local authority but usually include (Age UK, n.d.d; Surrey County Council, 2024d):

- Day care centers: facilities that provide LTC services including personal care during the day but do not provide accommodation
- Short-term respite care: tailored 24-hour support for older people in need of a short-term stay

Residential care

Local authorities provide in-kind benefits through personal budgets and allow beneficiaries to select from three allocation methods: a managed account, an individual service fund, or direct payments (UK Parliament, 2014a, §8(2)). Box 4 details the differences among these methods.

Residential care benefits offered through personal budgets vary by local authority but usually include (Age UK, n.d.a; Surrey County Council, 2024e; Leeds City Council, n.d.b; Bristol City Council, 2024b):

- Residential home[2]: facilities that provide accommodation and personal care services, such as bathing, dressing, taking medication, and going to the toilet
- Nursing home[2]: facilities that provide accommodation, personal care, and 24-hour assistance from qualified nurses
- Assisted living (extra-care housing): individuals live in a self-contained apartment but staff are available up to 24 hours per day to provide personal care and support services

Other benefits

Local authorities provide in-kind benefits through personal budgets and allow beneficiaries to select from three allocation methods: a managed account, an individual service fund, or direct payments (UK Parliament, 2014a, §8(2)). Box 4 details the differences among these methods.

Other benefits offered through personal budgets vary by local authority but usually include (Age UK, n.d.c; Surrey County Council, 2024c; Bristol City Council, 2024b):

- Home equipment and adaptations (e.g., personal care alarm, stairlift)

Provision of care

Local authorities are responsible for organizing care but most services are provided by independent sector home care and residential care providers, which include for-profit and non-profit organizations (The Kings Fund, 2021).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

Individuals reach the minimum level of care needs if their care needs arise from a physical or mental impairment or illness, which hinders them from achieving 2 of the 10 specified outcomes in the Care Act 2014 and significantly impacts their well-being. The ten outcomes include (UK Parliament, 2014c, §2(2)):

- 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 (e.g., caring for a child)

Duration of benefit

The benefit lasts as long as the recipient is eligible. Most councils will ask the beneficiary to submit evidence of how they have spent their money every 3 months (NHS, 2022).

Means testing

Individuals with more than the upper capital threshold pay for the full cost of care services. From 2014 to 2024, the nationally set upper capital threshold is £23,250 (Foster, 2021). Local authorities must use the nationally set capital thresholds for residential care benefits but can increase the capital thresholds for non-residential care (Foster, 2022). Table 1 lists upper capital thresholds from 1992 to 2024. Box 5 defines and provides examples of capital.

Age requirement

None

Care needs assessment

Definition of dependence

Dependence is defined based on the inability to achieve certain outcomes listed in the Care Act 2014 and a significant impact on wellbeing due to care needs that stem from physical or mental impairment or illness. Box 9 lists the ten outcomes. Being unable to achieve an outcome can be defined as being i) unable to achieve it without assistance, ii) able to achieve it without assistance but doing so causes the individual significant pain, distress, or anxiety, iii) able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the individual or others, or iv) able to achieve it without assistance but takes significantly longer than would normally be expected (UK Parliament, 2014c, §2(3)). Significant impact is assessed subjectively by the local authority. According to the Social Care Institute for Excellence (SCIE), significant impact can be a consequence of a single effect, a cumulative effect, or a domino effect (Social Care Institute for Excellence, n.d.):

- Single effect: The inability to achieve two or more outcomes significantly affects at least one area of well-being.

- Cumulative effect: Low-level needs across various outcomes accumulate, resulting in a significant impact on overall well-being. For example, poor nutrition and hygiene alongside reduced social interaction can collectively impact well-being.
- Domino effect: Currently, the individual has some needs related to the eligibility outcomes but it can be anticipated that in the near future other outcomes will be affected, causing a significant impact on their wellbeing. For example, an individual struggling with relationships and community engagement may eventually face challenges in nutrition and personal care due to worsening emotional well-being.

Evaluation of dependence

The evaluation of dependence varies by local authority because there is no specific statutory form. There are over 150 local authorities in England. The Care Act provides a statutory guidance document that sets out what local authorities need to do when evaluating dependence. The guidance document does not provide a structured assessment form with scales or scoring systems. Instead, it outlines what local authorities should consider and how they should conduct assessments. For example, it highlights the importance of individualized assessments that are tailored to the unique needs and circumstances of each person. It encourages a holistic approach, considering not only the person's physical needs but also their emotional, psychological, and social well-being. It also emphasizes the importance of considering both the person's needs and their desired outcomes when determining eligibility and states that all local authorities must incorporate the nationally set minimum threshold of 2 out of 10 outcomes in their assessment (Department of Health, 2014). Local authorities have the flexibility to create their own assessment form using this guidance or to obtain a licensed form from a private company. As a result, there are various approaches and tools for calculating personal budgets. For details on the different methods used by local authorities, please refer to Box 6.

Imosphere is a software company that provides licensed Care Act need assessment forms to local authorities in England.[4] The form called the Strengths and Needs Assessment, is used to evaluate an adult's care needs in accordance with the Care Act, including determining whether the adult has eligible needs under the national eligibility criteria. Local authorities have the freedom to tailor the form they receive from Imosphere to suit their particular requirements. Most local authorities change the forms to document region-specific information or to use local terminology. Over 20 local authorities use Imosphere's forms.

The Strengths and Needs Assessment is comprehensive and asks several questions across different areas including engaging with the community, managing the home, managing money, eating, personal hygiene, and moving around. In each specific area, individuals are prompted to reflect on various aspects, including their priorities, current management strategies, level of independence, opportunities for enhancing independence, use of aids or adaptations, and identification of potential areas requiring additional support. The form includes questions about the individual's support network to provide a more comprehensive understanding, although this information does not affect eligibility. Box 7 provides an example of the information requested on the Strengths and Needs Assessment form. After providing the necessary details, the form includes a section at the end listing the 10 outcomes outlined in the Care Act (Imosphere, n.d.). The evaluator from the local authority assesses the relevance of each national eligibility outcome to the individual's situation, determining if the individual meets 2 or more of these specified outcomes. Individuals are considered to be eligible for support from their local authority if their care needs arise from a physical or mental impairment or illness and this hinders them from achieving 2 of the 10 specified outcomes in the Care Act 2014 and significantly impacts their well-being (UK Parliament, 2014c, §2(2)).

If eligibility criteria are met, a Needs Profile is completed to provide an accurate estimate of the personal budget. The profile gathers detailed information on various domains, assesses levels of dependence, and measures the extent of unpaid carer support. Box 8 provides an example of the information requested on the profile. After completing the profile, Imosphere's Formulate algorithm uses the information to generate an overall estimated budget. Local authorities have the discretion to define budget parameters and specify which components should be included. This algorithm accounts for the specific care costs in the local authority and the authority's configuration decisions. The calculation generates an estimated budget, but the local authority has the discretion to modify this amount when finalizing the budget for the individual. The algorithm is not used to make the final decision but rather to assist the local authority in the decision-making process. Table 3 illustrates an example of the output generated by Formulate.

Evaluators

The local authority in the area where the individual resides conducts the evaluation of dependence (UK Parliament, 2014a, §9).

Benefit limitations

Can you mix LTC benefits?

Certain types of in-kind benefits cannot be combined with Attendance Allowance, the care part of Disability Living Allowance, and the daily living part of Personal Independence Payment. Individuals cannot simultaneously reside in a care home (e.g., nursing home or residential home) paid through public funds (e.g., their local authority) and receive Attendance Allowance, the care part of Disability Living Allowance, or the daily living part of Personal Independence Payment. Individuals who are already receiving Attendance Allowance, the care part of Disability Living Allowance, or the daily living part of Personal Independence Payment stop receiving it 28 days after admission to a care home and can only receive it again once they move out of the home. However, individuals should be able to receive non-residential care benefits such as community-based home care and either Attendance Allowance, Disability Living Allowance (care part and/or mobility part), and Personal Independence Payment (daily living part and/or mobility part) (Age UK, 2023b).

Is there free choice between cash and benefits in-kind?

Individuals must choose between receiving certain cash benefits or residing in a care home paid by their local authority. These include the Attendance Allowance, the care part of Disability Living Allowance, and the daily living part of Personal Independence Payment (Age UK, 2023b). However, there is no choice between other types of in-kind benefits and cash benefits.

Can you receive LTC benefits with other social security benefits?

There are no limits on receiving in-kind benefits with other social security benefits.

User costs

User charges

Individuals with more than the upper capital threshold pay for the full cost of care services. Individuals with less than the lower capital threshold have a contribution that is only based on their income (not their capital). Individuals with capital between the thresholds have a tariff income added to the income considered in their financial assessment. The tariff income is £1 per week for every £250 of capital over the lower capital threshold.[3] From 2014 to 2024, the nationally set lower capital threshold is £14,250 and the upper capital threshold is £23,250 (Foster, 2021). Local authorities must use the nationally set capital thresholds for residential care benefits but can increase the capital thresholds for non-residential care (Foster, 2022). Table 1 lists capital thresholds from 1992 to 2024.

The calculation for the income-based contribution varies by local authority. All local authorities must ensure that individuals are left with a personal allowance or a minimum amount of income each week for personal expenses. For individuals receiving residenial care benefits, the personal allowance is called the Personal Expenses Allowance (PEA) and for individuals receiving non-residential care benefits it is called the Minimum Income Guarantee (MIG). Table 2 lists PEA from 1992 to 2024 and Table 4 lists MIG rates from 2014 to 2024. The income-based contribution in some local authorities including Birmingham, Leeds, Surrey, Norfolk, and Sheffield is an individual's assessed income, which is their income plus their tariff income (if applicable) minus their personal allowance and allowable expenditure (e.g., property-related household expenditure such as rent) (Birmingham City Council, 2021; Leeds City Council, n.d.a; Surrey County Council, 2024a, 2024b; Norfolk County Council, 2023; Sheffield City Council, 2020). In some local authorities including Bristol, Lambeth, Manchester, and Bradford, an individual's contribution is the lower amount between their assessed income and the cost of care (Bristol City Council, 2023; Lambeth Council, 2020; Manchester City Council, 2024; Bradford Council, 2024a, 2024b). Box 5 defines and provides examples of capital and Box 10 defines and provides examples of income.

Taxation of benefits

Not subject to taxation

Tables and Formulas

Box 1: Fair Access to Care Services (FACS) Eligibility Bands

Low Level
- There is, or will be, an inability to carry out one or two personal care or domestic routines
- Involvement in one or two aspects of work, education, or learning cannot or will not be sustained
- One or two social support systems and relationships cannot or will not be sustained
- One or two family and other social roles and responsibilities cannot or will not be undertaken

Moderate Level
- There is, or will be, an inability to carry out several personal care or domestic routines
- Involvement in several aspects of work, education, or learning cannot or will not be sustained
- Several social support systems and relationships cannot or will not be sustained
- Several family and other social roles and responsibilities cannot or will not be undertaken

Substantial Level
- There is, or will be, only partial choice and control over the immediate environment
- Abuse or neglect has occurred or will occur
- There is, or will be, an inability to carry out the majority of personal care or domestic routines
- Involvement in many aspects of work, education, or learning cannot or will not be sustained
- The majority of social support systems and relationships cannot or will not be sustained
- The majority of family and other social roles and responsibilities cannot or will not be undertaken

Critical Level
- Life is, or will be, threatened
- Significant health problems have developed or will develop
- There is, or will be, little or no choice and control over vital aspects of the immediate environment
- Serious abuse or neglect has occurred or will occur
- There is, or will be, an inability to carry out vital personal care or domestic routines
- Vital involvement in work, education, or learning cannot or will not be sustained
- Vital social support systems and relationships cannot or will not be sustained
- Vital family and other social roles and responsibilities cannot or will not be undertaken

Source: Deparment of Health (2003)
Notes: Individuals are not required to meet all the items within a level to be categorized within that level. Items within each level are separated by ”and/or.”

Table 1: Adult Social Care Capital Thresholds (1992-2024)

Year	Lower Threshold (£)	Upper Threshold (£)
1992-1995	3,000	8,000
1996-2000	10,000	16,000
2001	11,500	18,500
2002	11,750	19,000
2003	12,000	19,500
2004	12,250	20,000
2005	12,500	20,500
2006	12,750	21,000
2007	13,000	21,500
2008	13,500	22,250
2009	14,000	23000
2023-2024	14,250	23,250

Source: UK Parliament (1987), Foster (2021)

Box 2: Residential Care Contribution Disregarded Capital - The National Assistance Regulations

The following lists examples of the type of capital that should be disregarded in the calculation of capital for residential care:

- The value of one dwelling (and not more than one dwelling) of a temporary resident in circumstances where he intends to return to occupy that dwelling as his home and the dwelling to which he intends to return is still available to him
- The value of any premises acquired for occupation by the claimant which he intends to occupy as his home within 26 weeks of the date of acquisition or such longer period as is reasonable in the circumstances to enable the claimant to obtain possession and commence occupation of the premises
- Any personal possessions except those which had or have been acquired by a resident with the intention of reducing his capital in order to satisfy a local authority that he was unable to pay for his accommodation at the standard rate or to reduce the rate at which he would otherwise be liable to pay for his accommodation
- The value of any premises occupied in whole or in part by a third party where the local authority consider it would be reasonable to disregard the value of those premises
- Any reversionary interest

Source: Schedule 4 of UK Parliament (1992) and UK Parliament (1987)

Table 2: Personal Expenses Allowance (Weekly Rate) (1992-2024)

Year	PEA (£)
1992	12.20
1993	12.65
1994	13.10
1995	13.35
1996	13.75
1997	14.10
1998	14.45
1999	14.75
2000	15.45
2001	16.05
2002	16.80
2003	17.50
2004	18.10
2005	18.80
2006	19.60
2007	20.45
2008	21.50
2009	21.90
2010	22.30
2011	22.60
2012	23.50
2013	23.90
2014	24.40
2015-2022	24.90
2023	25.65
2024	28.25

Source: Schedule 4 (§13) of UK Parliament (1987), Foster (2021), Department of Health and Social Care (2023)

Box 3: Residential Care Contribution Disregarded Income - The National Assistance Regulations

The following lists examples of the type of income that should be disregarded in the calculation of income for residential care:

- Mobility component of any disability living allowance
- Attendance allowance or the care component of any disability living allowance (for temporary care home residents)
- Any income in-kind
- Any council tax benefit item Any housing benefit to which the claimant is entitled
- Any mobility supplement or any payment intended to compensate for the non-payment of such a supplement
- War disablement pension
- Guaranteed income payment
- Widow, widower, surviving civil partner pension
- Any payment in respect of any expenses incurred by a resident who is engaged by a charitable or voluntary body or a volunteer

Source: Schedule 3 of UK Parliament (1992) and UK Parliament (1987)

Box 4: Personal Budget Allocation Methods

Local authorities provide in-kind benefits through personal budgets and allow beneficiaries to choose among three allocation methods: a managed account, an individual service fund, or direct payments. In a managed account setup, the local authority administers the budget on behalf of the beneficiary and coordinates care services accordingly. An individual service fund operates similar to a managed account, but instead of being overseen by the local authority, the beneficiary's account is managed by a third party, often the service provider themselves. Lastly, in a direct payment arrangement, the beneficiary receives their personal budget and arranges care services themselves. Direct payments should not be used to purchase a service the local authority provides itself. They can be used to purchase a service from a neighboring local authority or any service the local authority commissions. Individuals must meet four conditions to choose the direct payment option:

- Has the mental capacity to make the request and if they nominate another person, that person agrees to receive the payment
- Is not prevented by law from receiving direct payments (e.g., must attend drug or alcohol rehabilitation as part of a court order)
- The local authority agrees that the beneficiary can manage direct payments, either on their own or with help from their nominated person
- The local authority agrees that direct payments are an appropriate way to meet the beneficiary's needs

Source: §8(2) of UK Parliament (2014a); Age UK (2023a)

Box 5: Definition and Examples of Capital as Stated in the Care Act

Capital refers to financial resources available for use and tends to be from sources that are considered more durable than money in the sense that they can generate a return. The UK Government provides a list that is not exhaustive but includes common examples of capital, including:

- Buildings
- Land
- National Savings Certificates and Ulster Savings Certificates
- Premium bonds
- Stocks and shares
- Capital held by the Court of Protection or a deputy appointed by that court
- Savings held in:
    - Building society accounts
    - Bank current accounts, deposit accounts or special investment accounts
    - Save As You Earn (SAYE) schemes or savings-related share scheme where you can buy shares with your savings for a fixed price
    - Unit trusts
    - Co-operatives share accounts
    - Cash

Source: UK Government (2023)

Notes: Resources can only be treated as income or capital not both. The value of the person's main or only home is disregarded if the person is receiving care in a setting that is not a care home or the person's stay in a care home is temporary. However, the local authority can decide whether to include an individual's home as capital. For example, a local authority may disregard property when a relative moves into the property after the individual enters a care home.

Box 6: Different Approaches For Calculating Personal Budgets

The Care Act Statutory Guidance emphasizes that local authorities must use methods for calculating personal budgets that ensure fairness and equity, regardless of the care environment. It requires that personal budgets be transparent, timely, and sufficient. This ensures that the person, their carer, and any independent advocate understand how the budget is calculated, are informed of the budget amount early enough to participate in planning, and are confident it will cover all necessary costs. Local authorities must also clarify that the initial budget estimate may be adjusted based on planning decisions and provide a process for challenging the final budget amount if needed. Additionally, the Guidance requires that a personal budget covers the cost for the local authority to meet a person's needs. This includes factoring in local market conditions, market intelligence, and the costs of local quality provision. This budget should reflect local care costs and be transparent to the person. Lastly, it acknowledges that personal budgets can be calculated using a range of methods, from complex algorithmic systems to simpler approaches. There is no single model that fits all situations, resulting in a variety of approaches and tools used by local authorities to determine personal budgets. These include:

- Simple Resource Allocation System (RAS): a method that uses systems that are lower in accuracy but offer straightforward approaches to estimate personal budgets
- Complex RAS: a method that uses algorithmic-based systems that offer better levels of accuracy, provided that the local authority adheres to section 11.25 of the Care Act Guidance, which requires basing personal budgets on the cost of quality local services
- Ready-reckoner: a method where the assessor determines a suitable care package for the individual's needs, calculates its cost using the local authority's standard rates, and provides this as the indicative budget

Local authorities generally use their own custom "ready-reckoner" or a "simple RAS" approach. However, among specific tools, Imosphere's Formulate, which is a complex RAS approach, is the most commonly used across local authorities. Formulate uses a single algorithm applicable to all client groups. Each individual local authority sets local parameters, such as standard rates for different types of care. These parameters need to be updated at least annually to ensure that indicative budgets remain in line with current market prices. Formulate also offers a detailed breakdown of the indicative budget to ensure transparency in accordance with the statutory guidance. Table 3 illustrates an example of the output generated by Formulate.

Source: 11.22-11.25 of UK Government (2023); Imosphere (n.d.)

Box 7: Example of Imosphere's Strengths and Needs Assessment Form

Your Outcomes

- For each outcome area, consider the below:
  - Who or what is important to you?
  - How do you manage in each area at the moment?
  - What things can you do for yourself?
  - Do you have any equipment, aids or adaptations that help you?
  - Are there any areas where your independence could be improved?
  - Are there any areas where support might help?

Outcome: Managing Your Home

- Including the following Care Act outcomes: Maintaining a habitable home environment
- Also including tidying and cleaning; taking out rubbish; washing/folding/ironing clothes; managing temperature and utilities; managing hazards or risks; presence of smoke or carbon monoxide alarms. Consider any sensory needs.

Outcome: Managing Your Hygiene and Appearance

- Including the following Care Act outcomes: Being appropriately clothed, maintaining personal hygiene, managing toilet needs
- Also including dressing and undressing and choosing weather and situation-appropriate clothing; washing whole body; managing personal appearance; hair, nail and oral care; using commode/other continence aids; adjusting/removing clothing.

Outcome: Eating Well

- Including the following Care Act outcomes: Managing and maintaining nutrition
- Also including shopping for food/essentials; maintaining a nutritious diet; preparing meals, snacks and drinks; eating and drinking.

Which of the national eligibility outcomes have been found to be eligible by the Local Authority?

- Lists the 10 Care Act outcomes with checkboxes for the evaluator to indicate which ones have been met

Source: Imosphere (n.d.)

Notes: Imosphere's Strengths and Needs Assessment is used to evaluate an adult's care needs in accordance with the Care Act, including determining whether the adult has eligible needs under the national eligibility criteria. This box provides examples of the information requested on the form, but it does not include the complete list.

Box 8: Example of Imosphere's Needs Profile

Person details

- Age band: Under 18; 18 to 64; 65 or older

Managing the home

- If the adult was found to have eligible needs for "maintaining a habitable home environment", the following question is asked: what is their level of independence in maintaining and cleaning the home?
  - Can sometimes manage alone
  - Always need someone to prompt or support
  - Always need someone to do this
  - Always need two or more people to assist
  - Does not apply

Maintaining personal hygiene

- If the adult was found to have eligible needs for "maintaining personal hygiene", the following question is asked, among others: is the person independent in managing personal appearance?
  - Can usually or always manage alone
  - Can sometimes manage alone
  - Always need someone to prompt or support
  - Always need someone to do this
  - Always need two or more people to assist
  - Does not apply

Eating well

- If the adult was found to have eligible needs for "managing and maintaining nutrition", the following question is asked, among others: is the person independent in shopping for food and essentials?
  - Can usually or always manage alone
  - Can sometimes manage alone
  - Always need someone to prompt or support
  - Always need someone to do this
  - Always need two or more people to assist
  - Does not apply

Support networks - family, friends and neighbours

- Will the person receive any ongoing unpaid support from family, friends or volunteers?
  - Responses: Yes; No
- With which of these care and support tasks will unpaid family members, friends or volunteers help? Choose all that apply.
  - Examples of Responses: Getting dressed or undressed; Using the toilet; Preparing meals
- How many mornings in an average week will unpaid carers help with the relevant tasks selected above?
  - Responses: 7; 6; 5; 4; 3; 2; 1; None; A relative or friend will be second carer where two are needed
- How many evenings in an average week will unpaid carers help with the relevant tasks selected above?
  - Responses: 7; 6; 5; 4; 3; 2; 1; None; A relative or friend will be second carer where two are needed

Source: Imosphere (n.d.)
Notes: This box provides examples of the information requested on the Needs Profile, but it does not include the complete list.

Table 3: Example of Imosphere's Formulate Algorithm Output

Hourly Rate Type	Community Rate: £18.04 per hour
Weekly allocation for essential daily living tasks	£135.30 which could provide 7.5 hours per week
Weekly allocation for household tasks	£18.04 which could provide 1 hour per week
Weekly allocation for support of a second care worker	£90.20 which could provide 5 hours per week
Weekly allocation for support during the night	No allocation
Weekly combined allocation for staying safe and social activities or relationships	£54.54 (1 social activity with support from one care worker)
Weekly allocation for engaging in work, training, education or volunteering	No allocation
Weekly allocation for support with looking after children	No allocation
Weekly allocation for sustaining unpaid carer's role (respite)	£31.06 which could provide 17 nights/year
Total weekly hours for independent living	16.5 hours/week

Source: Imosphere (n.d.)
Notes: The weekly indicative budget for this example is around £329 per week (135.30+18.04+90.20+54.54+31.06 = 329.14).

Box 9: Care Act Eligibility Outcomes

- 1) Managing and maintaining nutrition
- 2) Maintaining personal hygiene
- 3) Managing toilet needs
- 4) Being appropriately clothed
- 5) Being able to make use of the adult's home safely
- 6) Maintaining a habitable home environment
- 7) Developing and maintaining family or other personal relationships
- 8) Accessing and engaging in work, training, education or volunteering
- 9) Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services
- 10) Carrying out any caring responsibilities the adult has for a child

Source: UK Parliament (2014c)

Table 4: Minimum Income Guarantee (2014-2024)

Year	Single, Age 18-25	Single, 25+ - Under State Pension Age	Single, Over State Pension Age	Married, Age 18+	Married, Over State Pension Age
2014	71.70£	90.50£	185.45£	71.05£	141.55£
2015-2022	72.40	91.40	189	71.80	144.30
2023	74.60	94.15	194.70	73.95	148.65
2024	82.15	103.65	214.35	81.40	163.65

Source: UK Parliament (2014b)

Box 10: Definition and Examples of Income as Stated in the Care Act

The following sources of income are included when calculating an individual's income:

- Attendance Allowance, including Constant Attendance Allowance and Exceptionally Severe Disablement Allowance
- Bereavement Allowance
- Carers Allowance
- Disability Living Allowance (Care component)
- Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit
- Income Support
- Industrial Injuries Disablement Benefit or equivalent benefits
- Jobseeker's Allowance
- Maternity Allowance
- Pension Credit
- Personal Independence Payment (Daily Living component)
- State Pension
- Universal Credit

The following sources of income should be disregarded when calculating an individual's income:

- Employed and self-employed earnings
- Benefits including:
  - Direct Payments
  - Mobility component of Disability Living Allowance
  - Mobility component of Personal Independence Payments
  - Tax credit

Source: UK Government (2023)

Notes: Resources can only be treated as income or capital not both. There are differences in how income is treated in residential care settings and all other settings.

Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (http://g2aging.org/policy-explorer).

Age UK (n.d.a). Types of care home. As of April 9, 2024. [Link]

Age UK (n.d.b). Assisted living and extra-care housing. As of April 9, 2024. [Link]

Age UK (n.d.c). Home care: how to find the care you need at home. As of April 9, 2024. [Link]

Age UK (n.d.d). Home care: how to find the care you need at home. As of April 9, 2024. [Link]

Age UK (2023a). Personal budgets and direct payments in social care. As of April 9, 2024. [Link]

Age UK (2023b). Paying for permanent residential care. As of December 12, 2022. [Link]

Appleby, J. (2021). Who should pay for social care and how? The British Medical Journal. As of April 9, 2024. [Link]

Birmingham City Council (2021). Your social care and support - how much will you have to pay. As of April 9, 2024. [Link]

Bradford Council (2024a). Paying for residential care. As of April 9, 2024. [Link]

Bradford Council (2024b). Paying for non residential care. As of April 9, 2024. [Link]

Bristol City Council (2023). Information about Bristol City Council Care and Support charges - April 2023 to March 2024 . As of April 9, 2024. [Link]

Bristol City Council (2024a). Support to live independently. As of April 9, 2024. [Link]

Bristol City Council (2024b). Housing options for older and vulnerable people. As of April 9, 2024. [Link]

Comas-Herrera, A., Pickard, L., Wittenberg, R., Malley, J. & King, D. (2010). The Long-Term Care System for the Elderly in England. As of April 4, 2023. [Link]

Department of Health (2001a). Fairer Charging Policies for Home Care and other non-residential Social Services - Guidance for Councils with Social Services Responsibilities. As of April 9, 2024. [Link]

Department of Health (2001b). CHARGES FOR RESIDENTIAL ACCOMMODATION - CRAG AMENDMENT No 16. As of April 9, 2024. [Link]

Department of Health (2003). FAIR ACCESS TO CARE SERVICES GUIDANCE ON ELIGIBILITY CRITERIA FOR ADULT SOCIAL CARE. As of April 9, 2024. [Link]

Department of Health (2013). Fairer Charging Policies for Home Care and other nonresidential Social Services Guidance for Councils with Social Services Responsibilities. As of April 9, 2024. [Link]

Department of Health (2014). Care and Support Statutory Guidance. As of April 9, 2024. [Link]

Department of Health and Social Care (2020). Social care - charging for care and support - Local authority circular - LAC(DHSC)(2020)1. As of April 9, 2024. [Link]

Department of Health and Social Care (2023). Social care - charging for care and support: local authority circular - LAC(DHSC)(2023)1. As of April 9, 2024. [Link]

Foster, D. (2021). Adult Social Care: Means-test parameters since 1997. House of Commons Library. As of April 9, 2024. [Link]

Foster, D. (2022). Paying for adult social care in England. House of Commons Library. As of April 9, 2024. [Link]

Imosphere (n.d.). Driving personalised care and support with evidence-based decision making. As of April 9, 2024. [Link]

Lambeth Council (2020). Adult Social Care Contributions Policy 2022-23. As of April 9, 2024. [Link]

Leeds City Council (n.d.a). Help paying for care and support at home. As of April 9, 2024. [Link]

Leeds City Council (n.d.b). Care homes. As of April 9, 2024. [Link]

Leeds City Council (n.d.c). Help at home. As of April 9, 2024. [Link]

Manchester City Council (2024). Paying for support for adults and older people. As of April 9, 2024. [Link]

NHS (2022). Personal budgets and direct payments. As of April 9, 2024. [Link]

Norfolk County Council (2023). Your guide to residential and nursing home care charges. As of April 9, 2024. [Link]

Social Care Institute for Excellence (n.d.). Care Act: assessment and eligibility. As of April 9, 2024. [Link]

Sheffield City Council (2020). Your guide to paying for social care support in Sheffield. As of April 9, 2024. [Link]

Surrey County Council (2024a). Paying for adult social care non-residential services. As of April 9, 2024. [Link]

Surrey County Council (2024b). Paying for adult social care residential services. As of April 9, 2024. [Link]

Surrey County Council (2024c). Help at home for adults. As of April 9, 2024. [Link]

Surrey County Council (2024d). Day Centres for adults. As of April 9, 2024. [Link]

Surrey County Council (2024e). Residential and nursing home care. As of April 9, 2024. [Link]

The Kings Fund (2021). Key facts and figures about adult social care. As of April 9, 2024. [Link]

UK Government (2015). THE CARE AND SUPPORT (ELIGIBILITY CRITERIA) REGULATIONS 2015. As of April 9, 2024. [Link]

UK Government (2023). Care and support statutory guidance. As of April 9, 2024. [Link]

UK Parliament (1948). The National Assistance Act 1948. As of April 9, 2024. [Link]

UK Parliament (1968). Health Services and Public Health Act 1968. As of April 9, 2024. [Link]

UK Parliament (1983). Health & Social Services and Social Security Adjudications Act 1983. As of April 9, 2024. [Link]

UK Parliament (1986). Disabled Persons (Services, Consultation and Representation) Act 1986. As of April 9, 2024. [Link]

UK Parliament (1987). The Income Support (General) Regulations 1987. As of April 9, 2024. [Link]

UK Parliament (1990). National Health Service and Community Care Act 1990. As of April 9, 2024. [Link]

UK Parliament (1992). The National Assistance (Assessment of Resources) Regulations 1992. As of April 9, 2024. [Link]

UK Parliament (1996). Community Care (Direct Payments) Act 1996. As of April 9, 2024. [Link]

UK Parliament (2001). Health and Social Care Act 2001. As of April 9, 2024. [Link]

UK Parliament (2012). Health and Social Care Act 2012. As of April 9, 2024. [Link]

UK Parliament (2014a). Care Act 2014. As of April 9, 2024. [Link]

UK Parliament (2014b). The Care and Support (Charging and Assessment of Resources) Regulations 2014. As of April 9, 2024. [Link]

UK Parliament (2014c). The Care and Support (Eligibility Criteria) Regulations 2014. As of April 9, 2024. [Link]

Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe

Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

Adult social care: Adult social care refers to the support and services provided to adults who need assistance with daily tasks due to disabilities, illness, or old age, aimed at promoting independence and well-being. Beyond long-term care benefits, it extends support in areas like housing arrangements and facilitating social and leisure activities.

Attendance Allowance (AA): A non means-tested weekly cash benefit operated and funded at the UK government level that aims to help individuals over the state pension age who have difficulties with daily activities. Eligibility depends on age and residence.

Disability Living Allowance (DLA): A non means-tested weekly cash benefit operated and funded at the UK government level that aims to help individuals under age 16 from 2012 and under age 65 from 1992-2011 who have difficulties with daily activities. Eligibility depends on age and residence.

Fair Access to Care Services (FACS): Introduced in 2003, FACS is a framework that aimed to address national inconsistencies in eligibility for care and support and to provide a more equitable system for the provision of social care services. FACS introduced four eligibility bands that categorize the severity of risks to independence and well-being or the potential consequences if needs went unmet. These bands included the following levels: low, moderate, substantial, and critical. However, as FACS operated as a framework rather than a set of enforceable regulations, local authorities retained discretion in determining whether to adopt and implement the FACS guidelines.

Imosphere: A people-centric software company that specializes in health and care analytics. It has partnered with several local authorities in England and supplied them with a licensed Care Act needs assessment form since the Care Act was enforced.

National Health Service: The NHS (National Health Service) is a publicly funded healthcare system that provides comprehensive medical services, including primary care, hospital care, and specialized care, to all residents of the United Kingdom regardless of their ability to pay.

Personal Independence Payment (PIP): A non means-tested weekly cash benefit operated and funded at the UK government level that aims to help individuals at least age 16 but under state pension age who have difficulties with daily activities. Eligibility depends on age and residence.

Social Care Institute for Excellence (SCIE): SCIE is a government-funded organization that develops and promotes knowledge about good practices in social care and social work. It is a partner of the Department of Health and Social Care.

Notes

This section reports notes from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

1. From 2001, home nursing services transitioned away from adult social care community services and became exclusively provided by the National Health Service (NHS).
2. Residential homes are also referred to as care homes and nursing homes are also referred to as care homes with nursing in the UK.
3. For example, if someone has capital worth £15,000 and the lower capital threshold is £14,250 , £3 is added to their weekly income considered in the financial assessment.
4. Imosphere is an example of a private company approach.

Version information

Current Version: 1.0 (April 2025)

Version History

- 1.0 (April 2025): First version.

Additional resources

The following resources provide additional details for the interested reader:

Age UK. Available in English. As of May 6, 2023.
Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs10_paying_for_permanent_residential_care_fcs.pdf
Features: Provides information on user charges for residential care

Comas-Herrera, A. et al.. Available in English. As of May 5, 2024.
Available at: https://cdn.ceps.eu/wp-content/uploads/2010/07/ENEPRI%20_ANCIEN_%20RR%20No.%2074%20England.pdf
Features: Provides an overview of the long-term care system in England before the Care Act was implemented in 2014

Foster, D. Available in English. As of May 6, 2023.
Available at: https://researchbriefings.files.parliament.uk/documents/CBP-8005/CBP-8005.pdf
Features: Provides information on means-tests, including income limits, for adult social care in England before 2014

Legislation UK. Available in English. As of May 5, 2024.
Available at: https://www.legislation.gov.uk/
Features: Provides current and historical versions of LTC laws in the UK