

# Accessing adult social care in England

Details the multiple access routes to receiving residential and community care for adults in England, and the various funding options currently available.

Contact:

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# 1 . Overview of Care Pathway Models

The [Office for Statistics Regulation report on Adult Social Care Statistics in England](#) highlighted several aspects of adult social care where there is a lack of official information and statistics, for example, on the pathways and transitions into and out of adult social care, and the value of privately funded care.

There are many ways an individual can access social care in England. Residential care is care provided in a care home, while community care is provided in an individual's own home. There are also differences in how care is funded.

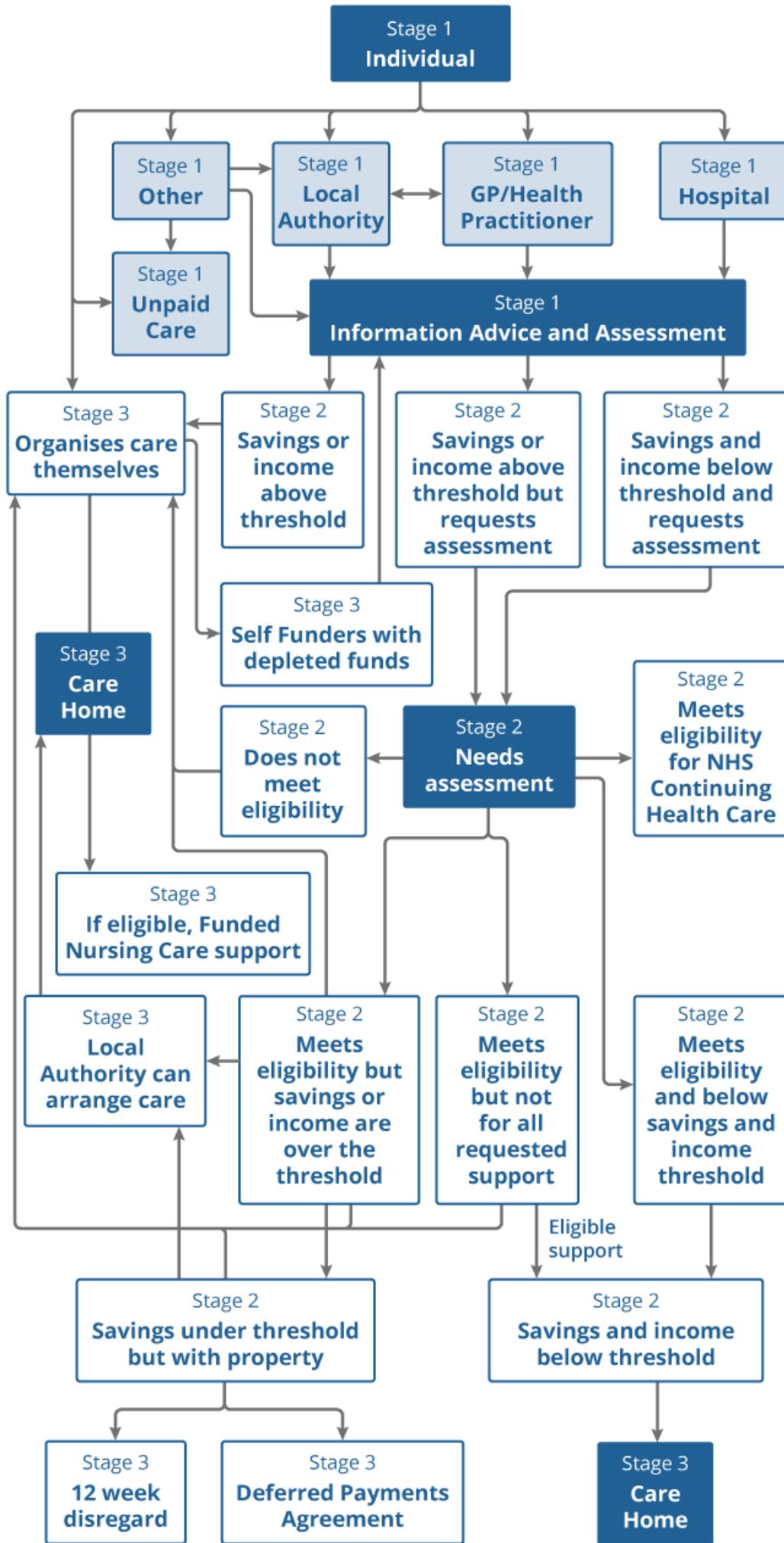
A self-funder is typically an individual who organises or funds their own care in residential or community settings, as opposed to receiving financial support from the local authority or another third party (state-funded). To help understand the different pathways into adult social care in England, we have created two Care Pathway Models (see Figures 1 and 2) to demonstrate the routes into residential and community care and the various funding options available.

We have created separate residential and community models to aid user understanding and highlight the differences between them in relation to social care funding. The models provide a high-level overview of the pathways into care as of 15 October 2021; more detail can be found in the [Care Act 2014](#). These models are an updated version of, and replacement for, the Care Pathway Model as featured in our blog [Social care: Estimating the size of the self-funding population](#).

# 2 . Residential and Community Care Pathway Models

**Figure 1: Flow diagram of funding routes for residential care in England**

# Residential care



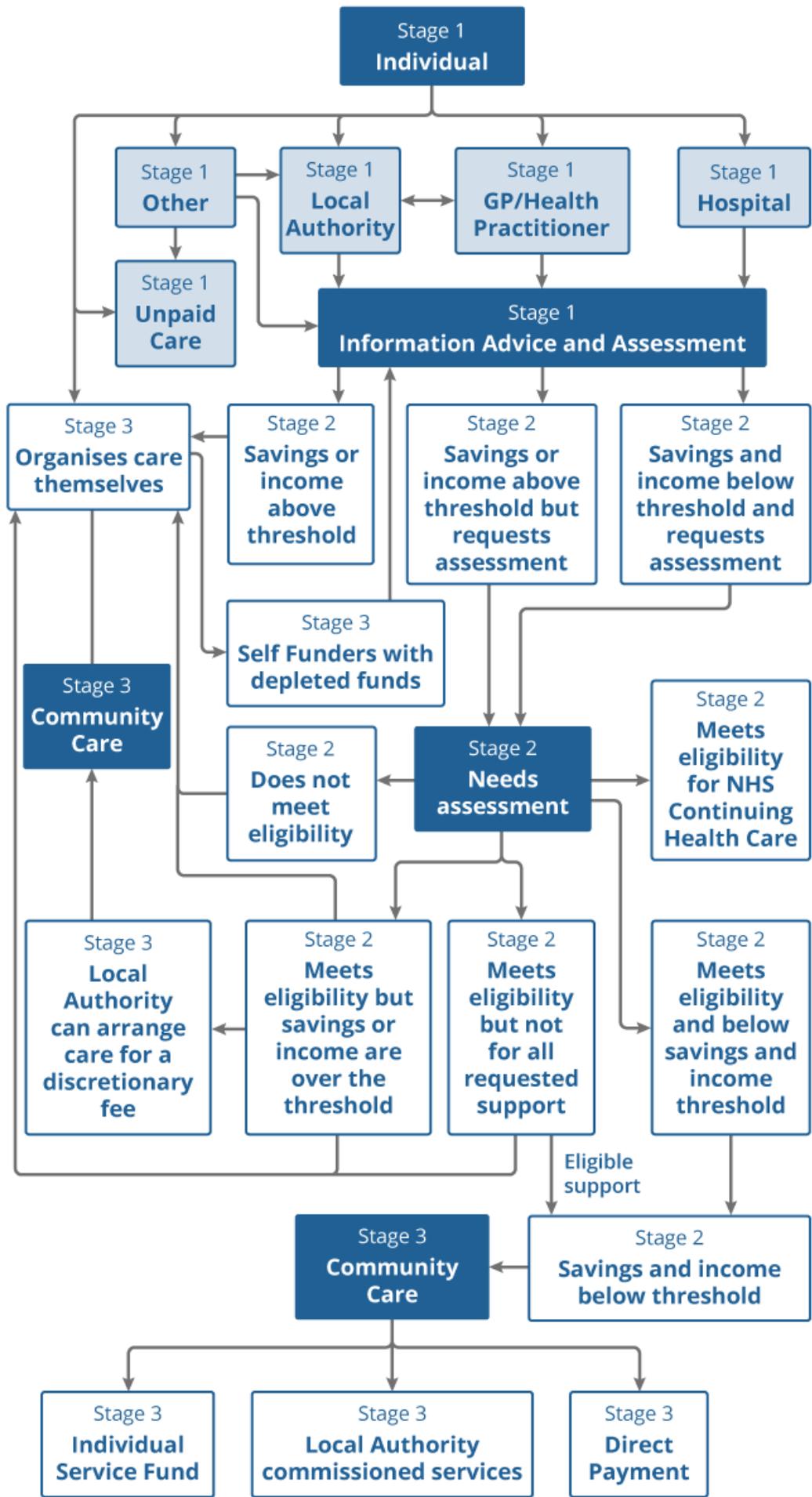


Source: Office for National Statistics – Care Pathway Model

Notes:

1. For additional explanation of terms used in this flow chart, please refer to descriptions in [Section 3: Description of the pathways into residential or community care.](#)

**Figure 2: Flow diagram of funding routes for community care in England**  
**Community care**



Notes:

1. For additional explanation of terms used in this flow chart, please refer to descriptions in [Section 3: Description of the pathways into residential or community care](#).

Figures 1 and 2 show the pathways an individual can take to access residential or community care in England, and the funding options available to them. There are three main stages represented in the Care Pathway Models:

- stage 1: getting information on accessing social care and funding support
- stage 2: assessing if an individual is eligible for care through the local authority or NHS Continuing Health Care
- stage 3: determining how the care will be funded

These stages are explained in more detail in the following sections.

### **3 . Stage 1: Getting information on accessing social care and funding support**

The Care Pathway Models show four main ways in which an individual could be referred to information, advice and assessment and social care funding. These are:

- local authority
- GP or health practitioner
- hospital
- other (for example, a charity)

This does not cover every different referral type, and more information can be found in the [Care Act 2014](#).

As shown in the model (Figures 1 and 2), an individual may also be in receipt of care that they have previously funded themselves (a self-funder), however, they are now eligible for local authority funding because of depleted funds. This may mean the individual remains in the same care home, or with the same care provider, moves within the care home (for example, to a different room), or moves to a different care home (with the same or a different provider).

The Care Pathway Models show an individual may not be directly referred to information, advice and assessment when they approach the group or organisation. For example:

- an individual may approach an organisation (for example, a charity), who may refer them to the local authority first if more appropriate, rather than directing the person directly to information, advice and assessment
- similarly, a GP could refer someone directly to information, advice and assessment or to the local authority
- a local authority could recommend that an individual approach their GP if an individual requires both health and social care support

Anyone can seek information, advice and assessment, regardless of whether they are currently receiving care and how this may be being funded.

As well as approaching a group or organisation, an individual may also receive “unpaid care” or “organise care themselves” directly. The definition of “unpaid care” in the Care Pathway Models is based on the [Care Act 2014](#) definition of a carer, which is “an adult who provides or intends to provide care for another adult (an “adult needing care”)”. It excludes those providing care under a contract or as voluntary work (unless the local authority considers it to be appropriate for them to be regarded in this way).

Information, advice and assessment represents the process through which an individual receives information about the care types available to them. There may also be brief discussion over the person’s financial situation in relation to paying for their care (see Section 4: [Assessing if an individual is eligible for care through the local authority](#)).

If at this stage the individual knows they will not be eligible for financial support because of their capital, they may choose to organise their care themselves as a self-funder.

## 4 . Stage 2: Assessing if an individual is eligible for care through the local authority

Under the [Care Act 2014](#), the local authorities have a duty to carry out an assessment of anyone who appears to have care and support needs, regardless of their financial situation. The assessment focuses on the person’s needs and the impact on their well-being (see [Care Act 2014](#) for more information).

The assessment determines what support an individual requires and whether the person qualifies for local authority funded social care, based on the eligibility criteria set out in the [Care Act 2014](#).

During the needs assessment, if an individual qualifies for social care there are multiple ways in which this can be funded and arranged. This can differ between residential and community care settings.

### Financial assessment

A full financial assessment would be carried out if a person is assessed as having social care needs. The financial assessment considers:

- savings
- income
- property

### Savings

If an individual has savings under £23,250 (the “upper threshold”), then financially they may be eligible for local authority support to fund their care. They will not be eligible if their savings are above this amount or if their income exceeds the fee plus the personal expenses allowance.

## Income

As well as regular income, a “tariff income” is calculated from an individual’s capital if it lies below the upper threshold and above the lower threshold (£14,250). This is added to other eligible income and used to determine whether the individual is eligible for local authority support.

## Property

Whether the individual owns property can also be considered and if so, whether anyone else is living there. This is only considered for residential care and will count towards savings if no partner or dependent relative also lives at the address.

## Needs assessment outcomes

The following are the main possible outcomes from the needs assessment:

- the individual does not meet the [eligibility criteria for care](#), so they organise their own care (self-funder)
- the individual meets eligibility for care but their income or savings are above the threshold; they can organise their care themselves or the local authority can arrange their care, however, this will be paid by the individual (self-funder)
- the individual meets the eligibility for some but not all of the requested support; the support they are not eligible for can be organised themselves and the remaining can be self- or state-funded depending on whether they meet the savings or income threshold (self- or state-funded depending on threshold)
- the individual meets the eligibility requirements for care and their income and savings are below the threshold; the local authority will wholly or partially fund their care (state-funded)
- the individual meets the eligibility for NHS continuing healthcare; this has a different funding pathway as care is funded by the NHS and therefore non-chargeable to the individual (NHS-funded)
- the individual meets the eligibility for funded nursing care; the NHS makes a flat rate contribution to the cost of their care, and this portion is non-chargeable to the individual (part NHS-funded, the rest of the contribution is as a state- or self-funder depending on whether they meet the income or savings threshold)

## 5 . Stage 3: Determining how the care is funded and organised

### Self-funding care

Where a self-funder contacts their local authority and has property that is taken into account when deciding funding eligibility, the property will be disregarded for 12 weeks and care funded by the local authority. This is so that the individual can organise how they will use the property to self-fund their care (for example, sell the property or let the property).

After 12 weeks, or after the date of the sale of the property if before 12 weeks, the individual would be expected to self-fund their care; this is known as the 12-week disregard. This applies to residential care only as the value of a property is not taken into account for community care. This also only applies to individuals who undergo a financial assessment as part of the local authority assessment.

Funding can then be organised for:

- those who have contacted the care provider directly
- those who have contacted their local authority but are not eligible for 12-week disregard
- those who have contacted their local authority and following the 12-week disregard

The care can be organised in one of the following three ways:

- self-funder organises their own care
- the local authority organises services
- deferred payment agreement

### **Self-funder organises own care**

For an individual over the income or savings threshold and not eligible for NHS continuing health care, they can organise and pay for their care with no involvement of the local authority. This applies to both residential and community care.

### **Local authority organises services**

For an individual over the income and savings threshold and not eligible for NHS continuing health care, but who meets eligibility for care from the needs assessment, the local authority can arrange their care. This is paid for by the individual (a discretionary fee can be charged for arranging care in the community). This applies to both residential and community care.

### **Deferred payment agreement**

Where property is taken into account in funding eligibility, an individual may enter a legal agreement with the local authority where the local authority would pay for their care, and the individual repays this on sale of their property. This can be arranged after a 12-week disregard and applies to residential care only as property is not taken into account for community care.

### **State-funded care**

Care can be organised using the following methods for state-funded recipients of care:

- local authority commissioned services
- third-party top-up
- direct payment
- individual service fund

### **Local authority commissioned services**

The local authority arranges for care and support to be provided for the individual, and the local authority will pay a contribution towards, or sometimes the full amount, for the care and support. This applies to residential and community care.

### **Third-party top-up**

If the individual decides to choose a home that is more expensive than the budget set by the local authority, they can arrange for a third-party top-up, whereby the extra amount is paid by a third party. This applies to residential care only.

## Direct payment

A set amount of money (personal budget), based on the needs assessment, is paid directly to the individual or an authorised person (if the individual does not have capacity to request the direct payment), for them to arrange their own care; for example, via a personal assistant. This applies to community care only.

## Individual service fund

This is where an individual chooses a provider, rather than the council or themselves, to manage their personal budget (based on the outcome of the needs assessment). This applies to community care only.

## Deciding on the individual's personal budget

In the case of state-funded individuals, the local authority's decision on the personal budget must account for the individual's desired outcomes and preferences. This is as well as considering value for money, affordability, and the promotion of the individual's well-being. As outlined in the [Care Act 2014](#), these decisions are part of the care and support needs planning process and are distinct from the needs assessment and eligibility determination.

For residential care, this is relatively straightforward; the main option is local authority commissioned services, and if an individual seeks care and support in addition to what is deemed sufficient by the local authority, then this can be met through a third-party top-up. These decisions may be more complex for community care and depend on the precise situation; for example, the number of hours of cleaning to fund if an individual cannot ensure their home is sufficiently clean to be safe, or the level of assistance with cooking meals if someone is unable to cook for themselves.

## 6 . Feedback

To help improve and develop our Care Pathway Models, we are interested in receiving feedback from users. We would like to know:

1. To what extent have the Care Pathway Models helped to inform your understanding of the social care system?
2. What elements, if any, of the Care Pathway Models would you like to be improved to improve understanding of the social care system?

If you have any thoughts on the above questions, or if you would like to engage with us further about this piece of work, we welcome any feedback, comments and suggestions by email to [social.care@ons.gov.uk](mailto:social.care@ons.gov.uk).

## 7 . Related links

### [Social care: Estimating the size of the self-funding population](#)

Blog | Released 3 February 2021

Outlines our current and future work to address the lack of evidence about the size of the self-funding population in care homes. Includes original version of the Care Pathway Model.

### [Adult Social Care Statistics in England \(PDF, 348KB\)](#)

PDF report | Released 16 January 2020

In-depth review of Adult Social Care Statistics in England from the Office for Statistics Regulation (OSR). Includes an overview of adult social care in England, existing statistics available and the identified gaps in evidence.

### [Care homes and estimating the self-funding population, England: 2019 to 2020](#)

Article | Released 15 October 2021

An estimation of the size of the self-funding population in care homes in England, using a new experimental method. This beta release provides data covering the period August 2019 to February 2020, which have been weighted up to create a pre-coronavirus (COVID-19) pandemic annual estimate.

### [Care homes and estimating the self-funding population, England: 2019 to 2020](#)

Methodology | Release 15 October 2021

Methods used to create a new experimental model for estimating the size of the self-funding population in care homes in England between August 2019 and February 2020. Includes how the data are collected, processed and produced as well as definitions and data sources.