

PART SEVEN

HELP FROM THE COUNCIL

Unlike state healthcare provision, which we looked at in Part Four, social care aims to mitigate the practical and emotional difficulties that life can throw at us. When we are older, it can help us cope with the challenges to daily life that illness, both physical and mental, can give rise.

However, many people who might benefit fail to do so because they assume that social care is restricted to people of modest income. This is not true – the system should offer something to everybody who is experiencing problems in their everyday life, and legislation for England and for Wales passed in 2014 stressed this wide-ranging role.

Another reason why people fail to use social care is that, unlike the health service, it suffers from a confused and negative image. I therefore begin this part with an introduction to the world of social care. This includes a brief explanation of the involvement of social care in such fields as elder abuse and help for people with eyesight problems.

In the following chapters of this part, I explore the ways in which we can make the best use of the social care system. Chapter 26 examines the hoops we must go through to get practical and/or emotional help and Chapter 28 the different ways in which help from social services can be delivered, with tips on which options could work best for you. Chapter 28 also examines at the ways in which social care authorities charge users for services.

Many older people look after their partner, relative or friend as a ‘carer’, often without realising that they are a carer and that carers can obtain help through the social care system. I explain how this is provided and the sort of support they can typically obtain – perhaps more diverse and more extensive than they might imagine – in Chapter 27.

Incidentally, the help given to carers to care for others through the social care system is usually called ‘support’ to distinguish it from that to people with needs for help for themselves, termed ‘care and support’.

Media stories about cutbacks in local authority funding for social care might cause you to rule out even considering looking to your council to help you cope with daily tasks in your own home. Think again! Although (*as we shall see in Chapter 26*), councils are expected to distribute help to individual older and disabled people using criteria set nationally country by country, in fact, particularly in England, they vary considerably in the amount they are prepared to spend on citizens who need help. (This variation reflects differences in councils’ political priorities, the amount they can raise locally through business rates and council tax, and the level of their funding from central government.) This means that in some places you are likely to find attracting support easier than in others.

Another fact to bear in mind is that although the number of people receiving publicly-funded care services in England fell by a quarter between 2011 and 2016, 90 per cent of the people who did get publicly-funded social care were satisfied with the care and support they received.¹ And, as I try to show in this part, the help which social care can provide, including to those whose financial means rules them out of council subsidy, extends into many areas beyond the provision of practical help in the home.

The world of social care

The state system for delivering care for older people has two arms. In Parts Four and Five we looked at the first of these, state healthcare provision. Social care complements healthcare by homing in on the practical and emotional difficulties that life can throw at us. For older people, these often arise as the result of illness or disability, such as osteoarthritis, which can impair somebody's ability to walk and even to wash and dress themselves.

While it is a basic principle of state healthcare that provision is free at the point of delivery, the local authorities that usually provide social care can charge users for services. However, social care is sometimes free to everyone; where services are charged for, there has to be a safety net to prevent the poorest citizens being denied services because they cannot afford to pay for them. As a result, means-testing, while absent from state healthcare provision, is a characteristic of social care.

In this introductory chapter, I examine the social care system, in particular:

- ▶ its organisation
- ▶ how it can help older people and carers
- ▶ how it is involved in admission to a care home
- ▶ its role in the investigation and prevention of elder abuse
- ▶ the legal and financial constraints on social care authorities
- ▶ controls over social care authorities by central government
- ▶ the difference in charging for health and social care services
- ▶ tips on handling social services departments
- ▶ access to records held by social services

- ▶ raising concerns and lodging complaints
- ▶ consulting an independent social worker

Origins and legacy

Social care does an enormous amount to enhance the lives of Britain's older citizens. But unlike the health service, it suffers from a muddled and sometimes unflattering reputation which puts off many of those who could benefit from it.

One problem is that while some local council services such as education and waste collection are provided to everybody, social care is offered only to people who need assistance for particular reasons. While we all encounter teachers and refuse collectors from an early age, many people never encounter an official from their social work department or, if they do, it is only at a particular time in their lives – for instance, if they have a disability or have had a child with a learning disability. This restriction of social care to people who need certain types of help means most of us are unfamiliar with social workers on the ground.

We look in vain to the media to remedy our ignorance. Social workers are not usually depicted on television and film informatively, still less with the glamour accorded to doctors and nurses.

The origins of social care do not help its present-day image. While the roots of the health service are in the post-war dream of a better Britain in which every citizen has an equal right to top-class healthcare, social services' origins lie in the earlier idea of local communities having responsibility for people in the parish who could not look after themselves, such as unmarried mothers or the frail infirm. If parishes would or could not look after such people, they put them up in the workhouse, where they were expected to be grateful for the parish's largesse and ashamed of the needs that had laid them low. Today, social care arranged by local authorities still carries something of this ancient stigma.

Stigma and ignorance can therefore put people off approaching social services, yet social services departments, which may employ hundreds of people, many with years of experience and a passion for helping people facing difficulties, can be invaluable.

Organisation

Social care is the responsibility of local authorities. In England these are county councils, unitary councils and metropolitan borough councils. In Wales, social services departments are based in local unitary authorities.

This is also the case in Scotland, where the social services departments in the country's unitary councils are called social work departments.

In England, Wales and Scotland, moves are afoot to bring the running of health and social care closer together. In Northern Ireland, social care has been administered for some time alongside healthcare by six regional health and social care trusts.

In all these cases, if you wish to enquire about social care provision, simply telephone the council or trust involved and ask for the social services (or social work) department. Should you contact the wrong local authority, such as your district rather than your county council in England, you should be referred on to the correct tier of local government.

Social work departments

The social work departments of local authorities are often huge. Some of the people there will be addressing the plight of children who need help, while others will be working with disabled people, people with learning disabilities or asylum seekers, for instance.

Social workers are the key professionals in any social work department. In order to practise, they must have a social work degree and have spent a year in employment involving the development of particular skills. Once this has been completed, they can apply to have their name entered on a national register and then they must agree to abide by a code of practice and make themselves accountable for their actions to the agency that holds the register. Social workers can be taken to task for unprofessional conduct and reprimanded or even struck off the register for a limited period or indefinitely, in the same way that doctors and dentists can be removed from their professional registers if found guilty of professional misconduct (*as described in Chapter 15*). The national agencies that hold the registers for social workers are the Health and Care Professions Council (in England), the Scottish Social Services Council, the Care Council for Wales, and the Northern Ireland Social Care Council.

Social workers are also expected to abide by the code of ethics of their professional body, the British Association of Social Workers. This sets the core values on which social workers' conduct should be based, including the promotion of the right of the individuals they seek to help to make their own choices and decisions.¹

The section of a social work department responsible for helping older people will also contain assistant social workers. Many of these are care managers, and they should have a different, non-degree qualification. They carry out assessments of the needs of individual older people and assemble care and support for them. Care managers are supervised by

social workers and, if the assessment is complex, the case will be passed to a social worker.

Another tier of people you might come across is the contact assessor or customer advisor, particularly if you telephone social services and say you think you may need help. These advisors will answer straightforward enquiries and pass your name on to a care manager if they consider this necessary and/or you ask them to do so.

Occupational therapists are also likely to feature in the adult social care section of a social services department. OTs offer advice on the ways in which people can cope with illness or disability in their daily lives, including through the provision of walking aids and other disability equipment and the modification of a person's home through ramps and the like.

One section of the department will focus on dealing with cases of abuse of older people and this will probably contain the highest concentration of social workers. It will have close links with the health service and the police through its adult safeguarding board (*see below*).

The support of people with mental health problems is the role of social workers who have undergone additional training to become 'approved mental health professionals', or 'mental health officers' in Scotland.

Other departments of a social work department with whom the adult social care section works closely include the hearing and vision team and the team that supports carers. Some social workers are employed in hospitals, where they play a key role in the discharge of patients (*see Chapter 39*.)

If you are unclear whether a particular person from social services is a registered social worker, you could contact one of the national agencies that register social workers to find out whether their name is on the official list. If you consider that a social worker is behaving unprofessionally, contact the Health and Care Professions Council, the Scottish Social Services Council, the Care Council for Wales or the Northern Ireland Social Care Council.

Activities

Here are the main ways in which social care authorities are involved in the lives of older people:

Information and advice

Councils have long provided a wide range of information about social care matters. In England, for example, the Care Act 2014 confirms this by laying a duty on social care authorities to establish and maintain a service for the provision of information and advice about care and sup-

port for adults and support for carers.² Councils cannot wriggle out of this requirement by saying it does not apply to so-called ‘self-funders’ – people whose financial means rule them out of a subsidy from the council – or people whose needs for help do not meet a particular threshold of severity. For the government says, ‘Importantly, this duty to establish and maintain an information and advice service relates to the whole population of the local authority area, not just those with care and support needs or in some other way already known to the system.’³ Councils in England are also legally obliged to provide information and advice to help people plan and pay for any care costs they may incur (*the duty about financial advice is discussed on page 665*).

Hearing and sight impairment

Many social care departments have ‘sensory impairment teams’ who visit people of all ages with hearing or vision difficulties, or both, and offer practical help. This can include the provision of equipment to help people who are hard of hearing to make phone calls or visually impaired people to use their kitchens safely, as well as support to counter problems such as anxiety and isolation that can arise from sight or hearing problems. Social services have duties to help people with hearing and sight impairment separate from their obligations to help older people in general who are facing difficulties. Do not worry too much if your name is not on a special register of people with sight or hearing impairment: the government has said provision of services should not be limited to people whose names are on these registers.⁴

Family issues

Social workers are trained to help people cope with their emotional responses to situations and also with family problems. They can provide invaluable help, often by breaking the deadlock that can arise within families and that may seem intractable. In one case of which I became aware, an elderly mother was becoming frail, but while her two daughters were growing increasingly worried about her and wanted her to obtain help in the home, their brother (who held power of attorney over the old lady’s considerable estate) resisted this idea strongly. His sisters contacted social services for advice and the old lady was allocated a social worker who used her training in dealing with family relationships to explain the nature of his mother’s difficulties to the son. As a result, his resistance to his mother hiring help melted away – much to her benefit.

Practical help and support

This is provided to help people when they are facing difficulties such as disability and general frailty, and typically involves the provision of assistants who help with personal care tasks like washing and dressing and/or practical chores like shopping and cleaning. As we shall see in the remainder of this part, sometimes social services organise the provision of care services to individuals, but they are being encouraged instead to offer them a pot of cash and leave them to make their own arrangements, albeit with some organisational support. Social care authorities also provide or subsidise lunch clubs and day centres.

If it is established that somebody needs practical support, such as help to get up or go to bed, social care authorities must ensure it is provided, even if they have to foot the entire bill.

Social care authorities have a legal duty to arrange care and support for somebody who needs services yet lacks the mental capacity to arrange them themselves and has nobody suitable to do so on their behalf. In these ways, social care acts as a safety net for people unable to look after themselves and/or unable to pay the costs involved.

Someone whose financial means rule them out of any subsidy can still ask social services to organise the provision of a package of care and support for them under what is known as ‘the right to request’ (*see page 666*).

Equipment and adaptations to the home

Social services are also the gateway to a wide range of equipment as well as to adaptations to the home to make life easier and safer for people with illness or disability. These range from pendant alarms to stairlifts and include ‘telecare’ – alarms and detectors which can help people, including those with dementia, to live safely.

Despite cutbacks in public spending, provision is often free. Thus all social services departments in England must provide for free equipment as well as house adaptations up to the value of £1,000 to anybody they assess as needing them. (*This area of social services activity is discussed in Chapter 21: Equipment, Chapter 22: Telecare and Chapter 8: Staying put.*)

Help for carers

Carers are people who provide care at home without remuneration for loved ones who need help. Innumerable possibilities exist. Parents (of any age) may be caring for a child with a physical disability, mental health problem or learning disability. Couples in their eighties may be acting as each other’s carer – perhaps one has mobility problems while the other suffers from depression. Carers in their sixties may be looking after a frail

parent or an older relative or friend who needs support. Social services have special responsibilities to help carers, *which are discussed in Chapter 27*. Most social care authorities have a senior manager with responsibility for supporting carers and developing a strategy to help them.

Signposting

Not everyone who approaches social services will qualify for equipment, home adaptations or services, because their degree of need for them will not be considered sufficiently high. However, they will still be able to benefit from free advice and support. Social care officials are able to signpost people to a wide range of facilities and organisations in their local areas, from carers' support groups to befriending schemes to benefits advice centres. Social services should also help people find advocacy organisations – that is, bodies which can offer individuals one-to-one help in negotiating the care system and and/or representing them (*see Chapter 34*).

Solving problems

Social workers can tap into their knowledge of the ways in which problems can be overcome and of how to help people square up to difficulties psychologically. Perhaps an older man who has walked to the newsagent's every day has a stroke and can do so no longer; his social worker puts him in touch with a befriending group one of whose volunteers takes him there twice a week. Perhaps an older woman hoards piles of old magazines in her flat; her social worker persuades her that they should be removed and, having secured her agreement, organises their disposal.

People with mental illness

Social workers seek to help people with mental health problems. As mentioned earlier, mental health social workers receive special training. Some of them work with health professionals in teams which seek to help people living long-term with mental health problems. Others work in teams which deal with crisis situations, sometimes 'sectioning' patients, who can be compulsorily placed in hospital if they have a serious condition such as schizophrenia, bipolar disorder or dementia and refuse to accept treatment for it, even though detention and treatment are necessary for their health and safety or for the protection of other people, and appropriate medical treatment is available. Patients can appeal against detention and can also ask for the order placing them in hospital to be reviewed. This legislation is complex and is not considered in detail in this book. You can find out more about it from the voluntary organisa-

tions Mind, Mind Cymru, the Scottish Association for Mental Health, and the Northern Ireland Association for Mental Health.

Care homes

When people live in a care home they receive practical help with everyday tasks made difficult by illness or infirmity at any time, day or night. They also receive their accommodation and food in the home, and laundry and cleaning are undertaken by the home's staff. In addition, homes often provide activities and outings.

There are 20,000 care homes in the UK. The vast majority are owned by commercial companies, a smaller number by not-for-profit organisations such as charities. Local authorities, which used to own many homes, now own few, especially in England. However, social services are still involved in the world of care homes in the following ways:

1. The provision of advice

Social services offer advice to people contemplating a move to a care home. Anybody, whatever their financial means, has a right to an assessment by social services of their need to go into a care home; this can be invaluable, as some people move into a care home when they do not need to, or go into a nursing home when a (cheaper) residential home would be adequate. These assessments have always been free. They are called care assessments and I explain how they work in Chapter 26.

2. Action for people who lack mental capacity and need care

Social services cannot force somebody to go and live in a care home against their will: they are overstepping the mark if they do more than advise. However, this is not the case if a social care assessment shows that somebody needs the round-the-clock care that can only be provided in a care home, they lack the mental capacity to take the decision and there is nobody suitable to act in their best interests, such as their attorney (*mental capacity and attorney are defined in the Glossary*). In this kind of case, social services can move the person involved into a home, even against their will. Such a situation often arises when people are in hospital, are developing dementia and are considered by social services unlikely to be able to care for themselves should they return home.

However, there are safeguards which protect the human rights of the person who might be treated in this way. Before a social care authority in England or Wales can place somebody of limited mental capacity in a care home, it must appoint an 'independent mental capacity advocate' who will form their own view on whether the proposed move would be

in the best interests of the person involved. Social services must take the advocate's conclusions into account when reaching their final decision on how they should act.

In addition, if social services in England or Wales proposes to restrict the liberty of somebody with limited mental capacity, for instance by placing them in a care home in which they will not have the freedom to come and go at will or indeed restricting their freedom of movement in their own home, they must go through a procedure called the 'deprivation of liberty safeguards'. In Scotland, an application to a sheriff court must usually be made for the authority to take on special guardianship powers to enable them to take these steps. (*I discuss this complex field in Chapter 33.*)

3. Paying residents' care home fees

Care provided in a care home is usually considered to be 'social care' and thus the recipient of it must pay. However, safety nets are in place to ensure that care home residents do not have to use all of their savings to pay care home bills, as fees can run to more than £30,000 each year for residential care and £50,000 for care in a nursing home. In each country of the UK, a savings threshold is set below which social care authorities must pick up the tab – the resident continues to contribute their income, but their savings must not be depleted below a certain level.

In **Wales**, savings are safe from care home bills as soon as they have been depleted to £30,000, or if they have never reached that level.

The other countries operate two thresholds. In **England**, once somebody's savings are down to £23,250, social services must begin to contribute. A sliding scale determines the size of the resident's and the local authority's respective contributions until the resident's savings have been depleted further, to £14,250. If this lower threshold is reached, the resident's savings are completely off-limits and social services must pay all that is necessary. The same two thresholds obtain in **Northern Ireland**. In **Scotland**, there are also two thresholds, at £26,250 and £16,250.

Many people have never had savings above the threshold and move into a care home with social services organising the contract with the home and paying whatever is necessary by way of fees, after the resident has contributed their state pension and any other weekly income. Others start as 'self-funders' in care homes, but later come to rely on social services to pick up the tab if their savings are depleted by paying care home fees.

The threshold safety nets described above operate throughout the UK, but in **Scotland** social care authorities also make two non-means-tested contributions towards their residents' care home fees.

The provision of 'personal care' is free to people in Scotland aged 65 and over assessed as needing it, (*as explained on pages 659–60*). The amount a council contributes varies according to how much help somebody needs, but if it is provided in a care home, it makes a flat-rate contribution towards a resident's fees.

In addition, councils in Scotland make a flat-rate payment to cover the costs of nursing care for people in care homes which provide nursing (nursing homes). In England and Wales, in contrast, these payments (known as the Registered Nursing Care Contribution or free nursing care) are made by health bodies, and in Northern Ireland by health and social care trusts (*as explained on page 962*).

4. Loans to pay care home fees

Care home residents whose relative wealth means they must pay their own fees can ask their local authority for a loan to cover the cost. This ensures that they do not need to sell their homes when they move into a home. Under a 'deferred payment agreement', social services pay the care home bills until such time as the resident dies or decides to repay; they then refund social services the loan. Social care authorities have been empowered to provide loans under these agreements for several years and they have been free of interest. Since 2014, however, councils in England have been empowered to charge interest (subject to a set limit) on the loan and to require reimbursement of their costs in negotiating and setting up the agreement.⁵

Hospital patients

Although most social care staff are based in council offices, some are located in large hospitals. There may be a social worker in A&E; there may be one in the palliative care team. Social workers perform a pivotal role in discharging people from hospital and putting in place practical support while they are recuperating after leaving hospital (*this is explored in Chapter 39: Leaving hospital*).

People at risk of abuse

Should we become frail and unable to protect ourselves, we can be just as vulnerable to harm from those claiming to look after us as young children. Indeed, elder abuse has much in common with violence against children. Both often occur in a domestic setting, in a relationship in

which one person has far more power than the other, and may involve violence which cannot be justified. So, blows, slaps and beatings may be inflicted on, say, a frail, elderly parent living in their son or daughter's home or a frail person living in a care home, just as on a child. But, also as with children, the abuse of older people can include neglecting to give someone the food, drink and care they cannot obtain for themselves. Most people are well aware that social care authorities involve themselves in cases of the abuse of children. It is important to know that they also play a key role in protecting older people against abuse.

For harm to an older person to be classed as abuse in the world of social care, the abuser has to be somebody acting in a position of trust. So, a stranger who mugs an elderly man in the street is not an abuser in the sense it is used here, but a care assistant who slaps, ridicules or steals from him is. Of course, most people are perfectly capable of standing up for themselves. Social care authorities' responsibilities relate only to people considered 'vulnerable'. In England and Wales, this is defined as people who:

- are experiencing or at risk of abuse including neglect
- have needs for care and support, and
- as a result of those needs are unable to protect themselves against abuse or neglect or the risk of abuse or neglect⁶

A similar provision exists in Northern Ireland.⁷

The definition of adults at risk of harm in **Scotland** is slightly different. They are people who:

- are unable to look after their own well-being, property, rights or other interests
- are at risk of harm, and
- are more vulnerable to being harmed than others because they are affected by disability, mental disorder, illness or physical or mental infirmity⁸

Throughout the UK, the types of harm and neglect (in other words abuse) with which social services concern themselves include:

- physical abuse, such as hitting or slapping
- the misuse of medication so that it inflicts unnecessary harm
- sexual assault or sexual acts to which the adult at risk has not consented or was pressured into consenting

- humiliation, intimidation, swearing, harassment, bullying and other forms of psychological abuse
- neglect, such as withholding adequate food, drink, heating and medication or ignoring medical or physical care needs
- theft, fraud, exploitation and pressure in connection with property or money

A study in 2007 estimated that one in 25 older people living in mainstream housing (not care homes or hospitals) were affected by abuse of one kind or another during that year – 39,000 people in Wales alone.⁹

Social care authorities have special responsibilities and powers in the field of abuse. They have a legal duty to investigate cases of abuse that has happened or it is feared will occur to vulnerable people, *as defined on the previous page*. So in England and Wales, the abuse must involve people who need care and support (whether or not their needs are being met); and they must be unable to protect themselves against this threat as a result of their needs for care and support.¹⁰

Social care departments usually have a section devoted to ‘adult protection’ or ‘adult safeguarding’, staffed by their most experienced social workers. They should work closely with the police and health services in their area. Indeed, local authorities with social care responsibilities must set up safeguarding boards seeking to ensure that the activities of the police and NHS bodies in their areas in tackling abuse are as well coordinated and effective as possible.¹¹ In Scotland the equivalent bodies are called adult protection committees and in Northern Ireland adult safeguarding partnerships.

Anybody can ring social services at any time to say that they or somebody else has been, is being or may be about to be abused. Social care authorities provide a 24-hour phone line for such calls, so they should be available to talk not only at any time during office hours, but also during the night and at weekends. If the matter is very urgent, an official may make an immediate visit to the place where the alleged abuse has taken place or where it is feared it will occur, if necessary with a police officer. Anybody concerned about abuse, such as physical or sexual assault or neglect could also contact the police direct.

When alerted to a case of possible abuse, (unless the matter demands immediate intervention), social services officials acting alone or in conjunction with the police and health services consider:

- ✓ Is there a significant risk of harm to this person?
- ✓ How vulnerable are they?

- ✓ What is the nature of the abuse being alleged?
- ✓ Over what length of time has it been taking place? Is it one-off?
- ✓ Is there a risk to other people?
- ✓ Could the abuse get worse? Could there be an escalation?

If the person who is being abused or is at risk of abuse would have substantial difficulty in being involved in the inquiry into the abuse and social services in England consider there is nobody suitable who is available to represent and support them, (including if this is because the person considers a willing candidate unacceptable), social services must appoint an independent advocate to help the person engage with the inquiry and express their views.¹² This advocate will come from an agency which provides advocacy services; people who provide care or treatment for the person in a professional capacity or for remuneration are ruled out of acting as their advocate. (*Advocates are discussed in Chapter 34.*)

If the abuse were considered potentially serious, social services would convene a ‘best interests meeting’, drawing in all officials who might have some knowledge of or bearing on the situation, including the person’s GP. Possible courses of action would then be discussed with the person who had been abused or was at risk of abuse, unless they lacked the mental capacity to be involved. In this case, their legal representative (attorney, deputy or guardian), or their partner or relative would be involved – unless these people were the suspected perpetrator of the abuse.

The response to the abuse could be the taking of one or more of a wide range of different steps, taking no action, or monitoring the situation to see whether action might become necessary in the future.

Punishment

There are legal remedies for many types of abuse. Theft, types of physical assault and various sexual offences are all acts for which people can be prosecuted in the criminal courts and be sent to prison. Another example: making abusive comments and insulting gestures linked to someone’s age or disability does not only constitute psychological abuse: it is a form of discrimination under the Equality Act 2010, for which there are remedies exist in the civil courts (*as explained on pages 691–2*).¹³

There are also tools which enable abusers to be pursued through an injunction requiring them to desist from molesting someone or barring them from that person’s home. Thus in **Scotland**, social care authorities can make a ‘banning order’, barring access by a third party from a specified place or places (which would normally be the place where the person

at risk was living); this order, which can be temporary or permanent, needs the consent of the local sheriff.¹⁴ Orders such as these are not usually granted without the agreement of the victim.

In **England** and **Wales**, the Court of Protection can be asked to make a 'contact order', which prevents an abuser from entering the home of someone they have abused, although it cannot be used if the abuser has the right to occupy the property. However, a 'domestic violence protection order', made through the police, can bar someone from having contact with their victim for up to 28 days and from access to the victim's home.

Helpfully and separately, anybody who has been found guilty of committing elder abuse has their name placed on a special register. This covers not only types of abuse for which someone could or might have been prosecuted, but also other types which do not constitute an offence at law. These registers provide a means for ensuring that people do not work with vulnerable older people (or with children) if they have been found to have abused a child or an older person, even if this has not involved a criminal activity. (*I explain how this system works on page 528.*)

People with dementia are particularly vulnerable to abuse. They may not be able to defend themselves, either by fighting back verbally or physically against those who are hitting or humiliating them, or by obtaining or insisting upon being given the food and water that those who are neglecting them are failing to provide. What is more, they may be unable to explain who has been harming them and how.

In view of this extreme vulnerability and the terrible suffering that can be inflicted through abuse, a new criminal offence was introduced in England and Wales in 2005. Somebody who is caring for or in a position of trust or power over a person who lacks mental capacity and who is ill-treating or wilfully neglecting them is committing a criminal offence; a person found guilty can be fined or sent to prison for several years.¹⁵ The perpetrator might be a family member, an attorney or deputy or someone being paid to care, perhaps in a hospital, care home or the person's own home. Separate laws in Scotland and Northern Ireland contain a similar provision.¹⁶

Another way of punishing an abuser, and also possibly taking them out of the environment in which the abuse has occurred, is through reporting the matter to a professional body in a position to take disciplinary action, such as the General Medical Council or the Nursing and Midwifery Council. These bodies have the power to strike individuals off the lists of professionals who are able to practise (*as explained in Chapter 15*) and often do so. For example, the conduct of a nurse in a nursing home who

gave residents powerful sedatives and put call bells out of reach so that she could have an 'easy night' was brought to the attention of the Nursing and Midwifery Council in 2010. It struck her off its register.¹⁷

Training and Support

By no means all abuse results from malevolence on the part of the abuser. In a care home or hospital, staff might neglect residents' or patients' needs not through lack of concern for the welfare of those for whom they are caring, but because the provider of the facility has failed to provide them with adequate training or equipment or to hire sufficient numbers of staff. For example, if a care assistant is ignorant of the technique of turning somebody with the aid of a slip-sheet or has not been provided with one, then the chances of rough, painful man-handling and therefore abuse increase. The same problem could arise within a domiciliary care agency which fails to ensure that the assistants it sends to provide care to people in their homes have received adequate training or have sufficient time for their assigned tasks.

In these situations, social services will take up the matter with the care home, hospital or domiciliary agency. They might well also bring in the national organisation that regulates and inspects these facilities – in England the Care Quality Commission, in Scotland the Care Inspectorate, in Wales the Care Standards Inspectorate for Wales and in Northern Ireland the Regulation and Quality Improvement Authority. These regulatory agencies have the power to insist on improvements and ultimately to force a provider to close down if remedial action is not taken.

Financial abuse

The main way in which the abuse of older people differs from that of young children is harm involving material goods. Often sitting on greater wealth than those around them, older people who cannot stand up for themselves may be pressurised into making gifts and bequests or cheated out of their money by unscrupulous attorneys, friends, relatives and neighbours as well as accountants, care assistants, gardeners and other hired helpers. The law provides many means of dealing with anyone who gains unauthorised access to someone else's finances and takes money belonging to them. They can be charged with such criminal offences as theft, forgery, blackmail or dishonestly and intentionally taking advantage of their position to extract money.

If the alleged financial abuse involves the attorneys or other representatives of people whose mental capacity is limited, the Office of the Public Guardian can be asked to become involved. The Guardian, together with

the Court of Protection, can investigate cases of improper use of such powers and remove or revoke them if necessary (*as explained in Chapter 31*).

But the abuse involved might be quite different from an attorney defrauding the person they are representing. For instance, whenever a boy visits his great-grandmother, who is nearly blind, he filches money from her purse. She knows what he is doing and he probably knows that she knows, but is aware that she wishes to remain on good terms with his parents and that exposing the theft and in particular bringing in the strong arm of the law would sour relations. So he knows she will probably allow the situation to continue.

One of the great benefits of the involvement of social services in elder abuse is that somebody in a difficult situation such as this can talk it through with an experienced professional and discuss a range of solutions which may not have occurred to them. In this case, for example, social services might be able to arrange for somebody, such as a care assistant, always to visit at the same time as the boy. Or he might be made aware that another person knows about the situation and might take action if the stealing does not stop. This person could be a social worker or a police officer. (Visits by the police to discuss with the woman what she would like to happen would be made in an unmarked car to avoid embarrassment with neighbours.)

Abuse and the provision of support services

The provision of support services is another way in which social services respond to cases of elder abuse. For instance, a devoted husband looking after his seriously ill wife without any help and at the end of his tether might, one night, lash out with his fists. Alerted to the situation, perhaps by a neighbour who has heard shouts and screams, social services could step in, make sure that the woman is not in imminent danger of more harm and then sit down with the husband and the wife (if she is able), as well as any other individuals or professionals who might usefully be involved, to work out whether the caring situation is really sustainable and, if it is, how the man might be supported in his role as his wife's carer. The result of the discussion with the professionals could be that the woman attends a day centre for several days each week, thus giving both her and her husband a break from their domestic situation. Social services might help secure complete time off for the man through his wife staying in a care home for a short period of 'respite care'. A range of free support may be available for him in his role as her carer (*as outlined in Chapter 27*).¹⁸

So although abuse is horrible, it can provide the trigger for the provision of support services by the state, or at least advice by professionals. Indeed, the possibility of abuse or the fact that it has taken place is one of the key eligibility criteria used by councils when determining whether somebody (in the above example the woman) is eligible for practical support in their own right (*as explained in Chapter 26*). In other words, the abuse in the case above could increase her chances of securing help in the home herself, such as with washing and dressing, thus freeing up her husband to provide more in the way of emotional support and leaving him less tired and stressed.

What social services cannot do

Social care authorities thus possess powers in a range of areas, but it is worth being aware of the limits on what they can do.

Legal constraints

Local councils can only take action which the law has specifically empowered them to take. Parliament has divided these actions into those that are 'mandatory' and those that are 'discretionary'. Mandatory powers are those that local authorities have a legal duty to use. For instance, they must provide education for children. If the words 'shall' and 'must' feature in the law involved, the power is mandatory. If a council fails to use a mandatory power, a court can force it to do so.

Other actions by local councils result from the use of discretionary or permissive powers. For instance, councils have a discretionary power over whether to charge individuals for the provision of social care services. The vast majority do, but they do not have to. In the case of discretionary powers, the relevant Act of Parliament will contain the words 'can' and 'may'.

Plainly, it can be tempting for councils to rule out any use of discretionary powers which would involve them spending money. This is wrong: a local council cannot rule out the use of a discretionary power on all occasions. Binding itself in exercising its discretion is called 'fettering discretion', and it is unlawful. A council could be taken to court for doing this. It may establish internal guidelines, but it must be prepared to make exceptions on the basis of individual cases. (*See page 612.*)

So, if your local authority says it never uses a certain power or never subsidises a person by more than a certain amount, you could point out that it is fettering its discretion. If it fails to change its behaviour, you could lodge an official complaint and if necessary bring the matter to the attention of the relevant Ombudsman. You could even take your council

to court (or threaten to do so). These forms of redress are described at the end of this chapter.

Respect for human rights

Local authorities have to respect certain principles of behaviour deemed to be ‘human rights’, such as the right to respect for one’s private and family life and the right not to be subjected to inhuman or degrading treatment. These obligations apply to all public bodies in the UK and to organisations acting on their behalf (*I explain them in the context of the National Health Service on pages 295–6*).

Financial constraints

Much of the cash that local councils spend on social care comes from central government, whether channelled through the Department of Health, the Scottish Government, the Welsh Government or the Northern Ireland Executive. This money, along with locally generated income such as that from council tax (or in Northern Ireland domestic rates), pays for the work of local authorities.

Governments can influence the behaviour of local authorities by the amount of funding they give them and whether or not particular pots of money are ring-fenced. If money is not ring-fenced, it is available to be spent in a range of areas and the choice is in the hands of the local authority. Social care tends not to be ring-fenced, so it has to compete with all other claims on a council’s resources.

For many years, national governments have underfunded social care. It is seen as the poor relation of its natural twin, healthcare. So, while national governments feel they must flag up their protection of NHS spending, in the past they have often omitted to mention that social care also needs large amounts of public cash.

Control by central government

National governments also influence how local authorities behave through issuing official instructions and guidance to councils which set out how they should be using the various powers they have been given. In England, the Department of Health issues regulations, directions, orders and ‘policy guidance’, all of which have the force of law. Policy guidance is often the most useful and revealing means for people outside the system to know how official bodies are expected to behave, and I often quote it in this book.

The Department of Health also publishes ‘practice guidance’, which sets out how it considers a social care organisation should go about par-

ticular tasks. Practice guidance (sometimes called best practice guidance) is weaker in status than policy guidance and does not have to be followed slavishly. Nonetheless, if challenged in court, a local authority would have to explain why it had not been followed.

Inspection

Central government monitors, to a greater or lesser extent, the actions and decisions of social care authorities. Published reports of inspections of individual social services departments by national agencies can be useful if, for example, somebody is considering moving to a different part of the country and wonders what sort of support they might expect from the local council there. If you are moving to or within **Scotland** or **Wales**, have a look at the reports of inspections of local authority social care departments which the Care Inspectorate in Scotland and the Care and Social Services Inspectorate for Wales carry out regularly.

In **Northern Ireland** the Regulation and Quality Improvement Agency publishes across-the-board studies of service provision, such as those for people with severe hearing and/or vision impairment, throughout all five health and social care trusts, rather than annual or periodic assessments of each health and social care trust in the province.

Unfortunately, in **England**, the Care Quality Commission no longer carries out annual or periodic inspections of local authority adult social care departments; it stopped doing so in 2010. Instead, the Commission expects councils to produce annual reports on the quality of adult social care in their areas for local scrutiny.

Charging service users

A key difference between social care and healthcare provision is that while the latter is free to users, local authorities are free to charge users for certain social care services.

On the ground, the system works like this. A 70-year-old man has a major stroke, apparently out of the blue. It leaves him paralysed down one side of his body. While he is in hospital, perhaps for rehabilitation over a period of weeks, the NHS pays for his care (and for his meals and general accommodation). Once he is discharged from hospital, any further medical and nursing care he needs is free. But any practical help he needs (perhaps to wash and dress, prepare meals, make his bed, do his shopping and so on) in his own home, or the 24-hour care provided in a care home, is classed as social care, even though the need for it arises from a medical problem. So the unfortunate man has to pay for it or, if

he is too poor to do so, his local authority with social care responsibilities must step in and meet the shortfall.

This may sound at odds with the idea of a cradle-to-grave welfare state. The idea, however, is that older people suffer from frailty and disability affecting their ability to carry out everyday tasks from which they can never be cured and which should not therefore be considered ‘medical’. In practice, of course, many people find this distinction at best unclear and at worst preposterous and grossly unfair.

In fact, charging for social care is more complex than this. First, the government has decreed that social services must provide certain services and facilities for free. We noted above that equipment which a social services department in England has assessed somebody as needing on grounds of disability or illness must be provided free, and other free dispensations are discussed elsewhere in this book, such as those that apply when people come out of hospital (*see Chapter 39*).

A second basic principle is that the poorest people do not have to pay. As a result, there are clear rules about leaving people with sufficient money of their own so that they are not impoverished by paying for care. So, were the man who has had a stroke living in his own home with help brought in from outside, his council would have to pay the costs if he were of modest means. Were he to move into a care home, his social care authority would have to pick up the tab if his savings (including the value of any house or flat he owned) were lower than the thresholds listed above (*see page 563*) and his income were low. In addition, the state would have to provide him with a small weekly sum for personal spending.¹⁹

Handling social services

Some social services departments are very easy to work with, but others drag their feet over performing even the tasks that the law demands. Many come somewhere in between. In Chapters 21 and 22, I discuss the ways in which social services could help you obtain equipment, in Chapter 26 practical help in your home, and in Chapter 27 support if you are a carer. In all these areas a few ground rules come in handy when handling social services departments. (You might also find them useful when dealing with officials in other areas, such as health or housing.)

Before you deal with any social services department it is a good idea to take a cool look at yourself and try to modify your behaviour if necessary. Are you naturally an assertive, confrontational person who readily takes people to task, or are you a conciliatory soul, always seeing the other person’s argument and hating to make a fuss? Those in the first group risk antagonising those with whom they must deal, so making

negotiation less easy; those in the second group risk being denied the services they could get if they were a little more assertive. My experience is that many of the older people who most need social services help are deferential to authority and reticent about pushing their own case. The suggestions below have been devised to provide that group in particular with a little more confidence and so reduce the likelihood that they will be short-changed.

- ✓ If any member of a social services department should visit you for the first time, expect them to give their full name and job title, explain why they are contacting you and how they received any referral (perhaps from your GP or the manager of a hospital ward), and provide their full name and contact details in written form. This behaviour is regarded as good practice in the world of social care.
- ✓ Keep your own record of all dealings with social services. File all the letters they send you, keep copies of all the letters you send them and of any completed forms, and retain your own notes of all meetings with them. That way, you will have a comprehensive record to hand if you wish to raise concerns or even lodge a complaint.
- ✓ Note all phone conversations with social services, logging the name of the person to whom you speak and the date and details of what is said. That means you know whom to ask for if you telephone again. If you cannot reach that person, you could ask for their line manager. Everybody in social services is supervised by a line manager, so there is a tight chain of command from the first point-of-call to the director of the department and, above them, elected representatives. Within the department, the buck stops at the director of social services: that person is responsible for and therefore in theory could be sacked on account of the mistakes of the lowliest customer advisor.
- ✓ Do not countenance delays simply because an official from social services with whom you have been dealing is away, perhaps on holiday, even if only for a day. Ask instead to speak to their line manager.
- ✓ Line managers are also useful if you are unhappy with what somebody from social services tells you. Ask: 'Would you mind if I just checked that with your line manager?'

- ✓ Make sure that you know that anybody to whom you send an email or a letter receives it, unless the matter involved is not serious. Always use the request receipt facility for emails and send letters by recorded delivery. This is particularly important if you want to make sure that correspondence is acted upon promptly. If you have not written by recorded delivery or emailed using the facility to request a receipt, you may have to write in again (and again).
- ✓ If you think you need help swiftly, say so. There is always a means of fast-tracking services and equipment and fast-tracking the money to provide them.
- ✓ After a phone conversation with somebody in social services, it is a good idea to write to confirm anything useful that emerged, for instance that the official agreed to do certain things. If the authority does not subsequently write back and deny that these commitments were made, any subsequent investigation would deem that they were.
- ✓ If social services write to confirm a situation, perhaps the result of a discussion about your care, scrutinise the letter carefully to ensure that it does not contain mistakes or omissions. If it does, write back and say so; try to get any document involved, such as a care plan, amended accordingly.
- ✓ Social services should never start charging for anything without having agreed with you a written set of terms and conditions beforehand. If it does, phone or write in immediately. Be ready to show your awareness of the option of lodging a complaint, even if you never plan to make use of it.
- ✓ Don't be pushed into any course of action you do not want to take. Apart from in exceptional circumstances (*outlined on page 782*), social services can only advise, not coerce.
- ✓ If you think an independent person might help you in your dealings with social services and no friend or family member would fit the bill, you may be able to obtain the services of an 'advocate'. (*Advocates are considered on pages 804–10.*)
- ✓ If you have difficulty in obtaining information from the council, such as background papers to its policies, you could contact its monitoring officer. Usually the monitoring officer is the chief legal officer in the council and their brief is to ensure all the council's actions are lawful and fair.

Records

Social services maintain a file on each person with whom they have dealings. These people have a legal right to see them in their entirety. The Data Protection Act 1998 makes accessible any record of personal information held by a health or a social care authority for the purposes of their health and social services functions. The information covered is not simply factual material, but also 'any expressions of opinion, and the intentions of the authority in relation to the individual'.²⁰ In other words, you ought to be handed the entire file, unsifted unless there are special circumstances, most commonly that it contains material about another person.

If you wish to see your social services record, telephone your local authority to ask to whom you should write to view it, as this can save time; and you could post your letter by recorded delivery, lest the authority should claim it never received it. The Data Protection Act 1998 says that the information should be disclosed 'promptly' and in any event within 40 days. There is no need to say why you want to see your records. Attorneys, deputies and guardians also have the right to see the records of the person from whom they hold proxy powers; they have to provide proof of their status.

Trouble-shooting

If you are dissatisfied with the way you have been treated by social services, what can you do? Perhaps the homecare assistants whom social services have organised to help you fail to perform the tasks they should. Perhaps the council refuses to fund the services you consider you need.

In the first instance, you should chase up the relevant officials, if necessary in writing. If you get nowhere, lodge a formal complaint to social services. This step costs nothing and requires no recourse to a solicitor. It can result in a change, if necessary retrospective, in the way in which your case has been handled. Social services are more likely to take a problem seriously if it has the status of an official complaint than if it is simply raised orally as a concern.

You could also raise the matter with your local councillor or MP. They should in turn contact the council about your case and this intervention may help secure the action you wish. Particularly if your problem requires quick action, do think about side-stepping the complaints process and approaching your councillor and/or your MP and asking them to pursue your case. You could also try to interest the media, although bear in mind that once the media are involved, it is hard to control the course of events.

First, though, it is worth talking to local voluntary organisations whose members or officials have had experience of handling social services on the ground, such as a local carers' or Age UK organisation or Citizens Advice. They may have or be able to put you in touch with advocates (*see page 804*) who can help you lodge a complaint, if that is what you decide to do. In Northern Ireland, the Patient and Client Council supports people who are making complaints involving health or social care.

Lodging a complaint to social services

Lodging a complaint performs a special function in the world of social care. Not only is it a means of signalling someone is concerned about something: it is usually the only means of appealing against a particular decision which the council has made about an individual.

This may sound odd. After all, in other spheres of public life there are usually specific avenues for aggrieved people to appeal against decisions. For instance, if a developer is refused planning permission by a local council or an applicant refused a state benefit by the Department for Work and Pensions, they appeal against that specific decision. Not so in social care. There the complaint performs that function.²¹

This presents a potential problem for the would-be complainant. Most of us do not like to be seen to be awkward, and, because of that, are deterred from making a complaint. We should not be. Dr Jackie Gulland of the University of Edinburgh has made a special study of social care complaints in Scotland. She told me, 'There is no formal appeal procedure in social care: people can only complain. That can seem like moaning and whingeing. It is not: people should use complaints procedures to keep local authorities up to the mark.'²² Furthermore, social services departments often receive quite a lot of complaints, so they are unlikely to label an individual as a troublemaker if they resort to a complaint.

Scope of complaints

It is important to be aware that the subject of any complaint is restricted to the way in which a council has discharged (or failed to discharge) one of its functions. However, this covers many actions (or inactions).

For example, Liverpool City Council had undertaken to provide an elderly disabled man with help to enable him to continue to live in his own home. However, the care agency that the council commissioned to provide this help did not deliver the support properly. The case was referred to the Local Government Ombudsman, who said: 'This situation has the potential to put some of the most vulnerable members of the community at serious risk. It is simply unacceptable.' The Ombudsman

recommended that the council take action to address the problem with the care agency, monitor the care it delivered to the man in future, and also pay him £700 as compensation for the inconvenience and distress that the council's failings had caused. The council agreed to take these steps.²³

Complaints procedures cannot be used to criticise or challenge a political decision a council has made. So there is no point in using this procedure to complain about a council's decision to withdraw hot meals at all sheltered housing in its area or to restrict help to certain categories of people – unless you can show that it did not use the correct procedures to come to the decision or did not discharge its functions correctly.

The possible need to lodge a complaint was one of the reasons I gave above for keeping a record of all dealings with a social care authority. For instance, if a council fails to provide a ramp within a reasonable time to enable somebody who is disabled to reach their front door, it would be useful for them to have kept a note of the date when the ramp was promised, by whom it was promised and any attempt they have subsequently made to chase up the equipment.

Complaints procedures

Every local authority has to have procedures in place for handling complaints about the way in which it has behaved. So, if you wish to lodge a formal complaint, ask your social services department for details of its complaints procedures. These might be set out in a leaflet with a detachable form on which you set out your complaint. If not, you should write a letter to the Director of Social Services (Social Work in Scotland) asking them to treat the letter as a formal complaint concerning the discharge of their authority in respect of you or somebody whom you name.

In your letter, you should set out the complaint clearly, explaining:

- what you are complaining about
- the names of the social care staff with whom you have dealt (if you know them)
- the dates of important events, such as when care assistants organised by the council turned up late and by how much.

Explain briefly why this matters so much – for instance, the difficulties caused by the failure to deliver your ramp on time or the late arrival of the homecare workers. Enclose copies of any relevant papers. Say that you require the complaint to be investigated as quickly as possible by the

authority's complaints manager and give any phone numbers and email addresses on which they can contact you.

In England, you should make your complaint within 12 months of the date of the action (or lack of it) about which you are complaining, or 12 months from the date when you first became aware of it. Slightly different time limits and procedures operate in the different countries of the UK, so the first thing to do is to find out what those are in your local authority. In England the procedures for social care complaints are the same as those for complaints about NHS-funded healthcare. (*I explain them and offer tips on lodging complaints on pages 338–40.*)

Professor Luke Clements is a leading authority on social care law, based on many years of experience as a solicitor in this field in England and Wales. He offers sample letters which can be adjusted and used to lodge complaints on his website.²⁴

If your complaint is upheld, your council should take steps to rectify the problem in question, although it is not usually under an absolute obligation to do so. Or it might reject your case. What then?

The Ombudsmen

Those who get no joy through the official complaints system of their local councils can seek to involve – again for free – a separate and independent organisation, the Ombudsman. Contact the Local Government Ombudsman (in England), the Scottish Public Services Ombudsman, the Public Services Ombudsman for Wales or the Northern Ireland Ombudsman.

Local authorities tend to be embarrassed by the fact that they are under scrutiny from the Ombudsman, so you could mention that you are prepared to refer the matter to the Ombudsman early on in the local authority complaints process, if that seems appropriate. The Local Government Ombudsman will usually examine a concern only if the complainant has already gone through the local authority's complaints procedure, but that is not hard and fast, and you could always approach the Ombudsman at an earlier stage if you wish. The Ombudsman tends to be a quick and effective means of resolving concerns. They have the power to look at local authority files and to compel people to give information. The Public Services Ombudsman in Wales sometimes does a 'quick fix', seeking to resolve a problem without an investigation.

However, the Ombudsman's writ extends only to administration. They cannot help you overturn a council decision to which you object, unless the process by which the decision was taken did not conform to procedures the council itself or central government has laid down. The

Ombudsman cannot challenge, let alone alter, a council's policy decision or substitute their own judgement for the council's. But when the Ombudsman upholds a complaint, they can make recommendations to put things right, including the payment of compensation.

Judicial review and mediation

Judicial review involves taking a council to court in order to get a decision overturned. The High Court of England and Wales, the High Court of Northern Ireland or, in Scotland, the Court of Session review the lawfulness of the decisions made by a public body (whether it be a local authority, an NHS body or a government department).

While the remedies outlined above are free of charge, judicial review can be financially very risky, as high costs can be involved, perhaps around £30,000.²⁵ However, help from the state in the form of community legal service funding (which has replaced legal aid) is available to people of modest means and whose case is considered to have merit. If you receive the Guarantee element of Pension Credit (*see page 854–9*), you will automatically pass the means test for this funding.

The Public Law Project (a charity which offers advice to lawyers and members of the public about how judicial review works and how to obtain state funding to bring cases) and the government's Community Legal Service can point you in the right direction to obtain advice on your particular case. A complainant must start judicial review action within three months of the date of the decision or action in question and have exhausted or at least considered alternatives to bringing proceedings, not least complaints procedures.

Mediation is being increasingly discussed as an alternative to pursuing a judicial review case in court. This costs money, but not as much as pursuing the case in court. What happens is that the person who has been affected by the decision sends a letter to the public body that made the decision setting out details of the decision, why they consider it to be unlawful, what they want the public body to do about the matter and a deadline within which the body must respond. The letter from the complainant must state that judicial review proceedings will be issued if they do not receive a satisfactory response within the time limit. Once the public body has responded, negotiation between the two parties and a settlement may be possible.

Judicial review (or the threat of such action) can be effective in convincing a public body to reconsider its decision or in forcing it to take action or secure a compromise. That decision may then act as a precedent for other cases. However, judicial review does not allow consideration of

whether a public body has made the right decision; rather, it questions whether it has taken a decision or an action which was unlawful and for which there is no adequate alternative remedy for the person who is aggrieved. The action (or inaction) might have involved a local council failing to respect the complainant's human rights or fettering its discretion (*page 571*) when ruling out the provision of a service, for instance.

Various outcomes are possible if the case goes to court, and more than one may result. The court may quash the original decision and order the public body to take the decision again, this time lawfully. It may order the public body to take an action which it has a statutory duty to perform. It may prohibit it from doing something unlawful in the future. Courts rarely order authorities to pay damages in judicial review cases.

Independent social workers

As local authorities have shed qualified social workers on their staff as a consequence of the austerity cuts, a growing number have begun to offer their services privately. The social workers' professional organisation, the British Association of Social Workers (BASW), holds a list of independent social workers available for hire.

You might perhaps consult an independent social worker for advice on getting the most out of the social care system provided by your local authority or on seeking redress if something has gone wrong in your dealings with it. If you wish to obtain help in the home or live-in care or are looking for a care home, the advice of a qualified social worker could be invaluable. You are entitled to such advice (for free) from your local authority, but if for some reason you do not wish to use your council's services, you could contact an independent professional instead. Or you could use both. The BASW's directory holds information about each independent social worker's location and areas of expertise.

The world of social care

- * Social services can help wealthy as well as poorer older people.
- * Social care can help carers, people with sight or hearing impairment and people with mental illness as well as those challenged by illness, disability or frailty.
- * Social services cannot place you in a care home against your will, unless they can prove that you lack mental capacity.
- * The state provides a cushion so nobody need use all their savings on care home bills.
- * Loans from councils can help people who do not wish to sell their own home to pay care home fees.
- * Elder abuse is a betrayal of trust by somebody who should be providing help.
- * Social services have expertise and legal duties in the field of elder abuse.
- * Abuse can increase the chances of obtaining council-funded support.
- * Keep your own record of all your dealings with social services.
- * Don't be put off appealing against a council decision because you have to lodge a complaint.