

Healthwatch Hartlepool

Home Care Report

March 2025 - Final Report

Contents

Executive Summary.....	3
Background.....	4
Aim of study.....	5
Methodology.....	5
Key findings from care service user questionnaires.....	6
Overall findings/comments from questionnaires	8
Conclusions.....	14
Recommendations.....	16
Acknowledgements.....	17
References	17
Appendix 1.....	18

Executive summary

Hartlepool is one of the most deprived areas in England, ranked 18th out of 326 local authority areas and with 7 of the 12 wards in Hartlepool amongst the 10% most deprived in the country.

Healthwatch Hartlepool recognises that many people in Hartlepool are significantly affected by health inequalities and high levels of ill-health. The delivery of supportive and appropriate home care services is of vital importance for hundreds of residents. It often makes the difference between being able to live safely at home with independence and dignity or having to consider residential care options.

Our survey highlighted the following key areas:

The feedback we received from care service users and their families was generally positive. We were particularly pleased to hear that most people reported that they were treated with dignity and respect by their care providers.

Most people receiving care and their family members told us that they had been involved in developing the individual care plan and that it was reviewed, usually with social worker input on a regular basis.

However, some concerns do need to be addressed.

Some people told us that carers do not always arrive on time and that they are not routinely told if their carers are going to be significantly late. This can lead to anxiety, distress and care plan requirements not being delivered on time.

Communication processes between the care provider organisation and the cared for person are not always robust. We were told that people are sometimes not informed about changes to care routines and only find out when they happen. Also, a significant number of people said that if they reported an issue to their care provider organisation it is was not always followed up.

Around one third of those who completed the survey told us that their care worker frequently changes, and sometimes they haven't previously met the carer who attends. Whilst we appreciated that it is impossible for the same care worker to always attend, there does need to be continuity of care service and for care provision to come from a core group of carers with whom the cared for person is familiar.

A quarter of those who completed the survey said that their care worker did not routinely wear a uniform or carry ID.

Several family members told us about their experience of care provision to a relative living with dementia. They felt that whilst the care worker was trying to provide a good service they had little understanding of dementia and its impacts on the individual.

Several people told us about the difficulties and trauma faced when finding out about and arranging a home care package for themselves or a family member. For most, this was a new and difficult time, and the first port of call is often Hartlepool Borough Council, and the HBC website. Information on both the HBC website and Hartlepool Now

about home care services is limited, and in some instances out of date. This is particularly so with regard to the means testing process associated with home care delivery.

Background

“Given the UK’s aging population, pressure on NHS services, and shortage of hospital beds, it is no wonder so many people rely on domiciliary care services.”

(UK Domiciliary Care Statistics 2025/PolicyBee)

The statement above highlights the key role that domiciliary, or home care services play in providing vital support which enables 100,000’s of people up and down the country to continue living safely and independently in their own home. In 2024 there was over 11,000 domiciliary care providers registered with the Care Quality Commission (CQC). The UK domiciliary care market is estimated to be worth over £11.5billion, with almost 1 million people receiving care services (around 640,000 in England) and around 800,000 people are employed in the domiciliary care sector across the UK.

Home care services involve care workers visiting a person in their home, providing assistance with important daily tasks that the individual cannot manage to do independently. People of all ages access home care services, but people aged over 65 are the largest single user group. Home care service provision is means tested, with some people receiving services free of charges, others paying part of the cost and some the full cost of services.

Services provided include -

- Meal preparation.
- Help with getting up on a morning and going to bed in the evening.
- Assistance with showering or bathing.
- Assistance with personal care needs.
- Ensuring that medicines are taken at the correct time in line with an individual care plan.
- Assistance with dressing and undressing.

The support provided by a care worker will be in line with the care plan of the person receiving care and frequency and length of visit will vary accordingly.

Excellence in home care service provision is underpinned two key documents -

- 1) NICE guideline - “Home care: delivering personal care and practical support older people living in their own homes.” (September 2015)
- 2) Adult Social Care Outcomes Framework which was developed by the Department of Health and Social Care in conjunction with the Association of Directors of Adult Social Care. The framework identifies six key sets of care and support objectives -
 - Quality of life: people’s quality of life should be maximised by the support and services which they access.
 - Independence: people are enabled through their care to maintain their independence.

- Empowerment: - information and advice: individuals and families are empowered by access to good quality information and advice.
- Safety: people have access to care and support which is safe.
- Social connections: people maintain connections with home life, family and community
- Continuity and quality of care: people receive high quality care underpinned by properly trained and qualified staff.

The six principles provide a workable framework through which excellence can be identified and achieved in all aspects of home care services.

As with most local authorities, Hartlepool Borough Council plays a major role in the commissioning of home care services. The council currently commissions two main home care providers, Dale Care and Vestra Home Care Services. The two organisations currently deliver care services to around 396 Hartlepool residents. Dale Care employs 97 staff and Vestra Home Care Services 118, and in total, over 3000 hours of home care support is delivered each week.

Trevor Smith (Head of Strategic Commissioning (Adults)- Hartlepool Borough Council told us -

“A person centred, and strength-based approach is adopted as part of the Hartlepool Adult Social Care assessment process, under the Care Act (2014).

Social care workers (both social workers and social care officers) complete assessments (to identify initial requirements) and then complete annual reviews to update requirements. Service delivery is based on assessed need.”

Aim of study

In recent years there has been considerable coverage of the many challenges facing the social care sector. The focus is often on residential care, but it is clear that similar challenges are equally prevalent in the provision of home care. It is some years since Healthwatch Hartlepool last focused on this area of care provision. During this time Hartlepool Borough Council has refreshed its Adult Social Care Commissioning Strategy which says -

“We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.”

For many residents of Hartlepool who have physical disabilities, learning disabilities, dementia or a range of lifelong health conditions, home care is a vital element in meeting this aspiration, and being able to live safely in one’s own home.

Our study aimed to -

1. Ensure that peoples experiences of receiving home care services is captured, and that this lived experience is made available to service providers and commissioners of home care services.
2. Identify and promote areas of good practice in home care service provision and highlight areas in which users of home care services feel change or improvement is required.

3. Gain insight into the challenging climate in which home care services are commissioned and delivered, with the backdrop of increasing demand, workforce recruitment and retention issues and ever-present financial pressures.

Methodology

Many people who use home care services can be difficult to reach as due to their health condition they spend very little time away from their home. We therefore adopted the following approaches to gain insight -

- Developed a service user survey which was promoted widely via the Healthwatch Hartlepool website, and also shared on partner organisation websites, including Hartlepool Carers and the Penderels Trust.
- Visited local community groups in Hartlepool that support and work with people with health conditions and disabilities to promote the survey and conduct focused discussions.
- Promoted the survey via local social work teams.

Overall, numbers of completed, returned surveys was disappointing, (32 returned), but the quality of information received was very insightful.

Key findings from care user questionnaires and discussions

As previously mentioned, (32) completed questionnaires were returned by people receiving home care services, and in some cases a family member. Most, (21 surveys) were from people aged over 65, although 2 were received from people aged under 35.

We didn't ask people to specify health conditions, but reference was made to a variety of issues, including physical disability, learning disability, diabetes, COPD and dementia, all of which had contributed to the persons need for home care services.

A variety of funding arrangements were identified, ranging from fully funded care provision through to the individual paying the full cost of the care services they received. Some people also received a personal budget or direct payment through which all or part of the cost of their care service was paid for.

Several family members who had arranged care provision for a parent told us that the funding process which includes a means test, was complicated and information had been difficult to access. One person told us that they had looked on the Hartlepool Borough Council website, but had found information on home care had been hard to find and once found not very helpful.

Most of those who returned surveys received their care service from either Dale Care or Vestra Home Care who are both commissioned by Hartlepool Borough Council. Two people also told us that they received their care from Elite Home Care Services.

As one would expect, a wide range of care services were referred to, with the most frequently mentioned being assistance with meals, dressing and showering or bathing.

Other frequently mentioned services included assistance with medication and getting up or going to bed.

The duration of home care visits was mainly between 15 and 45 minutes. Only 1 person said that their visit was completed in under 15 minutes. 12 people told us that their carer workers often do not arrive on time for their visit. Some told us that this was only by a few minutes, but others said that it was not unusual for their care worker to be up to one hour late. People told us they usually don't receive any notice when this happens, which can lead to anxiety, upset and disrupt the implementation of the individuals care plan.

Some people also told us that communication from their care provider when changes to the delivery of their care services routines occur is poor, and the first they know about changes is when they happen.

However, most of those who returned the survey felt that they, and their family had been involved in the development of their care plan and in identifying care requirements. We were also told that care plans are regularly reviewed with social worker involvement and input from family members.

Around 30% of those who completed the survey told us that they frequently saw different care workers. Whilst we understand that it is not possible for the same person to provide an individuals care seven days a week, as far as possible, care should be delivered by a small number of regular carer workers with whom the individual is familiar with. Those receiving care identified this as a high priority in the way in which their care is delivered, and regular change and unfamiliarity has a detrimental effect on wellbeing.

Several family members told us that they had arranged care on behalf of a relative whose care needs were due in part to them living with dementia. They told us that some care workers had limited understanding of dementia which they said impacted on the quality of care provided.

Around 25% told us that their care worker did not routinely wear a uniform or have an identification badge.

Almost 90% of those who returned the survey told us that their care worker always treated them with dignity and respect. We received many positive comments about the friendly, caring and supportive nature of care workers, and understanding of the difficulties they often face in fulfilling their roles.

Another common theme was that many people felt that their care worker were not allocated enough time and consequently were always rushing to complete tasks. Some concerns were raised that occasionally staff had left before all care tasks had been completed. Others felt that they would like to be able to chat more as their care worker was one of the few people they saw each day.

When asked if they were aware of how to make a compliment or complaint around 30% told us that they didn't know how to, and a similar number felt that when they raised a

concern with their care provider they were often not listened to, and consequently no action was taken to resolve the issue.

When asked to rate the quality of the care they received, half of those who responded (15) rated their care as either 8/10, 9/10 or 10/10. 5 people rated their experience between 2/10 and 5/10. The overall average score was 7.6.

Finally, Christine Fewster, Chief Executive Officer of Hartlepool Carers told us -

“Hartlepool Carers work with families throughout our town to ensure unpaid carers have access to support at the right time. Completing carers assessments on behalf of the Local Authority we hear direct from families who receive care within their homes.

The messages we hear are inconsistent, with areas of good practice as well as areas for improvement.

Some families share that agencies and their teams go above and beyond to help. One carer said -

“My mother-in-law was on end of life, we received 3 calls per day, the girls that looked after her were exceptional, went above and beyond to support us all, working professionally and maintaining my mother in law’s dignity at all times, we will be forever grateful”

However, we hear in some cases, families cancelling packages of care due to support not being at times that are suitable for them.

Some families also shared that the option for direct payments, enabled them to independently employ support workers to help within their homes, these families were complimentary with the flexibility and control they had over their own care.

Overall, we have seen a reduction in concerns being raised and we work closely with partners to ensure people have support to live as independently as possible within their own homes.”

Overall findings/comments from questionnaires

1) Are You?

Female	22
Male	10
Total	32

Comments

None

2) How Old are You?

Age	Number
16-24	1
25-34	1

35-44	2
45-54	3
55-64	4
65-74	8
75-84	10
85+	3
Total	32

Comments

None

3) How is Your Home Care Funded?

Funding Arrangement	Number
Personal Budget/Direct Payment	5
Self-Funder	13
LA Funded	12
No Reply	2
Total	32

Comments

“The cost of my care is government funded”.

“I pay for the full cost of my care”.

“Part of it through a personal budget, and some I pay”.

4) Who Provides Your Home Care Service?

Provider	Number
Vestra Care	10
Dale Care	12
HBC	4
Elite Care	2
Don't Know	4
Total	32

Comments

“I arrange and pay for my care which is provided by Elite Care.”

5) What Care Services Do You Receive?

Service	Number Receiving Service
Medication	15
Dressing	18
Meals	19
Shower/bathing	17
Sitting Service	8
Getting up/Going to bed	14
Washing	15

Comments

“Help with bathing, dressing and meals. I can manage my own medication”.

6) On average, how long does your care worker stay each time they visit?

Time	Number
Upto 15 minutes	1
15-30 minutes	12
30-45 minutes	8
45 -60 minutes	1
Over 1 hour	8
No Reply	2
Total	32

Comments

None

7) How often do you receive support from your home care provider?

Reason	Number
Daily	10
2 x daily	4
3 x daily	7
4 x daily	5
More	3
No Reply	3
Total	32

Comments

“2:1 care every day, 9-5.”

“They are with me all day.”

“I have 3 calls a day, morning, midday and early evening.”

8) Does your care worker usually arrive on time?

Yes	No	No Reply	Total
18	12	2	32

Comments

“Usually, but sometimes a bit late.”

“Quite often running late.”

“Carer booked for 12.20pm but can be anytime from 11.30am to 1.30pm.”

“Often 15-30 minutes late.”

“We don’t get told when running late”.

“I sometimes get upset if they are late, I worry they aren’t going to come!”.

9) Did you decide what help you needed from your home care worker?

Yes	No	No Reply	Total
23	6	3	32

Comments

“Yes, with the help of my wife.”

“My family did all that”

“Yes, from my social worker.”

“My son helped.”

10) Are your care requirements ever reviewed?

Yes	No	No Reply	Total
27	3	2	32

Comments

“Yes, by social services.”

“Yes, with my social worker.”

“They do it every so often, last time about a year ago.”

11) Is your care worker usually someone you have met before?

Yes	No	No Reply	Total
21	9	2	32

Comments

“Mam, regularly gets the same carers which she likes.”

“I often get different carers, which isn’t good as I don’t get to know them.”

“Not always, have regular carer and cover when not available.”

“My dad’s carer does change from time to time. He has dementia and finds it difficult.”

12) Are you and your carer/ family always kept informed of any changes to your care times and routines?

Yes	No	No Reply	Total
17	13	2	32

Comments

“No, don’t get told, just someone different turns up.”

“Not always.” (3)

“Usually about most things, but not always if carer is running late which can cause problems.”

” Most of the time

13) Do care workers always wear a uniform and carry identification card/badge?

Yes	No	No Reply	Total
22	7	3	32

Comments

“Doesn’t need a uniform.”

“Always.” (3)

14) Do your care workers treat you with dignity and respect?

Yes	No	No Reply	Total
26	4	2	32

Comments

“They are lovely, really courteous and caring.”

“Yes always.”

“They are brilliant, work really hard and try their best.”

“Some better than others”

“Some care workers are abrupt and too heavy handed.”

“Fantastic!”

“No complaints.”

15) Do you feel that your care workers are allocated enough time with you to complete all the tasks required?

Yes	No	No Reply	Total
19	10	3	32

Comments

“No.” (3)

“They are always in a rush, and often late, need more time to get round everyone”.

“Yes, with me all day.”

“I think they need more time, often rushing and don’t get to talk much.”

“They struggle to get everything done in the time they have, worse when they are running late.”

16) If you attend clubs/appointments outside of the house, are you ready on time?

Yes	No	No Reply/Na	Total
19	3	10	32

Comments

17) Do you know how to make a complaint or compliment regarding the services you receive from your care provider?

Yes	No	No Reply	Total
22	8	2	32

Comments

“Yes, but never had to complain as happy with my care”.

“Yes”.

“Never had to.”

18) Do you feel that you and your carer/family are listened to if you have any concerns?

Yes	No	No Reply	Total
19	8	5	32

Comments

“Not always.” (3)

“Sometimes the care company does not carry out issues when reported”.

“Just pay lip service.”

“I think so”.

“Mostly”.

19) Please rate how satisfied you are with the standard of care you receive from your care provider, 1 star being extremely unhappy and 10 stars extremely happy.

1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	N/r	Av
0	1	1	2	1	3	4	6	4	5	5	7.6

Comments

20) Is there anything else you wish to tell us about any aspect of the home care service you receive?

Comments

“Very happy.” (2)

“My carer comes early in the morning, always very friendly, always on time.”

“We are charged even when they are cancelled. Very difficult to contact.”

“Arranging mams care was difficult. Had never done anything like it before. Finding out about the money, who to contact and what the options were could be made easier”.

“Girls who came to care for mam were great but had problems with office in terms of timetabling and took several calls to get sorted”.

“The carers are great, but you don’t get much notice when things change.”

“My mam has dementia. Some of the carers are good, but some don’t understand.”

“Very annoyed about having to pay for our pendants, don’t we pay enough already!”

Conclusions

The feedback we received from care service users and their families was generally positive. We were particularly pleased to hear that most people reported they were treated with dignity and respect by their care workers. With one or two exceptions, the feedback we received about care workers was very positive, with staff frequently referred to as being “kind, supportive and friendly.” This is reflected in the ratings which people awarded their care service, with 15 people scoring 8, 9,10 out of 10, (overall average score of 7.6)

Most people receiving care and their family members told us that they had been involved in developing the individual care plan and that it was reviewed, usually with social worker input on a regular basis. This was very positive feedback and demonstrated a commitment to ensuring the individual has a central part to play in the development of their care package.

However, some concerns do need to be addressed.

Firstly, 12 people reported that carers do not always arrive on time. Given the nature of care work it is inevitable that from time-to-time carers will be running late. However, if this starts to happen on a regular basis then consideration needs to be given to visit timings. Also, if a care worker is running more than 15 minutes late, the person they are due to visit should be informed of the delay. People told us that they are not routinely told if carers are going to be significantly late and this can cause anxiety, distress and care plan requirements not being delivered on time.

Communication processes between the care provider organisation and the cared for person are not always robust. We were told that people are sometimes not informed about changes to care routines and only find out when they actually happen. Some people also said that they were unaware of how to make a compliment or complaint. Finally, a significant number of people also said that if they reported an issue to the care provider organisation it was not always followed up.

Around one third of people said that their care worker frequently changes, and quite often they haven't previously met them. Again, we accept that it is not possible for the same care worker to always visit. However, there does need to be continuity of care and for care provision to come from a core group of carers with whom the cared for person is familiar.

We were surprised to hear that a quarter of those who completed the survey said that their care worker did not routinely wear a uniform or carry ID. There will be some instances when a care worker may not be required to wear a uniform due to the nature of the care provision, but this does not apply to ID.

Several family members talked about their experience of care provision to a relative living with dementia. They felt that whilst the care worker was trying to provide a good service they had little understanding of dementia and its impacts on the individual.

Some people receiving care are quite isolated and would appreciate more opportunities to talk.

Finally, people told us about the difficulties and trauma faced when finding out about and arranging a home care package for themselves or a family member. For most, this was a new and quite difficult time. Home care is means tested and requires the individual to go through an assessment process to identify the level of contribution they will be required to make toward the cost of their care package. For most people, the first port of call is the local authority, and the Hartlepool Borough Council website. Having looked at both the general HBC website and Hartlepool Now, information about home care is quite limited. Some information is out of date as it still lists the commissioned care providers who were in place prior to the latest commissioning process which concluded several years ago. There was also no clear guidance as to how people would be supported to obtain an appropriate package of care or about the financial assessment process.

Recommendations

1. When care workers are running more than 15 minutes late, the next person to receive care should be contacted and advised of the likely time of arrival to avoid anxiety and distress on the part of the cared for person, and risks associated with late/missed visits minimised.
(Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.11 - NICE Guideline Sept 2015)
2. Care providers must ensure that communication with those receiving care is robust and when changes to care arrangements are proposed, the cared for person is fully aware of proposals and has been properly consulted about any new care arrangements.
(Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.3.10 - NICE Guideline Sept 2015)
3. Care providers must ensure that those receiving care are informed and periodically reminded of the ways in which complaints/compliments can be made. Procedures should also be available on the care organisations website.
(Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.4, 1.4.5,1.4.6 - NICE Guideline Sept 2015)
4. Identification badges should be always worn by care workers whilst on duty.
5. Care providers should ensure that as far as is practicably possible cared for people are familiar with the person providing their care services and have been introduced to the individuals who will be providing their care in future. This, and general communication should be overseen by a care co-ordinator.
(Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.7 - NICE Guideline Sept 2015)
6. As part of induction and ongoing staff development processes, all care workers should undertake training which enables them to recognise and respond appropriately to conditions such as dementia, physical and learning disabilities and sensory loss.
(Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.7.4 - NICE Guideline Sept 2015)
7. When carers are regularly running late between appointments, appointment timings should be reviewed to ensure enough time has been allocated to cover completion of care tasks and travel time.
(Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.4.1 - NICE Guideline Sept 2015)
8. Hartlepool Borough Council should review the accessibility and content of home care related information on its website and consider introducing financial guidance in line with the NHS example shown in Appendix 1
(Ref Home Care: delivering personal care and practical support to older people living in their own homes 1.2.1 - NICE Guideline Sept 2015)

9. Social care providers should liaise with Hartlepool Borough Council social workers if a person receiving home care is isolated and has said that they would like more opportunities to socialise.

Acknowledgements

Thank you to everyone that has helped us with our consultation including:

Members of the public who completed our survey and shared their views and experiences with us.

All those who attended and contributed at our other consultation events.

Staff from Hartlepool Carers, Penderels Trust and Hartlepool Borough Council who supported the development of this investigation.

References

- 1) Home Care: Delivering personal care and practical support to older people living in their own homes (NICE Guideline - 17 September 2015)
- 2) Adult social care outcomes framework (Department of Health and Social Care)
- 3) Social care 360 (Kings Fund)
- 4) Home Care (Hartlepool Borough Council)
- 5) Adult social care commissioning strategy (Hartlepool Borough Council)
- 6) Care in your own home: a glossary (Hartlepool Borough Council)
- 7) Home Care - What people told Healthwatch about their experiences (Healthwatch England - August 2017)
- 8) UK domiciliary care statistics 2025 (PolicyBee)

Appendix 1

From NHS Website

Financial assessment (means test) for social care

A financial assessment or means test works out if the council will pay towards your care. It looks at how much money you have. In England the council generally helps to pay for care costs if you have savings less than £23,250.

It may be that you'll have to pay towards the cost of your care. The more money you have, the more you'll be expected to pay.

The financial assessment is free and happens after a [needs assessment](#) or [carer's assessment](#).

You don't need to get a financial assessment yourself.

What happens during a financial assessment

A Financial Assessment Officer from the council will contact you to ask about things like your:

- earnings
- pensions
- benefits (including Attendance Allowance or PIP)
- savings
- property (including overseas property)

They won't need to know about the value of your possessions or any life insurance policies.

It won't work to spend your money or give your property away before the financial assessment. The assessment can ask you about things you used to own.

If the council thinks you have reduced your wealth on purpose, it might stop you getting any type of financial help.

How to prepare for a financial assessment

Make sure you have all the information you'll need.

This includes details about:

- savings in bank accounts, building societies, ISAs or premium bonds
- stocks and shares you own
- property or land you own

Make a list of any disability-related expenses you have so you remember everything when you're asked about it.

Will I have to sell my home to pay for care?

If you need a paid carer to come into your home, the value of your house won't be included in the financial assessment.

But if you're paying for a care home, the value of your house will be included unless your spouse or partner is still living in it.

Getting the results

The council will write to you about how much your care will cost and the amount you have to pay.

If you qualify for council help with costs, you'll be offered a [personal budget](#).

You can choose to get your personal budget in 2 ways:

- a [direct payment](#) into your bank account each month
- the council organises your care and you'll get a regular bill to pay towards it

If you don't qualify for council help with costs, you'll be expected to pay the full cost of your care. Read more about [paying for your own care \(self-funding\)](#).

The council must regularly reassess your finances, usually once a year.

If you have any questions about how your financial assessment has been worked out, ask the council to explain it to you.

Getting help

If you want to talk to someone about the financial assessment:

- find a local accredited financial adviser at [Society of Later Life Advisers](#) (for older people)
- call the [MoneyHelper](#) helpline on 0800 138 7777 (for all ages)

[Read more about mean tests for help with care costs and how they work on the MoneyHelper website.](#)

How to complain about a financial assessment

If you don't agree with the results of your financial assessment or how it was done, you have the right to complain.

First complain to your local council. Your council should have a formal complaints procedure on its website.

If you're not happy with the way the council handles your complaint, you can take it to the [local government and social care ombudsman](#).

An ombudsman is an independent person who's been appointed to look into complaints about organisations.

More in [Help from social services and charities](#)

- [Social care telephone helplines and forums](#)
- [Getting a care needs assessment](#)
- [Care and support plans](#)
- Financial assessment (means test) for social care
 - [Someone to speak up for you \(advocate\)](#)
 - [Care for people with mental health problems \(Care Programme Approach\)](#)
 - [Abuse and neglect of adults at risk](#)

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Next review due: 18 May 2025