

Paying for adult social care

August 2025

In Large Print



Introduction

This booklet includes important information about paying for care including charging and financial assessment.

Alternative formats and languages

This information is available in the 'Paying for adult care' section of our website, where you can also access standard, easy read and large print versions of the booklet.

www.gloucestershire.gov.uk/paying-for-adult-social-care

If you would prefer to read this information in a different language, you can use the 'Select language' button at the top of our website to translate the web pages for you. Alternatively, you can ask us for a printed copy in your desired language.

To request this information in an alternative format or language, please contact the Adult Social Care Helpdesk on 01452 426 868.

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Section A: Where to get independent financial advice

Paying for care and support can be expensive and a long-term commitment, especially if you need permanent care in a care home.

Before entering into any care arrangements, the council strongly recommends that you seek independent financial advice from a financial adviser registered with the Financial Conduct Authority and accredited by the Society of Later Life Advisers (SOLLA).

You can find more information on the SOLLA website:

<https://societyoflaterlifeadvisers.co.uk/find-an-adviser>

The Care Advice Line

For free, confidential, personalised financial advice about paying for care and support you can contact The Care Advice Line. They can help with many things including:

- options for paying for care now
- planning for possible future needs
- any benefits and funding you may be entitled to.

To find out more, visit their website or speak to one of their team.

Consider making a Lasting Power of Attorney

A Lasting Power of Attorney (LPA) is a legal document that lets you appoint one or more people (known as ‘attorneys’) to help you make decisions, or to make decisions on your behalf if you become unable to. This can give you more control over what happens to you in the future.

Making an LPA can avoid delays in making decisions for you and may also make things easier for your family.

There are two types of LPA. You can make one type or both.

- A health and welfare LPA gives your attorney the power to make decisions about your daily routine (such as washing, dressing, eating), your medical care, moving into a care home or life-sustaining treatment. This LPA can only be used if you lose mental capacity to make these kinds of decisions for yourself.
- A property and financial affairs LPA gives your attorney the power to make decisions about money and property for you, such as managing your bank or building society account, paying your bills, collecting your benefits or pension, or selling your home.

Both types must be registered before they can be used. There is a fee for registering each LPA, but you may be eligible for a reduction or exemption.

See the Government's website for more information:

www.gov.uk/power-of-attorney

When someone lacks mental capacity

In this booklet, we use 'you' and 'your' to refer to the person receiving and paying for their care. We work under the presumption that people have the mental capacity to make their own decisions.

The Government's website has useful information about making decisions on behalf of someone else when they lack mental capacity to do so themselves. You can find this at:

www.gov.uk/make-decisions-for-someone

This includes how to apply for Deputyship, which gives legal powers to make decisions on someone else's behalf if that person lacks capacity and they have not made a Lasting Power of Attorney.

The information in this booklet applies equally to those who are legally appointed as an attorney or deputy as it does to the person receiving care and support.

Section B: Will I have to pay for my care and support?

Social care for adults is hardly ever free. It is likely you will have to pay some, or all, of the cost of the care and support services arranged or provided by the council.

As a general guide, if your capital assets or savings are:

- **£23,250 or less** - you are likely to have to pay something towards the total cost of your care.
- **more than £23,250** - you will not be eligible for financial help from the council until this is below £23,250. You will be required to pay for your own care (see page 16).

If you have had an adult social care assessment, and are eligible for care and support, we will ask you to have a financial assessment.

The financial assessment is a means test used to determine how much you will pay. Most people will have to pay something towards the total cost and the council will pay the balance. Some people will pay the full cost.

Our online financial assessment tool can help you calculate how much you might have to pay for care and support. It is free, confidential and easy to use.

<https://gloucestershire.mycostofcare.com/OFA>

Managing your personal budget

If you are assessed as being entitled to financial support, you will be given a personal budget. This is the amount of money allocated towards your care and support needs, which is made up of funding from the council and your own assessed contribution.

Your care and support plan will cover how you are going to use your personal budget. Options could include:

- help with personal care
- support to get involved in community activities
- equipment to help you stay independent at home.

You also have flexibility over how the personal budget is managed. You can:

- ask the council to make all the arrangements for you
- apply for a direct payment so that you can arrange your own care (see page 10)
- have a combination of both.

About direct payments

If you have been allocated a personal budget, you can ask the council for direct payments.

A direct payment allows you to receive money to purchase services to meet your identified care and support needs. This can give you much more independence, flexibility and control.

Instead of the council purchasing care for you, we give you the budget to purchase it for yourself.

When you have a direct payment, we set up a direct payment bank account for you. This is a payment card account similar to a debit card account. Each month:

- the council pays its share of your personal budget into the account
- you or the person managing the direct payment on your behalf pay your assessed contribution and any extra costs not covered by your support plan. This money is then used to pay for your care and support.

Carers can also get a direct payment if they are eligible for support following a Carer's Assessment. Services for carers are provided free of charge and carers won't be expected to contribute to their direct payments.

Our Direct Payments Team will explain to you about direct payments and you can also find out more on our website. (Note that direct payments are not currently available for permanent care in a care home.)

www.gloucestershire.gov.uk/direct-payments

Section C: What you won't have to pay for

Regardless of your financial circumstances, there are some services that you won't have to pay for.

Adult social care services which are provided free of charge

You don't have to pay for these services from the council:

- information and advice
- your adult social care assessment, helping you to plan your care, or re-assessing your needs
- your financial assessment or re-assessment
- meeting the eligible needs of carers - this includes carers of adults who are self-funding their own care.

Exceptions to charges for care and support

We won't charge you for your care and support if:

- you have Creutzfeldt-Jacob Disease, or
- you are aged 18 or 19, your assessed capital or savings are £23,250 or less, you are still in full-time education, and your parents still receive child benefit for you. We may still need to complete a financial assessment and see evidence of child benefit payments.

We won't charge you for:

- community equipment. This means aids or minor adaptations to your home to help you be safer and more independent.
- after-care provided under S117 of the Mental Health Act.
- a time-limited period of intermediate care. This is short-term, intensive support to help you maintain or regain your independence. It may be provided:
 - to prevent you being unnecessarily admitted to hospital
 - as a 'home first' service when you are discharged from hospital (if you are eligible) while any longer-term needs are assessed
 - as 'reablement support' to help you relearn or regain your ability to carry out daily living tasks to prevent, reduce or delay needs for care and support.

Most people only need intermediate care for 1 or 2 weeks but, if necessary, it can continue free of charge for **up to 6 weeks**. You will have to pay for any care and support that you need after your intermediate care period ends.

Non-means-tested NHS funded care

The council will not charge you for any care and support that the NHS has a duty to provide. Some people with severe, primarily health needs may be eligible for funded care through the NHS.

If you have long-term complex health needs, you may qualify for NHS Continuing Healthcare (CHC). This is free health and social care arranged and funded by the NHS. Continuing Healthcare can be provided in a variety of settings outside of hospital including in a care home or your own home.

Eligibility will be determined following an assessment for NHS Continuing Healthcare, rather than any particular diagnosis or condition.

More information is available on the NHS website:

www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare

You may be eligible for NHS-funded nursing care (FNC) if:

- you live in a care home that provides nursing care, and
- you are not eligible for Continuing Healthcare but have been assessed as needing care from a registered nurse.

If you are eligible, the NHS will pay a flat rate towards the cost of your nursing care directly to the care home. You will still

have to pay your contribution (determined by your financial assessment) towards the cost.

More information is available on the NHS website:

www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-funded-nursing-care

Section D: Paying for your own care and support (self-funding)

Most people assessed as able to pay for the full cost of their care make their own care and support arrangements, as there is no need for council involvement. This is called 'self-funding'.

You can search and arrange your own care by contacting care providers directly. A list of local care providers can be found in the following resources:

Your Circle website: www.yourcircle.org.uk

Gloucestershire Care and Support Guide:

www.carechoices.co.uk/publication/gloucestershire-care-services-directory

Non-residential care

Following your assessment, if the council offers to meet your needs through the provision of non-residential care, you can make your own arrangements or ask the council to do this for you. You will still have to pay the full cost of your care, and we may charge a fee for this service.

Care homes

Following your assessment, if the council offers to meet your needs in a care home, the council won't make arrangements on your behalf unless there is a good reason - for example, if you lack mental capacity and have no legally appointed representative.

Care homes may charge different rates for people who are self-funding compared to those who are part-funded by the council. When choosing a care home, you should consider whether the care home will accept council rates if you are unable to continue to pay for your own care. If they don't, and you are unable to pay for your own care, you will need to move to a new home.

If you are thinking of moving into a care home in another county, it's a good idea to contact the local authority for that area before you move. They will be able to tell you what support they can offer if you run out of funds.

What to do when your funds are running low

Please contact the Adult Helpdesk around **3 months** before your funds drop to £23,250.

You should tell the Helpdesk that you are paying for your own care and running out of funds. Request an adult social care assessment and if this determines you have eligible needs for

care and support, we will ask you to have a financial assessment.

If you qualify for financial help from the council, we can only help from the day on which your funds fall below £23,250 or the day you contact us (whichever is later).

The council will only help to pay for what is necessary for the level of care that you need. This may not be the same type of care you have arranged and funded for yourself and is subject to how the council identifies it is able to meet your assessed needs.

Section E: Your financial assessment

If you have had an adult social care assessment, and are eligible for care, we will ask you to have a financial assessment. This is used to calculate the maximum weekly amount you will have to pay for your care and support.

As a general guide, if your capital assets or savings are:

- **£23,250 or less** - you are likely to have to pay something towards the total cost of your care.
- **more than £23,250** - you will not be eligible for financial help from the council until this is below £23,250. You will be required to pay for your own care (see page 16).

Consent to financial assessment

We will ask you to sign a form to agree or decline to have a financial assessment. This must be returned to us within four weeks - we are unable to complete the assessment without it.

If you do not wish to have a financial assessment (for example, if you know that you won't qualify for financial support because your capital assets or savings are more than £23,250), or you do not return the consent form within four weeks, **we will determine that you are willing to pay for the full cost of your care and support.**

You can still request a financial assessment if you change your mind or your circumstances change. We will start your financial assessment once consent has been received.

Consent for someone else to manage your financial assessment or care payments for you

When we ask for your consent, we will also ask if you have someone who manages your money or if there is someone you would like to deal with your financial assessment for you. If you do, we will ask you to sign a consent form to allow us to contact them directly. Often this is a family member or friend.

You remain legally responsible for paying for your care and support unless the person managing your money is your 'legally appointed representative'. This is someone who:

- holds a registered power of attorney which authorises them to make financial decisions for you, or
- is a Deputy appointed by the Court of Protection (see pages 5-6).

We will ask to see evidence of authority if the person managing your money/payments is your legally appointed representative or a Department for Work and Pensions Appointee (someone authorised by the Department to deal with your benefits).

How the financial assessment is completed

When your adult social care assessment is completed and if you qualify to receive help from us, we may offer you a personal budget. You will then be asked to complete a means-tested financial assessment to calculate what you will be required to pay towards the cost of your care.

If you do not wish to have a financial assessment, **we will determine that you are willing to pay for the full cost of your care and support.**

Step 1: Someone from our social care team will contact you. We will talk to you about your needs and find out what services will best help you to live a more independent life.

Step 2: You can estimate the amount you might have to pay each week using our online financial assessment calculator:

<https://gloucestershire.mycostofcare.com/OFA>

Step 3: The easiest way to complete and submit your financial assessment is online using our financial assessment calculator. If you are unable to do it this way, we can arrange a telephone assessment or in-person visit.

Step 4: Your financial assessment is then completed by a member of our Financial Assessment and Benefits Team. We will write to tell you the amount you will need to pay towards your care.

Step 5: The easiest way to pay is through a monthly direct debit, however all payment options will be available on your invoice (see page 40).

What we take into account

We will ask you to provide proof of your financial situation, for example, bank statements and evidence of your costs. If you do not supply this within four weeks, **we may determine that you are willing to pay for the full cost of your care and support until you supply the information we need.**

Our Financial Assessment and Benefits Team will also check that you are getting all the benefits you are entitled to. We will explain how to claim any that you haven't applied for.

Financial assessments differ slightly depending on the type of care and support that you need. The information in this section applies to **all** financial assessments. Please also read the following sections if they apply to you:

- permanent care in a care home (see page 28)
- care in a non-residential setting (see page 35)
- short break or respite care in a care home (see page 38).

The financial assessment is only about **your** capital and **your** income. We won't include income or capital that belongs to your partner or anyone else in your household. If you have joint income or joint capital, we will only count your share.

Your capital includes assets and savings such as:

- cash, bank, building society and savings accounts
- investments, stocks and shares
- savings certificates or bonds
- property, buildings or land that you own or have a share in.

We don't include the value of personal possessions such as furniture or jewellery.

Your income includes:

- state and private pensions
- dividends and interest as well as funds you receive from other sources such as trusts or benefits
- state benefits such as Pension Credit, Income Support, Attendance Allowance (AA), Disability Living Allowance (DLA) and Personal Independence Payments (PIP). We count entitlement in your assessment even if you don't claim, as this income is available to you on application
- rent from property or land.

We don't take into account earnings from work or the mobility element of Personal Independence Payments or Disability Living Allowance.

If the value of your capital is between £14,250 and £23,250 (not including your home), we apply a formula to calculate a weekly figure for charging purposes. This is called 'tariff income' and is included as income in your assessment.

We also consider some of **your costs** before we decide how much you can afford to pay for your care, such as:

- mortgage payments
- rent payments that are not met by housing benefit
- council tax that is not met by council tax benefit
- home and buildings insurance
- disability related expenditure not met from other sources (see below).

Disability related expenditure

Disability related expenditure (DRE) is the additional costs that someone with a disability or long-term health condition may incur due to their disability or condition.

In general, disability related expenses are considered when:

- the extra cost is needed to meet your specific need due to a medical condition or disability, as identified in your adult social care assessment
- the cost is reasonable and can be verified
- it is not reasonable for a lower cost or free alternative item or service to be used.

They can include, but are not limited to, chiropody, cleaning, deputyship fees, equipment, gardening, laundry, Lifelink

alarms, linen, medical aids, powered beds, reclining chairs, shopping, specialised mattresses, stairlifts, and wheelchairs.

We won't consider costs for general items or services required for daily living and used by the general population.

You will need to provide us with receipts to evidence your disability related expenditure during your financial assessment.

The result of your financial assessment

We will write to you when we have completed your financial assessment. We will confirm the maximum weekly amount you will be expected to pay towards your care and the date you must pay from.

What to do if you think we have made a mistake

If you think we have miscalculated your assessment or you didn't tell us about something, please:

- tell the Assessment Officer who completed your assessment, or
- ask to speak to the Lead Officer.

You can also ask us to review your financial assessment. The review will be carried out by a different Assessment Officer.

If you're still dissatisfied, you can appeal for your case to be considered by a financial review panel or use our adult social

care complaints procedure. We can help you to use it if you need support.

www.gloucestershire.gov.uk/complaints-ASC

Reviews and changes to your circumstances

If your financial circumstances change, please contact our Financial Assessment and Benefits Team as soon as possible as this may affect how much you have to pay.

We will reassess your financial circumstances to make sure you are paying the right amount. You may have to pay backdated charges if you delay in contacting us.

We will also review your charges if you need a different type of care. The Department for Work and Pensions increases state benefits in April in most years. We will reassess your contribution when this happens and write to you if your contribution changes.

You can ask us to reassess your financial circumstances if you think your assessment is no longer accurate.

How to contact us

You can contact the Financial Assessment and Benefits Team by telephone or email:

Tel: 01452 426 363

Email: fabteam@gloucestershire.gov.uk

Section F: If you need permanent care in a care home

This section is about paying for permanent care in a care home.

Benefits when you move into permanent care

We will notify the Department for Work and Pensions when you move into permanent care if you receive Personal Independence Payments, Disability Living Allowance and Attendance Allowance.

These benefits stop after four weeks in care. This is why the charges for your care home for the first four weeks are different from the rest of your stay.

There are some things that you must do when you move into permanent care if you receive benefits:

- You must report your change in circumstances to the Department for Work and Pensions. They will tell you how your other benefits will be affected.
- You must tell your local council if you receive housing benefit and council tax reductions. These stop after a four-week notice period when you move into permanent care.

Your partner's benefits or benefit entitlements may be affected when you move into care. Partners should talk to:

- the Department for Work and Pensions about benefits they may be entitled to
- their local council about a council tax reduction if they will be living alone when you move into care.

We will take your partner's circumstances into account in your financial assessment so that they do not suffer hardship when you move into permanent care.

Personal expenses allowance

You are likely to have to pay most of your income towards the cost of your care if the council is helping to pay the costs.

We will not leave you with less than the personal expenses allowance (PEA) set annually by the Government. This allowance is intended to cover personal costs that are not part of your care such as toiletries, clothes, hairdressing and presents.

If you own your own home

If you own your home, we will include the value of your home in your financial assessment unless a property disregard applies.

A property disregard means that the value of your property is not counted in your financial assessment either on an ongoing basis or for a period of time (see below).

Property disregards

The most common property disregard applies when your partner (or certain other relatives) lives in your home with you and they will continue to live there when you move into care.

The effect of the disregard is that we won't include the value of your home in your financial assessment while your partner/qualifying relative lives there.

Please contact our Financial Assessment and Benefits Team straight away if they move out of your home as this will affect your charges. You may have to pay backdated charges if you delay.

If this type of property disregard does not apply to your situation, but your capital (not including the value of your home) is less than £23,250, we will disregard the value of your home during your first 12 weeks in permanent care.

This means that for your first 12 weeks in permanent care:

- you will pay an assessed amount (determined by your financial assessment), and
- the council will fund the balance agreed in your plan.

When the 12-week period ends, you become responsible for funding the full cost of your care unless you have arranged with the council to have a deferred payment agreement (see below).

Please note that if you sell your home within your first 12 weeks in permanent care, the property disregard will end on the date of sale.

Deferred payments

A deferred payment agreement is an option for paying for your care if you are a homeowner with limited savings or other capital.

It is a loan from the council to pay care home costs, which is secured against your home with a legal charge. The amount you can borrow depends on the value of your home and the equity you have in it.

You may be eligible for a deferred payment agreement if:

- you have eligible needs for permanent care in a care home, and
- your capital or savings (not including the value of your home) are less than £23,250, and
- you don't qualify for an ongoing property disregard.

You can apply for a deferred payment agreement when:

- you first move into permanent care, or
- your funds drop below £23,250 if you are already living in permanent care.

When you have a deferred payment agreement, each month:

- you pay your client contribution to the council
- the council pays the amount agreed in the deferred payment agreement
- anyone paying a top up (see below) pays the amount agreed by the council.

Every month, care costs paid by the council are added to your debt to the council. Interest and other council charges (such as administration fees) are also added unless you have agreed to pay these separately. This means that your debt to the council increases over time.

You can repay the debt at any time, but it must be repaid when you sell your home.

You may decide not to sell your home during your lifetime, but the debt **must be repaid** within a fixed period after death.

More information about deferred payments is available on the council's website:

www.gloucestershire.gov.uk/deferred-payments-agreement

Top ups

The council will only pay what is necessary for the level of care that you need.

You may choose to live somewhere more expensive if someone (usually a family member or another third party) can 'top up' the difference between what the council will pay and the actual cost.

This top up is paid from their own personal account. You can only pay a top up with your own money in the following circumstances:

- during a 12-week property disregard period (see page 30), or
- when the council has agreed a top up as part of a deferred payment agreement, or
- when your care is arranged as after-care under section 117 of the Mental Health Act.

Top ups are a financial commitment. It's important to consider that:

- anyone who wishes to pay a top up will have to sign an agreement with the council to pay the top up for as long as you need care.
- care home fees (and the top up) may increase during this time.

- there are consequences if the top up is discontinued. The council will continue to meet your needs, but we may have to consider moving you (subject to a risk and needs assessment) to a care home that does not require a top up.

Please see the council's Your Circle website for more details:

www.yourcircle.org.uk/Information/topup

Section G: If you need care in a non-residential setting

This section applies if you need care in your own home or in community-based settings such as extra care housing, supported living accommodation or Shared Lives arrangements.

It also applies if you need a short break or respite care in a care home.

Your home and daily living costs

If you own your home, we will not include the value of your home in your financial assessment for non-residential care. We may take the value of your home into account if you need temporary care in a care home for more than 52 weeks.

We will not leave you with less than the national government minimum income allowance, plus an additional £5 per week for daily living costs after paying for your care.

Disability benefits

The law allows councils to include the full amount of the daily living element of your Personal Independence Payment (PIP), Disability Living Allowance (DLA) and Attendance Allowance (AA) in non-residential assessments.

To support people with more severe disabilities, the council agreed from April 2025 that the difference between standard and higher rate benefits would be disregarded. This means that everyone who receives the daily living element of PIP/DLA/AA will only ever have the standard amount included in their non-residential assessments.

Notice periods and charges if you cancel your care

We will continue to provide support and charge you for it unless:

- you tell us that you don't need it, or
- you are assessed as no longer being eligible for support.

Please contact your care provider giving **48 hours' notice** if you are going to be away and won't need support, for example if you will be on holiday or have a planned hospital admission. If you are cancelling a day centre session, you should contact the care provider and our Adult Social Care Helpdesk giving 2 weeks' notice.

Please be aware that cancelling your care will not reduce your charges unless cancellation reduces the actual cost of your care to below your assessed weekly contribution. This is because the amount you pay only covers part of your care costs.

See the following example:

David usually receives 3 hours' domiciliary (home) care every day - a total of 21 hours per week.

The cost of this care to the council is £420 per week (£20 per hour).

David's maximum contribution to his care has been assessed as £120 per week, with the council paying the remaining £300.

This week, David is going to see his family, meaning he will only require care for 3 days.

The total cost for 9 hours' care is £180. David must still pay his maximum contribution of £120, with the council paying the remaining £60.

Next week, David only requires care for 1 day. The total cost for 3 hours' care is £60. David will only be required to pay £60 for this week.

Note that client contribution is always assessed as per week, rather than per day. The client contribution must be paid first, before the council adds its contribution.

If you need a short break or respite care in a care home

We will not include the value of your home in your financial assessment if you need a short break or a respite care stay in a care home. We may take the value of your home into account if you need temporary care in a care home for more than 52 weeks.

We will make allowances for your essential ongoing living costs while you are in temporary care unless these are covered by benefits.

If you receive benefits, there are some things you must do to avoid overpayment while you are in respite care. You must tell the Department for Work and Pensions so that they can adjust your entitlements. For example, Personal Independence Payments, Disability Living Allowance and Attendance Allowance will stop after four weeks in care.

You must also tell your local council if you receive benefits for housing tax and/or council tax. These may be affected if you stay in a care home for more than 13 weeks.

Your partner's benefits or benefit entitlements may also be affected while you have a short break or respite care. Partners should talk to:

- the Department for Work and Pensions about benefits they may be entitled to

- their local council about a council tax reduction if they will be living alone while you are in temporary care.

Section H: Your care charges and how to pay

Charging starts on the day your care and support begins.

Please set money aside to pay for your care from this date.

Remember, you can use our online financial assessment tool to help calculate how much you might have to pay for care and support. It is free, confidential and easy to use.

<https://gloucestershire.mycostofcare.com/OFA>

The council will pay providers directly for the cost of your care and we will invoice you for your assessed contribution as determined by your financial assessment.

Please be aware that invoices are raised in arrears - this means you will be invoiced after your care has started. For non-residential care, invoices are usually sent 4 weeks later. For residential care, it's usually 8 to 12 weeks.

Anyone paying a top up will do this as specified in their top-up agreement.

How to pay

Our preferred method of payment is direct debit, which is also the easiest way to pay. A direct debit is an instruction from you to your bank that authorises the council to collect the invoiced amount from your account.

Instructions about how to set up a direct debit will be included with your first invoice. You can cancel a direct debit at any time, but please discuss this with us first. Other payment methods, such as debit card, are available if you are unable to pay by direct debit.

Our Care Services Finance Team will send your invoice at least 10 days before the collection date, so you can contact us if you need to query anything. You will receive an invoice for your records, regardless of how you choose to pay.

If you have direct payments, you must pay the amount agreed in your direct payments card account every month (see page 10).

Who to contact about payments and invoicing

Our Care Services Finance Team is responsible for producing invoices and making payments to care providers.

We can only speak to you or your nominated financial representative, someone with legal authority (Lasting Power of Attorney or Deputyship), or someone who is with you and you are able to provide verbal consent.

You can contact the Care Services Finance Team directly on 01452 426 363.

Section I: What happens if you don't pay

Please tell us straight away if you are having difficulty paying for your care and support. We will review your circumstances and check that your charges are correct.

The council is accountable and responsible for its use of public funds. The collection of contributions toward adult social care services forms part of that responsibility.

We have our own internal Debt Recovery Team and follow a set debt recovery policy process.

If you do not pay your assessed contributions, our Debt Recovery team will contact you to discuss outstanding invoices and the reasons for non-payment. We'll look at appropriate options to bring the account up to date.

You will first be sent a letter, which will be followed by a phone call to discuss the debt and next steps if payment is still outstanding.

Non-payment may result in a referral to the council's Legal Team. The Care Act allows us to begin legal proceedings where all reasonable attempts to recover a debt have been made.

If our Debt Recovery Team suspects misuse of funds or you are trying to avoid paying for your care by spending or giving

away your money, they may refer the debt to our Fraud Team for investigation (see page 44).

Section J: Fraud, deprivation of assets and misuse of taxpayer funds

The council has a legal duty to protect and prevent misuse of taxpayer funds.

We investigate all concerns about fraud, including against other public bodies such as the Department for Work and Pensions (DWP) and HM Revenue and Customs (HMRC).

Our investigations may result in criminal prosecution and/or sharing information with other bodies.

Some people try to reduce or avoid paying care costs by:

- giving false or incomplete information during their financial assessment
- deliberately giving away savings, income or assets
- selling them for less than their true value.

This is known as 'deprivation of assets'. If we have reason to believe that someone is trying to avoid or reduce their care costs in this way, we may:

- use the true value of the asset/income in their financial assessment as if they still owned it and calculate their contribution accordingly

- take action to recover lost chargeable income from the person to whom the asset or income was transferred.

Who to contact about paying for care and support

If you are already dealing with a named Adult Social Care worker or Finance officer, you should contact them first.

Otherwise, please contact our Adult Social Care Helpdesk:

Telephone:

01452 426 868

Enquiry form:

www.gloucestershire.gov.uk/adult-helpdesk-enquiry

Email:

socialcare.enq@gloucestershire.gov.uk

Website:

www.gloucestershire.gov.uk/adult-social-care

You can write to us at: Adult Social Care
 Gloucestershire County Council
 Shire Hall
 Westgate Street
 Gloucester GL1 2TG

Useful telephone numbers

Organisation	Telephone Number
Age UK Gloucestershire	01452 422 660
Attendance Allowance	0800 731 0122
Carer's Allowance	0800 731 0297
Gloucester & District Citizens Advice Bureau	01452 527 202
Disability Living Allowance (Born before 9 April 1948)	0800 731 0122
Disability Living Allowance (Born on or after 9 April 1948)	0800 121 4600
Gloucestershire Carer's Hub	0300 111 9000
Pension Credit claim line	0800 991 234
The Pension Service	0800 731 0469
Personal Independence Payments	0800 121 4433
Tax Credits	0345 300 3900
Universal Credit	0800 328 5644
Working-age Benefits (JSA, IS, IB, ESA)	0800 169 0310

The information in this booklet is also available on our website:
www.gloucestershire.gov.uk/paying-for-adult-social-care