*Paying for Care at Home (1,000 – 82%)*

*Paying for Care in the Home (1,000 – 82%)*

*Paying for Care (590 – 82%)*

**PAYING FOR CARE**

Whether you have recently made the decision that you want to be cared for at home, are weighing up your options regarding future care, or are looking for home care for a loved one, an important thing to think about is how will you pay for this care.

Finding out what funding you are entitled to when paying for care at home can seem quite overwhelming. You may not even be aware of what funding is available, of if they apply to you. There are also benefits and allowances that you may be entitled to – some means tested, others not.

We understand how daunting navigating this process can seem, particularly if this is a difficult time for you and your family. Paying for care at home should not cause you any added stress.

We have tried to explain the various funding options that may be available to you in a simple way so that you are able to understand what financial help is available when paying for care in the home as well as how and when to access it.

Effectively, there are three main funding options – **CCG funding** (link to page), **Local Authority Funding** (Link to page) and **Private Funding**. The funding options that are relevant to you could be just one of these, or a combination of two.

**CCG FUNDING (LINK TO PAGE)**

If you, or a loved one, has a significant health care need which requires a significant level of care, you could be entitled to funding towards these care needs through NHS Continuing Healthcare. This funding is not means tested and is not based on a specific condition, but instead based on specific ongoing care needs. The health care need could be one that has been present from birth, or it could have presented later in life due to another condition, or following illness or injury.

**LOCAL AUTHORITY FUNDING (LINK TO PAGE)**

If you are not eligible for CCG Funding, you could be entitled to funding from your Local Authority, or council, for all or part of your care needs. Whether you are entitled to any funding, and the amount you are entitled to, depends on your care requirements, your income and the amount of savings you may have. This funding is means tested, so a financial assessment would need to be undertaken.

**PRIVATE FUNDING**

If you are not entitled to funding from either your CCG or your Local Authority, you would need to privately fund your care. This could be through your own savings or with support from other family members.

If, while you are funding your own care, your savings become less than £23,250, you could be entitled to Local Authority funding so should re-apply.

If you are paying for your care, you can still ask your Local Authority to conduct a [needs assessments](https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/getting-a-needs-assessment/) to determine what your needs might be. This can be useful if you are not sure exactly what care or support you may require, or what is available.

**BENEFITS AVAILABLE**

Even if you are not eligible for Local Authority or CCG Funding, you may still be eligible for some benefits that can help towards the cost of your care, such as Attendance Allowance and Personal Independence Allowance which are not means tested.

You can find out more about [benefits available for people over the age of 65](CCG%20FUNDING.docx) or [benefits available for people under the age of 65](https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/benefits-for-under-65s/) on the NHS website.