Day and Nightcare

WHO CARES? WE CARE.

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FULL HANDBOOK

Paying for care

Council funding, NHS Continuing Healthcare, benefits, council tax discounts and every legitimate way to reduce the cost of care.



22 guides in this handbook. The contents are on the next page.

A short guide to this handbook, with the key points of each guide: **www.dayandnightcare.co.uk/leaflets/brochure-paying-for-care-short.pdf**

Talk to our care team

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www.dayandnightcare.co.uk

CQC overall rating: Good (report published 20 April 2018)

This PDF was made on 1 November 2026. Where a page records when its information was last checked, the date is at the end of that page.

Information, not advice: please check anything important with the organisation named.

Contents

1. How to reduce the cost of care: a guide for families in England 3
2. Council funding for care: assessments, means test and charges 15
3. NHS Continuing Healthcare: a guide for families 25
4. Attendance Allowance: rates, who qualifies and how to claim 36
5. Personal Independence Payment (PIP): a guide for families 47
6. Carer's Allowance: who can claim and how it affects other benefits 57
7. Council Tax discounts for dementia, disability and carers 67
8. Direct payments and personal budgets: a guide for families 78
9. Paying for care from savings and property: a family guide 88
10. Benefits and help for older people: the 2026/27 checklist 99
11. How to pay for live-in care: every funding route in England 109
12. Financial assessment for care at home: the means test explained 119
13. Disability-related expenditure (DRE): lowering your care charge 129
14. Pension Credit: rates, how to claim and what it unlocks 137
15. When savings run low: moving from self-funding to council help 146
16. Deprivation of assets and gifting: the real rules on care fees 154
17. Challenging an NHS Continuing Healthcare decision 163
18. Retrospective NHS Continuing Healthcare claims for past care 172
19. Personal health budgets: how they work with NHS care at home 181
20. Section 117 aftercare: free care after a mental health detention 189
21. Help with NHS health costs: prescriptions, dental, eyes, travel 197
22. Help with heating and energy costs in 2026/27 206

How to reduce the cost of care: a guide for families in England

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Families usually pay less for care when they check, in order, whether the NHS should fund it, whether the council should contribute, and which benefits, discounts and free services apply. Several of these can be claimed together, many are not means-tested, and none of them stops the person choosing care at home. The home they live in is never counted when the council works out what they pay for care at home.



IN THIS GUIDE

1. Key figures for 2026/27
2. Could the NHS pay for all of it?
3. Will the council help? The care needs assessment
4. Make sure the financial assessment counts everything
5. Free care after hospital and free equipment
6. Claim the benefits that are not means-tested
7. Check Pension Credit and what it unlocks
8. Reduce the council tax bill
9. Support for family carers
10. Ways to make care at home cost less
11. Common mistakes that cost families money
12. Who to call: numbers and opening hours
13. Wording you can use
14. Documents to have ready
15. What to do next
16. How we can help
17. Useful contacts and next steps
18. Common questions
19. Sources and further information

Care at home is often paid for from several sources at once. The NHS, the council and the benefits system each have their own rules, and families regularly miss help simply because nobody mentioned it. The figures here are for 2026/27 in England; in Scotland, Wales and Northern Ireland the rules differ.

Key figures for 2026/27

Help	2026/27 amount	Good to know
Attendance Allowance	£76.70 or £114.60 a week	State Pension age and over; not means-tested
PIP daily living / mobility	£76.70 or £114.60 / £30.30 or £80.00 a week	New claims usually under State Pension age
Pension Credit	Tops income up to £238.00 (single) or £363.25 (couple) a week	Extra £86.05 for severe disability, £48.15 for carers
Carer's Allowance	£86.45 a week	Earnings limit £204 a week
Council capital limits	£23,250 upper, £14,250 lower	The home is not counted for care at home
Minimum income guarantee	£241.45 a week	Single person over Pension Credit age
Disabled Facilities Grant	Up to £30,000	Means-tested for adults
NHS-funded nursing care	£267.68 a week	Nursing homes only

Could the NHS pay for all of it?

NHS Continuing Healthcare (CHC) is care arranged and paid for entirely by the NHS for adults whose needs are mainly health needs. It is not means-tested and can pay for care at home, including live-in care. It depends on needs, not on a diagnosis.

- Ask the GP, district nurse, hospital team or social worker for the CHC Checklist, a short screening tool (wording below). A positive result leads to a full assessment, and the integrated care board (ICB) should normally decide within 28 days.
- If someone is deteriorating quickly and may be nearing the end of life, ask for the Fast Track Pathway Tool. Care should usually be arranged within 48 hours.

- If the answer is no, you can ask the ICB to look again, usually within six months of the decision letter, and then ask NHS England for an independent review.
- If someone paid for care when they should have been assessed, you can ask the ICB to look at that past period (from 1 April 2012). Refunds include interest.

Two further NHS routes: after-care under section 117 of the Mental Health Act must be free, and in a nursing home the NHS pays £267.68 a week towards nursing. See NHS Continuing Healthcare.

Will the council help? The care needs assessment

Anyone who appears to need care can ask the council for a free care needs assessment, whatever their income or savings. Contact the adult social care team at the council where the person lives; if you are not sure which council that is, GOV.UK's "find your local council" tool tells you from a postcode (link below). If needs are eligible, a financial assessment works out the weekly charge. For care at home:

- **The home they live in is not counted.**
- Savings over £23,250: the person usually pays the full cost, but the council must still arrange care if asked.
- Between £14,250 and £23,250: £1 a week is added to income for every £250 of savings ("tariff income").
- After paying the charge and housing costs such as rent and council tax, the person must keep at least the minimum income guarantee.

Councils can be more generous than these minimums, and some cap weekly charges. See Council funding for care.

Make sure the financial assessment counts everything

- **Disability-related expenditure (DRE).** Where disability benefits are counted as income, the council should let the person keep enough to pay the extra costs of their disability: a community alarm, above-average heating or water, extra laundry and bedding, a special diet, privately paid cleaning or gardening, equipment repairs, extra transport, and any care or respite the council does not arrange. Keep receipts and list everything.

- **Night-time care.** If the person gets the higher rate of Attendance Allowance but the council funds only daytime care, ask how its charging policy treats the night-time part. Some councils ignore it; otherwise, night care you pay for privately can be claimed as DRE.
- **Income that must be ignored:** earnings, the mobility part of PIP or DLA, Pension Credit savings credit, and War Pension Scheme payments to veterans (except Constant Attendance Allowance).
- **Couples:** only the person receiving care is assessed. A partner's own money is not counted.

Free care after hospital and free equipment

- **Reablement and intermediate care** must be free for up to six weeks, whether or not the person has ongoing needs. If you are invoiced for this period, query it. See Reablement and intermediate care.
- **Community equipment**, such as a commode, perching stool or raised toilet seat, must be provided free, as must **minor adaptations** costing £1,000 or less, such as grab rails. Ask the council's adult social care team for an occupational therapy assessment.
- **Disabled Facilities Grant:** up to £30,000 for larger work such as a level-access shower or stairlift, applied for through the council. It is means-tested for adults, the council must decide within six months, and it does not affect benefits. Do not start work until the grant is approved.
- **VAT relief:** a disabled person or someone with a long-term illness pays no VAT on equipment designed for disabled people for their own use, such as adjustable beds and stairlifts, and on some building work such as ramps. Tell the supplier before you buy: you confirm eligibility in writing, and they may give you a form for this. Age alone does not qualify.

See Equipment and home adaptations.

Claim the benefits that are not means-tested

- **Attendance Allowance** (State Pension age and over): £76.70 a week for help by day or supervision at night; £114.60 for help day and night, or if a doctor or nurse says the person is nearing the end of life. Payment starts from the claim date, not before, so call 0800 731 0122 for a form as soon as needs begin: the claim counts from the day you call if the form is back within six weeks.

- **Personal Independence Payment** for people under State Pension age: daily living £76.70 or £114.60, mobility £30.30 or £80.00 a week. Start a claim on 0800 917 2222.

See Attendance Allowance and PIP.

Check Pension Credit and what it unlocks

Pension Credit tops weekly income up to £238.00 for a single person or £363.25 for a couple. People who get Attendance Allowance may receive an extra £86.05 a week, and carers an extra £48.15. Savings up to £10,000 are ignored; above that, every £500 counts as £1 a week of income. Owning a home does not stop a claim, and it can be backdated three months. Claim on 0800 99 1234.

It can open the door to Housing Benefit, Council Tax Reduction, a free TV licence at 75 or over, help with NHS dental treatment, glasses and hospital travel, Cold Weather Payments and the Warm Home Discount.

One trap: the extra severe disability amount stops if someone is paid Carer's Allowance for looking after the person, and other adults living in the home can affect it too. Get a benefits check first. See Other benefits and help for older people.

Reduce the council tax bill

Apply to the council that sends the bill:

- **Severe mental impairment:** someone with dementia or another severe mental impairment, certified by a doctor and receiving a qualifying benefit such as Attendance Allowance, is ignored for council tax. Living alone, they pay nothing; if everyone else in the home is also ignored, such as an eligible live-in carer, the bill is halved; with one other adult, 25% comes off.
- **Disabled Band Reduction:** an extra bathroom, kitchen or room needed by a disabled person, or extra wheelchair space, drops the bill by one band (17% off in Band A).
- **Live-in carers** looking after someone who is not their partner, spouse or child under 18 can be ignored, so a discount may still apply.

See Council tax discounts for care.

Support for family carers

- **Carer's Allowance:** £86.45 a week for caring at least 35 hours a week. It cannot be paid in full alongside a State Pension, but claiming can still increase Pension Credit. It can be backdated three months. Call 0800 731 0297.
- **Carer's assessment:** free from the council for any carer. It can lead to breaks, practical help or a direct payment. If replacement care is charged for, the person cared for pays, not the carer.

See Carer's Allowance, Carer's assessment and live-in respite care.

Ways to make care at home cost less

- **Direct payments** give control over the council's share, including choosing a managed live-in care agency. See Direct payments and personal budgets.
- **Couples can share one carer** where one person can safely meet both people's needs. See live-in care for couples.
- **Mix paid care with family help.** Family might cover some days, or visiting home care may be enough until needs grow.
- **Be honest about alternatives.** For someone who needs two carers around the clock, a nursing home may cost less and suit them well. See Live-in care vs a care home.

Common mistakes that cost families money

- Delaying an Attendance Allowance claim: it is not backdated.
- Paying for care for months before asking for a CHC Checklist.
- Assuming the house counts for care at home. It does not.
- Leaving disability-related costs off the financial assessment form.
- Giving money away once care is foreseeable: the council can treat it as still owned.
- Starting adaptations before a grant is approved.

Who to call: numbers and opening hours

Checked on the official pages on 30 October 2026. For the DWP lines, Relay UK users dial 18001 first.

Who	Number	Open
Attendance Allowance helpline	0800 731 0122	Mon to Fri, 8am to 6pm
PIP new claims	0800 917 2222	Mon to Fri, 8am to 5pm
Pension Credit (Pension Service)	0800 99 1234	Mon to Fri, 8am to 6pm
Carer's Allowance Unit	0800 731 0297	Mon to Fri, 8am to 6pm
Citizens Advice Adviceline (England)	0800 144 8848	Usually Mon to Fri, 9am to 5pm
Independent Age helpline (free advice)	0800 319 6789	Mon to Fri, 8.30am to 5.30pm
Oxfordshire County Council social care	01865 519800	Mon to Thu 8.30am to 5pm, Fri 8.30am to 4pm

For a free, anonymous benefits check online, GOV.UK lists three benefits calculators: entitledto, Turn2us and Policy in Practice (link below).

Wording you can use

Phoning the council: "I'd like to ask for a care needs assessment for [myself, or the person's full name], [date of birth, address]. [I am / They are] struggling with [washing, getting to the toilet at night, remembering tablets] and [have fallen twice this month]. [If you are a family carer: I'm the main carer and would also like a carer's assessment.] How long is the assessment likely to take, and could you send me your charging policy and financial assessment form?"

Emailing the GP surgery about CHC: "I'm writing about [full name, date of birth]. [Their / My] health needs have increased: [for example, frequent chest infections, choking risk, distressed behaviour at night]. Please could you or the community

nursing team complete an NHS Continuing Healthcare Checklist and send it to the integrated care board, and send me a copy? [They agree to this / I hold their health and welfare Lasting Power of Attorney.]"

Documents to have ready

- [ ] National Insurance number, date of birth and bank details
- [ ] Benefit and pension award letters for this year
- [ ] Recent statements for every bank, building society and savings account
- [ ] Council tax bill, and rent or mortgage details
- [ ] Receipts or a list of disability-related costs
- [ ] GP and hospital contact details, and a list of medicines
- [ ] A one-week diary of help needed, by day and by night
- [ ] Lasting Power of Attorney or DWP appointee papers, if you act for them

What to do next

1. Run a benefits calculator, then claim Attendance Allowance or PIP.
2. If health needs are significant, ask the GP for an NHS Continuing Healthcare Checklist.
3. Ask the council for a care needs assessment and a carer's assessment.
4. Gather the documents above for the financial assessment, including every disability-related cost.
5. Apply for council tax discounts and, on a low income, Pension Credit.
6. Ask for an occupational therapy assessment for equipment and adaptations.
7. Before giving money away or using savings or property to pay for care, read Paying for care from savings and property and speak to a regulated adviser who specialises in later-life care.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded privately, by councils (including direct payments) and by NHS Continuing Healthcare, and we are happy to talk through how care could fit the funding you have. Our fully managed live-in care is available anywhere in England from £1,550 a week, with a written quote after a free initial assessment. Call 01865 715780 or contact us.

Useful contacts and next steps

- **GOV.UK: Find your local council.** Enter the postcode where the person lives to find the council responsible for their adult social care, then use that council's website or phone line to request a care needs assessment.
- **GOV.UK: Benefits calculators.** Links to the three free, anonymous calculators GOV.UK lists (entitledto, Turn2us and Policy in Practice), which estimate the benefits someone may be able to claim.

Common questions

Is live-in care cheaper than a care home?

It depends on the person's needs and on local care home fees. Live-in care is one weekly fee for one-to-one support at home, while a care home fee covers a room, meals and shared staff. For a couple, one live-in carer can sometimes support both people, which can compare well with two care home places. For someone who needs two carers day and night, a nursing home may cost less. The fairest test is to compare written quotes for the same level of care. Our fully managed live-in care starts from £1,550 a week.

Can we get any help with care costs if savings are over £23,250?

Yes. Savings make no difference to NHS Continuing Healthcare, Attendance Allowance, PIP, free reablement, free community equipment, council tax discounts or Carer's Allowance for a family carer. The council must still assess care needs, and for care at home it must arrange care if asked, although the person pays the full cost and may be charged an arrangement fee. Once savings fall to £23,250, the council can start to contribute, so contact it a few months before that point.

Can a family member be paid to provide care?

Sometimes. A direct payment can be used to pay a relative who lives elsewhere, but a close family member who lives in the same household can only be paid for care if the council decides it is necessary. A family carer may instead be able to claim Carer's Allowance of £86.45 a week if they care for at least 35 hours a week and earn £204 a week or less after tax, National Insurance and expenses. Check the effect on the cared-for person's Pension Credit first.

Do we have to pay for care while waiting for an NHS Continuing Healthcare decision?

Usually, yes, under whatever arrangement is already in place. The integrated care board (ICB) should normally make its decision within 28 days of receiving a positive Checklist. If it takes longer without a good reason and the person is then found eligible, the NHS should refund the care costs from day 29 until the date of the decision. Keep every invoice and a note of key dates in case you need to claim.

Will claiming Attendance Allowance just go straight to the council?

Rarely all of it, and it is almost always worth claiming. If the council arranges care at home, it can count Attendance Allowance as income, but it must leave the person with the minimum income guarantee and should allow for disability-related costs. The award can also unlock extra Pension Credit and council tax help, and a family carer may then qualify for Carer's Allowance. If the person pays for all their own care, the council takes none of it.

Sources and further information

- GOV.UK: Benefit and pension rates 2026 to 2027
- GOV.UK: Social care charging for care and support 2026 to 2027 (local authority circular)
- GOV.UK: Care and support statutory guidance
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care
- GOV.UK: Pension Credit, what you'll get
- GOV.UK: Council Tax discounts for disabled people
- GOV.UK: Disabled Facilities Grants
- GOV.UK: VAT relief for disabled people

Read next

PAYING FOR CARE AND REDUCING THE COST

NHS Continuing Healthcare: a guide for families

A plain-English guide to NHS Continuing Healthcare in England: who qualifies, the Checklist, the Decision Support Tool and its 12 domains, Fast Track, care at home including live-in care, reviews, appeals with template letters, retrospective claims and how to prepare evidence.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Attendance Allowance: rates, who qualifies and how to claim

Attendance Allowance pays £76.70 or £114.60 a week in 2026/27 to people over State Pension age who need help with personal care or supervision. Who qualifies, how to claim step by step, example wording for the form, end-of-life claims and a letter to challenge a decision.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/how-to-reduce-the-cost-of-care/**

Council funding for care: assessments, means test and charges

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Anyone who seems to need care can ask the council for a free care needs assessment, whatever their income or savings. If the needs are eligible, a separate financial assessment decides what the person pays. For care at home in 2026/27 the home is not counted, savings below £14,250 are ignored, and the person must be left with at least the minimum income guarantee (£241.45 a week for a single person over Pension Credit age).



IN THIS GUIDE

1. How to ask for a care needs assessment
2. Who is eligible for council-funded care
3. The financial assessment for care at home
4. What the council must ignore
5. Disability-related expenditure (DRE)
6. What the council pays: personal budgets and top-ups
7. If savings are above £23,250
8. How long it takes
9. How to challenge a decision
10. Documents for the financial assessment
11. What to do next
12. How we can help
13. Useful contacts and next steps
14. Common questions
15. Sources and further information

Councils in England arrange and help pay for care under the Care Act 2014. There are two separate steps: a **care needs assessment** (what help is needed) and a **financial assessment** (what the person pays towards it). Neither costs anything, and the council cannot charge for the care and support plan either. The figures below apply from April 2026 to March 2027.

How to ask for a care needs assessment

Contact the adult social care team at the council where the person lives. If you are not sure which council that is, GOV.UK's "find your local council" tool tells you from a postcode (link below); then look for "adult social care" or "request an assessment" on the council's website. Most councils have an online form as well as a phone line. In Oxfordshire, call 01865 519800 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4pm).

Anyone can make the request: the person, a relative, a GP or a hospital team. The council must assess anyone who appears to need care and support, whatever their income or savings. If needs are urgent, the council can arrange care before the assessment is finished.

What to say or write: "I'm asking for a care needs assessment under the Care Act for [full name, date of birth, address, phone]. [He/She] has [condition] and is struggling with [washing and dressing, getting to the toilet at night, preparing meals, taking medicines safely]. [Recent events: two falls this month, a hospital stay.] I am [relationship] and the main carer, and I'd also like a carer's assessment. [Name] agrees to this request. Please tell me how long the assessment is likely to take and send me your charging policy."

Before the assessment:

- Keep a diary for a week of everything the person needs help with, including at night.
- Note falls, near misses, missed medication and tasks that now take much longer.
- If the person would struggle to take part and has no suitable family to support them, ask for an independent advocate.

Who is eligible for council-funded care

The national eligibility criteria have three conditions:

1. The needs arise from a physical or mental impairment or illness.
2. Because of those needs, the person is unable to achieve two or more of these outcomes: eating and drinking well; personal hygiene; using the toilet; dressing appropriately; moving around the home safely; keeping the home habitable; maintaining relationships; work, training, education or volunteering; using local services and transport; caring for a child.

3. As a result, there is, or is likely to be, a significant impact on their wellbeing.

"Unable" has a wide meaning. It includes needing help or prompting, managing only with significant pain, distress or anxiety, putting themselves or others at risk, or taking significantly longer than normal. The council must consider all the person's needs, even those a family carer currently meets.

The financial assessment for care at home

Rule	2026/27	What it means
Upper capital limit	£23,250	Above this, the person usually pays the full cost
Lower capital limit	£14,250	Savings below this are ignored
Tariff income	£1 a week for every £250	Applies to savings between the two limits
Minimum income guarantee, single, Pension Credit age	£241.45 a week	The least the person keeps after charges and housing costs
Minimum income guarantee, each of a couple, Pension Credit age	£184.30 a week	As above, for each member of a couple

The value of the home the person lives in is not counted for care at home. Councils can set higher capital limits for care at home, let people keep more income or cap the weekly charge, so always ask for the local charging policy. For younger adults the minimum income guarantee is lower (£120.40 for a single person aged 25 to Pension Credit age), with extra premiums for disability and caring.

The council adds up weekly income (pensions and most benefits) and any tariff income, then takes off housing costs such as rent and council tax, disability-related expenditure and the minimum income guarantee. The charge cannot be more than what is left, or more than the actual cost of the care.

Worked example. Joan, 82, lives alone. She has £300 a week from pensions, £114.60 Attendance Allowance and £16,000 in savings, which is £1,750 above the lower limit, so tariff income is £7. She pays £30 a week council tax and her disability-related expenditure is agreed at £40. If the council counts all her Attendance Allowance, her maximum charge is £300 + £114.60 + £7 − £30 − £40 − £241.45 = **£110.15 a week**, or less if the council's policy is more generous.

What the council must ignore

- The home, for care at home
- All earnings
- The mobility part of PIP or Disability Living Allowance
- Pension Credit savings credit (for care at home)
- War Pension Scheme payments to veterans (except Constant Attendance Allowance) and Armed Forces Compensation Scheme guaranteed income payments
- Direct payments
- Personal possessions, and the surrender value of life insurance policies and annuities
- Personal injury compensation held in a trust or by a court

Only the person receiving care is assessed. The council has no power to assess a couple's joint resources, and jointly held savings are normally treated as split equally.

Disability-related expenditure (DRE)

Where the council counts disability benefits such as Attendance Allowance, it should let the person keep enough to pay for necessary disability-related costs that it is not meeting. The statutory guidance lists examples, and says the list is not exhaustive:

- a community alarm
- privately arranged care, including respite or night care the council does not arrange
- extra laundry, special washing powder, extra bedding
- a special diet

- special clothing or footwear, or extra wear and tear
- heating or metered water above the average for the area
- reasonable cleaning, domestic help or basic gardening needed because of disability
- buying, maintaining and repairing disability equipment
- extra transport costs

Some councils allow a standard weekly amount. If real costs are higher, ask for an individual DRE assessment and send receipts or a costed list.

What the council pays: personal budgets and top-ups

When the council agrees to meet eligible needs, it sets a **personal budget**: the cost of meeting those needs, split into what the person pays and what the council pays. It must be enough to meet the needs in the care and support plan and should reflect the real local cost of good quality care. It can be arranged by the council, paid as a direct payment so the family arranges care, or a mix.

For care at home, if you choose a more expensive provider or more care than the plan includes, you can pay the difference yourself; agree it with the council in writing so everyone knows what the personal budget covers. In care homes, formal "top-up" rules apply: a relative or friend (and only in limited cases the resident) can pay the extra for a more expensive home, and the council must offer at least one affordable option.

If savings are above £23,250

The person pays the full cost but can still have a needs assessment and a care plan. For care at home, the council must arrange care if asked, and may charge a fee limited to its arranging costs. Ask for a financial reassessment a few months before savings are expected to reach £23,250. See Paying for care from savings and property.

How long it takes

There is no national deadline. The council should complete the assessment within a reasonable time, taking urgency into account, and tell you roughly how long it expects to take. Once care starts, a light-touch review should be considered six to

eight weeks after the plan is agreed, then a full review at least every 12 months. Charges are normally reassessed every year, and should be whenever circumstances change or you ask.

How to challenge a decision

1. **Ask for everything in writing:** the eligibility decision, the care plan and the financial assessment calculation.
2. **Check the figures:** missing disability-related costs, the home or a disregarded payment counted, wrong income, or, where your council's charging policy disregards it, the night-time part of Attendance Allowance counted when no night care is funded (this is a local policy, not a national rule, so ask what your council does).
3. **Ask for a review** (wording below), keeping a copy of everything you send.
4. **Make a formal complaint** through the council's complaints procedure.
5. **Go to the Ombudsman.** If you are still unhappy, or the council has not replied within a reasonable time (usually up to 16 weeks), complain to the Local Government and Social Care Ombudsman, which is free: online at lgo.org.uk or on 0300 061 0614. It normally cannot look at complaints made more than 12 months after you first knew about the problem.

Asking for a review: "I am writing about the financial assessment dated [date] for [full name, reference number]. I believe it is wrong because [the disability-related expenditure listed below was not included / the night-time part of Attendance Allowance was counted although no night care is funded / a payment that must be disregarded was counted]. I enclose [receipts and a list of costs]. Please review the assessment, recalculate the charge from the start date, and send me a written explanation of your decision. If you do not agree, please treat this as a formal complaint."

Documents for the financial assessment

- [ ] National Insurance number and date of birth
- [ ] Pension and benefit award letters for 2026/27
- [ ] Statements for every bank, building society and savings account (councils commonly ask for the last few months)
- [ ] Details of investments, premium bonds and any property other than the home

- [ ] Rent or mortgage statement and council tax bill
- [ ] Receipts or a costed list of disability-related expenditure
- [ ] Lasting Power of Attorney, deputyship order or DWP appointee letter, if you act for them

What to do next

1. Request a care needs assessment, and a carer's assessment for the main carer.
2. Keep a one-week diary of needs before the assessment.
3. Ask for the council's charging policy and the financial assessment form.
4. Gather the documents above and list every disability-related cost.
5. Check the written assessment carefully and ask for a review within a few weeks if anything is wrong.
6. Claim Attendance Allowance or PIP if not already received; see How to reduce the cost of care.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded by councils, including through direct payments, as well as privately funded care and NHS Continuing Healthcare. Our fully managed live-in care is available anywhere in England from £1,550 a week. We also offer 24-hour care with carers working in shifts anywhere in England, and home care visits, waking nights and sleep-ins across Oxfordshire. For a free initial assessment and a written quote, call 01865 715780 or contact us.

Useful contacts and next steps

- **GOV.UK: Find your local council.** Enter the postcode where the person lives to find the council responsible for their adult social care, then use that council's website or phone line to request a care needs assessment.

Common questions

Will the council pay for live-in care?

It can. If live-in care is how the person's eligible needs will be met, the council can fund it, either by arranging it or through a direct payment. The council may compare the cost of different ways of meeting needs, including a care home, and can take cost into account. But it should not set arbitrary upper limits on personal budgets that force someone into a care home against their wishes. If the budget offered will not cover the care in the plan, ask how it was calculated and request a review.

Can I refuse the financial assessment?

Yes. Nobody has to have a financial assessment, but if you decline one the council will usually treat the person as able to pay the full cost of their care. Where someone clearly has savings or property worth more than £23,250, the council may offer a 'light-touch' assessment instead, based on evidence such as a bank statement. You can always ask for a full assessment later, for example when savings are running down.

What if the person can no longer manage their own money?

The council must find out whether someone holds a Lasting Power of Attorney or Enduring Power of Attorney for property and financial affairs, a Court of Protection deputyship, or a DWP appointeeship, and work with that person. Someone with dementia should not be pressured into signing forms they cannot understand. If nobody has legal authority, a family member can apply to the Court of Protection to become a deputy, which takes some weeks.

Do family carers have to pay for their own support?

Not for care given to the person they look after. Councils have a power to charge carers for services provided directly to the carer, such as a class or practical help, but the statutory guidance warns that charging carers is often a false economy, so ask about your council's policy. A carer must never be charged for care given to the person they support, such as replacement care while they take a break. If that care is charged for, the person receiving it pays, through their own financial assessment.

Are the rules the same in Scotland, Wales and Northern Ireland?

No. This guide covers England only. Scotland provides free personal care for adults assessed as needing it, and Wales sets a maximum weekly charge for care at home. Northern Ireland has its own arrangements again. If the person lives outside England, contact their local council or health and social care trust and ask for the charging rules that apply where they live.

Sources and further information

- GOV.UK: Care and support statutory guidance (chapters 6, 8, 10, 11 and annexes B and C)
- GOV.UK: Social care charging for care and support 2026 to 2027 (local authority circular)
- legislation.gov.uk: Care and Support (Charging and Assessment of Resources) Regulations 2014, regulation 7
- GOV.UK: Benefit and pension rates 2026 to 2027
- Local Government and Social Care Ombudsman: make a complaint

Read next

PAYING FOR CARE AND REDUCING THE COST

How to reduce the cost of care: a guide for families in England

The main legitimate ways to reduce what you pay for care at home in England in 2026/27: NHS Continuing Healthcare, council funding and the means test, benefits, Pension Credit, council tax discounts, free reablement and equipment, grants, carers' support and direct payments.

Read the guide →

CHOOSING LIVE-IN CARE

Care assessments and care plans: what to expect

What happens at a council care needs assessment and at a care provider's assessment in England, how eligibility is decided, what a good person-centred care plan contains, risk assessments, reviews, and how the person stays in control of their own care.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Direct payments and personal budgets: a guide for families

How personal budgets and direct payments work in England: who can get them, setting one up, using them with a care agency or for live-in care, employing a carer, paying family, adding your own money, record-keeping, reviews and audits, with wording you can use.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/council-funding-for-care/**

NHS Continuing Healthcare: a guide for families

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

NHS Continuing Healthcare (CHC) is care arranged and paid for entirely by the NHS for adults whose needs are mainly health needs. It is not means-tested and can pay for care at home, including live-in care. Eligibility depends on the nature, intensity, complexity and unpredictability of a person's needs, not on their diagnosis, and every decision can be challenged.



IN THIS GUIDE

1. Who qualifies: the “primary health need” test
2. Step 1: the Checklist
3. Step 2: the full assessment and the Decision Support Tool
4. Fast Track for people nearing the end of life
5. What CHC pays for at home
6. If the answer is no: joint packages and nursing care
7. Reviews
8. How to challenge a decision
9. Claims for past care (previously unassessed periods)
10. How to prepare evidence
11. What to do next
12. Background: the October 2026 forms and the latest figures
13. How we can help
14. Useful contacts and next steps
15. Common questions
16. Sources and further information

CHC covers personal care as well as health care, wherever the person lives; at home, that can include live-in care. Decisions are made by integrated care boards (ICBs), the local NHS bodies, following the national framework. In Scotland, Wales and Northern Ireland the rules differ.

Who qualifies: the “primary health need” test

A person qualifies if their main need is for health care rather than social care. The assessors look at four characteristics of their needs:

- **Nature:** the type of needs and their overall effect on the person.
- **Intensity:** how much support is needed, how severe the needs are, and whether care must be continuous.
- **Complexity:** how needs and conditions interact, and the skill needed to monitor and manage them.
- **Unpredictability:** how much needs fluctuate, and the risk if care is not given in time.

Any one of these, alone or with others, can show a primary health need. One principle matters at every stage: **well-managed needs are still needs**. A need does not disappear because good care keeps it under control.

Step 1: the Checklist

The Checklist is a screening tool, completed by a nurse, doctor, other healthcare professional or social worker. It scores 11 areas of need as A (high), B or C (low). The threshold is deliberately low, so that everyone who may need a full assessment gets one, and because CHC is not means-tested it is worth asking even if the person has always paid for their own care. A full assessment is needed if:

- two or more domains score A; or
- five or more score B, or one scores A and four score B; or
- any one of the four “priority” domains scores A: breathing, behaviour, drug therapies and medication, or altered states of consciousness.

The Checklist must be sent to the ICB whether the result is positive or negative, and the outcome and reasons should be given to the person or their representative in writing as soon as reasonably practicable, normally as a copy of the completed Checklist.

- **If the Checklist is negative,** you can ask the ICB to reconsider, adding anything that was missed. The ICB should give the request due consideration, but it does not have to carry out another Checklist. If the person’s needs are expected to increase within the next three months, ask for this to be recorded, with a date to look again.

- **If the Checklist is positive,** it means a full assessment is needed, not that the person is eligible. They should not be left without appropriate support while they wait for the decision.

How to ask (email to the GP surgery, ward or social worker): "I'm writing about [full name, date of birth, NHS number if known]. [Their / My] health needs have increased: [for example, repeated chest infections, risk of choking, pressure sores, distressed behaviour at night, complex medication]. Please complete an NHS Continuing Healthcare Checklist, send it to the integrated care board and send me a copy. [If you are writing for someone else: [Name] consents to me being involved, or I hold their health and welfare Lasting Power of Attorney.] Please let me know when it will be done so that I can be present."

Step 2: the full assessment and the Decision Support Tool

A multidisciplinary team (MDT) gathers evidence and completes the Decision Support Tool (DST). The MDT must include at least two professionals from different healthcare professions, or one healthcare professional and one social care assessor; it should usually include both. It records needs in 12 care domains:

1. Breathing
2. Nutrition (food and drink)
3. Continence
4. Skin and tissue viability
5. Mobility
6. Communication
7. Psychological and emotional needs
8. Cognition
9. Behaviour
10. Drug therapies and medication: symptom control
11. Altered states of consciousness
12. Other significant care needs

Each domain is scored as no needs, low, moderate, high, severe or, in four domains, priority. A clear recommendation of eligibility is expected where there is:

- a priority need in any of the four domains that carry that level; or

- severe needs in two or more domains.

A severe need combined with needs in several other domains, or several domains with high or moderate needs, may also show a primary health need. Scores must not simply be added up ("two moderates make a high" is not allowed): the team looks at the whole person.

The person, and the people they want involved, should be invited, given reasonable notice and helped to take part, in person, by video or by phone. The MDT makes a recommendation, and the ICB decides. The ICB should normally respond to the recommendation within 48 hours, and the whole process should usually take no more than **28 days** from the ICB receiving the positive Checklist. If it takes longer without good reason and the person is found eligible, the NHS should refund care costs from day 29.

Fast Track for people nearing the end of life

If someone has a rapidly deteriorating condition that may be entering a terminal phase, an "appropriate clinician" (a doctor or registered nurse responsible for their care, including hospice clinicians) can complete the Fast Track Pathway Tool instead. The ICB must accept a properly completed tool and arrange care urgently: this should not usually take more than **48 hours**. There is no fixed life-expectancy limit, and "rapidly deteriorating" should not be read narrowly. Fast Track often makes it possible to come home from hospital or stay at home. See end-of-life care at home.

What to say to the ward or GP: "[Name]'s condition is deteriorating quickly and [they want] to be at home. Could you complete the Fast Track Pathway Tool for NHS Continuing Healthcare today, so that care can be arranged?"

What CHC pays for at home

- All the care and support in the CHC care plan, at no cost to the person.
- At home, people have a right to a **personal health budget**: NHS money that can be managed by the NHS, by a third party or as a direct payment for healthcare. It can pay a care agency, including for live-in care.
- The ICB considers the person's wishes but can also weigh cost and value for money when deciding how to meet needs.

- The package cannot be “topped up”, but the person can pay separately for extra private services from different staff, such as hairdressing.
- Everyday living costs at home, such as food, rent or mortgage and household bills, are not covered.

If the answer is no: joint packages and nursing care

The ICB should still consider whether the NHS should pay for part of the care, alongside the council, as a joint package. In a care home with nursing, the NHS pays **NHS-funded nursing care** of £267.68 a week from April 2026, straight to the home, towards registered nursing care. The rest of the fee falls under the council’s means test; see Council funding for care.

Reviews

The first review should take place within **three months** of the decision, then at least every **12 months**. Reviews check that the care still meets the person’s needs and whether they remain eligible. Eligibility can end if needs genuinely reduce, but the ICB must follow the proper process, and the same challenge route applies.

How to challenge a decision

1. **Local resolution.** Write to the ICB’s CHC team within **six months** of the date on the decision letter. The decision letter should name the ICB; if it does not, the NHS website lists every integrated care board (link below). Expect an informal discussion first, then a formal meeting if needed.
2. **Independent review.** If you are still unhappy, ask NHS England for an independent review panel within **six months** of the local resolution decision. Contact details are normally on the local resolution letter; otherwise NHS England’s contact centre is 0300 311 22 33 (Monday to Friday 9am to 5pm, Wednesday from 10am) or england.contactus@nhs.net. The panel has an independent chair; nobody needs a lawyer. The process typically takes three to six months.
3. **Ombudsman.** If the decision is upheld and you still disagree, complain to the Public Service Ombudsman (formerly the Parliamentary and Health Service Ombudsman) on 0345 015 4033 (Monday to Thursday 9am to 4pm, Friday 8.30am to 12pm), normally within 12 months.

Template letter for local resolution: "Re: NHS Continuing Healthcare decision for [full name, date of birth, NHS number], letter dated [date]. I am writing to ask for this decision to be reviewed under your local resolution procedure. I disagree with the scoring of the following domains: [domain: scored X, should be Y, because…]. The assessment did not take into account [evidence, for example care charts showing two-person repositioning every two hours, incident reports, the GP's letter]. I also believe the nature, complexity, intensity and unpredictability of [name]'s needs, taken together, show a primary health need. Please send me the completed Decision Support Tool and all evidence used, and arrange a meeting. I enclose [list]."

Claims for past care (previously unassessed periods)

If someone paid for care when they should have been considered for CHC, you can ask the ICB to assess that "previously unassessed period of care". ICBs generally consider periods from **1 April 2012** onwards, and the current guidance sets no deadline for asking. The person, or someone with authority to act for them (such as an attorney, deputy or the executor of a deceased person's estate), applies to the ICB, which collects care home, GP, hospital and social care records. You will usually have 28 days to return the forms and proof of authority. ICBs aim to finish within six months for claims of a year or less, and 12 months for longer claims. If the person was eligible, the costs are refunded with interest. A period that was already assessed is not a past-care claim; challenge it through the appeal route instead.

How to prepare evidence

- Keep a **care diary** for two to four weeks: every intervention, night disturbance, fall, choking episode, behaviour incident and medication change, with times and how many carers were needed.
- Ask the care provider for care notes, repositioning, fluid and food charts, behaviour charts and incident reports, and gather GP and hospital letters.
- Read the 12 domains in advance and write down real examples for each one.
- Attend the MDT meeting, bring someone to take notes, and ask the team to record any disagreement with a score before it moves on.
- Explain what would happen without skilled care: the risk, not just the task.
- Point out needs that are well managed only because of good care.

What to do next

- [ ] Ask the GP, district nurse, ward or social worker for a Checklist, or a Fast Track assessment if the person is deteriorating quickly, and ask for a copy.
- [ ] If you are acting for someone, ask them to sign the national consent form (published May 2026), or have the Lasting Power of Attorney or deputyship order ready.
- [ ] Start a care diary today and gather the records above.
- [ ] Confirm the date of the MDT meeting and prepare examples for each domain.
- [ ] When the decision letter arrives, note the six-month limit for asking for local resolution, and if the answer is no, ask about a joint package or NHS-funded nursing care.
- [ ] If the answer is yes, note the review dates: within three months, then yearly.
- [ ] If someone paid for care in the past that the NHS may have owed, ask the ICB about a past-care claim.

Background: the October 2026 forms and the latest figures

New versions of the Checklist, the Decision Support Tool and the Fast Track Pathway Tool were published on 20 October 2026, in standard and accessible versions (the Decision Support Tool guidance was updated again on 22 October). The eligibility rules, domains and thresholds have not changed, and the national framework (2022, revised in 2023) still applies. The forms are free to download from GOV.UK (see the sources below) if you want to read the domains before an assessment.

NHS England's figures for April to June 2026 show how selective the full assessment is: of 13,001 standard full assessments, 2,295 people were found eligible (**17.7%**), and **67.4%** of standard referrals were completed within 28 days. A further 27,892 people were found eligible through Fast Track, and 52,141 people in England were eligible at the end of June. Of 666 local resolution requests completed, 92 (13.8%) ended with the person found eligible. These figures are a reason to prepare carefully, not to give up.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded by NHS Continuing Healthcare, by councils (including direct payments) and privately. Our fully managed live-in care is available anywhere in England from £1,550 a week, and 24-hour care with carers working in shifts can be arranged anywhere in England; home care visits, waking nights and sleep-ins are provided across Oxfordshire. For a free initial assessment and a written quote, call 01865 715780 or contact us.

Useful contacts and next steps

- **NHS website: Find your local integrated care board.** Lists every integrated care board in England, so you can find the CHC team to write to for a Checklist, an assessment or local resolution.

Common questions

Does a dementia diagnosis mean someone will qualify?

Not on its own. No diagnosis guarantees eligibility, and none rules it out. What matters is the care the person needs and how complex, intense and unpredictable it is. People with advanced dementia often have significant needs in the cognition, behaviour, communication, nutrition and mobility domains, and a priority-level need in behaviour can on its own indicate eligibility.

Do we need a solicitor or paid adviser?

No. People can apply and appeal on their own, and independent review panels do not need anyone to be legally represented. Free help is available: the NHS website points people to Beacon, an independent CHC advice service (0345 548 0300), and charities such as Independent Age (0800 319 6789) can explain the process. If you do consider a paid firm for an appeal or a past-care claim, check its fees carefully before signing.

The answer was no last year. Can we ask again?

Yes, if the person's needs have changed. The Checklist guidance says screening is not needed when someone was found not eligible and their needs have not changed, so explain clearly what is different now: new diagnoses, more falls, choking, pressure damage, distressed behaviour, more medication or more night-time care, and ask for a new Checklist. If you think last year's decision was wrong, that is an appeal, which normally has a six-month time limit.

Can a relative or friend be involved and see the paperwork?

Yes, with the person's written consent, or if you hold a health and welfare Lasting Power of Attorney or are their deputy. You can then take part and see the Checklist, the Decision Support Tool and the decision letter. Where the person lacks capacity and nobody holds that authority, a best interests decision is made about sharing information. Ask for copies of everything in writing.

Sources and further information

- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care (July 2022, revised)
- GOV.UK: NHS continuing healthcare decision support tool and guidance (October 2026)
- GOV.UK: NHS continuing healthcare checklist (October 2026)
- NHS.uk: NHS continuing healthcare
- GOV.UK: Requests for assessments of previously unassessed periods of care from 1 April 2012
- GOV.UK: Time limits for requests to review NHS continuing healthcare eligibility decisions
- GOV.UK: NHS-funded nursing care rates from April 2026
- NHS England: NHS Continuing Healthcare and NHS-funded Nursing Care statistics (Q1 2026/27)

Read next

PAYING FOR CARE AND REDUCING THE COST

How to reduce the cost of care: a guide for families in England

The main legitimate ways to reduce what you pay for care at home in England in 2026/27: NHS Continuing Healthcare, council funding and the means test, benefits, Pension Credit, council tax discounts, free reablement and equipment, grants, carers' support and direct payments.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

LEGAL MATTERS AND PLANNING AHEAD

Planning end of life care at home: a gentle guide

How to plan end of life care at home in England: choosing to die at home, the team around you (GP, district nurses, hospice at home, live-in carers), just in case medicines, NHS Continuing Healthcare Fast Track, preparing practically and emotionally, and what to do when someone dies.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/nhs-continuing-healthcare/**
Guide last reviewed 30 October 2026.

Attendance Allowance: rates, who qualifies and how to claim

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Attendance Allowance is a tax-free benefit for people over State Pension age who need help with personal care, or someone to keep them safe, because of an illness or disability. It is not means-tested and in 2026/27 pays £76.70 a week (lower rate) or £114.60 a week (higher rate). An award can also unlock extra Pension Credit, Council Tax help and Carer's Allowance for a family carer.



IN THIS GUIDE

1. Who qualifies for Attendance Allowance
2. The two rates for 2026/27
3. How to claim, step by step
4. How to describe needs: example wording
5. Special rules for end of life
6. What Attendance Allowance does and does not affect
7. How it works with Pension Credit and council charging
8. How to challenge a decision
9. Your Attendance Allowance checklist
10. What to do next
11. How we can help
12. Common questions
13. Sources and further information

Who qualifies for Attendance Allowance

Attendance Allowance is paid by the Department for Work and Pensions (DWP) to people over State Pension age who need help because of a physical or mental health condition or a disability, including dementia, sight or hearing loss, and frailty.

To qualify, the person must:

- have reached State Pension age (younger people claim Personal Independence Payment instead);
- need help with personal care, such as washing, dressing, using the toilet, eating or taking medicines, or need someone to supervise them to keep them safe;
- have needed that help for at least six months (this does not apply under the end-of-life rules);
- normally live in Great Britain and have been here for at least two of the last three years, with some exceptions;
- not already get PIP or Disability Living Allowance.

It is based on the help the person **needs**, not the help they actually get, so someone struggling on alone can still qualify. No diagnosis is required, and income, savings and the value of the home make no difference. There is no mobility part, so difficulty walking on its own is not enough: the needs must relate to personal care or supervision.

The two rates for 2026/27

Rate	Weekly amount	Roughly a year	When it is paid
Lower	£76.70	£3,988	Help or supervision during the day or at night
Higher	£114.60	£5,959	Help or supervision during the day and at night, or near the end of life

"Day" needs mean frequent help with personal care through the day, or continual supervision to avoid danger. "Night" needs mean help more than once in the night or for a long stretch (often taken as 20 minutes or more), or someone needing to stay awake to watch over the person. The money is tax-free and can be spent however the person chooses, including on care.

How to claim, step by step

1. **Choose how to claim.** Apply online through the Attendance Allowance page on GOV.UK; print the claim form and post it to **Freepost DWP Attendance Allowance** (write nothing else on the envelope; no stamp or postcode is needed); or phone the helpline for a paper form.
2. **Fix the start date.** Attendance Allowance cannot be paid for any time before the claim. An online claim starts the day you make it and a posted form on the day DWP receives it. If you phone for a form, the claim starts on the day of your call, as long as the form is back within six weeks.
3. **Gather the documents** in the checklist below.
4. **Fill in the form** using the example wording below.
5. **Send it and keep a copy.** Within three weeks DWP sends a text or letter saying when to expect a decision. The decision letter gives the rate, how long the award lasts (it can be ongoing or for a set period) and the first payment date.

Attendance Allowance helpline: 0800 731 0122, Monday to Friday, 8am to 6pm. If you cannot hear or speak on the phone, use Relay UK: 18001 then 0800 731 0122. Calls to 0800 numbers are free.

What to say when you call:

> "Hello, I'd like to request an Attendance Allowance claim form for my mother, [full name], date of birth [date], National Insurance number [number]. Please could you confirm that her claim will start from today if we return the form within six weeks?"

If the person cannot manage their own affairs, someone with a registered Lasting Power of Attorney for property and financial affairs, or a DWP appointee, can claim for them. Most decisions are made on the form and evidence; a medical assessment is only arranged if the picture is unclear.

How to describe needs: example wording

The form is long and some questions feel repetitive, but it is the main evidence the decision maker sees. Be honest and complete: describe bad days as well as typical ones, and never exaggerate. Older people often play down their difficulties, so fill it in together. These examples show the level of detail that helps:

> **Washing:** "I cannot get in or out of the bath safely and have fallen twice this year. My daughter helps me wash at the sink every morning, which takes about 30 minutes. On bad days, around four a week, I would not wash at all without her."

> **Medicines and supervision (dementia):** "Mum has Alzheimer's disease. She cannot remember whether she has taken her tablets and last month took a double dose. Someone has to give her each dose, four times a day. She has left the gas on twice, so she cannot safely be left alone in the kitchen."

> **Nights:** "Dad needs the toilet two or three times every night. He is unsteady and confused when he wakes, so someone helps him there and back, about 15 minutes each time. Before we started, he fell in the night and lay on the floor until morning."

> **Dressing:** "Because of arthritis in my hands I cannot do buttons, zips or shoes, or put on socks. It takes me over 40 minutes to dress and I am exhausted afterwards. I need help every morning and evening."

Other tips:

- Write about need, not current help: "she needs someone there" even if nobody is there now.
- Say how often, how long, and what goes wrong without help.
- Count prompting and supervision: reminders to eat, drink, take medicines or change clothes.
- Mention what has been given up, such as baths, cooking or going out alone.
- Keep a diary for a week before writing, including nights.
- Ask someone who knows the person well to complete the statement section.
- Do not miss the six-week window waiting for letters: send what you have and post further evidence later, with the person's full name, date of birth and National Insurance number on every page.

Special rules for end of life

If a doctor, nurse or other healthcare professional has said the person might have 12 months or less to live, they can claim under the special rules. The higher rate of £114.60 a week is paid automatically, with no six-month wait and no assessment, and the claim is dealt with quickly. Anyone can claim on their behalf, without their permission, and the award letter does not mention the special rules.

Ask the healthcare professional for form SR1, which they can give to you or send straight to DWP, then claim online, by post or through the helpline, saying: "I'm calling to make a claim under the special rules for end of life." If the person already gets the lower rate and their outlook changes, call the helpline to ask for the higher rate. See our guide to planning end-of-life care at home, including NHS Continuing Healthcare Fast Track funding.

What Attendance Allowance does and does not affect

It does not reduce the State Pension or other benefits, is not taxed and does not depend on savings. It can:

- increase Pension Credit, Housing Benefit and Council Tax Reduction, or bring someone into Pension Credit for the first time;
- allow a family member who provides at least 35 hours of care a week to claim Carer's Allowance;
- count as the qualifying benefit for the Council Tax discount for severe mental impairment;
- qualify the person for a Disabled Persons Railcard.

It stops after 28 days in hospital, and after 28 days in a care home paid for by the council or the NHS. It continues for people who pay their own care home fees and for anyone cared for at home, including live-in care. Report hospital stays and moves to the helpline straight away.

How it works with Pension Credit and council charging

Pension Credit. With Attendance Allowance, Pension Credit can include an extra amount for severe disability of up to £86.05 a week in 2026/27. Broadly, the person must live alone or be treated as living alone, and nobody can be paid Carer's Allowance (or the Universal Credit carer element) for looking after them. Some people in the household are ignored, such as another adult who also gets a

disability benefit; if there is a live-in carer, ask an adviser how the rule applies. Because this raises the income the person is entitled to, someone just over the Pension Credit limit may now qualify. Call the Pension Service on 0800 99 1234 (Monday to Friday, 8am to 6pm) as soon as the award letter arrives. See other benefits and help for older people.

Council charging. If the council arranges and helps to pay for care at home, its financial assessment can count Attendance Allowance as income. It must still leave the person with at least the minimum income guarantee (£241.45 a week for a single person over Pension Credit age in 2026/27) and allow for disability-related costs it is not meeting, such as extra heating, laundry, a community alarm or privately arranged care. Some councils ignore the difference between the higher and lower rates when they provide no night care, so ask for the charging policy. See council funding for care. People who fund their own care keep the whole allowance.

How to challenge a decision

1. **Ask for a mandatory reconsideration** within one month of the date on the decision letter, by phoning the number on the letter or writing to the office that made the decision. A late request can be accepted for a good reason, such as a hospital stay or bereavement. The whole award is looked at again, so it could go down as well as up; get advice first if the person already has the lower rate.
2. **Wait for the mandatory reconsideration notice,** which says whether the decision has changed and why.
3. **Appeal to the independent tribunal** (Social Security and Child Support) within one month of that notice, online or on form SSCS1. It is free and you can choose whether to attend. Appeals usually take at least six months to be heard.

Free help is available from Age UK, Independent Age and Citizens Advice. A letter you can adapt:

> [Name], [address]. National Insurance number: [number]. Date of birth: [date].
>
> Request for mandatory reconsideration: Attendance Allowance
>
> I am asking for a mandatory reconsideration of the decision dated [date] to [refuse Attendance Allowance / award the lower rate]. I believe the decision is wrong because it does not reflect the help I need [at night / with personal care / to stay safe]. In particular: [for example, I need help to the toilet two or

> three times every night and have fallen twice in the past month when trying to go alone]. I enclose [a letter from Dr … dated …, a one-week care diary and my medication list], which I have not sent before. Please award [the higher rate].
>
> Yours faithfully, [signature]. [If writing for someone else: "I am writing as [name]'s attorney under a registered Lasting Power of Attorney."]

If needs increase later, for example when night-time help begins, ask DWP to look at the award again rather than starting a new claim.

Your Attendance Allowance checklist

- [ ] National Insurance number, address and phone number
- [ ] GP surgery name and address
- [ ] Up-to-date list of medicines
- [ ] Names of the consultant, specialist nurse, memory clinic or occupational therapist
- [ ] Copies of recent letters, any care plan and a record of falls
- [ ] A one-week diary of help needed, day and night
- [ ] Dates of any hospital, hospice or care home stays
- [ ] Bank or building society details
- [ ] Lasting Power of Attorney or appointee details, if claiming for someone else
- [ ] Form returned within six weeks, with a copy kept
- [ ] After the award: Pension Credit, Council Tax discounts and Carer's Allowance checked

What to do next

1. Check the person is over State Pension age and has needed help for six months, or may have 12 months or less to live.
2. Phone 0800 731 0122 for a form, or apply online, to fix the start date.
3. Keep a diary and gather the documents above.
4. Return the form within six weeks, then check the other help it unlocks.

How we can help

Attendance Allowance can go towards the cost of care from any provider. Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide fully managed live-in care anywhere in England from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, funded privately, by councils (including direct payments) or by NHS Continuing Healthcare. Call us on 01865 715780 to arrange a free initial assessment and a written quote.

Common questions

Can you get Attendance Allowance if you have savings or a good pension?
Yes. Attendance Allowance is not means-tested, so income, savings, pensions and the value of the home make no difference. It depends only on the help a person needs because of an illness or disability. It is tax-free and does not reduce the State Pension. Many people who pay for their own care qualify and use the money towards the cost of that care.

Does Attendance Allowance stop if someone has live-in care?
No. Attendance Allowance carries on while a person is cared for in their own home, including live-in care, whether they pay for it themselves or the council helps to fund it. It stops only after 28 days in hospital, or after 28 days in a care home that the council or the NHS is paying for. People who pay their own care home fees keep it.

Can you get Attendance Allowance for dementia?
Yes. People with dementia often qualify because they need prompting, supervision or someone to keep them safe, even when they can still manage tasks physically. On the form, describe the risks: forgetting to eat or take medicines, leaving the cooker on, getting lost, or being awake and confused at night. Night-time supervision can mean the higher rate. An award can also help the person qualify for a Council Tax discount for severe mental impairment.

Can Attendance Allowance be backdated?

Generally no. Payment can only start from the date of the claim, and only once the six-month qualifying period has been met. If you phone 0800 731 0122 for a claim form, the claim is treated as starting on the day of your call, as long as the completed form is returned within six weeks. It is worth calling as soon as you think someone might qualify, then taking your time over the answers.

Can I claim Attendance Allowance for my mum or dad?

You can help them claim, and you can make the claim for them if you hold a registered Lasting Power of Attorney for property and financial affairs or have been made their DWP appointee. If the person can understand the claim, they should sign it themselves, but you can help write the answers. Under the special rules for end of life, anyone can make the claim on their behalf, without needing their permission.

Does Attendance Allowance count as income when the council charges for care?

It can. If the council arranges care at home, its financial assessment can include Attendance Allowance as income. But the council must leave the person with at least the minimum income guarantee and must allow for disability-related costs that its own services do not cover. Some councils also ignore the night-time part of the higher rate when they are not paying for any night care. Ask for the council's charging policy and a full disability-related expenditure assessment.

Sources and further information

- GOV.UK: Attendance Allowance
- GOV.UK: Benefit and pension rates 2026 to 2027
- GOV.UK: Disability benefits helplines
- GOV.UK: Pension Credit, what you'll get
- GOV.UK: Social care charging for care and support 2026 to 2027 (local authority circular)
- GOV.UK: How to ask for mandatory reconsideration
- GOV.UK: Appeal a benefit decision
- Independent Age: Attendance Allowance

Read next

PAYING FOR CARE AND REDUCING THE COST

Personal Independence Payment (PIP): a guide for families

PIP helps people aged 16 to State Pension age with the extra costs of a long-term condition or disability. The 2026/27 rates, how the points work, how to claim step by step, example wording for the form, end-of-life rules and PIP at State Pension age.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Carer's Allowance: who can claim and how it affects other benefits

Carer's Allowance pays £86.45 a week in 2026/27 to people who care for someone at least 35 hours a week and earn £204 a week or less. Who qualifies, the effect on the cared-for person's benefits, Carer's Credit, underlying entitlement and how to claim step by step.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Council Tax discounts for dementia, disability and carers

How to reduce Council Tax when someone has dementia, a disability or a carer: the severe mental impairment disregard, single person discount, Disabled Band Reduction, carer disregards, Council Tax Reduction, empty-home exemptions, backdating, appeals and a letter to claim.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/attendance-allowance/**

Personal Independence Payment (PIP): a guide for families

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Personal Independence Payment (PIP) is a tax-free benefit for people aged 16 to State Pension age whose long-term condition makes everyday tasks or getting around difficult. It is not affected by income, savings or work, and has two parts: daily living (£76.70 or £114.60 a week in 2026/27) and mobility (£30.30 or £80.00 a week). People who are already getting PIP when they reach State Pension age usually keep it.



IN THIS GUIDE

1. Who can get PIP
2. PIP rates for 2026/27
3. How the PIP points system works
4. How to claim PIP, step by step
5. How to describe difficulties: example wording
6. Special rules for end of life
7. PIP when someone needs care
8. What happens at State Pension age
9. How to challenge a decision
10. PIP is being reviewed
11. Your PIP checklist
12. What to do next
13. How we can help
14. Common questions
15. Sources and further information

Who can get PIP

PIP is for people aged 16 or over with a long-term physical or mental health condition or disability who have not yet reached State Pension age when they first claim. State Pension age is 66, rising gradually to 67 between 2026 and 2028 for

people born on or after 6 April 1960. People already over State Pension age claim Attendance Allowance instead.

The person must have difficulty with daily living tasks, getting around, or both, and it must be long term: usually it will have lasted at least three months and be expected to last at least another nine. They must normally live in England or Wales and have lived in Great Britain for at least two of the last three years, with some exceptions.

PIP is often the key benefit for younger adults who need care at home, for example people living with early-onset dementia, multiple sclerosis, motor neurone disease, Parkinson's, the effects of a stroke or brain injury, cancer, a learning disability or severe mental illness. It depends on how the condition affects the person, not on the diagnosis. Income, savings and work make no difference, and PIP is tax-free.

In Scotland, Adult Disability Payment has replaced PIP, and Northern Ireland runs its own scheme. Children under 16 get Disability Living Allowance (DLA), and adults born on or before 8 April 1948 who already get DLA keep it.

PIP rates for 2026/27

Part	Standard rate	Enhanced rate
Daily living	£76.70 a week	£114.60 a week
Mobility	£30.30 a week	£80.00 a week

Someone on the enhanced rate of both parts receives £194.60 a week, a little over £10,100 a year. PIP is usually paid every four weeks.

How the PIP points system works

PIP looks at 12 activities. Each has a set of statements (descriptors) worth different points, and the decision maker picks the one that best fits.

- **Daily living (ten activities):** preparing food; eating and drinking; managing medicines, treatments or monitoring a health condition; washing and bathing; managing toilet needs or incontinence; dressing and undressing; communicating; reading and understanding signs and written information; mixing with other people; and making budgeting decisions.

- **Mobility (two activities):** planning and following journeys; and moving around.

For each part, 8 to 11 points gives the standard rate and 12 points or more the enhanced rate. Two rules make a big difference:

- **Reliability.** A person only counts as able to do an activity if they can do it safely, to an acceptable standard, as often as they need to, and within a reasonable time, which the law sets at no more than twice as long as someone without the condition would take.
- **The majority of days.** A descriptor applies if it fits on more than half of the days. For conditions that come and go, such as MS or Parkinson's, describe the pattern over several weeks, not a good day.

Needing an aid (such as a perching stool or a raised toilet seat), prompting or supervision can all score points.

How to claim PIP, step by step

1. **Start the claim by phone.** Call the PIP new claims line on **0800 917 2222** (Monday to Friday, 8am to 5pm; Relay UK: 18001 then 0800 917 2222). Someone else can call for you, but you need to be with them, or you can ask for them to be added to the call. You can also start a claim by writing to **Freepost DWP PIP 1** with your name, address and a note saying you want to claim PIP, and in some areas you can apply fully online. The claim usually starts on the day you make contact.
2. **Fill in the "How your disability affects you" form.** It usually arrives by post within two weeks and must be returned, or completed online, within one month. If you need more time, call the PIP enquiry line on **0800 121 4433** (Monday to Friday, 9am to 5pm; Relay UK: 18001 then 0800 121 4433) before the deadline.
3. **Attend the assessment,** if one is needed. A health professional goes through each activity at an assessment centre, at home, by phone or by video call; it usually takes about an hour. Take someone with you, and ask for a home assessment if travelling would be hard.
4. **Receive the decision.** A DWP decision maker decides, and the letter says what you will get, the first payment date and when the award will be reviewed. A first award lasts between nine months and ten years.

How long it takes: in July 2026, new claims took an average of 18 weeks from start to decision.

What to say when you call:

> “Hello, I’d like to start a new claim for Personal Independence Payment. My son [name] is with me and is helping me today. I have my National Insurance number, bank details and my GP’s details ready.”

Have ready: contact details, date of birth, National Insurance number, bank or building society details, your GP’s or health worker’s name, address and phone number, and dates and addresses of any hospital or care home stays and of any time abroad for more than four weeks.

How to describe difficulties: example wording

Go through every activity, describe bad days as well as typical ones, and say why something cannot be done reliably. Be honest and never exaggerate. These examples show the detail that helps:

> **Preparing food:** “I cannot stand for more than five minutes because of pain and fatigue from MS. I drop pans because my grip is weak, and I have burnt myself twice this year. On most days I can only manage a microwave meal, and only if someone is there.”

> **Managing medicines:** “My early-onset dementia means I forget whether I have taken my tablets. My wife sets them out in a dosette box and reminds me at each dose, four times a day. Without prompting I either miss doses or take them twice.”

> **Moving around:** “I can walk about 30 metres with a stick before pain in my hips forces me to stop. I then need to rest for several minutes. On bad days, more than half the week, I can only walk from my bed to the bathroom.”

> **Planning and following journeys:** “Since my stroke I become confused and anxious in unfamiliar places. I cannot follow a new route on my own, even with directions, and I have got lost twice. I need someone with me for any journey that is not routine.”

Send copies of letters from the GP, consultant, specialist nurse or occupational therapist, any care plan and a short statement from a family carer, with your full name, date of birth and National Insurance number on each page. Keep copies of everything. Free help is available from Citizens Advice and many disability charities.

Special rules for end of life

If a doctor or other healthcare professional has said the person might have 12 months or less to live, call 0800 917 2222 and say: “I’m calling to make a claim under the special rules for end of life.” Ask the healthcare professional for form SR1. The enhanced daily living rate (£114.60 a week) is paid automatically, the mobility part depends on the person’s needs, and there is no face-to-face assessment. In July 2026 these claims took an average of three working days. See planning end-of-life care at home.

PIP when someone needs care

Council-funded care. The council’s financial assessment ignores the mobility part of PIP completely. The daily living part can be counted as income, but the council must leave the person with a minimum income and allow for disability-related costs it is not meeting. See council funding for care and direct payments and personal budgets.

A family carer. If someone gets the daily living part at either rate, a relative or friend who cares for them for at least 35 hours a week may be able to claim Carer’s Allowance.

Hospital and care homes. Both parts stop after 28 days in hospital. In a care home paid for by the council or the NHS, daily living stops after 28 days but mobility continues. People who pay their own fees keep both. PIP continues as normal for people cared for at home, including with live-in care.

What PIP can unlock. Depending on the award: a Blue Badge, a vehicle tax exemption or reduction, the Motability scheme (enhanced mobility rate), a Disabled Persons Railcard, extra amounts in means-tested benefits, and a Council Tax discount for someone with a severe mental impairment.

What happens at State Pension age

- **Existing PIP continues,** usually as an ongoing award with a light-touch review around every ten years.
- **Daily living can change** up or down as needs change.
- **Mobility is restricted.** After State Pension age you usually cannot start getting the mobility part, or move from the standard to the enhanced rate, even if walking becomes harder.
- **New claims are limited** to people who had PIP within the last 12 months, generally for the same or a related condition. Otherwise the benefit to claim is Attendance Allowance, which has no mobility part.

If you are approaching State Pension age and already have daily living or mobility difficulties, claim PIP before your birthday rather than waiting.

How to challenge a decision

Ask for a mandatory reconsideration within one month of the date on the decision letter, by phoning the number on the letter or writing to the office that made the decision. Say which activities and points you disagree with and why, and send any new evidence. You then receive a mandatory reconsideration notice; if you still disagree, appeal to the independent tribunal within one month of it. Appeals are free and usually take at least six months to be heard. The whole award is looked at again, so get advice first if you already receive part of PIP. Our Attendance Allowance guide includes a letter you can adapt: list each activity, the descriptor you think applies, and the evidence that shows it.

PIP is being reviewed

The government's Timms Review of PIP shared emerging recommendations in September 2026 and expects to publish its final report later in the autumn. Any changes would be announced on GOV.UK. This guide describes the rules in force in October 2026.

Your PIP checklist

- [ ] National Insurance number, date of birth, contact and bank details
- [ ] GP's or health worker's name, address and phone number
- [ ] Dates of hospital or care home stays and of time abroad
- [ ] A diary of one to two weeks covering all 12 activities, and nights
- [ ] Letters from professionals, a care plan and a carer's statement
- [ ] Form returned within one month, with a copy kept
- [ ] Assessment date noted, with someone to come with you
- [ ] Decision letter checked against the points for each activity

What to do next

1. Check the person is under State Pension age and their difficulties are expected to last at least 12 months in total.
2. Call 0800 917 2222 to start the claim, asking for the special rules if they may have 12 months or less to live.
3. Keep a diary and gather evidence while you wait for the form.
4. Once PIP is awarded, check Carer's Allowance for the carer, a Blue Badge and other help.

How we can help

PIP can go towards the cost of care at home, whoever provides it. Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide home care visits from one hour, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England, and fully managed live-in care anywhere in England from £1,550 a week, funded privately, by councils (including direct payments) or by NHS Continuing Healthcare. Call us on 01865 715780 to arrange a free initial assessment and a written quote.

Common questions

Can you work and get PIP?

Yes. PIP is not affected by earnings, so you can work full time or part time and still get it. It is also not affected by savings or a partner's income. What matters is how your condition affects your ability to carry out daily living and mobility activities. DWP may ask how you manage at work, so describe any adjustments or help you rely on there.

How many points do you need for PIP?

You need at least 8 points for the standard rate and at least 12 points for the enhanced rate. The two parts are scored separately: points from the ten daily living activities count towards the daily living part, and points from the two mobility activities count towards the mobility part. You can get one part without the other, or both at different rates.

What is the difference between PIP and Attendance Allowance?

Age and mobility. PIP is for people who first claim before State Pension age and has a mobility part as well as a daily living part. Attendance Allowance is for people who first claim after State Pension age, covers only personal care and supervision, and has no mobility part. The daily living rates are the same: £76.70 and £114.60 a week in 2026/27. You cannot get both at once.

Do you lose PIP when you reach State Pension age?

No. If you are getting PIP when you reach State Pension age, you keep it, and it is usually reviewed only lightly, about every ten years. The daily living part can still go up or down if your needs change. The mobility part is restricted: you usually cannot start getting it, or move from the standard to the enhanced rate, after State Pension age, even if your walking gets worse.

How long does a PIP claim take?

For new claims under the normal rules, DWP's figures for July 2026 show an average of 18 weeks from starting the claim to a decision. Claims under the special rules for end of life took an average of 3 working days. If PIP is awarded, it is paid from the date you started the claim, usually the day you phoned, as long as you returned the form in time, so a long wait does not reduce what you receive.

Can PIP be backdated?

Generally no. PIP is paid from the date you start your claim, usually the day you phone the new claims line, provided you return the 'How your disability affects you' form within the time allowed. It is not paid for any period before that. If you think you or a relative might qualify, start the claim promptly and take your time over the form.

Sources and further information

- GOV.UK: Personal Independence Payment (PIP)
- GOV.UK: Benefit and pension rates 2026 to 2027
- GOV.UK: Disability benefits helplines (PIP enquiry line)
- GOV.UK: Personal Independence Payment statistics to July 2026
- legislation.gov.uk: The Social Security (Personal Independence Payment) Regulations 2013
- Citizens Advice: Getting PIP after you've reached State Pension age
- GOV.UK: State Pension age timetable
- GOV.UK: The Timms Review co-chair update, September 2026

Read next

PAYING FOR CARE AND REDUCING THE COST

Attendance Allowance: rates, who qualifies and how to claim

Attendance Allowance pays £76.70 or £114.60 a week in 2026/27 to people over State Pension age who need help with personal care or supervision. Who qualifies, how to claim step by step, example wording for the form, end-of-life claims and a letter to challenge a decision.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Carer's Allowance: who can claim and how it affects other benefits

Carer's Allowance pays £86.45 a week in 2026/27 to people who care for someone at least 35 hours a week and earn £204 a week or less. Who qualifies, the effect on the cared-for person's benefits, Carer's Credit, underlying entitlement and how to claim step by step.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Direct payments and personal budgets: a guide for families

How personal budgets and direct payments work in England: who can get them, setting one up, using them with a care agency or for live-in care, employing a carer, paying family, adding your own money, record-keeping, reviews and audits, with wording you can use.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/personal-independence-payment/**

Carer's Allowance: who can claim and how it affects other benefits

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Carer's Allowance is £86.45 a week in 2026/27 for people who spend at least 35 hours a week caring for someone who gets a qualifying disability benefit, such as Attendance Allowance or the daily living part of PIP, and who earn no more than £204 a week after allowable deductions. Before claiming, check the effect on the cared-for person's benefits, because it can stop their extra amount for severe disability. Carers who get a State Pension usually receive 'underlying entitlement' instead, which can still increase Pension Credit.



IN THIS GUIDE

1. Who can get Carer's Allowance
2. The 2026/27 rate and the earnings limit
3. How it affects the cared-for person's benefits
4. How Carer's Allowance affects your own benefits
5. Carer's Credit
6. How to claim Carer's Allowance, step by step
7. Reporting changes and breaks
8. Carer's Allowance when paid care starts
9. Your Carer's Allowance checklist
10. What to do next
11. How we can help
12. Common questions
13. Sources and further information

Who can get Carer's Allowance

Carer's Allowance is the main benefit for people who give a lot of unpaid care. You may be able to get it if you:

- are 16 or over (there is no upper age limit);
- spend at least 35 hours a week caring for someone;
- care for someone who gets a qualifying disability benefit: Attendance Allowance (either rate), the daily living part of PIP (either rate), the middle or highest care rate of Disability Living Allowance, Constant Attendance Allowance with an industrial injury or war pension, Armed Forces Independence Payment, or one of the Scottish equivalents;
- earn no more than £204 a week after allowable deductions;
- are not in full-time education (21 hours or more of study a week);
- normally live in England or Wales and have lived in Great Britain for at least two of the last three years, with some exceptions.

You do not have to live with the person or be related to them. Caring can include personal care, cooking, shopping, managing bills and medicines, keeping someone safe and taking them to appointments. Savings and a partner's income do not affect it.

Only one person can get Carer's Allowance for caring for a particular person, and caring for two people does not double it. If the person you care for has not yet been awarded a qualifying benefit, help them claim first: see our guides to Attendance Allowance and PIP.

The 2026/27 rate and the earnings limit

Carer's Allowance is **£86.45 a week** in 2026/27. It is taxable, and paid either weekly in advance or every four weeks.

The earnings limit is **£204 a week**, measured after:

- Income Tax and National Insurance;
- half of what you pay into a pension;
- some work expenses, such as specialist equipment, or travel between workplaces that your employer does not repay;
- care costs while you are at work, up to half of your earnings, if you pay someone who is not a close relative to look after the person you care for or your children.

Private and workplace pensions you receive do not count as earnings.

A worked example: Sam earns £250 a week before deductions. After £14 of tax and National Insurance and half of a £20 pension contribution (£10), his counted earnings are £226, which is over the limit. If he pays a neighbour £30 a week to sit with his father while he works, that whole cost can be deducted, because care costs count up to half of earnings. His counted earnings fall to £196, within the limit. Figures like these vary, so ask the Carer's Allowance Unit to check your own.

The limit is a "cliff edge": earn £1 over it in a week and you lose that whole week's Carer's Allowance. Overpayments can build up fast, so check your pay each week and report changes straight away. DWP is reassessing overpayments made between April 2015 and September 2025 because of unclear guidance on averaging earnings, and will contact the people affected.

The government asked for views on reforming the earnings limit in July 2026. In the Budget on 28 October 2026 it confirmed that the cliff edge will be replaced by a taper: instead of losing the whole week's Carer's Allowance, carers will lose £1 of it for every £1 they earn over the limit. The taper is planned for 2030-31, once a new IT system is ready to adjust payments automatically, and is expected to help around 48,000 carers in England and Wales. Nothing changes before then: until the taper starts, the cliff edge applies.

How it affects the cared-for person's benefits

This is the part families most often miss. If the person you care for gets Pension Credit, Housing Benefit or certain older means-tested benefits, these may include an extra amount for severe disability: **£86.05 a week** in Pension Credit in 2026/27. That extra amount stops if someone is **paid** Carer's Allowance for looking after them, and the same happens if someone gets the carer element of Universal Credit for looking after them. Their Council Tax Reduction may also change. Their Attendance Allowance or PIP is not affected.

For example, a mother who lives alone, gets Attendance Allowance and receives the extra £86.05 a week in her Pension Credit would lose that amount if her daughter were paid Carer's Allowance for caring for her. The daughter would gain £86.45 a week, which is taxable and counts as her income for any means-tested benefits. The family may end up no better off, so ask a benefits adviser (Age UK, Carers UK or Citizens Advice) to compare before you claim. Underlying entitlement, below, does not cause this loss.

How Carer's Allowance affects your own benefits

State Pension. Carer's Allowance and the State Pension overlap, so you cannot get both in full. If your State Pension is £86.45 a week or more, Carer's Allowance is not paid. You still have **underlying entitlement**, confirmed in a letter, and it can:

- add a carer amount of **£48.15 a week** to Pension Credit;
- add a carer premium of £48.15 a week to Housing Benefit and Council Tax Reduction;
- bring you into Pension Credit for the first time.

Because nothing is actually paid, underlying entitlement does not take away the cared-for person's extra amount for severe disability. For many older carers, including husbands and wives, claiming is worthwhile even though no Carer's Allowance is paid.

Universal Credit. Carer's Allowance is taken off Universal Credit pound for pound, but Universal Credit includes a carer amount of £209.34 a month in 2026/27 for people caring at least 35 hours a week.

National Insurance. Carer's Allowance gives you Class 1 National Insurance credits, which protect your State Pension, and you are not affected by the benefit cap.

Carer's Credit

If you care for someone for at least **20 hours a week** but cannot get Carer's Allowance, for example because your earnings are above the limit, Carer's Credit fills gaps in your National Insurance record so your State Pension is protected. You must be 16 or over and under State Pension age; income and savings do not matter, and you can add together hours spent caring for more than one person. The person you care for should get a qualifying benefit; if not, a health or social care professional can sign the Care Certificate on the claim form. Breaks of up to 12 weeks in a row do not stop it. Download the form from GOV.UK or request one on 0800 731 0297. People who get Carer's Allowance receive credits automatically.

How to claim Carer's Allowance, step by step

1. **Check the qualifying benefit.** Make sure the person you care for has been awarded, or has claimed, Attendance Allowance, PIP daily living or another qualifying benefit.

2. **Get a benefits check** if they get Pension Credit or Housing Benefit (see above).
3. **Gather the documents** in the checklist below.
4. **Apply online** through the Carer's Allowance page on GOV.UK. If you cannot apply online, call the **Carer's Allowance Unit on 0800 731 0297** (Monday to Friday, 8am to 6pm; Relay UK: 18001 then 0800 731 0297) and ask for a paper form.
5. **Ask for backdating.** A claim can be backdated by up to three months if you met the conditions then. If you claim soon after the person you care for is awarded their disability benefit, ask whether it can be backdated to when their benefit started.
6. **Keep a copy** of your claim and watch for the decision letter, or the letter confirming underlying entitlement.

What to say when you call:

> "Hello, I'd like to request a Carer's Allowance claim form, please. I care for my father, [name], for more than 35 hours a week, and he gets Attendance Allowance. I'd also like to ask for my claim to be backdated for three months."

If you disagree with a decision, ask for a mandatory reconsideration within one month of the date on the letter, by phone or in writing, explaining what is wrong (for example, how you worked out your earnings after deductions) and sending payslips or receipts.

Reporting changes and breaks

Report changes promptly to 0800 731 0297, including new work or a pay change, starting a course, moving house, or the cared-for person losing their benefit. Do not assume another department, the council or HMRC will pass it on. Carer's Allowance can continue through short breaks, but tell DWP if either of you will be in hospital, a nursing home or respite care for more than 12 weeks, or if you stop caring for more than 28 days for any other reason. In Scotland, Carer Support Payment has replaced Carer's Allowance.

Carer's Allowance when paid care starts

Many families combine their own care with paid help. Carer's Allowance depends only on whether you still provide at least 35 hours of care a week. If live-in care or regular visits mean you no longer do, tell DWP so you are not overpaid. If you still provide 35 hours, for example by covering evenings and weekends, you can keep it. Ask the council for a carer's assessment too: it can lead to practical help and breaks, whatever your benefits.

A paid live-in carer and the extra amount for severe disability. There is a second trap to check before a live-in carer starts. The extra £86.05 a week in Pension Credit also depends on nobody aged 18 or over normally living with the person, apart from certain people the rules ignore. A carer who moves in to look after them is ignored only for the first 12 weeks, unless they are engaged through a charity or voluntary organisation that charges for the care, in which case they are ignored throughout. So if a privately arranged live-in carer counts as normally living in the home, the extra amount could stop after 12 weeks. Whether care workers on a rota, who keep their own homes elsewhere, "normally reside" with the person depends on the facts. Get specialist benefits advice before care starts, and report the arrangement to the Pension Service helpline on 0800 731 0469 (Monday to Friday, 8am to 6pm), because people moving in or out of the home is a change that must be reported.

Your Carer's Allowance checklist

- [ ] Your National Insurance number, and your partner's if you have one
- [ ] Bank or building society details (unless you get a State Pension)
- [ ] Your latest payslip, your employer's details, or your P45 if you have just left work
- [ ] Course details, if you are studying
- [ ] Records of pension contributions and care costs you pay while at work
- [ ] The cared-for person's name, date of birth, address and National Insurance number
- [ ] A copy of their Attendance Allowance or PIP award letter, if you have it
- [ ] A benefits check done if they get Pension Credit or Housing Benefit
- [ ] Your weekly earnings after deductions checked against £204
- [ ] Carer's Credit considered if you care for 20 to 34 hours a week

What to do next

1. Add up your caring hours in a typical week and your earnings after deductions.
2. Get a benefits check if the person you care for gets Pension Credit or Housing Benefit.
3. Apply online or call 0800 731 0297, and claim even if you get a State Pension.
4. Ask the council for a carer's assessment and look at respite options.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people and their families at home since 2008. We provide home care visits, waking nights and sleep-ins across Oxfordshire, and fully managed live-in care anywhere in England from £1,550 a week, including respite live-in care so family carers can take a proper break. Care can be funded privately, by councils (including direct payments) or by NHS Continuing Healthcare. Call us on 01865 715780 for a free initial assessment.

Common questions

Can I get Carer's Allowance if I work?

Yes, as long as your earnings are £204 a week or less in 2026/27, after tax, National Insurance and allowable expenses such as half of your pension contributions. You must still provide at least 35 hours of care a week. The limit is strict: earning even £1 over it in a week means no Carer's Allowance for that week, so keep a close eye on overtime, bonuses and holiday pay, and report changes promptly.

Can I get Carer's Allowance and my State Pension?

Not both in full. If your State Pension is £86.45 a week or more, Carer's Allowance is not paid; if it is less, Carer's Allowance tops it up to that amount. It is still worth claiming, because you are given 'underlying entitlement', which can add a carer amount of £48.15 a week to Pension Credit, Housing Benefit or Council Tax Reduction. Underlying entitlement does not reduce the cared-for person's benefits.

Does Carer's Allowance affect the benefits of the person I care for?

It can. If the person you care for gets an extra amount for severe disability in Pension Credit, or a severe disability premium in Housing Benefit or other older benefits, it stops when someone is paid Carer's Allowance for looking after them. Their Council Tax Reduction may also change. Their Attendance Allowance or PIP is not affected. Check with a benefits adviser before claiming so the household is not worse off overall.

Do I have to live with the person I care for?

No. You do not have to live with the person or be related to them. What matters is that you spend at least 35 hours a week caring for them, which can include practical help such as shopping, cooking, managing bills, keeping them safe and taking them to appointments, as well as personal care. Only one person can get Carer's Allowance for caring for a particular person.

Is Carer's Allowance taxable?

Yes. Carer's Allowance counts as taxable income, so if your total income is above your Personal Allowance, tax may be due on it, usually collected through your tax code. It also counts as income for means-tested benefits such as Universal Credit, although those benefits usually include an extra amount for carers. It gives you National Insurance credits towards your State Pension.

Sources and further information

- GOV.UK: Carer's Allowance
- GOV.UK: Carer's Allowance, how to claim
- GOV.UK: Benefit and pension rates 2026 to 2027
- GOV.UK: Carer's Credit
- GOV.UK: Pension Credit, what you'll get
- GOV.UK: Budget 2026 (Carer's Allowance earnings taper)
- legislation.gov.uk: State Pension Credit Regulations 2002, Schedule I (severe disability and carers)
- Carers UK: Carer's Allowance

Read next

SUPPORT FOR FAMILY CARERS

Carer's assessment: your rights and how to prepare

A carer's assessment is free and is your legal right under the Care Act 2014. What it covers, how to ask your council for one, how to prepare, and the support that may follow, from funded breaks and replacement care to a carer's direct payment.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Attendance Allowance: rates, who qualifies and how to claim

Attendance Allowance pays £76.70 or £114.60 a week in 2026/27 to people over State Pension age who need help with personal care or supervision. Who qualifies, how to claim step by step, example wording for the form, end-of-life claims and a letter to challenge a decision.

Read the guide →

SUPPORT FOR FAMILY CARERS

Working while caring: your rights at work and your money

Juggling a job with caring for someone? Your rights at work in plain English: a week of unpaid carer's leave from day one, the right to request flexible working, emergency time off for dependants, how to talk to your employer, and how earnings affect Carer's Allowance.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/carers-allowance/**
Guide last reviewed 30 October 2026.

Council Tax discounts for dementia, disability and carers

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Several Council Tax reductions apply when care is involved. A person with dementia or another severe mental impairment who also gets a qualifying benefit, such as Attendance Allowance, is not counted for Council Tax, which can mean a 25% or 50% discount, or no bill at all if they live alone. Homes adapted for a disabled person can be charged one band lower, carers who live in can be disregarded, and people on low incomes can get Council Tax Reduction.



IN THIS GUIDE

1. How Council Tax discounts work
2. The severe mental impairment disregard: who qualifies
3. How much the discount is worth
4. Carers who live in and the single person discount
5. If a paid live-in carer moves in: what happens to the bill
6. The Disabled Band Reduction Scheme
7. Council Tax Reduction for low incomes
8. If a home is left empty because of care
9. How to claim, step by step
10. A letter to claim the severe mental impairment discount
11. Backdating and challenging a decision
12. What to do next
13. How we can help
14. Common questions
15. Sources and further information

How Council Tax discounts work

A full Council Tax bill assumes at least two adults live in the home. If only one adult is counted, the bill is reduced by 25% (the single person discount). Some people are “disregarded”, which means they are not counted at all, even though they live there.

If everyone in the home is disregarded, the discount is usually 50%, and in some cases there is no bill.

None of these discounts is applied automatically. The bill payer, or someone acting for them, has to apply to the council that sends the bill. In England that is the district, borough, city or unitary council, not the county council. Its phone number and address are on the bill.

The severe mental impairment disregard: who qualifies

This is the discount families most often miss. In law, a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning, however it is caused, which appears to be permanent. It commonly applies to people living with:

- dementia, including Alzheimer's disease and vascular dementia;
- Parkinson's disease with dementia, or significant cognitive problems after a stroke;
- a severe learning disability or brain injury.

Two conditions must both be met:

1. **A doctor's confirmation.** A registered medical practitioner, usually the GP or a consultant, signs the council's form or a letter confirming the impairment.
2. **A qualifying benefit.** The person must be entitled to one of a list of benefits. The ones most relevant to older people are Attendance Allowance (either rate), the daily living part of PIP (either rate) and the middle or highest care rate of Disability Living Allowance. Certain other disability and incapacity benefits also count; the council can confirm.

If the person does not yet get a qualifying benefit, claim Attendance Allowance first. The person does not need to be the one who pays the bill.

How much the discount is worth

- **They live alone:** no Council Tax at all. Visits from carers or family do not change this.
- **They live only with others who are also severely mentally impaired,** or with full-time students: no Council Tax.

- **They live with one other adult who is not disregarded,** such as a husband or wife: 25% off.
- **Everyone else living there is disregarded,** for example a qualifying carer: 50% off.

On a bill of £2,000 a year, for example, 25% off is worth £500 a year, 50% off is worth £1,000, and an exemption is worth the whole bill.

Carers who live in and the single person discount

Some carers who live in the home are also disregarded. A carer is not counted if they:

- live in the same home as the person they care for;
- provide care for at least 35 hours a week on average;
- care for someone entitled to Attendance Allowance, PIP daily living, the middle or highest care rate of DLA, or certain similar benefits;
- are not the person's husband, wife or partner, or the parent of a child under 18 they care for.

So an adult son or daughter who moves in to care for a parent can be disregarded, and a parent who lived alone keeps the 25% single person discount. Some council websites still say the person must get the higher rate of Attendance Allowance; since 2013 the rules in England accept either rate.

For paid live-in care, a care worker who works on a rota and has their own home elsewhere is not normally treated as a resident at all. If a care worker's main home is with you, they can be disregarded under the carer rule above, and a separate rule covers low-paid care workers placed by a council or charity. Either way, a live-in carer should not usually cost you a discount, but tell the council about the arrangement and ask it to confirm.

If a paid live-in carer moves in: what happens to the bill

Families often worry that a live-in carer will cost them a discount. Usually it does not, but the answer turns on one question: is the carer "resident"? For Council Tax, a resident is an adult whose sole or main home is the property.

- **A care worker on a rota who keeps their own home elsewhere** is usually not resident, so they are not counted at all. A single person discount, a severe mental impairment discount or an exemption normally carries on as before.
- **A care worker whose main home is with you** is resident, but can still be disregarded under the carer rule above if they give at least 35 hours of care a week to someone entitled to a qualifying benefit and are not that person's partner. The law does not say the carer has to be unpaid. In February 2026 the government wrote to councils asking them to make sure their information on the carer disregard is accurate and up to date.
- **The separate rule for paid care workers** only covers carers provided through a council, a charity or another public body (or employed by the person after an introduction by a charity) who work at least 24 hours a week for £44 a week or less. It does not fit most agency live-in carers.

Take extra care when someone with dementia lives alone and pays no Council Tax at all. That exemption applies only while the home is lived in solely by people with a severe mental impairment (or with certain others, such as students). If a care worker becomes resident there, the exemption may end; if the care worker is disregarded, a 50% discount would usually apply instead. Councils can take different views on rota carers, so tell the council before the carer starts and ask for its decision in writing.

What to say to the council:

> "My mother has dementia and is exempt from Council Tax under the severe mental impairment rules. From [date], live-in care workers from [care company] will stay with her on a rota of [two weeks on, two weeks off]. They keep their own homes elsewhere and are paid by the company. Please confirm in writing whether this changes her exemption or discount, and why."

The Disabled Band Reduction Scheme

If a disabled adult or child lives in the home, and it has a feature they need, the bill can be charged at the next band down (Band D is charged as Band C, for example). Homes already in Band A get 17% off instead. The home must have one of these:

- an extra bathroom, kitchen or other room needed for the disabled person, such as a downstairs bedroom or a room for dialysis equipment;
- extra space inside for using a wheelchair.

It is not means-tested, the disabled person does not need to be the bill payer, and it can be combined with other discounts. The council may arrange a short visit to check. What to say when you call:

> "I'd like to apply for the Disabled Band Reduction. My mother lives here and uses a wheelchair indoors, and we turned the dining room into her bedroom because she can no longer use the stairs. Could you send me the application form, and can it be backdated to when she moved in?"

Council Tax Reduction for low incomes

Council Tax Reduction (sometimes called Council Tax Support) can cut the bill by up to 100% for people on low incomes. For people over State Pension age, the rules are set nationally; someone who gets the Guarantee Credit part of Pension Credit can usually have the whole bill covered, less any deductions for other adults in the home. For working-age people, each council runs its own scheme. Disability and carer benefits can increase the amount, so claim Pension Credit and Carer's Allowance where you can, and apply to the council separately.

If a home is left empty because of care

An empty home is usually exempt from Council Tax if the owner or tenant:

- has moved permanently into a care home or hospital;
- has moved elsewhere to receive care, for example to live with a son or daughter;
- has moved out to provide care for someone else.

After a death, an empty home is exempt until probate is granted and for up to six months afterwards. A self-contained annexe lived in by a dependent relative who is 65 or over, or disabled, is also exempt.

How to claim, step by step

1. **Find the council that sends the bill.** In Oxfordshire, Council Tax is run by Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council and West Oxfordshire District Council. On 29 October 2026 the government said it is minded to replace them with three new unitary councils from 1 April 2029, with a final decision expected by Christmas; until then, apply to your current council.
2. **Get the form.** Search the council's website for "discounts and exemptions" or "severe mental impairment", or phone the number on the bill and ask for the form to be posted.
3. **Ask the doctor.** For severe mental impairment, ask the GP or consultant to complete the medical section or write a short letter. Some GP practices charge for this.
4. **Gather proof** of the qualifying benefit (the award letter) and any Lasting Power of Attorney.
5. **Send the form with a covering letter** asking for backdating (see the letter below), and keep copies.
6. **Check the revised bill.** Keep paying the current bill until it changes. If you hear nothing within a month, phone and ask.

Documents to have ready:

- [ ] Council Tax account number (on the bill) and the property address
- [ ] Names of everyone aged 18 or over who lives there, and any carers who stay
- [ ] The doctor's completed form or letter
- [ ] The Attendance Allowance, PIP or DLA award letter, showing the start date
- [ ] Lasting Power of Attorney, if you are acting for the person
- [ ] For the Disabled Band Reduction: a description, or photos, of the room or space used

A letter to claim the severe mental impairment discount

> Council Tax section, [council name and address from the bill]
>
> Account number: [number]. Property: [address]. Date: [date].
>
> Application for Council Tax disregard: severe mental impairment

> I am writing on behalf of [full name], who lives at the above address [and is the bill payer / with (name), who is the bill payer]. [Name] has [dementia / Alzheimer's disease], and I believe they qualify to be disregarded as a severely mentally impaired person.
>
> Medical confirmation: [Dr name] has confirmed the impairment, and their [certificate / completed form] is enclosed. Qualifying benefit: [name] has been entitled to [Attendance Allowance] since [date]; the award letter is enclosed. Household: [name] lives [alone / with (name), who is not disregarded / with (name), a carer who lives in].
>
> Please apply the [exemption / discount] and backdate it to [date], when both conditions were first met, and send a revised bill [and refund any overpayment to (bank details or address)].
>
> Yours faithfully, [name, relationship, phone number]. [I act under a registered Lasting Power of Attorney, copy enclosed.]

Backdating and challenging a decision

Discounts and exemptions are an entitlement, so if the conditions were met earlier, ask for the change to be backdated. For the severe mental impairment disregard, the discount can apply from the date both conditions were first met, but not before the qualifying benefit started; a 2021 High Court case (Brown v Hambleton District Council) confirmed this. Councils differ in how far back they go, and some will consider claims for past years after the person has died, through their estate.

If you disagree with the council:

1. Write to the council explaining why the decision is wrong. It should reply within two months.
2. If you are still unhappy, appeal free of charge to the Valuation Tribunal online, within two months of the council's decision, or within four months of first writing to the council if it has not replied. Appeals currently take about nine months from start to decision, and hearings are currently held remotely.

What to do next

1. Check whether anyone in the home has dementia or another severe impairment, a disability that needs extra space, or a carer who lives in.
2. Claim Attendance Allowance or PIP first if it is not already in payment.
3. Apply to the council using the checklist and letter above, asking for backdating.
4. Tell the council about changes, such as a move into a care home or a death.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England, and fully managed live-in care anywhere in England from £1,550 a week, including live-in dementia care. Call us on 01865 715780 for a free initial assessment and a written quote.

Common questions

Does someone with dementia have to pay Council Tax?
Not if they live alone and qualify for the severe mental impairment disregard. They need a doctor to confirm the impairment and must be entitled to a qualifying benefit such as Attendance Allowance. If they live with one other adult who is not disregarded, such as a spouse, the household usually gets a 25% discount instead. Visits from carers do not change this. Councils do not apply it automatically, so you need to apply.

Will we lose the single person discount if a live-in carer moves in?
Usually not. A live-in care worker who works on a rota and keeps their own home elsewhere is not normally treated as living with you for Council Tax. A carer whose main home is with you, and who provides at least 35 hours of care a week to someone getting a qualifying disability benefit, can be disregarded. Either way, tell the council about the arrangement so it can confirm the position in writing.

Can a Council Tax discount for dementia be backdated?

Often, yes. The discount can apply from the date the person first met both conditions: a doctor's confirmation of severe mental impairment and entitlement to a qualifying benefit. A 2021 High Court case confirmed it cannot start before the qualifying benefit, so claiming Attendance Allowance promptly matters. Councils differ in how far back they will go, so ask clearly for backdating when you apply and keep copies of your evidence.

Is the Disabled Band Reduction means-tested?

No. The Disabled Band Reduction depends only on the home and the disabled person's needs, not on income or savings. The home must be the main home of a disabled adult or child, and have an extra bathroom, kitchen or other room needed for them, or extra space inside for a wheelchair. The bill is then charged at the band below, or reduced by 17% if the home is already in Band A.

Do you pay Council Tax on a home that is empty because the owner has moved into a care home?

Usually not. A home left empty because the owner or tenant has moved permanently into a care home or hospital is exempt, as is a home left empty because the person has moved elsewhere to receive care, for example to live with a relative. After someone dies, an empty home is exempt until probate is granted and for up to six months afterwards, if it is not sold or let.

Sources and further information

- GOV.UK: Council Tax (discounts, disregards and exemptions)
- GOV.UK: Council Tax Reduction
- legislation.gov.uk: The Council Tax (Discount Disregards) Order 1992, article 3 (severe mental impairment)
- legislation.gov.uk: The Council Tax (Additional Provisions for Discount Disregards) Regulations 1992, Schedule (care workers and carers)
- legislation.gov.uk: The Council Tax (Exempt Dwellings) Order 1992, article 3
- Valuation Tribunal Service: Council Tax liability appeals
- GOV.UK: Council tax information letter 2/2026, carers disregard (18 February 2026)
- Oxford City Council: New minded-to decision for three unitary councils for Oxfordshire and West Berkshire (29 October 2026)

Read next

PAYING FOR CARE AND REDUCING THE COST

Attendance Allowance: rates, who qualifies and how to claim

Attendance Allowance pays £76.70 or £114.60 a week in 2026/27 to people over State Pension age who need help with personal care or supervision. Who qualifies, how to claim step by step, example wording for the form, end-of-life claims and a letter to challenge a decision.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

Dementia care at home: a practical guide for families

How to support someone with dementia at home: the stages, communication, routines, eating and drinking, sundowning and nights, wandering and safety, Lasting Power of Attorney, support for carers and how care is funded, including NHS Continuing Healthcare and council tax.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Benefits and help for older people: the 2026/27 checklist

Pension Credit, Winter Fuel Payment, free prescriptions, the NHS Low Income Scheme, Blue Badges, railcards and bus passes, VAT relief, social tariffs and the Priority Services Register: what older people in England can claim in 2026/27, with phone numbers and how to apply.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/council-tax-discounts-for-care/**
Guide last reviewed 30 October 2026.

Direct payments and personal budgets: a guide for families

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

A personal budget is the amount the council works out it will cost to meet a person's eligible care needs. A direct payment is that budget, or part of it, paid to the person or someone acting for them, so they can choose and pay for their own care, including a care agency or live-in care, instead of the council arranging it. Nobody can be made to take one, and you can switch back.



IN THIS GUIDE

1. What is a personal budget?
2. Who can have direct payments
3. Setting up: what happens
4. Using direct payments with a care agency
5. Employing a carer directly
6. Using direct payments for live-in care
7. Paying a family member
8. Adding your own money
9. Records, audits and unspent money
10. Personal health budgets for NHS Continuing Healthcare
11. Who to call
12. What to do next
13. How we can help
14. Useful contacts and next steps
15. Common questions
16. Sources and further information

Direct payments let a person, or someone acting for them, take the council's money for their care and arrange the care themselves. They don't change how much the person pays; they change who chooses the carers, the agency and the timetable. The rules below apply in England.

What is a personal budget?

Everyone whose eligible needs the council meets gets a personal budget, written into their care and support plan. It shows the total cost of meeting their needs, how much the person pays (from the financial assessment) and how much the council pays. It must be enough to meet the needs in the plan and should reflect the real local cost of good quality care.

A personal budget can be managed in four ways:

- **Council-managed:** the council arranges care with a provider.
- **Direct payment:** the money is paid to the person or someone acting for them.
- **Individual service fund:** a chosen provider holds and manages the budget for the person.
- **A mix** of these.

Who can have direct payments

The person, or a "nominated person" they choose, can ask for direct payments if:

- they have capacity to ask (if not, an "authorised person" can ask for them; see the questions below);
- the council is satisfied they can manage the payment, alone or with whatever help is available; and
- direct payments are an appropriate way to meet the needs.

Councils must not refuse arbitrarily. If they do refuse, they should explain in writing which condition is not met, why, and what would need to change. Nobody can be made to take direct payments.

How to ask (phone or email to the social worker): "[Name] would like to receive their personal budget as a direct payment, so that we can choose our own care provider. [I will help manage it / I am their attorney and will manage it.] Please send us your direct payment agreement, explain how the payments will be made and monitored, and tell us what support your direct payment support service can offer."

Setting up: what happens

1. **The care and support plan** is agreed, with the personal budget amount.

2. **You sign a direct payment agreement** setting out what the money is for and the records you must keep.
3. **A bank account or prepaid card.** Many councils use prepaid cards, but if you ask for a payment into a separate bank account, the council should offer it.
4. **Net or gross payments.** The council either pays only its share (net), and you pay the person's assessed contribution into the account, or pays the full amount (gross) and invoices you for the contribution. Ask which it uses.
5. **Choose and contract with providers**, then pay invoices or wages from the account.
6. **Reviews.** The council must review the direct payment within **six months**, ideally alongside a light-touch care plan review six to eight weeks after sign-off, then at least every **12 months**.

Using direct payments with a care agency

For most families this is the simplest route, especially for live-in care. A managed agency employs, trains and supervises the carers and arranges cover; you sign a contract and pay its invoices from the direct payment account.

Questions to ask an agency:

- Is it registered with the Care Quality Commission (CQC), and what is its rating?
- Does it accept direct payments, and how often does it invoice: weekly or four-weekly, in advance or in arrears?
- Does the price cover everything in the care plan, including cover when the main carer has breaks or holidays?
- What is the notice period, and what happens if the person goes into hospital?
- Who do we call out of hours, and who supervises the carers?

Avoid paying far in advance: the statutory guidance notes that money paid ahead for care that is never delivered can be hard to recover.

Employing a carer directly

Some people use direct payments to employ a personal assistant (PA). It offers control, but the person (or whoever manages the payment) becomes an employer, with all that involves:

- registering with HMRC as an employer and running payroll (HMRC employer helpline: 0300 200 3200, Monday to Friday 8am to 6pm);
- paying at least the National Minimum Wage, holiday and sick pay, and pension contributions where the PA is eligible;
- employer's liability insurance;
- a written contract, right-to-work checks and, where appropriate, a DBS check;
- arranging cover for absences, and any redundancy pay when the job ends.

The council should include costs such as employer's National Insurance and insurance in the personal budget, and many councils have a direct payment support service that can help with payroll and recruitment. Employing a live-in carer directly is especially complex, because of working time, rest breaks, accommodation and cover; many families choose a managed agency instead.

Using direct payments for live-in care

A direct payment can pay for live-in care when that is how the plan meets the person's eligible needs. To avoid problems:

- Make sure the care plan describes the support needed across the whole day and night, so the budget reflects it.
- Ask how the budget was calculated. The council can consider cost when choosing how to meet needs, but it should not set arbitrary upper limits that push someone into a care home against their wishes.
- If the budget will not cover the care in the plan, send the council written quotes showing the real local cost and ask for a review.
- Couples living together can ask for their budgets to be pooled, for example to share one live-in carer. See live-in care for couples.

Asking for a budget review: "We are writing about [name]'s personal budget of £ [amount] a week, agreed on [date]. The care and support plan says [he/she] needs [support with personal care throughout the day and help at night]. The quotes we have obtained from CQC-registered providers (enclosed) show this costs £ [amount] a week. Please explain how the budget was calculated and review it so that it is sufficient to meet the needs in the plan."

Paying a family member

- A relative who **lives elsewhere** can be paid from a direct payment to provide care.
- A close family member who **lives in the same household** can only be paid for care if the council decides it is necessary, for example where only they can communicate with the person.
- A household family member can sometimes be paid for **managing the paperwork** of a large direct payment, if the council agrees this is necessary.

Anyone paid becomes an employee, with tax, National Insurance and employment law to consider, and it may affect their own benefits.

Adding your own money

You can use your own money alongside a direct payment, for example for extra hours or a provider that costs more than the council would pay. Agree the arrangement with the council in writing, and keep your own money clearly separate in the records so that it is obvious what the direct payment paid for.

Records, audits and unspent money

The council must check, in proportion, that the money is meeting the needs in the plan, but it must not ask for more information, more often, than it reasonably needs. Every month:

- [ ] Keep every invoice, timesheet and receipt
- [ ] Keep bank statements or prepaid card statements
- [ ] Pay the person's assessed contribution into the account on time (net payments)
- [ ] Spend only on what the care and support plan covers
- [ ] Tell the council about changes: hospital stays, new needs, a change of provider
- [ ] Do not let unspent money build up: it may be taken back

Direct payments are stopped only as a last resort, for example if they are not being used to meet the person's needs, and the council must make sure there is no gap in care.

Personal health budgets for NHS Continuing Healthcare

If the NHS funds care through NHS Continuing Healthcare, people living at home have a right to a personal health budget, which can be paid as a direct payment for healthcare and can pay a care agency, including for live-in care. Where someone has both a council direct payment and an NHS one, the two bodies should try to combine them, so there is one account and one set of checks.

Who to call

- **Your council's adult social care team:** if you are not sure which council it is, GOV.UK's "find your local council" tool tells you from a postcode (link below). In Oxfordshire, call 01865 519800 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4pm).
- **Your council's direct payment support service:** ask the social worker for the details.
- **HMRC employer helpline:** 0300 200 3200, Monday to Friday 8am to 6pm, if you employ a carer.
- **Citizens Advice Adviceline (England):** 0800 144 8848, usually Monday to Friday 9am to 5pm.
- **Independent Age helpline:** 0800 319 6789, Monday to Friday 8.30am to 5.30pm.

What to do next

1. Make sure the care and support plan describes all the person's needs, by day and by night.
2. Ask the council for a direct payment, its agreement and its support service details.
3. Decide between a managed care agency and employing a carer yourself.
4. Get written quotes from CQC-registered providers.
5. Set up the account and a simple monthly record-keeping routine.
6. Put the six-month and yearly review dates in your diary.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded by councils, including through direct payments, as well as privately funded care and NHS Continuing Healthcare.

Our fully managed live-in care is available anywhere in England from £1,550 a week. For a free initial assessment and a written quote you can share with the council, call 01865 715780 or contact us.

Useful contacts and next steps

- **GOV.UK: Find your local council.** Enter the postcode where the person lives to find the council responsible for their adult social care, then ask that council about a care needs assessment, a direct payment and its direct payment support service.

Common questions

Can we switch back to council-arranged care?

Yes. A person can decide at any time that they no longer want direct payments. The council should then review the care plan and arrange care in another way, making sure there is no gap in support. Before switching, check the notice period in any contract you have with a care agency, and whether you have any duties to staff you employ, such as notice or redundancy pay, so that nothing is left outstanding.

What if the person lacks capacity to manage a direct payment?

An 'authorised person', often a family member, an attorney or a deputy, can ask for the direct payment and manage it on their behalf. The council must be satisfied that the authorised person will act in the person's best interests under the Mental Capacity Act and can manage the payment, with help if needed. If the person later regains capacity long-term, the payments move back to them, without any gap in care.

Do direct payments count as the person's income?

Not in the council's financial assessment: direct payments must be ignored as income when the council works out what the person pays towards their care. They are not personal spending money, though. They can only be used for the support set out in the care and support plan, the council checks how they are spent, and money that is not needed may be taken back.

Can direct payments pay for respite in a care home?

Yes, for short stays. Direct payments can pay for up to four consecutive weeks in a care home in any 12-month period. Stays less than four weeks apart are added together; stays more than four weeks apart are not, so regular short breaks, such as one week every six weeks, can continue through the year. Direct payments cannot pay for a long-term care home place, but the council can arrange longer stays itself.

Can a family carer get a direct payment?

Yes. After a carer's assessment, a carer with eligible needs can have their own personal budget and take it as a direct payment, for example for a break, a course or practical help. A carer can also use a direct payment to arrange replacement care for the person they look after while they take a break, if that person agrees. If replacement care is charged for, the person receiving the care pays, not the carer.

Sources and further information

- GOV.UK: Care and support statutory guidance (chapters 10, 11 and 12)
- legislation.gov.uk: Care and Support (Direct Payments) Regulations 2014
- GOV.UK: National framework for NHS continuing healthcare (personal health budgets)
- GOV.UK: Contact HMRC, employer enquiries

Read next

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

How to reduce the cost of care: a guide for families in England

The main legitimate ways to reduce what you pay for care at home in England in 2026/27: NHS Continuing Healthcare, council funding and the means test, benefits, Pension Credit, council tax discounts, free reablement and equipment, grants, carers' support and direct payments.

Read the guide →

CHOOSING LIVE-IN CARE

Managed or introductory live-in care: what is the difference?

Fully managed live-in care, introductory agencies and self-employed carers compared for families in England: who is responsible, CQC regulation, employment status, insurance, cover when a carer is ill, VAT, costs, risks and the questions to ask before choosing.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/direct-payments-and-personal-budgets/**

Paying for care from savings and property: a family guide

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

In England, people with savings above £23,250 usually pay for their own care, but the home they live in is never counted for care at home, so nobody has to sell their home to pay for care in it. The home can count after a permanent move into a care home, where a deferred payment agreement can delay a sale. Money given away to avoid care charges can be treated as if it were still owned.



IN THIS GUIDE

1. Self-funding care at home: help you can still get
2. Planning a care budget
3. Your home: care at home versus a care home
4. Deferred payment agreements (care homes only)
5. Equity release (signpost only)
6. Immediate needs annuities (signpost only)
7. Gifts and “deprivation of assets”
8. Where to get regulated advice
9. What to do next
10. How we can help
11. Common questions
12. Sources and further information

Many families pay for care from savings, pensions or the value of a home. The rules on what counts, and when, are different for care at home and for a care home, and getting them right can make a large difference. This guide explains the rules in England for 2026/27. It is information, not financial advice: decisions about property, investments and gifts need a regulated adviser or a solicitor.

Self-funding care at home: help you can still get

Paying for your own care does not mean going without help. A self-funder can still:

- have a free **care needs assessment** and a care and support plan from the council, which must arrange care at home if asked (it may charge a fee covering its costs);
- claim **Attendance Allowance** or **PIP**, which are not means-tested;
- ask for an **NHS Continuing Healthcare** Checklist if health needs are significant;
- get **free reablement** for up to six weeks, and free community equipment and minor adaptations;
- apply for **council tax discounts**.

See How to reduce the cost of care.

Planning a care budget

A simple plan helps you see how long savings will last and when to contact the council.

1. **Weekly cost of care:** from written quotes.
2. **Weekly income:** State Pension, other pensions, Attendance Allowance or PIP, and any other income.
3. **The weekly gap:** cost minus income. This is what comes out of savings.
4. **The runway:** savings above £23,250, divided by the weekly gap, gives roughly the number of weeks before the council may start to contribute.
5. **Add a margin:** household bills, equipment, fee increases and changing needs.
6. **Review every three months**, and contact the council a few months before savings are expected to reach £23,250.

Example: Margaret has £120,000 in savings and £350 a week of income including Attendance Allowance. If her live-in care costs £1,550 a week, the gap is £1,200 a week. (£120,000 − £23,250) ÷ £1,200 = about 81 weeks, or around 19 months, before household bills and any fee changes.

Email to the council when savings are running down: "I am writing about [full name, date of birth, address]. [He/She] pays privately for care at home, and [his/her] savings are expected to fall to £23,250 by [month]. Please arrange a care

needs assessment (if one is needed) and a financial assessment so that council support can start from the right date. I enclose recent statements and details of [his/her] income and care costs."

Your home: care at home versus a care home

Care at home. The value of the home the person lives in is not counted, however much it is worth. Other property, such as a second home or a buy-to-let, does count as capital.

A permanent move into a care home. The home is usually counted, unless it is still lived in by:

- the person's partner, former partner or civil partner (unless estranged); or
- a relative who is aged 60 or over, or incapacitated, or a child of theirs under 18, who has lived there since before the move.

The home is also ignored for a temporary stay if the person intends to return, and for the first **12 weeks** after a permanent move (the "12-week property disregard"). Councils can choose to ignore it in other cases, for example where a carer gave up their own home to live there.

For a homeowner, this means that staying at home with care keeps the home out of the means test entirely, while a permanent care home move may bring it in. A care home can still be the right choice; see Live-in care vs a care home.

Deferred payment agreements (care homes only)

A deferred payment agreement (DPA) lets someone delay selling their home to pay care home fees. The council pays the fees, or lends the money, and the debt is secured with a legal charge on the home. It is repaid later, when the home is sold, from the estate after death, or earlier if the person chooses. The fees are delayed, not written off.

Who must be offered one. The council must offer a DPA if the person:

- needs care in a care home;
- has £23,250 or less in savings and other assets, not counting the home;
- has a home that is not disregarded; and
- can give the council a first legal charge on the property.

Councils may offer DPAs more widely, including for some supported living, but **a DPA is not used for care in your own home**: the home is not counted for care at home, so there is nothing to defer.

What it costs. The council can charge interest, up to a national maximum rate that changes every 1 January and 1 July, plus administration fees. The amount that can be deferred is limited by the value of the home, and the council should review the arrangement when about 70% has been used. The person keeps a weekly "disposable income allowance" and must keep the home insured and maintained.

How to apply. Ask the council for its deferred payment information and application form, ideally early in the 12-week disregard; councils should aim to have the agreement in place by the end of it. Have the title details, a recent valuation if you have one, buildings insurance and Lasting Power of Attorney papers ready. Before stopping further deferrals, the council should normally give at least 30 days' notice.

Equity release (signpost only)

Equity release lets homeowners, usually aged 55 or over, take money from their home while living in it. There are two types: a **lifetime mortgage**, a loan secured on the home where interest usually rolls up and is repaid when the person dies or moves into long-term care; and **home reversion**, selling all or part of the home in return for a lump sum or income and the right to stay. Members of the Equity Release Council must offer the right to live in the home for life, a "no negative equity" guarantee and independent legal advice. Rolled-up interest grows quickly and reduces what is left to inherit. Consider equity release only after checking every other option, and only with a regulated adviser.

Equity release safeguards to check

- **Regulated advice.** Advice on lifetime mortgages is regulated by the Financial Conduct Authority. Check the adviser and the lender on the Financial Services Register, and expect the adviser to look at the alternatives too: benefits, council and NHS help, downsizing or using other savings.

- **The Equity Release Council's product standards.** For a lifetime mortgage from a Council member, the interest rate must be fixed, or variable with a fixed cap, for the life of the loan. The person must have the right to live in the home for life (while it stays their main home and the terms are kept), the chance to move to a suitable alternative home (subject to the lender's criteria), a "no negative equity" guarantee, and the ability to make repayments without charges (subject to the lender's criteria). If the person moves permanently into long-term care, including care from relatives, any early repayment charge is waived once the lender receives a doctor's certificate.
- **Your own solicitor.** Everyone taking out equity release must get independent legal advice before signing.
- **The real cost in writing.** Ask how much could be owed after 10 and 15 years, and what the plan means for benefits and for any future council financial assessment.
- **Family involvement.** If the person is happy for them to be involved, invite family to the meetings, so that everyone understands what has been agreed.
- **If something goes wrong,** complain to the firm first, then to the Financial Ombudsman Service, which is free: 0800 023 4567, Monday to Friday 8am to 5pm.

Immediate needs annuities (signpost only)

An immediate needs annuity is bought with a lump sum and pays a guaranteed income towards care for life. Payments made directly to a registered care provider are tax-free. It can be used for care at home or in a care home. The cost depends on age and health, and if the person dies soon after buying one, much of the money may be lost unless capital protection is added. Take advice from a regulated adviser who specialises in long-term care.

The tax rule in detail. Under section 725 of the Income Tax (Trading and Other Income) Act 2005, payments from an immediate needs annuity are free of income tax when they are paid straight to a care provider or a local authority for the person's care. Two conditions matter:

- **Who receives the money.** In England, the care provider must be registered with CQC, so payments to a registered home care, live-in care or care home provider qualify. Payments made to the person themselves, or to a self-employed carer found through an introductory agency, do not get this exemption.

- **Why the annuity was bought.** The annuity must be bought to protect someone who, when it is taken out, cannot live independently without help because of a condition that is expected to be permanent.

Questions to ask before buying:

- Will the payments go directly to our care provider, and what happens if we change provider?
- Does the income rise each year, and by how much? Care fees usually go up.
- What capital protection is available, and what does it cost?
- How will the annuity affect any council financial assessment if savings later run low?

Gifts and "deprivation of assets"

People are free to spend their money as they wish, including giving gifts. But if someone deliberately reduces their savings or income to avoid care charges, the council can treat them as still having it. The council considers whether avoiding care charges was a significant reason for the timing, and whether the person could reasonably have expected to need care and to pay towards it.

Things a council may look at include large gifts, transferring a home, sudden spending out of character, and turning savings into something that is ignored in the means test, such as some investment bonds with life insurance. Repaying a genuine debt is not deprivation, and neither is a gift made when someone was fit and well with no foreseeable need for care. If an asset was given to someone else to avoid charges, the council can ask that person to pay what it lost, up to the value they received.

There is no fixed time limit. The "seven-year rule" belongs to inheritance tax, not to care funding.

Keep evidence:

- [ ] Deeds of gift, with dates and the reason
- [ ] Receipts for large purchases and home repairs
- [ ] Proof that debts were repaid
- [ ] A short note of the person's health at the time of any large gift

Where to get regulated advice

- **MoneyHelper:** free, government-backed guidance on paying for care, equity release and annuities, at moneyhelper.org.uk.
- **Society of Later Life Advisers (SOLLA):** a "find an adviser" search for accredited later-life advisers; 0333 2020 454.
- **Financial Conduct Authority:** check that any adviser or firm is authorised on the Financial Services Register (register.fca.org.uk), or call the consumer helpline on 0800 111 6768 (Monday, Tuesday, Wednesday and Friday 8am to 5pm; Thursday 8am to 9am and 10am to 5pm).
- **A solicitor** for gifts, trusts, property and Lasting Power of Attorney.
- **Free advice lines:** Independent Age, 0800 319 6789 (Monday to Friday 8.30am to 5.30pm); Citizens Advice Adviceline (England), 0800 144 8848 (usually Monday to Friday 9am to 5pm).

Questions to ask an adviser:

- Are you regulated by the FCA, and accredited by SOLLA?
- How do you charge: a fee, commission, or both?
- Will you look at all the options, including council support, benefits and NHS funding, not just products?
- How would your recommendation affect benefits, council funding and inheritance?

What to do next

1. Work out the weekly gap and the savings runway using the steps above.
2. Claim Attendance Allowance or PIP, and ask for a care needs assessment.
3. Put a reminder in the diary to contact the council a few months before savings reach £23,250.
4. If a care home move is being considered, ask the council about the 12-week disregard and deferred payments early.
5. Talk to a SOLLA-accredited adviser before releasing equity, buying an annuity or making large gifts.
6. Make sure a Lasting Power of Attorney for property and financial affairs is in place.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded privately, by councils (including direct payments) and by NHS Continuing Healthcare. Our fully managed live-in care is available anywhere in England from £1,550 a week, with a written quote after a free initial assessment, which can help you plan a budget. Call 01865 715780 or contact us.

Common questions

When should we contact the council if savings are running down?
A few months before savings are expected to fall to £23,250. Assessments take time, and the statutory guidance asks councils to plan ahead for people approaching the limit. Ask for a care needs assessment if there has not been one, and a financial assessment to start from the right date. Below £23,250, tariff income applies: £1 a week for every £250 between £14,250 and £23,250. Keep paying for care until the council confirms its arrangements in writing.

Will putting the house in trust protect it from care fees?
Not reliably. Transferring a home or putting assets into a trust that cannot be revoked are examples the statutory guidance gives of ways a council may find someone has deliberately deprived themselves of assets. If avoiding care charges was a significant reason for the timing, the council can treat the person as still owning the home. Trusts can have tax and legal consequences of their own, so take advice from a solicitor before acting.

Does equity release affect benefits or council funding?
It can. Money released from the home counts as savings or income once it is in the person's hands, so it can reduce or stop means-tested help such as Pension Credit and Council Tax Reduction, and it counts in a council financial assessment for care. Releasing more than is needed straight away can make this worse. A regulated adviser should work out the effect on benefits before any plan is taken out.

Do we have to tell the council about gifts made in the past?

Yes, answer the financial assessment honestly. There is no fixed look-back period: the council considers whether avoiding care charges was a significant reason for the gift, and whether the person could reasonably have expected to need care at the time. Gifts made while someone was fit and well, with no foreseeable need, should not count as deprivation. Keep evidence such as deeds of gift, receipts and proof that debts were repaid.

If one of a couple needs care, is the other's money at risk?

The partner's own money is not. Only the person receiving care is financially assessed, and the council cannot assess a couple's joint resources. Savings held jointly are normally treated as split equally, so half of a joint account counts for the person needing care. For care at home the home is not counted at all, and if one partner moves into a care home, the home is ignored while the other partner lives there.

Sources and further information

- GOV.UK: Care and support statutory guidance (chapter 9, annexes B and E)
- GOV.UK: Social care charging for care and support 2026 to 2027 (local authority circular)
- MoneyHelper: Immediate needs annuity
- Society of Later Life Advisers (SOLLA)
- Financial Conduct Authority: contact us and the Financial Services Register
- legislation.gov.uk: Income Tax (Trading and Other Income) Act 2005, section 725 (immediate needs annuities)
- Equity Release Council: Our standards

Read next

PAYING FOR CARE AND REDUCING THE COST

How to reduce the cost of care: a guide for families in England

The main legitimate ways to reduce what you pay for care at home in England in 2026/27: NHS Continuing Healthcare, council funding and the means test, benefits, Pension Credit, council tax discounts, free reablement and equipment, grants, carers' support and direct payments.

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Read the guide →

LEGAL MATTERS AND PLANNING AHEAD

Lasting Power of Attorney: a guide for families

How Lasting Power of Attorney works in England and Wales: the two types, why to make one early, how to make and register it online or on paper, the £92 registration fee, the certificate provider, and what happens without one (deputyship and the Court of Protection).

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/paying-for-care-from-savings-and-property/**
Guide last reviewed 30 October 2026.

Benefits and help for older people: the 2026/27 checklist

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Pension Credit is the most important benefit to check: in 2026/27 it tops up weekly income to at least £238.00 for a single person or £363.25 for a couple, and it unlocks help with rent, Council Tax, NHS costs and heating, plus a free TV licence for over-75s. Beyond that, older and disabled people can get free prescriptions from 60, a Winter Fuel Payment, travel concessions, VAT relief on equipment, and cheaper broadband and water. A free benefits check is the best place to start.



IN THIS GUIDE

1. Pension Credit: the benefit that unlocks the rest
2. How to claim Pension Credit
3. What Pension Credit unlocks
4. Winter Fuel Payment for 2026/27
5. Free prescriptions and the NHS Low Income Scheme
6. Blue Badge
7. Bus passes and railcards
8. VAT relief on disability equipment
9. Cheaper broadband, phone and water
10. The Priority Services Register
11. How to run a benefits check
12. Your benefits checklist
13. What to do next
14. How we can help
15. Common questions
16. Sources and further information

Pension Credit: the benefit that unlocks the rest

Pension Credit is for people over State Pension age on a low or modest income. The Guarantee Credit part tops up weekly income to at least **£238.00 for a single person or £363.25 for a couple** in 2026/27. Extra amounts can be added:

- **severe disability:** up to £86.05 a week, for someone who gets Attendance Allowance, PIP daily living or a similar benefit and broadly lives alone with no one paid Carer's Allowance for them;
- **carers:** £48.15 a week for someone who gets, or has underlying entitlement to, Carer's Allowance;
- **housing costs:** such as ground rent and some service charges;
- **Savings Credit:** up to £17.96 a week (single) or £20.10 (couple) for people who reached State Pension age before 6 April 2016.

The home you live in is not counted. The first £10,000 of savings is ignored, and each £500 above that counts as £1 a week of income; there is no upper savings limit. Couples usually both need to be over State Pension age.

Even a small award is worth having, because of everything it unlocks. If someone is refused, check again whenever their circumstances change, especially after an Attendance Allowance award.

How to claim Pension Credit

1. **Choose how to apply.** Call the Pension Credit claim line on **0800 99 1234** (Monday to Friday, 8am to 6pm; Relay UK: 18001 then 0800 99 1234). A friend or relative can call for someone who cannot use the phone. You can also apply online through the Pension Credit page on GOV.UK if you have already applied for your State Pension, or by post to **Freepost DWP Pensions Service 3** (nothing else on the envelope; no stamp needed).
2. **Time it right.** You can apply up to four months before reaching State Pension age. Claims can be backdated by up to three months.
3. **Have the details ready:** National Insurance numbers, income, savings and investments for you and any partner, the same details for the date you want to backdate to, and bank details.
4. **Watch for the decision letter,** and ask for a mandatory reconsideration within one month if you disagree.

What to say when you call:

> "Hello, I'm calling to claim Pension Credit for my father, [name]. He is here with me. He gets Attendance Allowance, and we'd like the claim backdated for

> three months, please."

What Pension Credit unlocks

- **Housing Benefit** for rent, or a Support for Mortgage Interest loan for homeowners.
- **Council Tax Reduction,** which can cover the whole bill with Guarantee Credit (see Council Tax discounts for care).
- **A free TV licence** for anyone aged 75 or over; apply to TV Licensing.
- **Help with NHS costs** with Guarantee Credit: free dental treatment, vouchers for glasses and help with travel to hospital.
- **The Warm Home Discount:** £150 off the electricity bill in winter 2026/27 for people who got Pension Credit (or certain other benefits) on 23 August 2026 and whose name, or partner's name, is on the bill. Most people are sent a letter between late October 2026 and early January 2027 and need do nothing; the discount is applied by 31 March 2027. If no letter arrives and you think you qualify, call **0800 030 9322** (Monday to Friday, 8am to 6pm) before 26 February 2027.
- **Cold Weather Payments:** £25 for each seven-day spell of very cold weather between 1 November 2026 and 31 March 2027, paid automatically.
- **Help with funeral costs** and a discount on Royal Mail's mail redirection service.

Winter Fuel Payment for 2026/27

You can get a Winter Fuel Payment for winter 2026/27 if you were born on or before 27 June 1960 and normally live in England, Wales or Northern Ireland. The qualifying week is 21 to 27 September 2026.

- **Living alone,** or with no one else eligible: £200, or £300 if born before 28 September 1946.
- **Living with another eligible person:** the payment is usually shared: £100 each, £150 each if both were born before 28 September 1946, or £200 and £100 if only one of you was; if you claim Pension Credit or another qualifying benefit together, one of you gets the full £200 or £300.

- **In a care home:** £100, or £150 if born before 28 September 1946, unless you get Pension Credit, Universal Credit or income-related ESA and have lived in the care home since 29 June 2026 or earlier.

Most people are paid automatically in November or December 2026. If your taxable income is over £35,000, HMRC takes the payment back through your tax code or Self Assessment. If you have never had a payment, or have deferred your State Pension, you need to claim: by post from 21 September 2026, or by phone from 19 October 2026, to the **Winter Fuel Payment Centre on 0800 731 0160** (Monday to Friday, 8am to 6pm; Relay UK: 18001 then 0800 731 0160). The deadline is 31 March 2027. Call if you have had no letter or payment by 27 January 2027. In Scotland, Pension Age Winter Heating Payment replaces it.

Free prescriptions and the NHS Low Income Scheme

In England, NHS prescriptions and sight tests are free from age 60. Under 60, the prescription charge is £9.90 an item in 2026/27; a Prescription Prepayment Certificate covering all prescriptions costs £32.05 for three months or £114.50 for twelve months (payable in ten monthly instalments). People with certain medical conditions can get a medical exemption certificate from their GP.

The **NHS Low Income Scheme** helps with dental treatment, glasses and contact lenses, sight tests, travel to NHS treatment and NHS wigs. You can apply if your savings, investments and property (other than your home) are £16,000 or less, or £23,250 if you live permanently in a care home. An HC2 certificate gives full help; an HC3 gives partial help. Apply online with proof of income, savings and housing costs if your savings are £6,000 or less; otherwise ask for a paper form. Applications are usually assessed within 18 working days, and certificates last between six months and five years. For queries or a review, call **0300 330 1343**. Keep receipts: you may be able to claim refunds for costs paid before applying.

Blue Badge

You qualify automatically if you get the higher rate of the mobility part of Disability Living Allowance, 8 points or more in the “moving around” activity of PIP, or 10 points under descriptor E of “planning and following journeys”, or if you are registered blind. Otherwise your council assesses you, for example if you cannot walk or walking is very difficult because of pain, breathlessness or the time it takes,

if walking puts you in danger, if you have a hidden condition such as dementia or severe anxiety that makes journeys very hard, or if you have a terminal illness and an SR1 form.

Apply online on GOV.UK with a recent head-and-shoulders photo, proof of identity (such as a passport or driving licence), proof of address (such as a Council Tax bill), proof of benefits, and your National Insurance number. A badge costs up to £10 in England, lasts up to three years, and councils usually decide within 12 weeks.

Bus passes and railcards

- **Older person's bus pass:** free off-peak travel on local buses across England from State Pension age. Apply to your local council. Councils also issue a **disabled person's bus pass** to eligible disabled people of any age.
- **Disabled Persons Railcard:** £20 a year or £54 for three years, for a third off most rail fares for you and one adult travelling with you. Eligibility includes Attendance Allowance, PIP at any rate, some DLA rates, a Blue Badge, and sight or hearing loss, and was widened in September 2026.
- **Senior Railcard:** a third off for anyone aged 60 or over.

VAT relief on disability equipment

If you are disabled or have a long-term illness, you should not be charged VAT on equipment designed or adapted for your own use, such as adjustable beds, stairlifts, wheelchairs, personal alarms and low-vision aids, or on building work to adapt your home, such as ramps, wider doorways or an accessible bathroom. Before you buy, sign the supplier's eligibility declaration. People who are elderly but not disabled, or only temporarily disabled, do not qualify.

Separately, anyone aged 60 or over pays only 5% VAT when grab rails, ramps, stair lifts, bath lifts, built-in shower seats or walk-in baths are supplied **and installed** in their own home. Sign a declaration that you are 60 or over and that the supply and installation qualifies. When a council provides aids and minor adaptations (those costing £1,000 or less) to meet someone's care needs, it must not charge for them; see equipment and home adaptations.

Cheaper broadband, phone and water

- **Broadband social tariffs** cost £10 to £24 a month. All major providers accept Pension Credit and Universal Credit, and some accept PIP or Attendance Allowance. Moving to a social tariff is usually free, and there is no fee to leave one; if your provider has no social tariff, it may let you leave your contract early without a penalty. Ask: "Do you have a social tariff, and can I move to it without an exit fee?"
- **Water social tariffs:** every water company runs its own scheme, often with a discount based on household income. **WaterSure** caps metered bills for households on certain means-tested benefits who need extra water for a medical condition. From early 2027, reforms are due to let people on Attendance Allowance, PIP or DLA qualify if household income is no more than £25,745.

The Priority Services Register

Energy suppliers and electricity and gas network operators keep a free Priority Services Register. Anyone over State Pension age, disabled, living with a long-term condition, relying on powered medical equipment (such as an air mattress, hoist or oxygen concentrator), or recovering from a hospital stay can join. It gives advance notice of planned power cuts, priority help in an emergency, a password scheme for callers, help with meter readings, large print or braille bills, and the option of a nominated family member to receive letters. Contact your supplier and your network operator separately (details are on the bill), and your water company, which keeps its own register. Say: "Please add my mother to your Priority Services Register. She is 88, has dementia and uses an electric pressure-relieving mattress. Please also add me as her nominee."

How to run a benefits check

A benefits check usually finds more than one thing. You can:

- use a free, anonymous calculator listed on GOV.UK: **entitledto**, **Turn2us** or **Policy in Practice** (not suitable for people living permanently in a care home);
- call the **Independent Age helpline on 0800 319 6789** (Monday to Friday, 8.30am to 5.30pm) for a free benefits check if you are over State Pension age or will be within six months;
- ask your local Age UK, Citizens Advice or the council's welfare benefits team.

Claim in this order: disability benefits first (Attendance Allowance or PIP), then Pension Credit, then Council Tax help and everything else.

Your benefits checklist

- [ ] Attendance Allowance or PIP claimed
- [ ] Pension Credit checked (0800 99 1234), and backdating asked for
- [ ] Carer's Allowance or underlying entitlement claimed by any carer
- [ ] Council Tax discounts and reduction applied for
- [ ] Free TV licence (75 or over, with Pension Credit)
- [ ] Warm Home Discount and Winter Fuel Payment received
- [ ] NHS Low Income Scheme or prescription certificate
- [ ] Blue Badge, bus pass and Disabled Persons Railcard
- [ ] VAT relief declarations signed before buying equipment
- [ ] Broadband and water social tariffs
- [ ] Priority Services Register with energy and water companies

What to do next

1. Run a benefits check using a calculator or the Independent Age helpline.
2. Claim disability benefits first, then Pension Credit.
3. Work through the checklist above, starting with anything that can be backdated.
4. Diary a yearly review each April, when rates change.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide fully managed live-in care anywhere in England from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, funded privately, by councils (including direct payments) or by NHS Continuing Healthcare. Our guide to reducing the cost of care brings together the main ways to make care more affordable. Call us on 01865 715780 for a free initial assessment and a written quote.

Common questions

Can I get Pension Credit if I own my home or have savings?

Yes. The home you live in is not counted, and there is no upper savings limit. The first £10,000 of savings is ignored completely; above that, every £500 is treated as £1 a week of income. Many homeowners with modest savings and a small private pension qualify, especially if they also get Attendance Allowance or have a carer. Use a benefits calculator or call 0800 99 1234 to check.

Do I get the Winter Fuel Payment if my income is over £35,000?

It is still paid, but HM Revenue and Customs takes it back, usually through your tax code or your Self Assessment return. Only your own taxable income counts, not your partner's. For winter 2026/27 you cannot opt out, but you can opt out for winter 2027/28 from 21 December 2026 if you would rather not receive it.

Are prescriptions free for over-60s in England?

Yes. Everyone aged 60 or over in England gets free NHS prescriptions, and free NHS sight tests. Just tick the age box on the back of the prescription form. If you are under 60 and pay for regular prescriptions, a 12-month Prescription Prepayment Certificate costs £114.50 in 2026/27, can be paid in ten monthly instalments, and covers all your prescriptions.

Does Attendance Allowance give you a Blue Badge automatically?

No. Attendance Allowance is not one of the benefits that qualifies automatically, but many people who get it qualify after an assessment by their council, for example because walking is very difficult, painful or unsafe, or because of a hidden condition such as dementia. People who get the higher mobility rate of DLA, or enough points for moving around in PIP, qualify automatically.

Can Pension Credit be backdated?

Yes, by up to three months, if you met the conditions during that time. You can also apply up to four months before you reach State Pension age. When you apply, you will be asked about your income and savings on the date you want the claim backdated to, so have old bank statements to hand.

Sources and further information

- GOV.UK: Pension Credit
- GOV.UK: Benefit and pension rates 2026 to 2027
- GOV.UK: Winter Fuel Payment
- NHSBSA: NHS Low Income Scheme
- GOV.UK: Can I get a Blue Badge?
- GOV.UK: VAT relief for disabled and older people
- Ofcom: Social tariffs for broadband and phone
- Ofgem: Join your supplier's Priority Services Register

Read next

PAYING FOR CARE AND REDUCING THE COST

Attendance Allowance: rates, who qualifies and how to claim

Attendance Allowance pays £76.70 or £114.60 a week in 2026/27 to people over State Pension age who need help with personal care or supervision. Who qualifies, how to claim step by step, example wording for the form, end-of-life claims and a letter to challenge a decision.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Council Tax discounts for dementia, disability and carers

How to reduce Council Tax when someone has dementia, a disability or a carer: the severe mental impairment disregard, single person discount, Disabled Band Reduction, carer disregards, Council Tax Reduction, empty-home exemptions, backdating, appeals and a letter to claim.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Carer's Allowance: who can claim and how it affects other benefits

Carer's Allowance pays £86.45 a week in 2026/27 to people who care for someone at least 35 hours a week and earn £204 a week or less. Who qualifies, the effect on the cared-for person's benefits, Carer's Credit, underlying entitlement and how to claim step by step.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/other-benefits-and-help-for-older-people/**

How to pay for live-in care: every funding route in England

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Live-in care can be paid for privately, by the council through a personal budget or direct payment, by the NHS through Continuing Healthcare, or by a mix of these, and Attendance Allowance can go towards it whoever pays. The person's own home is not counted in the council's means test for care at home, and councils should not set arbitrary budget ceilings that force someone into a care home against their will.



IN THIS GUIDE

1. The funding routes at a glance
2. Paying privately
3. Can the council pay for live-in care?
4. Can the NHS pay? Continuing Healthcare and personal health budgets
5. Live-in care for couples
6. VAT: managed provider or introductory agency
7. The Pension Credit trap when a live-in carer moves in
8. Other ways to keep the cost down
9. Who to call
10. What to do next
11. How we can help
12. Useful contacts and next steps
13. Common questions
14. Sources and further information

Live-in care is usually paid as one weekly fee for a carer who lives in the person's home. That fee can come from several places at once: the person's own money, benefits, the council and the NHS. The rules below apply in England from April 2026 to March 2027; in Scotland, Wales and Northern Ireland the rules differ.

The funding routes at a glance

Route	Means-tested?	What it can pay for	Where to start
NHS Continuing Healthcare	No	All care at home, including live-in care	Ask for a CHC Checklist
Council personal budget or direct payment	Yes	Care to meet eligible needs	Ask for a care needs assessment
Joint NHS and council package	The council's part is	A share of the care each	Ask the ICB and the council
Attendance Allowance or PIP daily living	No	Anything, including care	0800 731 0122 for Attendance Allowance
Pension Credit	Yes	Tops up weekly income	0800 99 1234
Own income and savings	Not applicable	Anything	Written quotes

Check the NHS first: if it should be paying, the rest matters much less.

Paying privately

Most people with savings above £23,250 pay for their own care at first. For care at home the council must ignore the value of the home the person lives in, so the real question is how long savings and income will last, not whether the house must be sold. Deferred payment agreements apply only to care homes.

Paying privately does not mean going without help:

- The council must still assess needs if asked, and for care at home it must arrange care on request. It may charge an arrangement fee, but only to cover its own costs.

- Free services still apply: reablement for up to six weeks, community equipment, and minor adaptations costing £1,000 or less.
- Attendance Allowance is paid whatever the person's savings.

Plan how long savings will last with Paying for care from savings and property, and contact the council about three months before savings are expected to fall to £23,250 (see When savings run low). Some families buy an immediate needs annuity, whose payments are free of income tax when paid directly to a registered care provider; this needs regulated financial advice.

Can the council pay for live-in care?

Yes, when live-in care is how the person's eligible needs will be met. The steps are a free care needs assessment, a care and support plan, and a financial assessment that works out the person's weekly contribution. The council's share can be arranged by the council or paid as a direct payment, which lets the family choose a CQC-registered live-in provider.

Councils can take cost into account, but the Care and Support Statutory Guidance limits how:

- **Paragraph 10.27:** a council may weigh up the total costs of suitable options, but it "should not set arbitrary upper limits on the costs it is willing to pay to meet needs through certain routes". The aim is the option that delivers the outcomes wanted for the best value, which "does not mean choosing the cheapest option".
- **Paragraph 11.22:** councils "should not have arbitrary ceilings to personal budgets that result in people being forced to accept to move into care homes against their will".
- **Paragraphs 11.24 and 11.25:** the personal budget must be sufficient to meet the needs in the plan and reflect the cost of good-quality local care, the council should explain how it was worked out, and you can challenge the amount.

The council may propose another way of meeting needs, such as visits by day and support at night. Ask it to show how that plan meets every need, day and night, and compare it with written live-in quotes. Be honest with yourselves too: if someone needs two carers around the clock or constant nursing, a nursing home may meet their needs better.

Wording if the budget will not cover live-in care: "The care and support plan for [name] dated [date] says [he/she] needs [help with personal care through the day, help at night and supervision because of dementia]. The personal budget of £[amount] a week does not cover live-in care, which costs £[amount] a week from CQC-registered providers (quotes enclosed). Please explain how the budget was calculated and, in line with paragraphs 10.27, 11.22 and 11.24 of the Care and Support Statutory Guidance, review it so that it is sufficient to meet [his/her] needs at home, where [he/she] wishes to stay."

Can the NHS pay? Continuing Healthcare and personal health budgets

NHS Continuing Healthcare (CHC) is for adults whose needs are mainly health needs. It is not means-tested, and when an eligible person chooses to live at home, the integrated care board (ICB) is responsible for all their assessed health and associated social care needs. The NHS does not pay for rent, food or household bills.

- **No arbitrary limits on care at home.** The National Framework says ICBs can consider comparative costs but "must not set arbitrary limits on care at home packages based purely on the notional costs of caring for an individual in a home".
- **Personal health budgets.** People eligible for CHC have a right to a personal health budget. Taken as a direct payment for healthcare, it can pay a live-in provider the family chooses.
- **Joint packages.** If someone is not eligible for CHC but has some needs beyond what the council can meet, the NHS and the council can each fund part of the package, in any setting. The council's part is means-tested.

Live-in care for couples

One live-in carer can sometimes support both partners, which may cost less than two care home places. For council funding, each partner is assessed separately: the council has no power to assess a couple's joint resources, and jointly held savings are normally treated as split equally. The statutory guidance encourages councils to let people in the same household pool their personal budgets, so ask for this if both partners have eligible needs. See live-in care for couples.

VAT: managed provider or introductory agency

Care from a provider registered with the Care Quality Commission (CQC) is exempt from VAT. An introductory agency that only finds a carer for you charges a fee for arranging the care, and HMRC treats that fee as standard-rated, so a VAT-registered agency adds 20%. Compare quotes on the same basis: VAT, cover for the carer's breaks and holidays, food, travel at changeover, bank holidays and nights. With an introductory arrangement the family may also take on duties as an employer or hirer. See Managed or introductory live-in care.

The Pension Credit trap when a live-in carer moves in

People on Pension Credit who get Attendance Allowance, PIP daily living or the middle or highest care rate of DLA can receive an extra **£86.05 a week**, the severe disability addition. One condition in the State Pension Credit Regulations 2002 (Schedule I) is that no other adult "normally resides" with them, apart from certain people who are ignored. Those ignored include:

- a carer who lives with them to provide care and is engaged by a **charitable or voluntary organisation** that charges for that care;
- anyone, paid or a relative, who joins the household for the first time to care for them, but **only for the first 12 weeks**, and only if the addition was already being paid.

A carer placed by a private agency is not covered by the first rule, so after 12 weeks the addition can stop if the carer is treated as normally living there. Under these rules, people live together if they share accommodation other than a bathroom, lavatory or communal area. The regulations do not say how a carer who works on a rota and keeps a home elsewhere should be treated, so the Pension Service decides on the facts. Separately, the addition stops if someone is paid Carer's Allowance for looking after the person.

Before the carer starts, ask for a free benefits check (numbers below), and report the change: the Pension Service lists people moving in or out as something you must tell it about. Housing Benefit and Council Tax Reduction have their own severe disability rules, so check those too. See Pension Credit.

Other ways to keep the cost down

- Claim Attendance Allowance, or PIP daily living if under State Pension age.

- Ask for free reablement first after a hospital stay.
- Check council tax discounts, especially where someone has dementia.
- If the council charges, list every disability-related cost.
- Ask for an occupational therapy assessment before buying equipment.

Who to call

Checked on the official pages on 30 October 2026. For the DWP lines, Relay UK users dial 18001 first.

Who	Number	Open
Attendance Allowance helpline	0800 731 0122	Mon to Fri, 8am to 6pm
Pension Credit claim line	0800 99 1234	Mon to Fri, 8am to 6pm
Pension Service (report a change)	0800 731 0469	Mon to Fri, 8am to 6pm
Age UK Advice Line	0800 678 1602	Every day, 8am to 7pm
Independent Age helpline	0800 319 6789	Mon to Fri, 8.30am to 5.30pm
Oxfordshire County Council social care	01865 519800	Mon to Thu 8.30am to 5pm, Fri 8.30am to 4pm

Elsewhere, call the adult social care team at the council where the person lives; GOV.UK's "find your local council" tool tells you which council that is from a postcode (link below).

What to do next

1. If health needs are significant, ask the GP or district nurse for a CHC Checklist.
2. Ask the council for a care needs assessment, and a carer's assessment for the main family carer.
3. Claim Attendance Allowance and check Pension Credit.

4. Get written quotes from CQC-registered live-in providers on the same basis.
5. Check the severe disability addition and council tax before the carer moves in.
6. If the council's budget will not cover the plan, ask how it was worked out and request a review.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. Our fully managed live-in care is available anywhere in England from £1,550 a week, and we provide care funded privately, by councils (including direct payments) and by NHS Continuing Healthcare. After a free initial assessment we give a written quote you can share with the council or the NHS. Call 01865 715780 or contact us.

Useful contacts and next steps

- **GOV.UK: Find your local council.** Enter the postcode where the person lives to find the council responsible for their adult social care, then use that council's website or phone line to request a care needs assessment.

Common questions

Do we have to sell the house to pay for live-in care?

No. When care is provided in the person's own home, the council must ignore the value of that home in its financial assessment, however much it is worth. Only savings, investments and any other property count. The home can come into the means test after a permanent move into a care home, which is one reason some families choose live-in care. If savings are used up, the council can start to contribute and the person keeps their home.

Can Attendance Allowance be used to pay for live-in care?

Yes. Attendance Allowance (£76.70 or £114.60 a week in 2026/27) is not means-tested and can be spent however the person chooses, including on care. It carries on while someone is cared for at home, including by a live-in carer. If the council helps pay for the care, it can count the allowance as income in its financial assessment, but it must leave the person enough to pay for disability-related costs it is not meeting.

Can the family pay extra so the council funds the live-in provider we want?

Yes. The statutory guidance recognises that a person, or someone on their behalf, can make an additional payment, often called a top-up, to secure the care they choose where it costs more than the council would pay. The extra is not part of the personal budget. First check that the budget itself is sufficient, then agree any top-up with the council in writing, including what happens if fees rise or the person paying can no longer afford it.

Can the NHS fund live-in care at the end of life?

It can. If someone's condition is deteriorating quickly and they may be entering a terminal phase, a doctor or nurse can complete the Fast Track Pathway Tool, which leads straight to NHS Continuing Healthcare without the usual full assessment. The National Framework says the care package should not usually take more than 48 hours to arrange after the completed tool is received. Care in the person's own home, including live-in care, can be funded this way.

Is care after a Mental Health Act detention free?

Yes. If someone was detained under section 3 of the Mental Health Act 1983, or under sections 37, 45A, 47 or 48, the NHS and the council must provide their aftercare free of charge under section 117 once they leave hospital, until both agree it is no longer needed. The statutory guidance lists this among the services that must never be charged for. If you have been charged for section 117 aftercare, ask the council and the integrated care board to review it.

Sources and further information

- GOV.UK: Care and support statutory guidance (chapters 8, 10 and 11, annex B)
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care
- NHS: NHS continuing healthcare
- legislation.gov.uk: State Pension Credit Regulations 2002, Schedule I
- GOV.UK: Pension Credit, what you'll get
- GOV.UK: Welfare services and goods (VAT Notice 701/2)
- legislation.gov.uk: Mental Health Act 1983, section 117

Read next

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

NHS Continuing Healthcare: a guide for families

A plain-English guide to NHS Continuing Healthcare in England: who qualifies, the Checklist, the Decision Support Tool and its 12 domains, Fast Track, care at home including live-in care, reviews, appeals with template letters, retrospective claims and how to prepare evidence.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Direct payments and personal budgets: a guide for families

How personal budgets and direct payments work in England: who can get them, setting one up, using them with a care agency or for live-in care, employing a carer, paying family, adding your own money, record-keeping, reviews and audits, with wording you can use.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/how-to-pay-for-live-in-care/**

Financial assessment for care at home: the means test explained

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

If the council arranges or funds care at home and decides to charge, it must carry out a financial assessment and give you a written record of it. It counts most income and any savings above £14,250, ignores the home, earnings and some benefits, and must leave the person with at least the minimum income guarantee after housing costs and disability-related spending: £241.45 a week for a single person over Pension Credit age in 2026/27. The charge can never be more than the care costs the council.



IN THIS GUIDE

1. How the means test works, step by step
2. The 2026/27 figures
3. What counts as income
4. Income that must be ignored
5. Savings and capital
6. Housing costs and disability-related expenditure
7. Worked example
8. Checking the written assessment
9. Reassessment
10. How to challenge the assessment
11. Documents to have ready
12. What to do next
13. How we can help
14. Common questions
15. Sources and further information

The financial assessment, often called the means test, works out how much a person pays each week towards care at home that the council arranges or funds. It follows the care needs assessment, and it only happens if the council decides to

charge. Councils can be more generous than the national rules but not stricter. This guide covers England from April 2026 to March 2027; care homes follow different rules.

How the means test works, step by step

1. **Needs come first.** The council assesses care needs and agrees which are eligible.
2. **Ask for the charging policy.** Councils can set higher capital limits, cap weekly charges or let people keep more income than the minimum.
3. **The form.** The council sends a form, phones or visits. If the person cannot manage their affairs, it should work with whoever holds a Lasting Power of Attorney, deputyship or DWP appointeeship, and must not pressure someone with dementia to sign forms they cannot understand.
4. **Capital.** Savings and investments are added up, leaving out the home. Above £23,250 the person usually pays the full cost; between £14,250 and £23,250, tariff income is added.
5. **Income.** Counted income is added up, leaving out anything that must be ignored.
6. **Deductions.** Housing costs, disability-related expenditure and the minimum income guarantee are taken off.
7. **The charge.** What is left is the most the person can be charged each week, and never more than the care costs the council.
8. **The written record.** The council must give the person a written record explaining how the assessment was done, what the charge is and how often it is made (statutory guidance, paragraph 8.16).

Where someone clearly has savings well above £23,250 and can afford the charges, the council may agree a “light-touch” assessment based on evidence such as a bank statement. You can ask for a full assessment at any time.

The 2026/27 figures

Figure	2026/27
Upper capital limit	£23,250
Lower capital limit	£14,250
Tariff income	£1 a week for every £250, or part of £250, between the two limits

The minimum income guarantee (MIG) is the least a person must be left with each week after the charge, housing costs and disability-related expenditure.

Who	Weekly MIG
Single person at Pension Credit age or over	£241.45
Each member of a couple, one or both at Pension Credit age	£184.30
Single person aged 25 to Pension Credit age	£120.40
Single person aged 18 to 24	£95.40
Lone parent aged 18 or over	£116.80
Each member of a couple, neither at Pension Credit age	£94.55
Added for each child in the household	£106.85
Disability premium: single / member of a couple	£51.55 / £36.75
Enhanced disability premium: single / member of a couple	£25.15 / £18.10
Carer premium	£55.25

A premium is added where the person gets it, or the council considers they would get it under the old income support rules. Ask which premiums have been included and why.

What counts as income

- State Pension, and workplace or private pensions
- Attendance Allowance, the daily living part of PIP and the care part of DLA
- Pension Credit Guarantee Credit and most other benefits, such as Carer's Allowance
- Annuity income
- "Notional income": money the person could get by applying for it, such as a pension they have not yet drawn

Income that must be ignored

- All earnings from a job or self-employment
- The mobility part of PIP or DLA, and Armed Forces Independence Payment
- Pension Credit Savings Credit
- War Pension Scheme payments to veterans (except Constant Attendance Allowance) and Armed Forces Compensation Scheme guaranteed income payments
- Direct payments
- Winter Fuel Payment and other Social Fund payments, and the Christmas bonus
- Council Tax Reduction paid to the person
- Regular charitable or voluntary payments
- Child Tax Credit and, for care at home, Working Tax Credit
- The first £10 a week of a war widow's or widower's pension and some similar payments

Savings and capital

Counted: bank and building society accounts, cash, ISAs, Premium Bonds, shares and other investments, and property other than the home, such as a holiday home or buy-to-let.

Ignored: the home the person lives in; personal possessions, unless bought to avoid charges; the surrender value of life insurance and annuities; personal injury compensation held in trust or administered by a court; and payments from certain compensation schemes, such as the infected blood, Windrush and Post Office Horizon schemes.

Tariff income is always rounded up: £18,100 is £3,850 above £14,250, which is 15.4 lots of £250, so the tariff is £16 a week.

Housing costs and disability-related expenditure

The MIG must be left **after** housing costs (rent, mortgage payments, council tax after any reduction, and service charges) and **after** disability-related expenditure (DRE). Ask how your council treats water charges and buildings insurance.

DRE is the extra spending caused by illness or disability, such as a community alarm, extra heating or laundry, or care the council does not arrange. It can make a large difference; see Disability-related expenditure.

Some councils ignore the difference between the higher and lower rates of Attendance Allowance when they fund no care at night. The national guidance does not require this, so it is a local choice; if the person pays privately for night care, list it as DRE instead.

Worked example

Margaret is 84, lives alone in her own home and has eligible care needs. Her weekly figures:

- State Pension £184.90, workplace pension £150, Attendance Allowance (higher rate) £114.60: total income **£449.50**
- Savings of £19,000 are £4,750 above £14,250, so tariff income is **£19**
- Council tax after the single person discount: **£30**
- Agreed DRE (extra heating, laundry and a community alarm): **£25**

£449.50 + £19 − £30 − £25 − £241.45 (MIG) = **£172.05 a week**. That is the most she can be charged; if her council-arranged care costs less, she pays the cost. Her home is not counted. If her council ignores the night-time part of Attendance Allowance (£37.90), her maximum charge falls to £134.15.

Checking the written assessment

- [ ] The home is left out
- [ ] Every savings balance is right, and joint accounts are split
- [ ] Tariff income is worked out correctly
- [ ] Earnings, mobility payments and Savings Credit are ignored
- [ ] Rent or mortgage, council tax and service charges are deducted
- [ ] Each item of DRE you listed is accepted, or the reason for refusing it is given
- [ ] The right MIG and premiums are used
- [ ] The charge is no more than the cost of the care
- [ ] The start date and how often you pay are clear

Reassessment

Councils must reassess charges regularly, usually once a year when benefits rise in April, and should do so whenever circumstances change or the person asks (paragraph 8.17). Ask for a reassessment when savings fall, a benefit changes, new disability costs arise, a partner dies or care costs change. Report changes promptly so the charge stays right.

How to challenge the assessment

1. **Ask for the full calculation in writing** if you do not have it.
2. **Ask for a review**, explaining what is wrong and enclosing evidence (wording below).
3. **Make a formal complaint** through the council's complaints procedure. Complaints should normally be made within 12 months of the problem or of when you found out about it.
4. **Go to the Local Government and Social Care Ombudsman** once the council's process is finished: free, online at lgo.org.uk or on 0300 061 0614 (Monday, Tuesday, Thursday and Friday 10am to 1pm; Wednesday 1pm to 4pm). It cannot normally look at a problem you have known about for more than 12 months.

Asking for a review: "Please review the financial assessment dated [date] for [full name, date of birth, reference]. I believe it is wrong because [for example: a joint account has been counted in full; the costs of extra heating and a community alarm listed below were not allowed; council tax was not deducted]. Evidence is enclosed. Please send me a revised calculation showing each figure used, and apply any correction from the date the charge started. If you do not agree, please explain why in writing and treat this letter as a formal complaint."

Documents to have ready

- [ ] National Insurance number and date of birth
- [ ] Pension and benefit award letters for 2026/27
- [ ] Statements for every bank, building society and savings account
- [ ] Details of investments, Premium Bonds and any property other than the home
- [ ] Rent or mortgage statement, service charge bill and council tax bill
- [ ] Receipts or a costed list of disability-related costs

- [ ] Lasting Power of Attorney, deputyship order or DWP appointee letter, if you act for the person

What to do next

1. Ask the council for its charging policy and the financial assessment form.
2. Gather the documents above and list every disability-related cost.
3. Check that Attendance Allowance, Pension Credit and council tax help are all being claimed.
4. Check the written record against the checklist as soon as it arrives.
5. Ask for a review in writing if anything is wrong, and diary a reassessment each April.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded by councils (including direct payments), privately and by NHS Continuing Healthcare. Our fully managed live-in care is available anywhere in England from £1,550 a week, and we offer home care visits, waking nights and sleep-ins across Oxfordshire. For a free initial assessment and a written quote, call 01865 715780 or contact us.

Common questions

Does the council count a husband's or wife's income and savings?
No. The council can only assess the person who needs care; it has no power to assess a couple's joint resources. A partner's own income and savings in their sole name are not counted. Savings held jointly are normally treated as split equally, so half of a joint account counts. Where income such as Pension Credit is paid for a couple, the starting point is that each partner has half, and the council should consider the effect on the partner at home.

Is Pension Credit counted in the financial assessment?

Partly. Guarantee Credit is normally counted as income. Savings Credit is ignored for people receiving care outside a care home. Pension Credit is still worth claiming even when someone pays towards care, because the council must leave the person with at least the minimum income guarantee, and Pension Credit unlocks other help such as Housing Benefit, Council Tax Reduction and help with NHS costs.

Can the council charge more than the care actually costs?

No. A council must not charge more than the cost it incurs in meeting the person's needs, and it cannot charge for the needs assessment, the financial assessment or the care and support plan. The only fee allowed on top is an arrangement fee for people with savings above £23,250 who ask the council to arrange care at home, and that fee must not exceed the council's actual costs.

Are the rules the same in extra care housing or supported living?

Yes. The rules for care at home apply to every setting other than a care home, including extra care housing, supported living and Shared Lives arrangements. The person keeps at least the minimum income guarantee after housing costs, and the value of the home they live in is not counted. Rent and service charges are treated as housing costs, so make sure they appear on the assessment.

Do we have to tell the council about money given away in the past?

Yes. Answer the questions honestly. People are free to spend and give away their money, but the council can treat someone as still having money they deliberately gave away to avoid care charges. It looks at whether avoiding charges was a significant reason for the timing and whether care could reasonably have been foreseen. Keep deeds of gift, receipts and proof of debts repaid; see our guide to deprivation of assets and gifting.

Sources and further information

- GOV.UK: Care and support statutory guidance (chapter 8 and annexes B and C)
- GOV.UK: Social care charging for care and support 2026 to 2027 (local authority circular)
- legislation.gov.uk: Care and Support (Charging and Assessment of Resources) Regulations 2014, regulation 7
- GOV.UK: Benefit and pension rates 2026 to 2027

- legislation.gov.uk: Local Authority Social Services and NHS Complaints (England) Regulations 2009, regulation 12
- Local Government and Social Care Ombudsman: make a complaint

Read next

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Disability-related expenditure (DRE): lowering your care charge

What disability-related expenditure (DRE) is, the costs the Care Act statutory guidance says councils should allow, the evidence to keep, standard allowances versus individual assessment, how to ask and challenge, and a template letter for people paying towards care at home in England.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

How to pay for live-in care: every funding route in England

The main ways to fund live-in care in England in 2026/27: self-funding with the home disregarded, Attendance Allowance, council personal budgets and direct payments, NHS Continuing Healthcare and personal health budgets, joint packages, couples, VAT on agency fees and the Pension Credit trap.

Read the guide →

This page online: **www.dayandnightcare.co.uk/guides/financial-assessment-for-care-at-home/**

Disability-related expenditure (DRE): lowering your care charge

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Disability-related expenditure (DRE) is the extra money someone has to spend because of their illness or disability, such as extra heating, laundry, a community alarm or care the council does not arrange. When the council counts disability benefits like Attendance Allowance in its financial assessment for care at home, it should let the person keep enough to pay these costs, which lowers the weekly charge. Councils rarely find every cost for you, so list them all and send evidence.



IN THIS GUIDE

1. When DRE applies
2. What counts: the statutory guidance list
3. What the council may refuse
4. Standard allowances or an individual assessment
5. How to work out the weekly cost
6. Evidence to keep
7. How to ask
8. If DRE is refused
9. What to do next
10. How we can help
11. Common questions
12. Sources and further information

When the council works out what someone pays towards care at home, it can count disability benefits such as Attendance Allowance as income. Those benefits exist to meet the extra costs of disability, so the Care and Support Statutory Guidance says the council should let the person keep enough of them to pay for necessary disability-related expenditure that it is not meeting (paragraph 8.42 and

Annex C, paragraphs 39 to 41). Every £1 a week of DRE the council accepts takes £1 off the weekly charge, unless the charge is already nil or is limited to the cost of the care: £30 a week is £1,560 a year. This applies in England.

When DRE applies

- The council arranges or funds care outside a care home (at home, in extra care housing or in supported living) and charges for it.
- The council counts a disability benefit as income, such as Attendance Allowance, the daily living part of PIP or the care part of DLA.

Care homes have separate rules. See Financial assessment for care at home for the full calculation.

What counts: the statutory guidance list

Annex C, paragraph 40, lists costs councils should include. In plain English:

- a community alarm or telecare system
- privately arranged care, including respite care, and day or night care the council is not arranging
- specialist washing powder or extra laundry
- the extra cost of a special diet needed because of illness or disability (the council may ask to check with the GP)
- specially made clothing or footwear, or extra wear and tear caused by disability
- extra bedding, for example because of incontinence
- heating, or metered water, above the average for the area and type of home
- reasonable costs of basic gardening, cleaning or domestic help needed because of the disability and not provided by social services
- buying, maintaining and repairing disability equipment, including IT where the disability makes it necessary, and reasonable hire costs while waiting for council equipment
- personal assistance costs
- internet access, for example for blind and partially sighted people
- transport costs caused by illness or disability, beyond any PIP or DLA mobility payment available for them

The list "is not intended to be exhaustive", and "any reasonable additional costs directly related to a person's disability should be included". Paragraph 41 adds that DRE "should not be limited to what is necessary for care and support". So you can argue for other costs, such as the electricity used by an air mattress, a hoist or an electric riser chair, if you can show they arise from the disability.

If the council counts the higher rate of Attendance Allowance but funds no care at night, any night care paid for privately is a strong item to list, because the higher rate is usually awarded for help needed by night as well as by day.

What the council may refuse

- Costs that everyone has anyway: only the extra cost caused by disability counts.
- Items available more cheaply, for example continence pads the NHS would supply (ask the GP or district nurse for a continence assessment).
- Transport costs where suitable cheaper transport, such as council-provided transport, is available but not used.
- Anything the council or the NHS is already providing.

Standard allowances or an individual assessment

Councils handle DRE in different ways. Many give everyone whose disability benefits are counted a standard allowance, either a fixed weekly amount or a share of the benefit, and offer an individual assessment if costs are higher. Others assess each person's costs from the start. Read the council's charging policy to see which it uses.

A standard allowance is simple but may be far below real costs for someone with high needs. The guidance says the council should assess and allow enough to pay for necessary costs, so if yours are higher than the standard amount, ask for an individual assessment and send evidence.

How to work out the weekly cost

- **Heating:** compare 12 months of bills with a year before the illness if you have them, or ask the energy supplier for annual usage. The council will compare with what is typical for the area and type of home.
- **Laundry:** count the extra loads a week and cost each one (powder, electricity, water).

- **Diet:** keep receipts for special products and note what an ordinary equivalent would cost.
- **Equipment:** keep receipts, and ask how the council turns a one-off purchase into a weekly amount.
- **Care, cleaning and gardening:** invoices, with a line on why the person cannot do the task themselves.
- **Transport:** taxi receipts or a mileage log for journeys made because of illness or disability.

Evidence to keep

- [ ] Invoices for privately paid care, cleaning or gardening
- [ ] 12 months of energy bills, and metered water bills
- [ ] Receipts for washing products, bedding, clothing, footwear and special foods
- [ ] Community alarm or telecare bills
- [ ] Receipts for buying, repairing or hiring equipment
- [ ] Taxi receipts or a mileage log
- [ ] Any letter from the GP, a dietitian or an occupational therapist explaining the need
- [ ] One page listing each cost as a weekly figure

How to ask

1. Ask the council for its charging policy and any DRE form.
2. List every cost as a weekly figure, using the methods above.
3. Send the list and evidence with the financial assessment form, or later as a request for review.
4. Ask for a written breakdown showing which items were accepted, which were refused and why.
5. If costs change, ask for a reassessment.

Template request: "I am writing about the financial assessment for [full name, date of birth, reference]. [He/She] receives [Attendance Allowance at the higher rate], which the council counts as income. Under paragraph 8.42 and Annex C, paragraphs 39 to 41, of the Care and Support Statutory Guidance, please carry out an individual assessment of [his/her] disability-related expenditure. The enclosed

list shows weekly costs of £[total], made up of [extra heating £x, laundry £x, community alarm £x, private night care £x], with evidence for each. Please confirm in writing which costs you accept, give reasons for any you do not, and recalculate the weekly charge from [date].”

If DRE is refused

1. Ask for the reasons in writing for each item refused.
2. Ask for a review, pointing out that the guidance list is not exhaustive and should not be limited to the care plan, and add any missing evidence.
3. Make a formal complaint through the council’s complaints procedure, normally within 12 months.
4. If you are still unhappy, contact the Local Government and Social Care Ombudsman: free, online at lgo.org.uk or on 0300 061 0614 (Monday, Tuesday, Thursday and Friday 10am to 1pm; Wednesday 1pm to 4pm).

Free help with a DRE claim is available from the Age UK Advice Line on 0800 678 1602 (every day, 8am to 7pm) and the Independent Age helpline on 0800 319 6789 (Monday to Friday, 8.30am to 5.30pm).

What to do next

1. Check whether the council counts a disability benefit in the financial assessment.
2. Read the charging policy to see how DRE is handled.
3. Spend a week listing every extra cost, and start a folder of receipts.
4. Send the list with the template request above.
5. Diary a yearly check, and ask for a reassessment when costs change.

How we can help

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Common questions

Does DRE matter if we pay for all our care ourselves?

Not while you pay a provider directly with no council involvement. DRE is part of the council's financial assessment, so it only reduces a charge the council makes. People who fund their own care keep all their Attendance Allowance or PIP. It is still worth keeping receipts now: if savings fall towards £23,250 and the council starts to contribute, you will be able to show your disability-related costs from the first assessment.

Can the cost of a privately paid carer count as DRE?

Yes, where the care is needed and the council is not arranging it. The statutory guidance lists privately arranged care, including respite, and day or night care not arranged by the council. For example, if the council funds daytime visits but the family pays privately for help at night, that night care can be listed as DRE. Send the invoices and explain why the care is needed.

What if the person does not get a disability benefit?

Then DRE usually has nothing to protect, because the guidance links it to disability benefits the council counts as income. The minimum income guarantee and the deduction for housing costs still apply. Check whether the person should be claiming Attendance Allowance or the daily living part of PIP: if one is awarded, the council may count it, but it must then allow for the person's disability-related costs.

Will claiming DRE affect any benefits?

No. DRE is not a benefit and nothing is paid to you. It is an amount the council takes off the person's income when it works out what they can afford to pay for care, so it only changes the council's charge. Attendance Allowance, PIP, Pension Credit and other benefits carry on exactly as before.

Is there a deadline for asking the council to look at DRE again?

You can ask for a reassessment at any time, for example when new costs arise; the guidance says councils should reassess when circumstances change or the person asks. If you want to complain that DRE was wrongly refused in the past, a complaint should normally be made within 12 months of the decision, or of when you found out about it, so act promptly.

Sources and further information

- GOV.UK: Care and support statutory guidance (chapter 8 and annex C, paragraphs 39 to 41)
- GOV.UK: Social care charging for care and support 2026 to 2027 (local authority circular)
- legislation.gov.uk: Local Authority Social Services and NHS Complaints (England) Regulations 2009, regulation 12
- Local Government and Social Care Ombudsman: make a complaint

Read next

PAYING FOR CARE AND REDUCING THE COST

Financial assessment for care at home: the means test explained

How the council's financial assessment for care at home works in England in 2026/27, step by step: the minimum income guarantee table, what income and savings count and what is ignored, tariff income, housing costs, a worked example, the written record and reassessment.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Attendance Allowance: rates, who qualifies and how to claim

Attendance Allowance pays £76.70 or £114.60 a week in 2026/27 to people over State Pension age who need help with personal care or supervision. Who qualifies, how to claim step by step, example wording for the form, end-of-life claims and a letter to challenge a decision.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/disability-related-expenditure/**

Pension Credit: rates, how to claim and what it unlocks

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Pension Credit tops up weekly income for people over State Pension age to £238.00 for a single person or £363.25 for a couple in 2026/27, with an extra £86.05 a week for many people who get Attendance Allowance and £48.15 for carers. Owning a home or having savings does not rule anyone out. It can be backdated three months, and even a small award unlocks help with rent, council tax, NHS costs and heating.



IN THIS GUIDE

1. Pension Credit rates for 2026/27
2. Who can get Pension Credit
3. How to claim
4. Backdating and timing
5. The severe disability addition
6. The carer addition
7. The live-in carer trap
8. What Pension Credit unlocks
9. Why so many people miss out
10. If something changes, or you disagree
11. Free help to check and claim
12. What to do next
13. How we can help
14. Useful contacts and next steps
15. Common questions
16. Sources and further information

Pension Credit is extra money for people over State Pension age on a low or modest income. It is separate from the State Pension, it is tax-free, and it is often the key that unlocks other help. These are the rules in England, Scotland and Wales for April 2026 to March 2027; Northern Ireland has its own scheme.

Pension Credit rates for 2026/27

Part	Weekly amount
Guarantee Credit: tops income up to (single)	£238.00
Guarantee Credit: tops income up to (couple)	£363.25
Severe disability addition	£86.05, or £172.10 if both partners qualify
Carer addition	£48.15 for each partner who qualifies
Savings Credit (only if State Pension age was reached before 6 April 2016)	Up to £17.96 single, £20.10 couple

Extra amounts can also be added for some housing costs, such as ground rent and service charges, and for children.

Who can get Pension Credit

- You must have reached State Pension age and live in Great Britain.
- Couples must normally both have reached State Pension age.
- Income counts: the State Pension, other pensions, earnings and most benefits, such as Carer's Allowance. Attendance Allowance, PIP, Disability Living Allowance, Housing Benefit and Council Tax Reduction do not.
- The home you live in does not count. The first £10,000 of savings is ignored; above that, every £500 (or part of £500) counts as £1 a week of income. There is no upper savings limit.

Example: Joan is 71 and reached State Pension age after April 2016, so Savings Credit does not apply. She gets £200 a week State Pension and has £8,000 in savings, which is ignored. Pension Credit tops her up to £238.00, so she gets **£38.00 a week**. Later she is awarded Attendance Allowance; she lives alone and nobody is paid Carer's Allowance for her. Her guarantee rises to £324.05 (£238.00 + £86.05), so her Pension Credit becomes **£124.05 a week**.

How to claim

1. **Online.** Use the Apply for Pension Credit service on GOV.UK if you have already applied for your State Pension; it lets you check whether you might qualify first.
2. **By phone.** Call the Pension Credit claim line on **0800 99 1234** (Monday to Friday, 8am to 6pm; Relay UK 18001 then 0800 99 1234). A friend or relative can call for you.
3. **By post.** Print the claim form from GOV.UK, or ask the claim line to send one, and post it to **Freepost DWP Pensions Service 3**, with nothing else on the envelope and no stamp.

You can claim Housing Benefit at the same time, and the Pension Service passes it to the council.

Have ready: National Insurance numbers for you and any partner; details of income, savings and investments now and on the date you want the claim backdated to; and bank details.

What to say: "I'd like to claim Pension Credit for my mother, [name], who is here with me. She gets Attendance Allowance and lives alone. Please backdate the claim for three months, and please include Housing Benefit."

Backdating and timing

- Claims can be backdated by up to **three months** if the person qualified during that time. Ask for it: Age UK notes that backdating is not automatic.
- You can apply up to four months before reaching State Pension age.
- If Pension Credit depends on an Attendance Allowance claim that has not been decided, Age UK advises claiming Pension Credit at the same time and claiming again once Attendance Allowance is awarded, which allows full backdating to the date of the first Pension Credit claim.

The severe disability addition

The extra £86.05 a week is included when the person:

- gets Attendance Allowance, the daily living part of PIP, the middle or highest care rate of DLA, or Armed Forces Independence Payment;

- has no one paid Carer's Allowance or the Universal Credit carer element for looking after them (a carer with "underlying entitlement" who is not actually paid does not affect it); and
- lives alone, or is treated as living alone.

People ignored when deciding whether someone lives alone include another adult who gets one of those disability benefits, someone registered severely sight impaired, a child, certain joint owners, tenants or landlords who are not close relatives, and some live-in carers (see below). Someone with self-contained accommodation under the same roof counts as living alone. For a couple, both must qualify for the £172.10 rate.

The carer addition

A carer gets an extra £48.15 a week if they are entitled to Carer's Allowance. This includes "underlying entitlement", where Carer's Allowance is not paid because the State Pension is higher. Claiming Carer's Allowance can therefore be worth it even when nothing is paid, and underlying entitlement does not take away the cared-for person's severe disability addition. See Carer's Allowance.

The live-in carer trap

Under Schedule I of the State Pension Credit Regulations 2002, a live-in carer is only ignored indefinitely if they are engaged by a charitable or voluntary organisation that charges for the care. Anyone else who moves in for the first time to provide care, whether a relative or a carer from a private agency, is ignored only for the first 12 weeks, and only if the addition was already in payment. After that, the £86.05 can stop if the carer is treated as "normally residing" with the person, which in these rules means sharing accommodation other than a bathroom, lavatory or communal area.

The rules do not say how a carer working a rota who keeps their own home elsewhere should be treated, and the Pension Service decides on the facts. People moving in or out is a change you must report. Before a live-in carer starts, get advice from Age UK, Independent Age or Citizens Advice, and see How to pay for live-in care.

What Pension Credit unlocks

- **Housing Benefit** for rent, or **Support for Mortgage Interest** for homeowners.
- **Council Tax Reduction**, which can cover the whole bill with Guarantee Credit.
- **Cold Weather Payments**, paid automatically.
- **The Warm Home Discount** on electricity bills.
- **A free TV licence** for anyone aged 75 or over (apply to TV Licensing).
- **Help with NHS costs** with Guarantee Credit: dental treatment, glasses and travel to hospital.
- A discount on Royal Mail's redirection service when moving house.

More detail: Benefits and help for older people.

Why so many people miss out

DWP's latest estimates, published on 22 October 2026, cover April 2024 to March 2025 in Great Britain. Only **62%** of pensioner families entitled to Pension Credit claimed it. Up to **900,000** families did not, leaving up to **£2.4 billion** unclaimed: on average around £2,500 a year for each family missing out. Couples were least likely to claim (50%).

DWP points to research that explains non-take-up through a lack of awareness or wrong ideas about entitlement, complicated forms, and stigma, pride or a feeling of not needing it. Common misunderstandings are:

- "We own our home." The home is not counted.
- "We have savings." There is no upper limit; only savings above £10,000 count, and only partly.
- "It would only be a few pounds." A small award still unlocks the help above.

If something changes, or you disagree

Report changes to the Pension Service helpline on **0800 731 0469** (Monday to Friday, 8am to 6pm, except public holidays; Relay UK 18001 then 0800 731 0469): a hospital or care home stay, someone moving in or out, changes to savings, pensions or benefits, or a partner's death. If you disagree with a decision, ask for a mandatory reconsideration, normally within one month of the date on the decision letter.

Free help to check and claim

- **Age UK Advice Line:** 0800 678 1602, every day 8am to 7pm.
- **Independent Age helpline:** 0800 319 6789, Monday to Friday 8.30am to 5.30pm.
- **Citizens Advice Adviceline (England):** 0800 144 8848, usually Monday to Friday 9am to 5pm.
- **Online:** GOV.UK lists three free benefits calculators: entitledto, Turn2us and Policy in Practice (link below).

What to do next

1. Claim Attendance Allowance first if the person needs help with personal care.
2. Run a benefits calculator, or call one of the advice lines.
3. Claim Pension Credit and ask for three months' backdating and Housing Benefit.
4. Check the severe disability addition before any carer moves in.
5. After an award, apply for Council Tax Reduction and, at 75 or over, a free TV licence.
6. Check again whenever circumstances change.

How we can help

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Useful contacts and next steps

- **GOV.UK: Benefits calculators.** Links to the three free, anonymous calculators GOV.UK lists (entitledto, Turn2us and Policy in Practice), which estimate whether someone may get Pension Credit and other benefits before they claim.

Common questions

Do we have to reclaim Pension Credit every year?

No. Once awarded, Pension Credit carries on, but changes must be reported straight away to the Pension Service on 0800 731 0469. Some people aged 75 or over who started getting Pension Credit before 6 April 2016 have an 'assessed income period', during which changes to pensions, savings and investments need not be reported; all other changes still must be. It ends on events such as moving into a care home or becoming part of a couple.

My partner is under State Pension age. Can we claim?

Usually not. Couples can normally only get Pension Credit when both partners have reached State Pension age, unless one of them already gets Housing Benefit for people over State Pension age. A mixed-age couple may be able to claim Universal Credit instead, but not both at once. Couples already getting Pension Credit before 15 May 2019 with a younger partner keep it while they remain eligible.

Does Pension Credit count when the council charges for care at home?

Partly. In the council's financial assessment, Guarantee Credit is normally counted as income, while Savings Credit is ignored for care at home. Claiming is still worthwhile: the council must leave the person with at least the minimum income guarantee (£241.45 a week for a single person in 2026/27), and Pension Credit opens the door to Housing Benefit, Council Tax Reduction, help with NHS costs and a free TV licence at 75.

Can I claim for a parent who has dementia?

Yes. A friend or relative can phone the claim line for someone who cannot use the phone. If the person cannot manage their own affairs, you can act for them with a registered Lasting Power of Attorney for property and financial affairs or a deputyship order, or apply to the DWP to become their appointee: the DWP visits, interviews you, completes form BF56 with you and, if it agrees, sends form BF57 to confirm the appointment.

Does a small private pension stop Pension Credit?

Not necessarily. Pensions count as income, but Pension Credit tops income up to £238.00 a week for a single person, and to more with the extra amounts for severe disability, caring or housing costs. Someone who reached State Pension age before 6 April 2016 may also get Savings Credit, which rewards modest savings and private pensions. The only way to know is to check: use a benefits calculator or call the claim line.

Sources and further information

- GOV.UK: Pension Credit
- GOV.UK: Benefit and pension rates 2026 to 2027
- legislation.gov.uk: State Pension Credit Regulations 2002, Schedule I
- DWP: Income-related benefits, estimates of take-up, financial year ending 2025
- Age UK: Factsheet 48, Pension Credit (April 2026)
- GOV.UK: Become an appointee for someone claiming benefits
- GOV.UK: Challenge a benefit decision (mandatory reconsideration)

Read next

PAYING FOR CARE AND REDUCING THE COST

Attendance Allowance: rates, who qualifies and how to claim

Attendance Allowance pays £76.70 or £114.60 a week in 2026/27 to people over State Pension age who need help with personal care or supervision. Who qualifies, how to claim step by step, example wording for the form, end-of-life claims and a letter to challenge a decision.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Benefits and help for older people: the 2026/27 checklist

Pension Credit, Winter Fuel Payment, free prescriptions, the NHS Low Income Scheme, Blue Badges, railcards and bus passes, VAT relief, social tariffs and the Priority Services Register: what older people in England can claim in 2026/27, with phone numbers and how to apply.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Carer's Allowance: who can claim and how it affects other benefits

Carer's Allowance pays £86.45 a week in 2026/27 to people who care for someone at least 35 hours a week and earn £204 a week or less. Who qualifies, the effect on the cared-for person's benefits, Carer's Credit, underlying entitlement and how to claim step by step.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/pension-credit/**

When savings run low: moving from self-funding to council help

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Contact the council about three months before savings are expected to fall to £23,250, because councils fund care from the date you contact them, not from the date the money ran low. The council will assess needs and finances, agree a personal budget and then pay its share. Live-in care can continue when it is the right way to meet the person's needs, and a direct payment can let you keep the same provider.



IN THIS GUIDE

1. When to contact the council
2. Working out the date
3. What to say to the council
4. What happens next
5. What happens to live-in care
6. Keeping the same provider
7. Spending wisely as savings fall
8. Benefits to check as savings fall
9. Documents to have ready
10. If you disagree with the council
11. What to do next
12. How we can help
13. Common questions
14. Sources and further information

Many families pay for care at home from savings for months or years before the money starts to run low. The move to council help goes smoothly when it is planned, and badly when nobody calls until the money has gone. This guide covers England in 2026/27.

When to contact the council

The NHS advises contacting the council **about three months before** you expect savings to drop below £23,250, and warns that councils provide funding from the date you contact them: you will not be reimbursed for weeks when savings were already below the limit before you got in touch. The statutory guidance also asks councils to plan ahead for people approaching the limit.

"Savings" here means the person's own capital that the council counts, such as bank accounts and investments (see the questions below for the home and couples).

Working out the date

1. **Weekly cost of care**, from the provider's invoices.
2. **Weekly income**: pensions, Attendance Allowance and any other income.
3. **The weekly gap**: cost minus income, plus household bills paid from savings.
4. **Weeks left**: savings above £23,250 divided by the weekly gap.
5. **Contact date**: about 13 weeks before the end of that period.

Example: Peter has £60,000 in savings. His live-in care costs £1,550 a week and his income, including Attendance Allowance, is £400 a week, so the gap is £1,150 a week before household bills. (£60,000 − £23,250) ÷ £1,150 = about 32 weeks. His family should contact the council by around week 19.

Between £14,250 and £23,250 the person still pays something from savings: £1 a week for every £250, or part of £250, above £14,250 is added to their income. Below £14,250, savings are ignored.

What to say to the council

Email or letter: "I am writing about [full name, date of birth, address]. [He/She] pays privately for care at home, currently [live-in care / x hours a week] costing £ [amount] a week. [His/Her] savings are expected to fall to £23,250 by [month]. Please arrange a care needs assessment, or a review of the existing one, and a financial assessment, so that council support can start without a gap. I enclose recent statements and details of [his/her] income and care costs. Please treat the date of this letter as the date of our request, and tell me how long the assessments are likely to take."

Keep a copy, and note the date of any phone call and the name of the person you spoke to.

What happens next

1. **Needs assessment.** The council assesses, or reviews, the person's care needs. Make sure it records every need, day and night.
2. **Financial assessment.** It works out the person's weekly contribution; see Financial assessment for care at home.
3. **Care and support plan and personal budget.** The plan sets out how needs will be met and what that costs.
4. **How the council's share is paid.** The council arranges the care, pays it as a direct payment, or a mix of the two.
5. **The person pays their assessed contribution**, to the provider, the council or into the direct payment account, depending on the arrangement.

Keep paying for care as before until the council confirms its arrangements in writing.

What happens to live-in care

- It may compare the total cost of suitable options, but "should not set arbitrary upper limits on the costs it is willing to pay", and the right option "does not mean choosing the cheapest" (paragraph 10.27).
- It "should not have arbitrary ceilings to personal budgets that result in people being forced to accept to move into care homes against their will" (paragraph 11.22).
- The personal budget must be sufficient to meet the needs in the plan and based on the cost of good-quality local care, and you can challenge it (paragraphs 11.24 and 11.25).

The council might suggest another way to meet needs, such as daytime visits and night support instead of a live-in carer. Ask it to show how its plan would meet every need, including at night, and send written live-in quotes. If needs can genuinely be met as well another way for less, the council can choose that, and you can then decide whether to add your own money. If live-in care is the only way to meet the needs at home, say so with evidence.

Keeping the same provider

Continuity matters, especially for someone with dementia. Ways to keep the same carers:

- **A direct payment.** The person, or someone acting for them, receives the council's share and goes on paying the current provider. If this costs more than the council would pay elsewhere, the guidance asks the council to look at the outcomes and value for money, not just the price (paragraphs 11.26 to 11.28).
- **The council contracts with your provider**, if the provider accepts the council's terms.
- **A top-up.** The person, or someone on their behalf, can pay the difference to secure the care they choose where it costs more than the council would pay (paragraph 11.14). The top-up is not part of the personal budget. Agree it in writing, and think about whether it is affordable for as long as care may be needed.

Ask your provider early whether it accepts council funding and direct payments, and what would change.

Spending wisely as savings fall

- Paying for care and normal living costs is exactly what savings are for.
- Repaying a genuine debt is not deprivation of assets.
- Keep receipts for every large payment.
- Before any large gift, read Deprivation of assets and gifting.

Benefits to check as savings fall

- **Pension Credit:** the first £10,000 of savings is ignored and there is no upper limit, so check it as income and savings change. Call 0800 99 1234 (Monday to Friday, 8am to 6pm). See Pension Credit.
- **Housing Benefit and Council Tax Reduction**, if income is low.
- **Attendance Allowance**, if not already claimed: call 0800 731 0122 (Monday to Friday, 8am to 6pm).

Documents to have ready

- [ ] Bank, building society and investment statements for the last few months

- [ ] Pension and benefit award letters for 2026/27
- [ ] The provider's invoices and contract
- [ ] Council tax bill, and rent or mortgage details
- [ ] A list of disability-related costs, with receipts
- [ ] Receipts for any large payments or gifts in recent years
- [ ] Lasting Power of Attorney, deputyship or DWP appointee papers, if you act for the person

If you disagree with the council

Ask for decisions in writing, ask how the personal budget was calculated, and request a review. If that does not resolve it, use the council's complaints procedure, normally within 12 months, and then the Local Government and Social Care Ombudsman (0300 061 0614; Monday, Tuesday, Thursday and Friday 10am to 1pm, Wednesday 1pm to 4pm), which also looks at complaints from people who fund their own care. Free advice: the Age UK Advice Line on 0800 678 1602 (every day, 8am to 7pm) or Independent Age on 0800 319 6789 (Monday to Friday, 8.30am to 5.30pm). In Oxfordshire, the council's social care team is on 01865 519800 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4pm).

What to do next

1. Work out the weeks left using the steps above, and diary the contact date.
2. Ask your provider whether it accepts council funding and direct payments.
3. Write to the council about three months ahead, and keep a copy.
4. Gather the documents and list every disability-related cost.
5. Check Pension Credit and council tax help.
6. Keep paying for care until the council's arrangements are confirmed in writing.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded privately, by councils (including direct payments) and by NHS Continuing Healthcare. Our fully managed live-in care is available anywhere in England from £1,550 a week, with a written quote after a free initial assessment. Call 01865 715780 or contact us.

Common questions

Does the house count once savings run low?

Not for care at home. The value of the home the person lives in is ignored in the council's financial assessment for care at home, so it does not matter how much the house is worth. Only savings, investments and any other property count. The home can be counted if the person later moves permanently into a care home, although there are exceptions, for example while a partner still lives there.

What happens when savings fall below £14,250?

Savings below £14,250 are ignored completely, so tariff income stops and the charge is based only on income. The person still pays whatever their income allows above the minimum income guarantee, after housing costs and disability-related expenditure. Councils can set more generous limits for care at home, so check the local charging policy, and ask for a reassessment when savings cross the £14,250 line.

Will we have to pay the council back later?

No, not for care at home. The council's share is not a loan. The person pays the weekly charge set by the financial assessment, and the council can only recover charges that were due and not paid, or act if it finds that assets were deliberately given away to avoid charges. Deferred payment agreements, which are repaid later from the value of the home, are used for care homes, not for care at home.

Can we spend money on the home or a car before savings run out?

Spending on things the person genuinely needs, at a fair price, is normally fine, and people are free to spend their own money. But if the council thinks a large purchase or gift was made mainly to bring savings below the limit at a time when care was needed, it can treat the person as still having that money. Keep receipts and a note of why each large item was bought.

Whose savings count if Dad lives with a partner?

Only Dad's. The council has no power to assess a couple's joint resources, so his partner's own savings are not counted. Money in joint accounts is normally treated as split equally, so half of a joint balance counts as his. This means a couple's combined savings can be well above £23,250 while the person needing care is already below the limit, so check each person's share.

Sources and further information

- NHS: Paying for your own care (self-funding)
- GOV.UK: Care and support statutory guidance (chapters 8, 10 and 11, annexes B and E)
- GOV.UK: Social care charging for care and support 2026 to 2027 (local authority circular)
- GOV.UK: Pension Credit eligibility
- Local Government and Social Care Ombudsman: make a complaint

Read next

PAYING FOR CARE AND REDUCING THE COST

Paying for care from savings and property: a family guide

How self-funding care works in England in 2026/27: planning a care budget, how the home is treated for care at home versus a care home, deferred payment agreements, equity release and care annuities, gifts and deprivation of assets, and where to find regulated advice.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

How to pay for live-in care: every funding route in England

The main ways to fund live-in care in England in 2026/27: self-funding with the home disregarded, Attendance Allowance, council personal budgets and direct payments, NHS Continuing Healthcare and personal health budgets, joint packages, couples, VAT on agency fees and the Pension Credit trap.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/when-savings-run-low/**

Deprivation of assets and gifting: the real rules on care fees

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

People can spend and give away their money as they wish, but if someone deliberately reduces their savings or income to avoid care charges, the council can treat them as still having it. There is no seven-year rule for care: the seven years belong to inheritance tax. What matters is whether avoiding care charges was a significant reason for the timing, and whether the person could reasonably have expected to need care and to pay towards it.



IN THIS GUIDE

1. What deprivation of assets means
2. There is no seven-year rule for care
3. The tests the council must apply
4. What councils look at
5. Gifts made by an attorney
6. Trusts sold as “care fee protection”
7. What happens if the council finds deprivation
8. What to do if the council says you deprived yourself
9. Evidence to keep
10. What to do next
11. How we can help
12. Common questions
13. Sources and further information

When the council carries out a financial assessment for care, it can ask what happened to money or property the person used to have. The statutory guidance says people “should be treated with dignity and respect and be able to spend the money they have saved as they wish”, and that deprivation “should not be

automatically assumed". But if someone has deliberately reduced their assets to avoid care charges, the council can treat them as if they still had them. This guide explains the rules in England. It is information, not legal advice.

What deprivation of assets means

Deprivation of assets is when a person intentionally reduces their capital or income in order to reduce what they pay for care. Annex E of the Care and Support Statutory Guidance says they "must have known that they needed care and support" and reduced their assets to cut their contribution. "Assets" covers both capital, such as savings and property, and income, such as giving away the right to a pension.

Using money to repay a genuine debt, even one not yet due, must not be treated as deprivation.

There is no seven-year rule for care

The seven-year rule belongs to inheritance tax: gifts are usually free of inheritance tax if the giver lives for seven years afterwards. Care charging has no equivalent. The Local Government and Social Care Ombudsman's 2022 guidance for councils says there is no time limit on how far back a council can look, and calls the seven-year belief "a common misconception".

The same guidance says councils should be cautious about going far back, because they need evidence that the person would have known of a future need for care, and the need to pay for it, when the asset was given away. An old gift is not automatically safe, and a recent one is not automatically deprivation.

The tests the council must apply

Before deciding there has been deprivation, the council should consider:

1. **Motivation:** was avoiding care charges a significant motivation in the timing of the gift or spending?
2. **Foreseeability of care:** at that point, could the person reasonably have expected to need care and support?
3. **Foreseeability of paying:** could they reasonably have expected to have to contribute to the cost?

The guidance says it would be unreasonable to find deprivation if, when the asset was given away, "they were fit and healthy and could not have foreseen the need for care and support". Age UK notes that a long-term condition does not automatically mean care was foreseeable from the first symptoms; the council should look at how well it was managed at the time.

It is up to the person to show they no longer have the asset. Acceptable evidence includes a trust deed, a deed of gift, receipts and proof that debts were repaid.

What councils look at

The guidance lists common ways people deprive themselves of capital:

- a lump-sum payment to someone else, for example as a gift;
- sudden large spending that is out of character;
- transferring the title deeds of a property to someone else;
- putting assets into a trust that cannot be revoked;
- converting money into something the means test ignores, such as personal possessions;
- spending extravagantly, for example gambling;
- buying an investment bond with life insurance.

The Ombudsman's guidance adds that councils must not treat all gifts as deprivation. They should look at how much the person had, the size of each gift compared with their capital, its purpose (a birthday or wedding, or a random gesture), whether it follows a long-standing pattern of giving, and the person's life expectancy at the time.

Gifts made by an attorney

People acting under a Lasting Power of Attorney have limited powers to make gifts. Office of the Public Guardian guidance allows only gifts on customary occasions such as birthdays and weddings, to people connected with the donor or a charity they supported, and of reasonable value for the size of the estate; anything more needs the Court of Protection's permission. See Lasting Power of Attorney.

Trusts sold as “care fee protection”

Some firms sell trusts, often called property protection or asset protection trusts, promising to keep a home safe from care fees. Be cautious:

- Putting assets into a trust that cannot be revoked is one of the examples of deprivation in the statutory guidance. A trust deed proves the asset has gone, but the council still applies the motivation and foreseeability tests.
- If the person goes on living in a home they have given away, rent-free, it usually still counts as part of their estate for inheritance tax, as a “gift with reservation”.
- The person loses control: moving or selling needs the agreement of the new owners or trustees.
- The new owners may face Capital Gains Tax later, and their own means-tested benefits may be affected.
- There are set-up costs and sometimes yearly fees. If the home is given outright to family instead, their divorce, remarriage or debts can affect it.
- Will-writing and much estate-planning work are not regulated legal activities in England, so anyone can sell these products.

Trusts can have proper uses, such as protecting a vulnerable beneficiary. Before signing anything, ask: Are you a solicitor regulated by the Solicitors Regulation Authority? What happens if the council challenges this? What are all the costs, now and every year? Will you put the tax, benefits and care-fee effects in writing?

What happens if the council finds deprivation

- **Notional capital or income.** The council assesses the person as if they still had the asset (regulations 17 and 22 of the Care and Support (Charging and Assessment of Resources) Regulations 2014).
- **It reduces over time.** Notional capital goes down each week by the difference between what the person is paying and what they would have paid without it (regulation 23).
- **Family members can be asked to pay.** Under section 70 of the Care Act 2014, someone who received an asset transferred to avoid charges can be asked to pay the council the difference between what it would have charged and what it did charge, but never more than the benefit they received. Where several people received gifts, each pays in proportion.

- **Debt recovery.** The council can recover unpaid charges as a debt, using the county court only after other options have been tried.

What to do if the council says you deprived yourself

1. **Ask for the decision in writing**, with the reasons, the evidence used, and how the council applied the motivation and foreseeability tests.
2. **Gather evidence**: bank statements, deeds of gift, receipts, and anything showing the reason for the gift and the person's health at the time, such as a letter from the GP.
3. **Reply in writing** (wording below) and ask for a review. The Ombudsman expects councils to offer a review or appeal.
4. **Complain formally** through the council's complaints procedure, normally within 12 months.
5. **Go to the Ombudsman** if you are still unhappy: online at lgo.org.uk or 0300 061 0614 (Monday, Tuesday, Thursday and Friday 10am to 1pm; Wednesday 1pm to 4pm).
6. **Get advice**: Age UK Advice Line 0800 678 1602 (every day, 8am to 7pm), Independent Age 0800 319 6789 (Monday to Friday, 8.30am to 5.30pm), or a solicitor.

Wording you can use: "I am writing about your decision of [date] that [name] deliberately deprived [himself/herself] of £[amount]. I disagree. The [gift/payment] was made on [date] because [for example: to help with a house deposit, as he had done for each grandchild; to repay a loan]. At that time [he/she] was [living independently with no care needs], as the enclosed [GP letter, bank statements] show. Under Annex E of the Care and Support Statutory Guidance, the council must show that avoiding care charges was a significant motivation and that care was reasonably foreseeable at the time. Please review your decision, explain your reasons in full, and treat this as a formal complaint if you do not change it."

Evidence to keep

- [ ] Deeds of gift or a short signed note of each large gift, its date and reason
- [ ] Receipts for large purchases, repairs and adaptations
- [ ] Proof that loans or debts were repaid
- [ ] Bank statements showing long-standing patterns of giving

- [ ] Any record of the person's health at the time of large gifts

Pension Credit and other means-tested benefits have their own deprivation rules, so giving money away can affect those too.

What to do next

1. Talk to a solicitor before any large gift or transfer of property.
2. Keep evidence of the reason for any large gift.
3. Answer the financial assessment honestly.
4. If the council finds deprivation, ask for its reasons in writing and challenge it with evidence.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. Our fully managed live-in care is available anywhere in England from £1,550 a week, with a written quote after a free initial assessment, which can help you plan care costs openly. Call 01865 715780 or contact us.

Common questions

Can I give my children money now to avoid care fees later?
You can give gifts, but avoiding care fees is exactly the motive the council looks for. If, when the gift is made, you could reasonably expect to need care and to pay for it, and avoiding charges was a significant reason for the timing, the council can treat the money as still yours. Gifts made while fit and well, with no foreseeable need for care, should not count. There is no fixed safe period, so take advice from a solicitor first.

Do the inheritance tax gift allowances protect gifts from care charges?
No. Allowances such as the £3,000 annual exemption and the £250 small gifts allowance are inheritance tax rules only. The council applies a different test: why and when the money was given. Small, customary gifts in keeping with what someone has always done, such as birthday and Christmas presents, are much less likely to be questioned. A large gift soon after a diagnosis or a fall is far more likely to be.

Is buying a funeral plan deprivation of assets?

Not automatically. Councils should not have blanket policies that treat particular kinds of spending, such as a funeral plan, as deprivation; each case depends on its facts. A plan at an ordinary price that reflects the person's wishes is easier to explain than an unusually expensive one bought just before a financial assessment. Keep the paperwork and a note of why it was bought.

If Mum gives us her house but keeps living there, is it protected?

Not reliably. For care at home the home is not counted anyway, so the transfer saves nothing on those charges. If she later moves permanently into a care home, the council can look at why and when the house was transferred. For inheritance tax, a home given away but still lived in rent-free is usually a 'gift with reservation' and stays in her estate. She also loses control of the home. Take a solicitor's advice before doing this.

Is it deprivation to spend savings on home adaptations?

Usually not, if the work is genuinely needed and fairly priced, such as a level-access shower or a stairlift that helps someone stay at home. The council looks at the purpose: an expensive extension or luxury refurbishment just before an assessment is harder to explain. Check free help first: minor adaptations up to £1,000 are free from the council, and a Disabled Facilities Grant can pay for larger work.

Sources and further information

- GOV.UK: Care and support statutory guidance (annex E: deprivation of assets)
- legislation.gov.uk: Care Act 2014, section 70 (transfer of assets to avoid charges)
- legislation.gov.uk: Care and Support (Charging and Assessment of Resources) Regulations 2014, regulation 22
- Local Government and Social Care Ombudsman: Deprivation of capital, guidance for practitioners (August 2022)
- Age UK: Factsheet 40, Deprivation of assets in social care (September 2026)
- GOV.UK: Inheritance Tax, gifts

Read next

PAYING FOR CARE AND REDUCING THE COST

Paying for care from savings and property: a family guide

How self-funding care works in England in 2026/27: planning a care budget, how the home is treated for care at home versus a care home, deferred payment agreements, equity release and care annuities, gifts and deprivation of assets, and where to find regulated advice.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Financial assessment for care at home: the means test explained

How the council's financial assessment for care at home works in England in 2026/27, step by step: the minimum income guarantee table, what income and savings count and what is ignored, tariff income, housing costs, a worked example, the written record and reassessment.

Read the guide →

LEGAL MATTERS AND PLANNING AHEAD

Lasting Power of Attorney: a guide for families

How Lasting Power of Attorney works in England and Wales: the two types, why to make one early, how to make and register it online or on paper, the £92 registration fee, the certificate provider, and what happens without one (deputyship and the Court of Protection).

Read the guide →

All guides in the information centre Check what help you could get

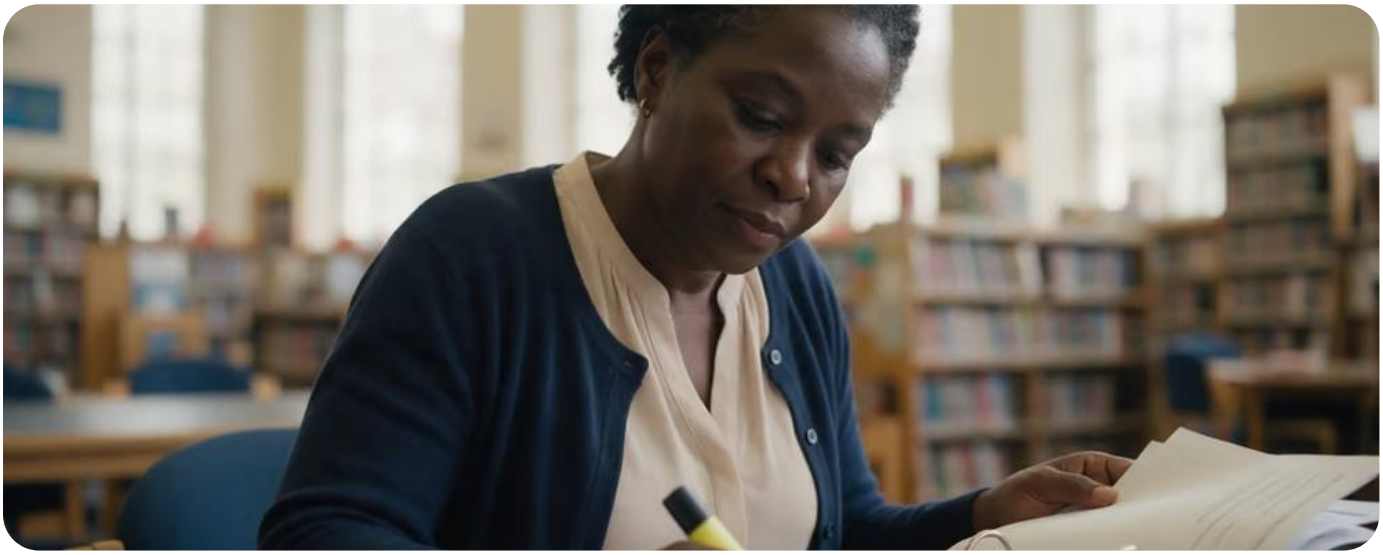
This page online: **www.dayandnightcare.co.uk/guides/deprivation-of-assets-and-gifting/**

Challenging an NHS Continuing Healthcare decision

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

If the integrated care board (ICB) decides someone is not eligible for NHS Continuing Healthcare, the family can ask it to look again through local resolution, normally within six months of the decision letter. If that fails, NHS England can arrange an independent review panel, and after that the Public Service Ombudsman can investigate. The strongest challenges are specific: name each care domain you disagree with and back it with evidence.



IN THIS GUIDE

1. The three stages and their time limits
2. First, get the paperwork
3. What you can and cannot challenge this way
4. Building your case
5. Keeping a care diary
6. Stage 1: local resolution
7. Stage 2: independent review by NHS England
8. Stage 3: the Public Service Ombudsman
9. Free help
10. Your challenge checklist
11. What to do next
12. How we can help
13. Common questions
14. Sources and further information

A “no” from the integrated care board (ICB) is not the end of the road. Every NHS Continuing Healthcare (CHC) decision can be challenged, families can do it without a solicitor, and the process is free. This guide covers England; in Scotland, Wales and Northern Ireland the rules differ. For how eligibility works in the first place, see our main guide to NHS Continuing Healthcare.

The three stages and their time limits

Stage	Who decides	Time limit to ask	Typical timescale
1. Local resolution	The ICB that made the decision	6 months from the date of the decision letter	Acknowledged within 5 working days; decided within 3 months
2. Independent review	A panel arranged by NHS England	6 months from the local resolution decision; return the form within 6 weeks	Usually 3 to 6 months
3. Ombudsman	Public Service Ombudsman	Normally 12 months from knowing about the problem	The ombudsman currently quotes waits of up to 8 months

Write the deadlines in your diary the day each letter arrives.

First, get the paperwork

The decision letter should give the reasons and enclose a copy of the completed Decision Support Tool (DST). If it did not, ask for it straight away, with the Checklist, any needs portrayal and the notes of the multidisciplinary team (MDT) meeting. You can only argue with scores you can see. You will need the person's written consent, or a health and welfare Lasting Power of Attorney or deputyship order, to act for them.

What you can and cannot challenge this way

- **Through local resolution and independent review:** the eligibility decision, and the procedure the ICB followed to reach it.
- **Through the NHS complaints procedure instead:** a refusal to do a full assessment after a negative Checklist, the type or location of a care package offered, the quality of care, and how a refund was calculated.

Building your case

Go through the DST domain by domain. For each one you disagree with, write down the score given, the score you believe is right, and the evidence. Then step back and argue the whole picture: the nature, intensity, complexity and unpredictability of the person's needs can each show a "primary health need" alone or in combination, and scores must never simply be added up.

Check the reasons against the national framework. A decision should not be based on:

- the person's diagnosis;
- where they live or who provides the care;
- whether the care provider is able to manage the care;
- the fact that a need is well managed;
- whether NHS-employed or "specialist" staff are involved;
- the existence of other NHS-funded care.

Well-managed needs are still needs. The framework is clear that a need does not disappear because good care keeps it under control. If a person has no recorded falls because two carers reposition them every two hours, or no aggressive incidents because staff use a careful behaviour plan, the need is still there and must be scored. Only when good care has permanently reduced a need, so that active management is no longer required, does it count for less.

Be precise. NHS England's guide asks families to say "usually two or three times a day", not "a lot", to explain anything that made care more complicated or unpredictable, and to include care given by relatives as well as professionals.

Keeping a care diary

The framework itself suggests a detailed diary to show how often needs arise and what is done about them. Keep one for two to four weeks, day and night. For each entry, note the time, what happened, what was done, how long it took, how many people it needed, and what would have happened without skilled help. For example:

> "Tue 14 Oct, 02:10. Found trying to climb out of bed, shouting and distressed. Two carers, 25 minutes to settle and reposition. Pad changed; skin red over

> the base of the spine, cream applied, district nurse informed."

Ask the care provider for its own records too: care notes, repositioning, fluid and food charts, behaviour charts and incident reports.

Stage 1: local resolution

Write to the ICB's CHC team; the decision letter should explain how to ask for a review. The ICB should first offer an informal discussion, with a written summary for both sides, and then a formal meeting with someone who has authority to change things if needed. You can ask to go straight to a formal meeting. At the end, the ICB either keeps or changes its decision and should explain its reasons clearly in writing.

Put all your evidence in at this stage, because it may be your last chance to add it.

Template letter:

> Re: NHS Continuing Healthcare decision for [full name], date of birth [date], NHS number [number], decision letter dated [date].
>
> I ask the ICB to review this decision under its local resolution procedure. I am [name]'s [relationship] and enclose [their signed consent / the registered Lasting Power of Attorney].
>
> I disagree with these domains: [Behaviour: scored moderate, should be severe, because the enclosed diary shows distressed behaviour most nights needing two carers]. [Repeat for each domain.]
>
> The assessment did not take account of [the care home's behaviour charts / the GP's letter of (date)]. Several needs were treated as low because they are well managed, contrary to the national framework. Taken together, the nature, intensity, complexity and unpredictability of [name]'s needs show a primary health need.
>
> Please send me all the evidence the MDT used, and arrange a meeting. Please acknowledge this letter within five working days.

Stage 2: independent review by NHS England

If the ICB keeps its decision, ask NHS England for an independent review. Use the contact details in the ICB's local resolution letter to request the "Application for Independent Review" form, and return it within six weeks. If you cannot find the details, contact NHS England on 0300 311 22 33 (Monday to Friday 9am to 5pm; Wednesday from 10am) or england.contactus@nhs.net.

Example request: "Please send me an application form for an independent review of the NHS Continuing Healthcare decision for [name, date of birth], made by [ICB name]. Local resolution ended with a letter dated [date], which I enclose."

What to expect:

- NHS England reviews your form and the ICB's case file. If the case is clearly far outside the criteria, an independent chair may advise against a panel; you would receive the chair's written reasons.
- The panel has an independent chair, an ICB representative and a council social services representative, none from the bodies involved; a clinical adviser may also attend.
- Panels usually meet online on Microsoft Teams; you can ask for telephone, face-to-face or hybrid. Give at least two weeks' notice of any access needs.
- The ICB sends you the case file. Tell NHS England if it has not arrived two weeks before the meeting.
- The open session usually lasts about an hour. You can attend or send your views in writing. It is not a legal process, and the NHS does not pay solicitors' costs.

Stage 3: the Public Service Ombudsman

On 1 October 2026 the Parliamentary and Health Service Ombudsman became the **Public Service Ombudsman**: the same organisation, with the same powers. If the decision is upheld at independent review and you still disagree, complain within 12 months, online through the complaint checker on its website or by phone on **0345 015 4033** (Monday to Thursday 9am to 4pm, Friday 8.30am to 12pm).

Free help

- **Beacon**, the independent CHC advice service the NHS website points to: 0345 548 0300. Initial advice is free; casework is charged.

- **Age UK Advice Line:** 0800 678 1602, 8am to 7pm every day of the year.
- **Independent Age:** 0800 319 6789, Monday to Friday 8.30am to 5.30pm.
- **NHS complaints advocacy:** free help to write complaints and attend meetings; ask your local Healthwatch.

If you consider a paid firm, ask exactly how its fee is worked out before signing.

Your challenge checklist

- [ ] Decision letter, DST, Checklist and MDT notes received
- [ ] Consent form, Lasting Power of Attorney or deputyship order ready
- [ ] Deadlines written down (6 months; 6 weeks for the review form)
- [ ] Care diary running, and provider records requested
- [ ] Each disputed domain listed with evidence
- [ ] Local resolution letter sent, and a copy kept
- [ ] Notes taken at every meeting

What to do next

1. Ask for the full DST and supporting records today.
2. Start a care diary.
3. Send your local resolution letter well inside six months, with all your evidence.
4. If the decision stands, request the independent review form and return it within six weeks.
5. If someone paid for care during a period the NHS never assessed, read our guide to retrospective CHC claims.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded privately, by councils (including direct payments) and by NHS Continuing Healthcare, so we understand how each route works. Our fully managed live-in care is available anywhere in England from £1,550 a week. Call 01865 715780 to talk things through or to arrange a free initial assessment.

Common questions

Does the person keep their care while we challenge the decision?

The care continues, but the original decision stands until it is changed, so whoever was paying before keeps paying: the person themselves, or the council under its means test. If the ICB later changes its decision, including after an independent review, it should refund the council the gross cost, and the council should refund any contributions the person paid, with interest. Where the person paid privately, the ICB should make a payment to put them back in the position they would have been in.

Can we send new evidence to the independent review?

Only in limited cases. NHS England's guide says new evidence can be introduced at independent review only if the ICB could reasonably have been expected to obtain or consider it during the assessment but did not. That makes local resolution the time to put everything forward: care diaries, charts, incident reports and letters from the GP or specialists. Send it all to the ICB, and keep a list of what you sent and when.

What if the ICB will not even do a full assessment?

That is a negative Checklist, and it is challenged differently. Ask the ICB in writing to reconsider the Checklist outcome, adding any information it did not have. It must consider the request and reply in writing, although it does not have to complete a new Checklist. If you are still unhappy, use the NHS complaints procedure, normally within 12 months, and then the Public Service Ombudsman. An independent review panel cannot look at a refusal to do a full assessment.

Will the ICB follow the panel's recommendation?

Almost always. The independent review panel's role is advisory, but the national framework says its recommendations should be accepted by NHS England and the ICB in all but exceptional circumstances. If the panel finds that procedural problems prevented a fair decision, it can send the case back to the ICB for a new full assessment, and you can ask for another independent review of that new decision if you still disagree.

We missed the six-month deadline. Is it too late?

Not always. The Department of Health guidance on time limits allows the ICB to accept a late request if there was a good reason for the delay, such as illness or bereavement, and all the records behind the original decision can still be found. Write explaining why you are late. If the person's needs have increased since the decision, you can also ask for a new Checklist instead, which is not limited by the appeal deadline.

Sources and further information

- NHS England: NHS Continuing Healthcare independent review process, public information guide (version 3, July 2023)
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care (July 2022, revised)
- GOV.UK: Time limits for requests to review NHS continuing healthcare eligibility decisions
- Public Service Ombudsman: Our new name
- Public Service Ombudsman: Complaints about the NHS in England
- NHS England: Making a complaint
- NHS.uk: NHS continuing healthcare

Read next

PAYING FOR CARE AND REDUCING THE COST

NHS Continuing Healthcare: a guide for families

A plain-English guide to NHS Continuing Healthcare in England: who qualifies, the Checklist, the Decision Support Tool and its 12 domains, Fast Track, care at home including live-in care, reviews, appeals with template letters, retrospective claims and how to prepare evidence.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Retrospective NHS Continuing Healthcare claims for past care

How to claim back care fees the NHS may have owed: previously unassessed periods of care since 1 April 2012, who can apply (including executors), the forms and evidence, the 28-day and 8-week deadlines, typical timescales, and refunds with interest.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Personal health budgets: how they work with NHS care at home

How personal health budgets work in England: the legal right with NHS Continuing Healthcare and section 117 aftercare, the three ways to hold the money, the care plan, using a budget to choose a live-in care provider, direct payment rules, reviews and what to do if refused.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/challenging-a-chc-decision/**

Retrospective NHS Continuing Healthcare claims for past care

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

If someone paid for care when the NHS should have considered them for Continuing Healthcare but never did, you can ask the integrated care board (ICB) to assess that past period. Claims generally cover care from 1 April 2012, and the current guidance sets no deadline for asking. If the person is found to have been eligible, the ICB refunds the care costs plus interest, to the person or to their estate.



IN THIS GUIDE

1. What counts as a previously unassessed period
2. What does not count
3. Who can apply
4. How to make a claim, step by step
5. How long it takes
6. Evidence that helps
7. Example email to the ICB
8. Refunds and interest
9. Do you need a claims company?
10. Your past-care claim checklist
11. What to do next
12. How we can help
13. Common questions
14. Sources and further information

Many families pay for care for months or years without anyone ever mentioning NHS Continuing Healthcare (CHC). If the person's needs were mainly health needs during that time, the NHS may have owed the whole cost. The NHS calls this a "previously unassessed period of care" (sometimes shortened to PUPoC), and the rules come from national guidance last updated on 19 March 2025. This guide covers England; in Scotland, Wales and Northern Ireland the rules differ.

What counts as a previously unassessed period

All three of these must apply:

1. **The NHS never considered CHC** for the person during that period.
2. **The person paid for the care,** in full or in part.
3. **There is objective evidence** that they should have been considered at the time, given their needs.

The care can have been at home, including live-in care, or in a care home. No diagnosis guarantees eligibility, but periods worth asking about often involve frequent and complex nursing needs, distressed behaviour linked to advanced dementia, problems swallowing or tube feeding, serious pressure damage, unstable breathing, seizures or a rapid decline towards the end of life.

What does not count

A period has already been "assessed", and cannot be claimed this way, if during it there was:

- a CHC Checklist, or a recorded decision that one was not needed;
- a full CHC assessment that found the person not eligible;
- NHS-funded nursing care with regular reviews that considered CHC.

If you think an earlier Checklist or assessment was done badly, that is a complaint or a challenge, not a past-care claim; see challenging a CHC decision. But watch for gaps: if the person's needs changed after a Checklist and nobody looked again, the later period can still be a valid claim. A short stay of under six weeks in a nursing home may not count, because it can be treated as urgent nursing care without CHC being considered.

Who can apply

- **The person themselves.**
- **Someone acting for them with their consent,** such as a son or daughter.
- **If the person lacks capacity:** an attorney under a registered Lasting Power of Attorney, or a deputy appointed by the Court of Protection. If nobody holds that authority, the ICB should consider whether going ahead is in the person's best interests, and will need evidence that they lack capacity.

- **If the person has died:** the executor or administrator of the estate, or someone with a claim arising from the death (who must explain what that claim is). A Lasting Power of Attorney ends on death, so it does not give authority here.

Proof for an estate: a copy of the will naming you as executor or the grant of probate; where there is no will, letters of administration. If you cannot send proof with the forms, the ICB can give you eight weeks, and should consider allowing longer in exceptional cases, such as a delay in obtaining probate.

How to make a claim, step by step

1. **Contact the ICB** that was responsible for the person's NHS care during the period (the NHS website has a "find your integrated care board" tool). Ask for the previously unassessed period of care application form and the consent form.
2. **Return the forms within 28 days** of the date they were sent, with proof of your authority and any evidence you have. If someone applying for another person cannot show their authority within 28 days (eight weeks for an estate), the ICB can close the case, and you would have to start again.
3. **The ICB checks the request.** It confirms it was the right ICB and whether the period was really unassessed, then tells you in writing whether it will go ahead, with reasons.
4. **The ICB gathers records** from care homes, GPs, hospitals, social services and other NHS teams.
5. **You see a "needs portrayal".** An assessor summarises the person's needs across the whole period, in date order and care domain by care domain. You are asked to comment, and add evidence, within 28 days where possible. Read it carefully: this is your chance to correct gaps.
6. **The ICB applies the Checklist** to the past period, repeating it yearly or at points where needs changed. It may decide a full assessment is needed for all, part or none of the period.
7. **A multidisciplinary team completes the Decision Support Tool** for the periods that need it, usually in sections of about 12 months, or split at major events such as a stroke.
8. **The ICB decides** and writes to you with a detailed rationale, enclosing the needs portrayal and Decision Support Tool.

How long it takes

Each ICB sets its own reasonable timescales and should keep you updated. The national guidance gives best practice:

- **Claims for one year of care or less:** completed within six months of the ICB receiving the completed forms.
- **Longer claims:** no more than 12 months, except in exceptional circumstances.

Evidence that helps

- Care home or home care records, care plans and daily notes
- GP and hospital records, discharge letters and appointment letters
- Nursing records, charts, symptom diaries and daily care sheets
- Reports from specialists, such as speech and language therapists, tissue viability nurses or physiotherapists
- Prescriptions
- Bank statements and receipts showing what was paid (invoices help, but are not treated as proof of payment)

Example email to the ICB

> Subject: Request for assessment of a previously unassessed period of care
>
> I am writing about [full name], date of birth [date], NHS number [if known], who [lives at / lived at, or died on date]. From [date] to [date], [name] paid for [live-in care at home / care at (care home)]. To our knowledge, NHS Continuing Healthcare was never considered during this time, although [name] had [for example, advanced dementia with distressed behaviour at night, a PEG feeding tube and recurrent pressure sores]. Please send me the application and consent forms for a previously unassessed period of care. I am [name]'s [attorney / executor / son], and can provide [the registered Lasting Power of Attorney / a copy of the will / the grant of probate].

Refunds and interest

If the ICB finds the person was eligible for all or part of the period, it should pay promptly, once proof of identity has been provided. The payment goes to the person or their estate and aims to restore them to the position they would have been in had CHC been agreed at the time: the care costs for the eligible period, **plus interest**. ICBs can also make extra "ex gratia" payments, but only in exceptional cases. If you disagree with whether or how much redress is paid, use the NHS complaints procedure.

Do you need a claims company?

No. The process is designed for families to use, the ICB collects the records, and free advice is available from Beacon (0345 548 0300), the independent CHC advice service the NHS website points to, and from the Age UK Advice Line (0800 678 1602, 8am to 7pm every day). If you decide to pay a firm, ask in writing how its fee is calculated and what you pay if the claim fails.

Your past-care claim checklist

- [ ] Dates of the period and every care home or care provider listed
- [ ] Proof of authority ready (consent, LPA, deputyship order, will, probate or letters of administration)
- [ ] Bank statements or receipts showing payments
- [ ] Copies of any care records, letters and care plans you hold
- [ ] Application and consent forms returned within 28 days
- [ ] Needs portrayal checked and answered within 28 days
- [ ] Decision letter and Decision Support Tool received

What to do next

1. Write down the dates of the period and who provided the care.
2. Find the right ICB and ask for the forms.
3. Gather proof of authority and payment while you wait.
4. Return everything within 28 days, keeping copies.
5. If the person still needs care now, ask for a current CHC Checklist as well.

How we can help

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Common questions

Is there a deadline for making a retrospective claim?

There is no deadline in the current guidance for asking. The only cut-off is the period covered: ICBs generally consider care from 1 April 2012 onwards. Even so, it is wise to ask soon, because the claim depends on records such as care home notes, GP records and hospital letters, and older records become harder to find. Once you have asked, the ICB will set short deadlines for returning forms, so be ready to act quickly.

Can we claim for care before April 2012?

Generally not. Earlier periods were closed by two national "close-down" exercises: one in 2007 for care mainly before 1 April 2004, and one announced on 15 March 2012 for care between 1 April 2004 and 31 March 2012. ICBs should still consider whether exceptional circumstances justify looking at an earlier period, but the guidance expects this to be rare. If you believe your case is exceptional, explain why in writing.

What if the council paid for part of the care?

You can still ask. A past-care claim covers periods the person paid for in full or in part, so an assessed contribution towards council-arranged care, or a top-up, counts. The aim of any refund is to put the person, or their estate, back in the position they would have been in if NHS Continuing Healthcare had been agreed at the time. Keep records of everything the person paid, such as bank statements and receipts.

Do we have to find all the records ourselves?

No. The ICB is responsible for requesting and reviewing the evidence, including care home, GP, hospital and social care records. Anything you can send yourself, such as care plans, diaries, letters and proof of payment, may speed things up. If some records have been lost or destroyed, the ICB should be able to show what it did to try to find them. List every care home and hospital stay, with dates, on the application form.

What happens if the claim is turned down?

It depends on the stage. If the ICB decides a full assessment is not needed for some or all of the period after applying the Checklist, you can complain through the NHS complaints process. If a full assessment finds the person was not eligible, you can use the three-stage challenge route: local resolution with the ICB, an independent review arranged by NHS England, and then the Public Service Ombudsman. The decision letter should explain the reasons and enclose the paperwork.

Sources and further information

- GOV.UK: Dealing with requests for assessments of previously unassessed periods of care from 1 April 2012 (updated 19 March 2025)
- GOV.UK: Previously unassessed periods of care, application form and needs portrayal form
- GOV.UK: Appendix 2, authority to act and sharing information
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care
- NHS.uk: NHS continuing healthcare
- NHS.uk: Find your local integrated care board

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Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Challenging an NHS Continuing Healthcare decision

How to challenge an NHS Continuing Healthcare decision in England: local resolution with the ICB, NHS England's independent review, the Public Service Ombudsman, time limits, care diaries, why well-managed needs are still needs, and template letters.

Read the guide →

LEGAL MATTERS AND PLANNING AHEAD

Lasting Power of Attorney: a guide for families

How Lasting Power of Attorney works in England and Wales: the two types, why to make one early, how to make and register it online or on paper, the £92 registration fee, the certificate provider, and what happens without one (deputyship and the Court of Protection).

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/retrospective-chc-claims/**

Personal health budgets: how they work with NHS care at home

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

A personal health budget is NHS money for a person's assessed health and wellbeing needs, spent in line with a care plan they help to write. Adults eligible for NHS Continuing Healthcare, and people entitled to section 117 aftercare, have a legal right to one. It can be held by the NHS, by an independent organisation or as a direct payment, and it can let a family choose who provides the care, including live-in care at home.



IN THIS GUIDE

1. Who has a right to a personal health budget
2. The three ways to hold the budget
3. How it works, step by step
4. How the amount is set
5. Using a personal health budget to choose a live-in care provider
6. Rules for direct payments
7. If a personal health budget is refused
8. Your personal health budget checklist
9. What to do next
10. How we can help
11. Common questions
12. Sources and further information

A personal health budget (PHB) is not extra money. It is a different way of spending the NHS funding a person is already entitled to, so that they and their family have more choice and control over how their care is given and by whom. This guide covers England; in Scotland, Wales and Northern Ireland the arrangements differ.

Who has a right to a personal health budget

These groups have a legal right to have one:

- **Adults eligible for NHS Continuing Healthcare,** since October 2014, including people on the Fast Track for end-of-life care.
- **Children and young people eligible for continuing care.**
- **People entitled to section 117 aftercare** after detention under the Mental Health Act, since December 2019.
- **People eligible for an NHS wheelchair,** through a personal wheelchair budget.

NHS England expects that, unless there are exceptional circumstances, everyone receiving NHS Continuing Healthcare in their own home will have a personal health budget. People outside these groups can still ask their integrated care board (ICB), which may offer one. Integrated care boards must tell eligible people about the right; if nobody has mentioned it, ask.

The three ways to hold the budget

Option	Who holds the money	Who arranges the care
Notional budget	The ICB	The NHS team, following the choices agreed with you
Third-party budget	An independent organisation, such as a charity or a trust set up for one person	That organisation
Direct payment for healthcare	The person, their representative or a nominee	You, by paying providers or employing staff

You can combine them. A notional budget gives choice with the least paperwork; a direct payment gives the most control and the most responsibility.

How it works, step by step

1. **Eligibility is confirmed,** for example a positive CHC decision.
2. **A care and support planning conversation** takes place with the NHS team. You should be told an estimated (indicative) budget early on.

3. **The personalised care and support plan is written.** It sets out the person's health and wellbeing needs, the outcomes they want, the budget, how it will be spent and how it will be managed. It names a care co-ordinator as your first point of contact.
4. **The plan is agreed.** The final budget is confirmed at this point and may be higher or lower than the estimate.
5. **Care starts,** paid for in the way you chose.
6. **Reviews follow.** With a direct payment, the plan must be formally reviewed within three months, then at least once a year. You can ask for a review whenever needs change.

How the amount is set

The budget is based on an assessment of the person's needs and the cost of meeting them. The ICB can take comparative costs and value for money into account, but the national framework sets limits on how:

- comparisons must use the **genuine cost** of each option for this person, not a standard care home price;
- the ICB **must not set arbitrary limits** on care at home based on what a care home would cost, if that does not reflect the real cost of meeting the person's assessed needs.

The framework also asks ICBs to look carefully at what "24-hour care" really means: constant hands-on care, or ready access to help and supervision. Describe needs precisely, especially at night, so the plan reflects what is genuinely required.

Using a personal health budget to choose a live-in care provider

For many families, the main benefit is choosing who provides care at home, so that the person can stay in familiar surroundings, with a pet or a partner, and see the same faces each week. A PHB can pay for live-in care when that meets the needs in the plan.

1. **Describe the needs and outcomes first,** not the service. For example: "Needs someone present day and night because of unpredictable seizures and falls; wants to remain at home with her husband."

2. **Get a written quote** from the provider you prefer, showing what is included: care hours, breaks cover, nights, travel at changeover, and any extra charges.
3. **Check the provider:** it must be registered with the Care Quality Commission (CQC) if it provides personal care, and suitably insured. With a direct payment, these checks are your responsibility; the ICB can do them if you ask.
4. **Ask the care co-ordinator** to include the provider and cost in the draft plan, and to explain in writing if the ICB proposes something different.
5. **Be honest about fit.** If the person needs two carers at once around the clock, or constant registered nursing, one live-in carer may not be enough, and the plan should say what will cover that need.

Example email:

> Dear [care co-ordinator], [name] has been found eligible for NHS Continuing Healthcare and wishes to remain at home. We would like the care to be provided through a personal health budget, managed as [a direct payment / a notional budget]. Our preferred provider is [name], a CQC-registered live-in care provider; their written quote is attached. Please include this in the draft care and support plan, tell us the indicative budget, and explain in writing if the ICB does not agree.

Rules for direct payments

- The money goes into a **separate bank account** (or an approved prepaid card), used only for the agreed care.
- **Keep records** of everything spent; you must be able to show what the money paid for.
- The budget **cannot be spent** on alcohol, tobacco, gambling, debt repayment or anything illegal. GP care, emergency care and medicines continue to be provided by the NHS in the usual way.
- **Employing staff directly** makes the budget holder an employer, with duties such as payroll and insurance. Paying a care agency that employs its own carers avoids this.
- Spending outside the plan may have to be repaid.

If someone also has council-funded care, the NHS and social care budgets can be combined into an integrated personal budget, and you can ask for both to be paid into one account. See direct payments and personal budgets.

If a personal health budget is refused

Refusals for people with a legal right should be rare, and only in exceptional circumstances. The ICB must give its reasons in writing. You can ask it to reconsider, adding more information, and it must do so. NHS England's good-practice timescale is an acknowledgement within 10 working days and a decision within 28 working days. If a direct payment is refused, ask about a notional or third-party budget instead. If you are still unhappy, use the NHS complaints procedure.

Your personal health budget checklist

- [ ] Eligibility confirmed in writing
- [ ] Indicative budget requested
- [ ] Needs and outcomes written down, including nights
- [ ] Preferred provider chosen, with a written quote
- [ ] CQC registration and insurance checked
- [ ] Way of holding the budget agreed
- [ ] Separate account and record-keeping set up (direct payments)
- [ ] Review date in the diary

What to do next

1. Ask the ICB's CHC or mental health team for a personal health budget.
2. Write down the outcomes that matter most to the person.
3. Gather quotes from providers you would like to use.
4. Agree the plan, and keep a copy.

How we can help

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managed live-in care is available anywhere in England from £1,550 a week, and we give a written quote after a free initial assessment, which families can share with their care co-ordinator. Call 01865 715780 or contact us.

Common questions

Can we have a personal health budget on the Fast Track at the end of life?
Yes. People funded through the NHS Continuing Healthcare Fast Track have the same legal right to a personal health budget. NHS England does not expect everyone receiving end-of-life care to take one, but families can choose to. Where time is short, a notional budget, where the NHS holds the money and arranges the care you have chosen, gives a say over the provider without the paperwork of a direct payment. Ask the Continuing Healthcare team as soon as the Fast Track is agreed.

Can the budget pay a family member to care?
Sometimes. The direct payment rules stop the budget paying a close family member or friend who lives in the same household, unless the ICB is satisfied that this is necessary to meet the person's needs satisfactorily (or, for a child, to promote their welfare). A relative who lives elsewhere is not covered by that restriction, but the arrangement must still be agreed in the care plan, and the ICB can attach conditions.

Can we add our own money to the budget?
In nearly all cases, no. NHS England's guidance says people cannot add their own money to a personal health budget; the exceptions are some wheelchair, dental and eye services. You can, however, pay privately for services that are not part of the NHS care plan, such as hairdressing, aromatherapy or entertainment, provided they are kept separate from the NHS-funded care, usually by being given by different staff.

What if the budget turns out not to be enough?
Tell the NHS team as soon as you can. The budget should be enough to meet the agreed needs in full, and if costs rise or needs change, the care plan should be reviewed. You can ask for a review at any time. NHS England's guidance is clear that nobody with a personal health budget should be denied the health care they need, and money spent outside the agreed plan may have to be repaid.

Can we give the personal health budget up later?

Yes. You can stop having a personal health budget at any time and the NHS will meet the person's needs another way, for example by arranging the care itself. Any money left over when a budget ends, or built up through underspending, may be kept for future health care or returned to the ICB, depending on what has been agreed. Ask the care co-ordinator to confirm the change in writing.

Sources and further information

- NHS.uk: What is a personal health budget?
- NHS England: Personal health budgets in NHS Continuing Healthcare
- NHS England: Guidance on the legal rights to have personal health budgets and personal wheelchair budgets (version 2, November 2022)
- NHS England: Frequently asked questions about personal health budgets
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care
- legislation.gov.uk: National Health Service (Direct Payments) Regulations 2013, regulation 8

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Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Direct payments and personal budgets: a guide for families

How personal budgets and direct payments work in England: who can get them, setting one up, using them with a care agency or for live-in care, employing a carer, paying family, adding your own money, record-keeping, reviews and audits, with wording you can use.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

How to pay for live-in care: every funding route in England

The main ways to fund live-in care in England in 2026/27: self-funding with the home disregarded, Attendance Allowance, council personal budgets and direct payments, NHS Continuing Healthcare and personal health budgets, joint packages, couples, VAT on agency fees and the Pension Credit trap.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/personal-health-budgets/**

Section 117 aftercare: free care after a mental health detention

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Anyone who has been detained in hospital under section 3 of the Mental Health Act, or under sections 37, 45A, 47 or 48, is entitled to free aftercare when they leave. The integrated care board (ICB) and the council must provide or arrange it, with no means test and no charges, until both agree it is no longer needed. People who were wrongly charged can ask for their money back, with interest.



IN THIS GUIDE

1. Who qualifies
2. Why it is free
3. What aftercare can pay for
4. Who arranges it
5. Choice and control
6. When section 117 can end
7. Benefits and section 117
8. How to check whether someone is entitled
9. If you have been charged
10. Your section 117 checklist
11. What to do next
12. How we can help
13. Common questions
14. Sources and further information

Section 117 of the Mental Health Act 1983 gives some people leaving a psychiatric hospital a legal right to free aftercare. It is one of the few kinds of care that can never be charged for, yet families often do not know it applies, especially when the detention happened years ago. This guide covers England; in Wales the same section applies with some differences, and Scotland and Northern Ireland have their own laws.

Who qualifies

Someone qualifies when they leave hospital after being detained for treatment under:

- **section 3** (treatment);
- **section 37** (a hospital order made by a court);
- **section 45A** (a hospital direction);
- **sections 47 or 48** (transfer from prison or detention to hospital).

This includes people on section 17 leave, on a community treatment order (CTO), or conditionally discharged. It applies at any age, to people with a learning disability and autistic people, and to older people with dementia who were detained under section 3.

Why it is free

Section 117 is a joint duty on the ICB and the council. There is no power to charge for aftercare provided under it, whether the NHS or the council provides the service. The Care and Support Statutory Guidance (paragraph 8.14) lists section 117 aftercare among the services councils must arrange free of charge, and there is no financial assessment. Savings, income and the value of a home are irrelevant.

What aftercare can pay for

Aftercare services must have two purposes: meeting a need arising from or related to the person's mental disorder, and reducing the risk of their mental condition getting worse (and so of going back into hospital). Within that, the government's guidance says the definition should be read broadly. It can include:

- health care, such as community mental health support;
- social care, including home care, live-in care or a care home placement;
- supported accommodation;
- help with employment, skills and daily living;
- support for social, cultural and spiritual needs.

Needs that are not linked to the mental disorder fall outside section 117. They may be met through NHS Continuing Healthcare or by the council under its normal means-tested rules.

Who arranges it

- **The council** responsible is the one where the person was ordinarily resident immediately before detention.
- **The ICB** responsible is decided under NHS England's "Who Pays?" rules.
- Uncertainty about which of them pays should not delay or stop the care.

Before discharge, there should be a section 117 discharge planning meeting, and the aftercare plan should be written with the person, setting out which needs it covers. People should be told clearly that their aftercare is free, and reminded at each review. The Mental Health Act 2025 will make it a legal duty to give this notice in writing, but that part was not yet in force on 30 October 2026.

Choice and control

- **Personal health budget:** people entitled to section 117 aftercare have had a legal right to a personal health budget for the NHS part since December 2019.
- **Direct payments:** the council can make direct payments for its part of the aftercare.
- **Choice of accommodation:** if accommodation is part of the aftercare, the person can ask for a particular place. If it costs more than the council would normally pay, the person themselves or a third party can pay the difference as a top-up.

When section 117 can end

The duty lasts until **both** the ICB and the council are satisfied the person no longer needs aftercare. The person, and where appropriate their carer or advocate, should be fully involved. The Code of Practice says aftercare should not be withdrawn solely because:

- the person has been discharged from specialist mental health services;
- a set period has passed since it started;
- they are deprived of their liberty under the Mental Capacity Act;
- they have gone back into hospital informally or under section 2;
- they are no longer on a CTO or section 17 leave.

Someone who is well settled may still need aftercare to prevent a relapse. If services are withdrawn too early and the person's mental health declines, aftercare can be reinstated. Turning down services does not end the entitlement: the person can change their mind later.

Benefits and section 117

At home, Attendance Allowance and the daily living part of PIP carry on as normal. If aftercare includes a care home place funded under the Mental Health Act, these benefits usually stop after 28 days, as for any publicly funded care home place. Report any move to DWP.

How to check whether someone is entitled

1. Look through old hospital discharge letters, tribunal or hospital managers' papers, and letters about leave or a CTO for the section number.
2. Ask the GP surgery or the mental health trust which section was used and when.
3. Write to the council and the ICB asking them to confirm, in writing, whether the person is recorded as entitled to section 117 aftercare. Both should keep a record of people entitled.

If you have been charged

If the person has paid the council for care, or paid towards a care home, while entitled to section 117 aftercare, ask for a refund with interest.

Template letter (to the council's adult social care team, copied to the ICB):

> Re: [full name], date of birth [date], NHS number [if known]
>
> [Name] was detained under section [3] of the Mental Health Act 1983 at [hospital] from [date] to [date], and is entitled to aftercare under section 117. Since [date], the council has charged [name] [£x a week] towards [home care / their care home fees]. Section 117 aftercare cannot be charged for. Please confirm in writing that [name] is entitled to section 117 aftercare, stop all charges, and refund everything paid, with interest. Please also confirm which of [name]'s needs are being met under section 117. I enclose [the discharge letter / proof of my authority to act].

If the reply is unsatisfactory, use the council's complaints procedure, then go to the **Local Government and Social Care Ombudsman**: 0300 061 0614 (Monday, Tuesday, Thursday and Friday 10am to 1pm; Wednesday 1pm to 4pm), normally within 12 months of knowing about the problem. Complaints about the NHS side go through the NHS complaints procedure and then the Public Service Ombudsman (0345 015 4033). See how to complain about care.

Your section 117 checklist

- [ ] Section of the Mental Health Act confirmed, with dates
- [ ] Written confirmation of section 117 entitlement from the council and ICB
- [ ] Copy of the aftercare plan, showing which needs section 117 covers
- [ ] Personal health budget or direct payment discussed
- [ ] All charges stopped, and a refund with interest requested
- [ ] Review dates noted; any proposal to end aftercare challenged in writing if you disagree

What to do next

1. Find out which section of the Mental Health Act was used.
2. Ask the council and ICB to confirm entitlement in writing.
3. Ask the council to stop charging for section 117 aftercare and to refund what has been paid.
4. Ask for the aftercare plan to be reviewed if needs have changed.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide care funded privately, by councils (including direct payments) and by NHS Continuing Healthcare. Our fully managed live-in care is available anywhere in England from £1,550 a week, and we offer home care visits and waking nights across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. For a free initial assessment and a written quote, call 01865 715780.

Common questions

My father was only ever detained under section 2. Does he qualify?

No. Section 2 is detention for assessment for up to 28 days, and it does not give a right to section 117 aftercare. Nor do the short holding powers in sections 4, 5, 135 and 136, or an informal (voluntary) admission. But if someone was detained under section 3, or one of the other qualifying sections, at any point in the past, the entitlement may still be in place today unless it was formally ended. Check the hospital papers to be sure which section was used.

Can section 117 pay for live-in care at home?

It can, if live-in care is how the ICB and the council agree to meet needs arising from or related to the person's mental disorder, and to reduce the risk of their mental health getting worse and of readmission. The care is then free. The person also has a legal right to a personal health budget for the NHS part, and can ask the council for a direct payment for its part, which gives more say over who provides the care.

Mum lived in another county before she was detained. Which council is responsible?

Usually the council for the area where she was ordinarily resident immediately before she was detained. That council stays responsible for her section 117 aftercare even if she moves to another area after leaving hospital. Responsibility only changes if she later becomes ordinarily resident somewhere else and is then detained again under a qualifying section. The responsible NHS body is worked out separately, under NHS England's 'Who Pays?' rules.

Can someone have section 117 aftercare and NHS Continuing Healthcare at the same time?

Yes, but for different needs. The national framework says needs covered by section 117 must be met under section 117, not through Continuing Healthcare. If the person develops separate physical health needs, for example after a stroke, those needs can be assessed for Continuing Healthcare, and the Fast Track should be considered if they are rapidly deteriorating towards the end of life. The ICB should be clear in writing about which needs each route funds.

How far back can a refund go?

Councils have refunded charges going back many years. In a 2024 ombudsman case, Kent County Council refunded £114,721.36 that a woman had been charged for her care home from 2002 to 2021, plus £17,368.50 interest. Act as soon as you find the problem, because the ombudsman normally expects a complaint within 12 months of you knowing about it. For large or very old sums, a solicitor can advise on legal time limits.

Sources and further information

- legislation.gov.uk: Mental Health Act 1983, section 117
- GOV.UK: Care and support statutory guidance (paragraphs 8.14 and 19.62 to 19.67)
- GOV.UK: Discharge from mental health inpatient settings, Annex B on section 117 aftercare (January 2024)
- GOV.UK: Mental Health Act 1983 Code of Practice (chapter 33, after-care)
- GOV.UK: National framework for NHS continuing healthcare (section 117)
- Local Government and Social Care Ombudsman: Kent County Council (23 012 780), 3 July 2024
- legislation.gov.uk: Mental Health Act 2025, section 46 (not yet in force)

Read next

PAYING FOR CARE AND REDUCING THE COST

Personal health budgets: how they work with NHS care at home

How personal health budgets work in England: the legal right with NHS Continuing Healthcare and section 117 aftercare, the three ways to hold the money, the care plan, using a budget to choose a live-in care provider, direct payment rules, reviews and what to do if refused.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

NHS Continuing Healthcare: a guide for families

A plain-English guide to NHS Continuing Healthcare in England: who qualifies, the Checklist, the Decision Support Tool and its 12 domains, Fast Track, care at home including live-in care, reviews, appeals with template letters, retrospective claims and how to prepare evidence.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/section-117-aftercare/**

Help with NHS health costs: prescriptions, dental, eyes, travel

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

In England, NHS prescriptions and sight tests are free from age 60, and NHS hearing aids are free on loan. Dental treatment, glasses and travel to hospital are not free because of age alone, but people on Pension Credit Guarantee Credit, some other benefits or a low income can get help through the NHS Low Income Scheme. Anyone who pays for regular prescriptions can save with a prepayment certificate, which costs £114.50 for 12 months in 2026/27.



IN THIS GUIDE

1. At a glance
2. Prescriptions
3. The NHS Low Income Scheme
4. Eye tests and glasses
5. Dental treatment
6. Hearing aids
7. Wigs and fabric supports
8. Travel to hospital and other appointments
9. Your health costs checklist
10. What to do next
11. How we can help
12. Common questions
13. Sources and further information

The NHS is free at the point of use, but some charges remain: prescriptions, dental treatment, glasses, wigs and travel to appointments. Older people are exempt from some and can get help with the rest. This guide covers England for April 2026 to March 2027; in Scotland, Wales and Northern Ireland prescriptions are free for everyone and other rules differ.

At a glance

Cost	Free from age 60?	Who else can get help
Prescriptions	Yes	Medical exemption certificate, some benefits, HC2
NHS sight tests	Yes	Diabetes, glaucoma, sight loss, some benefits, HC2
Glasses and contact lenses	No	Vouchers with some benefits, HC2 or HC3
Dental treatment	No	Some benefits, HC2; part help with HC3
Hearing aids	Free for everyone on loan	Not applicable
Travel to hospital	No	Some benefits, HC2 or HC3

"Some benefits" here mainly means Pension Credit Guarantee Credit, income-related Employment and Support Allowance and, depending on earnings, Universal Credit. Attendance Allowance and PIP do not count. If you are over State Pension age, check whether you can get Pension Credit: even a small award unlocks most of the help below.

Prescriptions

From 60: every prescription is free. The pharmacy can usually see the date of birth on the form; otherwise tick the age box on the back.

Under 60 (often the family carer): the charge is £9.90 an item in 2026/27. If you need more than a few items a year, a **prescription prepayment certificate (PPC)** covers all your NHS prescriptions for a fixed price:

- £32.05 for 3 months;
- £114.50 for 12 months, which can be paid in 10 monthly direct debits.

Buy one online from the NHS Business Services Authority (NHSBSA), at some pharmacies, or by phone on **0300 330 1341**.

Medical exemption certificate: people under 60 get free prescriptions if they have diabetes (unless treated by diet alone), epilepsy needing continuous medication, an underactive thyroid needing hormone replacement, a permanent stoma or fistula needing dressings or an appliance, Addison's disease and some other gland conditions, myasthenia gravis, a continuing physical disability that means they cannot go out without help from another person, or are being treated for cancer or its effects. Ask the GP for the application form.

Wrongly claiming free prescriptions can lead to a penalty of up to £100.

The NHS Low Income Scheme

This scheme gives help to people on a low income who do not get a qualifying benefit. You can apply if your savings, investments and property (not counting your home) are no more than **£16,000**, or **£23,250** if you live permanently in a care home.

- An **HC2 certificate** gives full help: free prescriptions, dental treatment, sight tests, travel to appointments, wigs and fabric supports, and vouchers towards glasses.
- An **HC3 certificate** shows how much you must pay towards each cost; the NHS covers the rest.

How to apply:

1. Apply online on the NHSBSA website if your savings are £6,000 or less; otherwise use the paper **HC1** form, which you can order online, download, or collect from a Jobcentre Plus office or NHS hospital.
2. Have ready proof of income (pensions, benefits, earnings), savings and investments, and housing costs such as rent or mortgage payments, for you and any partner.
3. Applications are usually assessed within 18 working days. Certificates last between six months and five years.
4. For help, call **0300 330 1343** (Monday to Friday 8am to 6pm, Saturday 9am to 3pm).

Eye tests and glasses

NHS sight tests are free from 60, and at any age for people with diabetes or glaucoma, people at risk of glaucoma, and people registered as sight impaired. Home visits are possible for people who cannot get out (see the questions below).

Free tests do not mean free glasses. **Optical vouchers** towards glasses or contact lenses go to people on Pension Credit Guarantee Credit, income-based Jobseeker's Allowance, Universal Credit (if they meet the conditions), or with an HC2 or HC3 certificate. See sight and hearing loss for more on eye care.

Dental treatment

There is no age exemption for dental care. The NHS charges in England from 1 April 2026 are:

Course of treatment	Charge
Urgent treatment	£27.90
Band 1: examination, diagnosis, X-rays, scale and polish if needed	£27.90
Band 2: Band 1 plus fillings, root canal work or extractions	£76.60
Band 3: Band 2 plus crowns, dentures or bridges	£332.10

You pay one charge for each course of treatment, at the highest band it reaches. Who pays nothing is covered in the questions below. Dental queries: **0300 330 1348**.

Hearing aids

NHS hearing aids are provided free on long-term loan, and batteries and repairs are free too. A charge may apply if an aid is lost or broken and has to be replaced. Ask the GP for a referral to the NHS hearing service.

Wigs and fabric supports

NHS wigs, surgical bras and abdominal or spinal supports carry a charge unless the person is a hospital inpatient, gets one of the qualifying benefits above or has an HC2 certificate (HC3 gives part help).

Travel to hospital and other appointments

The **Healthcare Travel Costs Scheme** refunds reasonable travel costs to NHS appointments for people who get Pension Credit Guarantee Credit, income-related Employment and Support Allowance, Universal Credit (if they meet the conditions), or have an HC2 or HC3 certificate.

- The appointment must be for specialist or hospital care that a GP, dentist or other healthcare professional has referred you to, on a separate visit from the referral.
- Refunds are based on the cheapest suitable way to travel. Drivers get a mileage rate and can usually claim unavoidable parking. Agree any taxi with the hospital before you travel.
- An escort's travel can be paid if a healthcare professional says it is medically necessary.
- Claim within three months: take tickets, receipts, the appointment letter and proof of benefit to the hospital cashier, or post form **HC5(T)**.

If a medical condition means someone cannot travel safely any other way, ask the GP surgery or hospital about **non-emergency patient transport**; eligibility is checked against set criteria each time.

Hospital car parks in England must be free for Blue Badge holders, whether patients or visitors, and for outpatients attending at least three times in a month. Many hospitals also offer concessions for relatives visiting someone who is gravely ill, and for carers: ask at the main reception.

Your health costs checklist

- [ ] Free prescriptions (60+) or a PPC or exemption certificate for anyone under 60
- [ ] Pension Credit checked
- [ ] NHS Low Income Scheme applied for, if savings are under the limit
- [ ] Free sight test booked, at home if needed
- [ ] Glasses voucher asked for, if eligible
- [ ] Receipts kept for travel, dental and optical costs
- [ ] Blue Badge shown for free hospital parking

What to do next

1. Check Pension Credit first, because it unlocks most of this help.
2. If Pension Credit is not payable, apply for the NHS Low Income Scheme.
3. Keep receipts and claim refunds within three months.
4. Carers under 60 who pay for regular prescriptions: buy a PPC.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. Our fully managed live-in care is available anywhere in England from £1,550 a week, and we offer home care visits and waking nights across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. Our guide to reducing the cost of care brings together the main ways to make care more affordable. For a free initial assessment and a written quote, call 01865 715780.

Common questions

Does Attendance Allowance give free dental treatment or help with hospital travel?

No. Attendance Allowance and PIP are not qualifying benefits for free dental treatment, glasses vouchers or the Healthcare Travel Costs Scheme. The benefits that count include Pension Credit Guarantee Credit, income-related Employment and Support Allowance and, depending on income, Universal Credit. Someone on Attendance Allowance with a modest income and savings of £16,000 or less can still apply for the NHS Low Income Scheme, and should also check whether they are entitled to Pension Credit.

Are dental check-ups free for pensioners?

Not because of age. In England there is no free dental treatment at 60 or over, so a check-up is a Band 1 course of treatment costing £27.90 from 1 April 2026. It is free for people who get Pension Credit Guarantee Credit, income-related ESA or Universal Credit with a low enough income, or who have an HC2 certificate, and cheaper with an HC3 certificate. Repairs to dentures are free, but new dentures are charged if a repair is not possible.

Can someone who cannot leave home get an eye test at home?

Yes, in many cases. People who qualify for a free NHS sight test, which includes everyone aged 60 or over, can have it at home if they cannot get to an optician on their own because of physical or mental illness or disability. People in care homes and some day centres can qualify too. Ask local opticians whether they provide NHS sight tests at home, and mention any hearing, memory or mobility needs when you book, so the visit can be planned around them.

I paid for treatment while waiting for my HC2 certificate. Can I get the money back?

Yes, if the certificate covers the date you paid. Claim within three months of paying. For dental treatment, glasses, travel or wigs, use the matching HC5 refund form from the NHS Business Services Authority website. For prescriptions, you can only claim if you asked for an FP57 receipt and refund form when you paid, because pharmacies cannot issue one later. If you are unsure whether you qualify, it is safer to pay and ask for a receipt.

Can someone living in a care home apply for the NHS Low Income Scheme?

Yes. The savings limit is higher for people who live permanently in a care home: £23,250 in savings, investments and property, compared with £16,000 for everyone else in England. A certificate can help with dental treatment, glasses, travel to appointments and other NHS charges; prescriptions and sight tests are already free from 60. A relative or attorney can help with the application, and the NHS Business Services Authority helpline on 0300 330 1343 can explain the process.

Sources and further information

- NHSBSA: Prescription prepayment certificates
- NHSBSA: Free NHS prescriptions
- GOV.UK: Prescription charge frozen at £9.90 for 2026 to 2027
- NHS.uk: NHS Low Income Scheme
- NHS.uk: Free NHS eye tests and optical vouchers
- NHSBSA: Current NHS dental charges (from 1 April 2026)
- NHS.uk: Healthcare Travel Costs Scheme
- GOV.UK: NHS patient, visitor and staff car parking principles

Read next

PAYING FOR CARE AND REDUCING THE COST

Pension Credit: rates, how to claim and what it unlocks

Pension Credit in 2026/27: the rates, who qualifies, how to claim online, by phone or by post, three months' backdating, the severe disability and carer additions, the live-in carer trap, what it unlocks and why up to 900,000 eligible pensioner families do not claim.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Benefits and help for older people: the 2026/27 checklist

Pension Credit, Winter Fuel Payment, free prescriptions, the NHS Low Income Scheme, Blue Badges, railcards and bus passes, VAT relief, social tariffs and the Priority Services Register: what older people in England can claim in 2026/27, with phone numbers and how to apply.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

Sight and hearing loss in later life: a guide for families

Supporting someone with sight or hearing loss at home: adapting the home, communication tips, free NHS sight tests and hearing aids, registering as sight impaired, council sensory services, when to get urgent help, and the concessions and support available.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/help-with-health-costs/**

Help with heating and energy costs in 2026/27

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Most people born on or before 27 June 1960 get a Winter Fuel Payment of £200 or £300 automatically in November or December 2026, although HMRC takes it back if their own income is over £35,000. People on Pension Credit and some other means-tested benefits also get £150 off their electricity bill through the Warm Home Discount, and £25 Cold Weather Payments in very cold spells. The free Priority Services Register, social tariffs and insulation grants can help further.



IN THIS GUIDE

1. Winter Fuel Payment 2026/27
2. Warm Home Discount: £150 off the electricity bill
3. Cold Weather Payment: £25 in very cold spells
4. The Priority Services Register
5. If bills are hard to pay
6. Cheaper broadband, phone and water
7. Insulation and heating grants
8. Your winter checklist
9. What to do next
10. How we can help
11. Common questions
12. Sources and further information

Older and disabled people often need their homes warmer and for longer, especially when they spend most of the day at home, use powered equipment or are recovering from illness. These are the main sources of help in England for winter 2026/27. In Scotland, the Winter Fuel and Cold Weather Payments are replaced by Scottish payments; Wales and Northern Ireland have some differences.

Winter Fuel Payment 2026/27

Who gets it: people born on or before **27 June 1960** who normally live in England, Wales or Northern Ireland. The amount depends on the person's circumstances in the "qualifying week", 21 to 27 September 2026.

Situation	Born 28 Sep 1946 to 27 Jun 1960	Born before 28 Sep 1946
Lives alone, or with nobody else eligible	£200	£300
Lives with another eligible person, and gets none of the benefits below	£100	£150, or £200 if the other person was born on or after 28 Sep 1946
Lives in a care home	£100	£150

If a couple claims Pension Credit, Universal Credit or income-related Employment and Support Allowance together, one partner gets £200 or £300. Someone who gets one of those benefits alone gets the full £200 or £300.

When: most people get a letter in October or November and are paid automatically in November or December 2026.

Who needs to claim: only people who have never had a Winter Fuel Payment, or who deferred their State Pension since their last one, and who do not get the State Pension or another qualifying benefit such as Attendance Allowance, PIP or Carer's Allowance. Claim by phone to the **Winter Fuel Payment Centre on 0800 731 0160** (Monday to Friday, 8am to 6pm; Relay UK 18001 then 0800 731 0160), or by post with the claim form from GOV.UK sent to Winter Fuel Payment Centre, Mail Handling Site A, Wolverhampton WV98 1LR, by **31 March 2027**. Have ready the National Insurance number, bank details and the date of any marriage or civil partnership.

If nothing arrives: contact the Winter Fuel Payment Centre if there is no letter or payment by **27 January 2027**.

Income over £35,000: the payment is still made, but HMRC takes it back through the tax code or Self Assessment. Only the person's own income counts.

Warm Home Discount: £150 off the electricity bill

In England, you qualify if on **23 August 2026** your energy supplier was part of the scheme, you or your partner got **Pension Credit, Universal Credit, Housing Benefit or income-related Employment and Support Allowance**, and your name or your partner's was on the electricity bill.

- Letters go out between late October 2026 and early January 2027. Most people need do nothing: the supplier applies the discount by 31 March 2027.
- If your letter asks for more information, or no letter has come by early January 2027, call the **Warm Home Discount Scheme on 0800 030 9322** (Monday to Friday, 8am to 6pm; Relay UK 18001 then 0800 229 4325) **before 26 February 2027**.

Cold Weather Payment: £25 in very cold spells

£25 is paid for each seven-day period when the average temperature in your area is recorded or forecast to be zero degrees or below, between **1 November 2026 and 31 March 2027**. It goes automatically to people getting Pension Credit, and to some people on Universal Credit, income-related Employment and Support Allowance or Support for Mortgage Interest. It should arrive within 14 working days of the cold spell. If you think a payment is missing, contact the **Pension Service on 0800 731 0469** (Monday to Friday, 8am to 6pm), and tell it if the person goes into hospital.

Because so much of this help depends on it, check **Pension Credit** first.

The Priority Services Register

The Priority Services Register (PSR) is free. Anyone over State Pension age, disabled, living with a long-term condition, relying on powered medical equipment (such as an electric pressure-relieving mattress, hoist or oxygen concentrator), or recovering from a hospital stay can join. It gives advance warning of planned power cuts, priority help in an emergency, a password scheme for callers, bills in large print or braille, and the option of a nominated relative to receive letters.

Join through your energy supplier and your local electricity network operator (the national PSR website finds yours by postcode), and ask your water company too. Report a power cut on **105**.

What to say: “Please add my father to your Priority Services Register. He is 87, has heart failure and uses an electric air mattress. Please add me as his nominee, and set up a password for anyone visiting the house.”

If bills are hard to pay

- **Contact the supplier early.** Ask about an affordable payment plan, and whether it runs a hardship fund or grant scheme; several large suppliers do.
- **Get advice:** the Citizens Advice consumer helpline is **0808 223 1133** (Monday to Friday, 9am to 5pm).
- **Ask the council:** since 1 April 2026, councils in England run local crisis support through the Crisis and Resilience Fund, which replaced the Household Support Fund and runs until March 2029. Each council sets its own rules.
- **Medical equipment:** if someone uses an NHS home oxygen concentrator, ask the oxygen supplier about refunds for the electricity it uses; people on home dialysis can ask their renal unit about help with extra energy costs.
- **Council care charges:** if the council charges for care at home, extra heating needed because of illness or disability can be counted as disability-related expenditure, which can reduce the charge.

Cheaper broadband, phone and water

- **Broadband and phone social tariffs** cost £10 to £24 a month in 2026. All major providers accept Pension Credit and Universal Credit; some also accept PIP or Attendance Allowance. Moving to one is free and there is no fee to leave.
- **Water:** every water company runs help for low-income customers. **WaterSure** caps metered bills for households on certain benefits that need to use extra water for a medical condition, such as incontinence. The government has said it will extend WaterSure, through new regulations, to households getting a disability benefit with income up to £25,745; ask your water company whether the change has started.

Insulation and heating grants

- **Warm Homes: Local Grant** (England): your council arranges and pays for improvements such as insulation, heat pumps, solar panels and smart heating controls. The home must be privately owned or privately rented with an Energy Performance Certificate rating of D to G, and household income must usually be £36,000 or less (some benefits and postcodes qualify regardless).
- **ECO4**, run through energy suppliers, has been extended to **31 December 2026**. The Great British Insulation Scheme closed on 31 March 2026.
- **Boiler Upgrade Scheme:** a grant towards replacing a gas, oil or other fossil fuel boiler with a heat pump or biomass boiler.
- For free advice on which schemes fit your home, call the government's energy advice line on **0800 098 7950** (Monday to Friday 8am to 6pm, Saturday 9am to 12pm).

If adaptations are also needed, see equipment and home adaptations.

Your winter checklist

- [ ] Winter Fuel Payment letter received (chase after 27 January 2027 if not paid)
- [ ] Pension Credit checked
- [ ] Warm Home Discount letter received, or the helpline called before 26 February 2027
- [ ] Priority Services Register joined with the supplier, network operator and water company
- [ ] Broadband and water social tariffs checked
- [ ] Grant eligibility checked for insulation or heating
- [ ] Extra heating costs included in any council financial assessment

What to do next

1. Check Pension Credit, because it unlocks the Warm Home Discount and Cold Weather Payments.
2. Join the Priority Services Register today; it takes a few minutes.
3. Diary the key dates: 27 January and 26 February 2027.
4. Ask the council about local crisis help and grants.

How we can help

Day and Nightcare is a CQC-registered home care provider, rated Good, supporting people at home since 2008. A live-in carer can help keep the home warm and safe through the winter and notice early when someone is becoming unwell. Our fully managed live-in care is available anywhere in England from £1,550 a week, with a free initial assessment and written quote. Call 01865 715780.

Common questions

Does a Winter Fuel Payment affect other benefits?

No. GOV.UK confirms that the Winter Fuel Payment does not affect any other benefits, and the Warm Home Discount does not affect Winter Fuel or Cold Weather Payments either. The only clawback is through tax: if the person's own total income for the tax year is over £35,000, HMRC recovers the Winter Fuel Payment through their tax code or Self Assessment. A partner's income is not counted towards that £35,000.

Mum moved into a care home this summer. Will she still get a Winter Fuel Payment?

Probably, but at a lower rate: £100, or £150 if she was born before 28 September 1946. She will not get it at all if she gets Pension Credit, Universal Credit or income-related Employment and Support Allowance and has lived in the care home continuously since 29 June 2026 or earlier. Tell the Winter Fuel Payment Centre on 0800 731 0160 about the move, so the right amount is paid and nothing has to be repaid later.

We have a prepayment meter. Can we still get the Warm Home Discount?

Yes. People who pay for electricity with a prepayment or pay-as-you-go meter can still qualify. The supplier will explain how the £150 is given, for example as a voucher to top up the meter or as credit added to it. The eligibility rules are the same: someone in the household must have been getting a qualifying benefit on 23 August 2026, and their name, or their partner's, must be on the electricity account.

Can we stop the Winter Fuel Payment if Dad's income is over £35,000?

Not for this winter. The deadline to opt out for winter 2026/27 has passed, so if he is eligible he will be paid and HMRC will recover it, usually by changing his tax code. He can opt out of the winter 2027/28 payment from 21 December 2026. Anyone who opted out earlier and now wants the payment can opt back in by contacting the Winter Fuel Payment Centre; to be paid for this winter, they must do so before 31 March 2027.

The electricity bill is in Dad's name but Mum gets Pension Credit. Can they get the Warm Home Discount?

Yes, if they are a couple. The rules look at whether you or your partner got a qualifying benefit on 23 August 2026, and whether your name or your partner's name was on the electricity bill on that date. If the benefit and the bill are in the names of people who are not partners, for example a parent and an adult son, the household is unlikely to qualify, so check whose name is on the account. If no letter arrives by early January, call the helpline before 26 February 2027.

Sources and further information

- GOV.UK: Winter Fuel Payment
- GOV.UK: Warm Home Discount Scheme
- GOV.UK: Cold Weather Payment
- Ofgem: Join your supplier's Priority Services Register
- Ofcom: Social tariffs, cheaper broadband and phone packages (updated 2 October 2026)
- GOV.UK: Apply for a Warm Homes: Local Grant
- GOV.UK: Extending the ECO4 end date, government response
- GOV.UK: £1 billion Crisis and Resilience Fund (February 2026)

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