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PURPOSE OF POLICY

This policy sets out the responsibilities of Flintshire County Council Social Services concerning the planning and commissioning of outcome focused care and support for individuals in Flintshire. Ensuring individuals receiving care and support are empowered to make informed choices about their care, while enabling the Council to deliver sustainable, equitable, and cost-effective services.

LEGISLATION, POLICY AND CONTEXT

The Social Services and Well-being (Wales) Act 2014 is the legal framework that brings together and modernises social services law in Wales.

This policy **must** always be read in conjunction with:

- The Social Services and Well-being (Wales) Act 2014 and the associated Regulations and Codes of Practice
- Care and Support (Eligibility) (Wales) Regulations 2015.
- The Mental Capacity Act 2005.
- Mental Health Act 1983
- Hospital Discharge Guidance 2025
- Flintshire County Council Social Services Charging Policy

INTRODUCTION

The Social Services & Well-being (Wales) Act places duties on Local Authorities and Health Boards for meeting needs and delivering outcomes while promoting a strengths based, person centred approach. This includes working in partnership with individuals who are expected to participate in meeting their needs and outcomes, drawing on their own strengths, capabilities, and support networks where appropriate.

In this context, a need is only eligible to be met through a local authority managed Care and Support Plan if *“the need is such that the person is not able to meet that need alone, with the care and support of others who are able or willing to provide that care and support; or with the assistance of services in the community”* (Social Services & Well-being (Wales) Act – Part 4 Code of Practice).

In determining how needs can best be met, the Council will support the individual to investigate a range of options, including the individual’s own resources, support from family or community networks, and preventative or universal services.

Flintshire County Council Social Services are committed to working alongside people to retain their voice and real control over the support they need to remove barriers to their well-being and independence. This policy outlines when and how the assessment, care planning and commissioning processes work to support individuals to manage their care and support to achieve their personal outcomes by:

- Empowering individuals to make informed decisions about their care and support.
- Ensuring care provision is tailored to personal outcomes.
- Maintaining financial sustainability and value for money in service delivery.

- Promoting transparency, equity, and co-production in care planning.

This policy applies to all social care services commissioned or delivered by Flintshire County Council, (with the exception of responsibilities specifically under the Mental Health Act 1983).

Care services included within this policy:

- Needs assessments and eligibility determinations
- Care and support planning
- Direct payments
- Commissioned care services
- Carer support services

A COLLABORATIVE APPROACH

The Social Services and Well-being (Wales) Act 2014 places a responsibility on local authorities to work in partnership with individuals and/or their representative to identify their eligible needs together and then to plan and meet their needs in a manner that matters to them.

This policy promotes integration, and collaboration, between social workers, care providers and individuals to inform an approach that promotes an individuals' independence and ensures they have a strong voice and control over their care and support.

This approach recognises that when responsibility for planning and directing care and support at home is shared, individuals are more likely to have their needs met in ways that matter to them, leading to improved well-being and quality of life.

Guiding Principles

These guiding principles, exclusive from each other, are behind this policy:

- **Person-Centred Approach:** Care and support must be designed around the individual's needs, preferences, and aspirations. The "What Matters" conversation will be central to all assessments and planning.
- **Choice and Control:** Individuals have the right to express preferences regarding the type, provider, and location of care. Options that meet identified outcomes will be explored.
- **Cost-Conscious Delivery:** The Council has a statutory duty to manage public funds responsibly. The Council is not responsible for meeting all of an individual's identified needs. However, where they are identified as responsible, and where multiple, appropriate care options meet the same need, the most cost-effective solution that represents best value for public funds will be prioritised.
- **Co-Production and Transparency:** All solutions will involve a collaborative approach involving individuals, carers, and professionals.

THE PROCESS

The Social Services and Well-being (Wales) Act 2014 provides the framework for the assessment, eligibility, and Care and Support planning process by establishing a legal basis for a person-centred approach that promotes well-being, independence, and active participation. It outlines the responsibilities of local authorities in identifying care and support needs, determining eligibility, and developing tailored plans that reflect individual circumstances, outcomes, and capabilities. This legislation ensures that assessments are holistic, inclusive, and focused on what matters most to the individual, while also considering the role of informal carers and community resources.

Assessment

A Social Care Assessment or a “What Matters” conversation, is a formal process used to determine what care and support an individual may need to live as independently and safely as possible. It’s guided by the Social Services and Well-being (Wales) Act 2014, which emphasises a person-centred approach and aims to promote well-being, independence, and choice.

The Code of Practice (Part 3) states that the Council’s assessment must assess and have regard to the following:

- The person’s circumstances.
- Their personal outcomes.
- Any barriers to achieving those outcomes.
- Any risks to the person or to other persons if those outcomes are not achieved.
- The person’s strengths and capabilities

Additionally, for children and families, the following principles must underpin the Council’s approach to assessments:

- Be child centred.
- Be rooted in child development.
- Be holistic in approach.
- Ensure equality of opportunity.
- Involve working with children and their families.
- Build on strengths as well as identify difficulties.
- Include an inter-agency approach to assessment and the provision of services.
- Be a continuing process, not a single event.
- Be carried out in parallel with other action and providing services.
- Be grounded in evidence-based knowledge.

Flintshire County Council Social Services have a responsibility to assess the individual’s needs if they live in Flintshire, or are currently in Flintshire and don’t normally live anywhere else, and:

- The individual may need care and support, or
- The individual is an unpaid carer who may need support, or
- The individual is a child where it appears that they child may have needs for care and support in addition to, or instead of, the care and support provided by the child’s family.

Having a right to an assessment doesn't always mean an individual is eligible or that they will receive services, including a Direct Payment from the Council. The assessment helps us understand the individual's situation and what support might be available through a range of means, for example, this may include — but is not limited to — self-help strategies, third sector organisations, statutory services, or a combination of these, and other approaches.

The assessment process will determine whether an individual has eligible needs in line with the eligibility criteria set out in the Codes of Practice under the Social Services and Well-being (Wales) Act 2014.

In summary, a person will have eligible needs where:

1. Their needs arise from physical or mental ill-health, age, disability, dependence on alcohol or drugs, or similar circumstances; and
2. As a result, they are unable to achieve one or more personal outcomes; and
3. This has, or is likely to have, a significant impact on their well-being.

Eligibility

The Care and Support (Eligibility) (Wales) Regulations 2015 set out the single national eligibility test that all councils must use.

The assessment process will determine eligibility in line with these regulations and consider:

1. The individual's needs **must** arise from physical or mental ill-health, age, disability, substance dependence, or similar circumstances.
2. These needs **must** affect the individual's ability to:
 - Manage daily tasks like eating, washing, dressing, or keeping their home safe.
 - Communicate effectively.
 - Stay safe from abuse or neglect.
 - Take part in work, education, or leisure.
 - Maintain relationships or care for a child.
3. The individual **must** be unable to meet these needs themselves - either because doing so
 - causes significant pain, anxiety or distress to that person;
 - endangers or is likely to endanger the health or safety of that person or another person;
 - takes that person significantly longer than would normally be expected.
4. There **must** be no one else (like a carer or community service) who is willing and able to meet the individual's needs.

If all four conditions are met, the individual may be eligible for support.

When determining how needs can be met, the Council will consider:

- The individual's own strengths and capabilities
- The support available from family, friends, or others
- The availability of community-based or preventative services

The presence of support from others will be considered as part of the assessment, but this must be appropriate, sustainable, and in line with the wishes of those providing care.

Eligibility is determined in relation to specific needs rather than the person as a whole, i.e. an individual may have some of their care and support needs deemed as eligible and not others, and this may change over time as circumstances evolve.

Person Centred Outcomes and the Care and Support Plan

The assessment can lead to a number of outcomes:

- Sharing advice about the preventative services available and how to access them.
- The development of a managed Care and Support Plan.
- A combination of both.

If, after the assessment it is agreed that the individual is eligible for support and the Council is going to provide services, we may create a care and support plan in collaboration with the individual which will identify the services to be delivered or the Direct Payment in place of the services to meet all or some of their identified outcomes.

This will detail the individual's agreed identified outcomes and what is going to be done to meet them, for example what care services are going to put in place. It will also include details on things that the individual is going to do for themselves and what other people or other organisations are going to do as well.

It is important to remember that every assessment is tailored to the individual's identified outcomes. Even if the individual's situation seems similar to someone else's, the support received may be different — because what works best for one person might not be the same as what works for someone else.

Although the process of getting a Social Care Assessment and Care and Support Plan is free of charge, services (including a Direct Payment) put in place following an assessment can be chargeable, therefore at this point there will also be a financial assessment (also called a 'means test') to find out whether the individual is entitled to help with the cost of the care services and, if so, how much they need to contribute towards the cost.

A Care and Support Plan is personalised to each individual so what's in it will depend on their identified outcomes. Some types of support that might be included are:

- Help from home carers or domiciliary care.
- Intermediate care services (including reablement) to help the individual regain independence and confidence after an illness or injury.
- Time at a meaningful day activity or to meet people and socialise.
- A long-term place in a care home.
- Respite

As part of this process, the individual may also be provided with suggestions that are not part of the Care and Support Plan, for example, but not limited to:

- Adaptations or equipment to make their home safer and easier to live in.

- A personal alarm to call for help or other equipment options to support the individual or family members to increase confidence that the individuals' risks associated with living alone are minimised.
- Ways that an individual can access support with food deliveries or meal preparation where there are no other care and support outcomes identified around mealtimes.

A Care and Support Plan should be reviewed every year to make sure that it still reflects the individual's specific care needs, however the individual can request that this is done sooner if they feel that it is no longer meeting their needs, or they feel that they no longer require the support in place. In addition, we may review a care and support plan at another point to ensure that support continues to be appropriate.

Advocacy

Advocacy helps people to have their voice heard, understand their rights, express their views and wishes, and actively participate in decisions that affect their lives. Under the Social Services and Well-being (Wales) Act 2014, advocacy supports individuals to be fully involved in assessing their needs, planning their care and support, and reviewing the outcomes they want to achieve.

Where a person may have difficulty engaging in these processes and has no appropriate individual to support them, the Council will consider whether independent professional advocacy should be provided to help ensure their voice, choice and control are upheld. The Council commissions independent advocacy providers to deliver this support where the statutory criteria are met, helping individuals to participate fully in decisions about their care and support.

THE CHOICE OF THE INDIVIDUAL

The following principles underpin Flintshire County Council's approach to delivering care and support that is both person-centred and financially sustainable. These principles reflect our statutory duties under the Social Services and Well-being (Wales) Act 2014 and our commitment to promoting individual well-being, autonomy, and dignity. At the same time, they recognise the importance of responsible stewardship of public resources. By embedding these principles into all aspects of care planning and service delivery, the authority aims to ensure that individuals receive appropriate, effective, and equitable support that aligns with their personal outcomes and the broader needs of the community.

- Person-Centred Approach
- Choice and Control
- Cost-Conscious Delivery
- Co-Production and Transparency

For further information on these principles, see page 5.

Person Centred Care Choices in Practice

- We will use a strengths-based approach to look at what the individual can do or arrange for themselves including, for example through use of assistive technology or community resources.
- Where an outcome is identified that the individual is unable to meet themselves without the support of the Council, the Council will support the individual to consider options to meet their identified outcomes.
- Where more than one option is capable of appropriately meeting the individual's identified outcomes and promoting their well-being, the Council may take account of cost and will offer a solution that represents best value for public funds. Any option offered must be suitable to meet the individual's eligible needs and consistent with the authority's duties under the Social Services and Well-being (Wales) Act 2014.
- Individuals will be supported to make informed decisions about their care, including understanding the financial implications of the different options available to them.
- If an individual chooses a more expensive option than the authority's offer, they will be asked to meet the additional cost.
- To be considered for a service funded or part funded by the Council, the appropriate processes of assessment and eligibility checking must be completed. The Council will not contribute towards funding unless this has been done.
- Direct Payments will be promoted as a further way of enabling individuals to exercise choice and control over how their eligible needs are met. Where an individual is eligible and meets the conditions for a Direct Payment, the Council will make this option available in accordance with the relevant regulations.
- The Council will work with providers to determine an appropriate rate for all types of support, taking into account local market conditions and its duty to ensure value for money.
- The authority will ensure equity of access to care choices, regardless of socioeconomic status, ethnicity, disability, or other protected characteristics.

Practice Examples

Although not exhaustive, some examples of how this policy is applied in practice have been compiled to support the understanding of how this policy would work in practice.

Additional Costs / Top- Ups in Adults Residential and Nursing Care Placements

a) 3rd Party Top Up

A home may charge more than the Council's standard commissioned rate for the type of care the individual has been assessed as needing. If the individual has chosen to live in a care home that costs more than the Council's standard rate. In this case a 3rd Party will need to agree to fund the top up.

And/or

b) Additional Fee

A home's standard fee may be in line with the Council's standard commissioned rate; however, they might charge extra for something provided that is outside of the standard commissioned rate the Council will cover. These extra charges might include for example a room which is superior in some way to a standard room or other additional services.

This will mean that:

- the Council could offer an alternative placement that meets the personal outcomes but is more affordable within its funding framework.
- the individual (or their family) will be asked to contribute to cover the difference in cost if they wish to live at the chosen care home. An agreement must be made in relation to the ongoing commitment to cover these additional costs (see (a) Charging for Care and Support Services Policy and (b) Additional Fees Policy for further information).
- a move to a different care home may be necessary if a top-up is not available or sustainable.

Choice of a service outside of our commissioned services

Examples TBC

Choice of Direct Payment Provider

An individual has the right to choose a Direct Payment to arrange their own care and support to meet their agreed outcomes. Under a Direct Payment, the individual will choose who they would like to provide their care and support and make their own arrangements for this including, choosing what days and times they would like their support.

However, the individual cannot choose the rate of pay for that care and support. The Council has a set fee structure (reviewed annually) that specifies the rate of pay depending on the CIW registration status of the chosen care provider. The Council will not deviate from the set pay structure. If an individual chooses to go outside of the structure, they will be liable for any additional costs.

Additionally, Direct Payment must be used to meet the outcomes set out in the Care and Support Plan:

- Direct Payments cannot be used for activities outside of those set out in the Care and Support Plan
- If an individual has chosen to use a provider who charges more than the standard rate, they cannot reduce the number of hours / outcomes delivered by the Direct Payment to keep within the allocated costs.

Anything outside of the assessment and allocation in terms of activity or cost must be funded by the individual. Using a Direct Payment inappropriately could put the Direct Payment at risk. For further information on Direct Payments see the Direct Payments Policy.

Ordinary Residence

Ordinary residence refers to the place where an individual normally lives and has voluntarily chosen to settle. Under the Social Services and Well-being (Wales) Act 2014, it determines which Council is responsible for assessing and funding a person's care and support needs.

- It refers to the place where a person normally lives and has chosen to voluntarily and for a settled purpose, whether for a short or long duration.
- It's not just about physical presence—it considers intentions, continuity, and the nature of the stay.
- A person can still be ordinarily resident in one area even if they temporarily live elsewhere (e.g., in hospital)

Ordinary Residence, under the Social Services and Well-being (Wales) Act 2014 has an impact on who and how an individual can receive support with funding care and support. Individuals and/or their families need to ensure that they are aware of the legislation and the impact when making decisions about where someone should live.

The core principle states that a person is ordinarily resident where they have:

- Chosen to live **voluntarily**, and
- Established a regular, settled life

This does not require long-term permanence; an individual can be ordinarily resident even after a relatively short time if the move has a settled purpose. It includes moving to live in a property on their own or a residential care home setting. The principle remains that they have chosen to move to that place.

However, if a Council has been involved in this decision, ordinary residence remains with the Council involved in that placement.

For example:

1. An individual from Flintshire independently chooses to move into a care home in Cardiff to be nearer their family. Flintshire Council has not been involved in the assessment or decisions relating to that move. Their ordinary residence becomes Cardiff.
2. An individual from Flintshire is assessed by the Council as needing to reside in a 24 hour placement. If that individual then moves into a care home in Cardiff, they remain an ordinary resident of Flintshire.

Exceptions may apply when a placement is under the provisions of the Mental Health Act.

Domiciliary Care - An Appropriate Offer

Where a domiciliary care package is identified as appropriate to meet an individual's needs, the Council will work with the individual to agree suitable time bands for support. See the Domiciliary Care Charter for the current time bands.

Where a provider is able to offer support within the agreed time band, this will normally be considered a reasonable offer. The individual will be informed of the details of the sourced package.

If the individual declines an offer, the Council will discuss the reasons and consider whether such reasons are deemed to be a change in outcomes or circumstances. Only if that is determined, will any alternative arrangements be sought. However, where an offer is suitable to meet assessed needs, the Council is not required to secure a preferred option where this would result in disproportionate cost or delay.

Domiciliary Care – Choice of Carer or Agency

Under the Social Services and Well-being (Wales) Act 2014, individuals receiving care have the right to have their voice heard and to be actively involved in decisions about their care, including expressing their preferences, which must be given proper consideration in care planning. However, this does not confer an absolute legal right to request care workers of a particular gender, ethnicity, or other protected characteristic. Care providers must balance an individual's wishes with their obligations under equality law, the practicalities of staffing availability, and their duty to avoid discrimination.

Therefore, where an individual expresses a preference to have care workers of a specific gender, particularly in relation to personal care tasks, this will be considered and efforts will be made to meet this preference, however this cannot be guaranteed. If the specific gender preference is unavailable, this will not prevent an "appropriate offer" of a domiciliary package being accepted (see section 6.2.6 – Domiciliary Care – An Appropriate Offer).

However, in exceptional cases where the assessor has deemed there to be a requirement for a specific gender this will form part of the offer.

Reablement

Reablement is a programme of short-term assessment and support, designed to help service users to regain or maintain their independence. This can mean reablement in a care home or in their own home.

There are many reasons why an individual may need a period of reablement support, for example but not limited to:

- Maximising the individual's independence following a hospital stay or illness (for information related to hospital discharge support see 6.2.8 Hospital Discharge).
- Following a change in circumstances at home that has led to a reduction in confidence and skills relating to activities of daily living.

During the initial period of reablement, it is expected that the individual's long-term outcomes will be assessed. Following this assessment, the individual's support may:

- Be extended for up to a maximum of 6 weeks, where reablement eligibility is confirmed.

- Cease, if the individual is no longer eligible for reablement.
- Transition to a longer-term, chargeable arrangement.

Reablement support is provided free of charge for a maximum of six weeks, or until the individual is deemed no longer eligible for reablement —whichever occurs first.

Reablement is generally provided via Flintshire County Council Social Services in-house provision but can also be an independent sector provider.

Where the decision is that a long-term package of care is required the package of support will need to move on from the in-house provider to an independent sector provider.

The Brokerage Team will source the ongoing package and where an appropriate offer is received the package will be transferred to the new provider (see section 6.2.6 – Domiciliary Care – An Appropriate Offer).

Hospital Discharge

While some people may be able to be safely discharged from hospital to return to their own home, others may require some transitional support to regain their independence. Flintshire County Council works in partnership with the NHS to reduce the impact of hospital discharge delays for the benefit of individuals who can experience unintended harm from a prolonged hospital stay and/or to ensure that hospital beds are prioritised for those who need ongoing care and treatment.

Where a person is ready for discharge from hospital and requires ongoing care and support, the Council will work with health partners, the individual, and (where appropriate) their family to identify a suitable placement or support arrangement.

In order to avoid unnecessary delays in discharge, an initial placement may be arranged based on availability and suitability to meet the person's immediate needs. This will be discussed with the individual, and their preferences will be taken into account as far as reasonably practicable.

Where the initial care home placement is not the individual's preferred long-term option, further consideration will be given to alternative arrangements after discharge from hospital.

At the end of the reablement period, if a person is staying in a care home room specifically designated for reablement and the arrangements for their next stage of care are not yet in place, the Council will consider interim options. This usually includes moving the individual to another room in the same or another care home until the next stage of their journey is ready whether that is returning home or continuing into a long-term care home placement. The Charging Policy has details of the costs associated with reablement, temporary and long-term residential care placements.

Meeting Long-Term 24 Hour Support Needs

Where an individual has been assessed as needing 24-hour care and support the Council will offer the most appropriate option to meet the individual's identified needs and within the funding framework, this will usually provide for a care home placement or Supported Living.

Where an individual chooses to remain at home with domiciliary care and support, , the Council will only offer a Direct Payment in line with the Council's fee structure equivalent to a placement in a care

home at their assessed level of need. If the actual cost of arranging the care and support required is higher, the individual will be responsible for meeting the additional cost themselves.

Where the assessment identifies an appropriate outcome that would support an individual to gain independence and encourage progression, reducing the reliance on statutory services in the longer term, this option will be prioritised and the actual cost of arranging care and support over and above this, the individual will be responsible for meeting the additional cost themselves.

Self-Arranged Support for services outside of eligibility

Where an individual has chosen to arrange care and support independently without undergoing an assessment by the Council, it is not guaranteed that the Council will support these services financially in the future should the individual request an assessment for support at a later date. Assessments, outcomes and solutions would be considered in line with Council policy.

For example:

Domiciliary Support

If an individual felt that they were struggling with their mobility and decided they would like some help with daily tasks like cooking and cleaning, they have the option to make arrangements for this themselves privately.

If they do this without contacting the Council for a social care assessment and make arrangements with a domiciliary care agency which is paid for as a private arrangement, should they want/need to contact the Council for further assistance in the future this private arrangement is not guaranteed to be covered by any support then put in place by the Council.

As would be the case for anyone who seeks support, the individual must undergo an assessment to determine their eligibility for support and agree their outcomes; however, if the assessment concludes that their needs do not meet the eligibility threshold for funded care services, the Council would decline to fund the care services arranged privately, because they are not deemed necessary under the eligibility criteria.

Residential Care and Extra Care

If an individual is finding it difficult to manage their daily routine, they have the option to make their own accommodation arrangements privately. This could include moving to live in an extra care or care home placement for example. This would be a self-funding arrangement using the individual's own income and savings.

If they do this without contacting the Council for a social care assessment and make arrangements themselves, should they want/need to contact the Council for further assistance in the future, including if their savings become depleted, this private arrangement is not guaranteed to be covered by any support then put in place by the Council, including during the 12 week disregard period (for more information on the 12 week disregard period, please see the Charging for Care and Support Services Policy).

The individual must undergo an assessment to determine their eligibility for support and agree their outcomes. If the assessment concludes that their needs do not meet the eligibility criteria for residential care funding—perhaps because their needs could be met through community-based

support instead, the Council would decline to fund the care home placement, and the individual remains responsible for the full cost of their accommodation and care.

Day Centre / Day Services / Day Care

Where an individual's assessment indicates that a day care/centre/service will meet their identified outcomes, the Council will offer the standard rate for this provision. If the individual chooses to attend a day care/centre/service that charges a higher rate, the individual will be responsible for funding the difference.

Provision of Equipment

Where an assessment identifies that equipment or adaptations would be an appropriate and proportionate way to meet an individual's needs, this will normally be offered/recommended.

If an individual chooses not to accept recommended equipment, the Council will:

- Seek to understand the reasons for this decision
- Provide further information or explore alternative solutions where appropriate

The Council will seek to meet identified outcomes in the least restrictive and most proportionate way. Where a lower-cost or less intensive intervention can appropriately meet an individual's assessed needs and outcomes, the Council is not required to provide a more intensive service. For example, if an individual's outcomes can be effectively achieved through the provision of equipment, the Council will provide this in place of a daily domiciliary care visit, even where this is the individual's preferred option.

Similarly, where an assessment has been completed with a recommendation for a piece of equipment to be provided, and the individual would prefer a different model than the Council's standard option, this preference will not be met by the Council.

In this instance, individuals would be offered a Direct Payment equivalent to the Council's standard option, and they would be responsible for the purchase of the piece of equipment along with the funding the additional cost themselves.

The equipment purchased must meet the identified need and be used in accordance with its intended purpose and relevant health and safety requirements. Any concerns regarding the suitability, safe use, or appropriateness of the equipment should be reviewed and confirmed by the Occupational Therapist.

Further education

Where further education is included as part of a Care and Support Plan, the closest college that can meet the needs of the individual will be prioritised. The judgement of the ability to meet the needs of the individual will be down to the college professionals and the Education portfolio.

Where an individual chooses to attend college, it is their responsibility to arrange transport to that college. Where transport is requested this is reviewed on a case by case basis under the Transport Policy.

If the assessment concludes that the individual's needs can be met with a day college placement, this will be the Council's offer. Where residential college is the individual's preferred option, travel of up to 1 hour each way is considered reasonable before a residential college placement would be considered. A residential college placement will not be considered for journeys of less than 1 hour without exceptional circumstances.

Respite

Respite can mean several different things, with a range of options available to meet this need. These may include support provided in the individual's own home, access to community services and activities, day services, short-term residential breaks, support from family and community networks or other arrangements that enable carers and individuals to achieve the intended outcomes.

Where there is an assessed need for overnight or longer-term breaks for the carer, the provision of overnight respite is assessed via the Respite Toolkit which ensures parity of allocation for similar needs across services. Where overnight respite is agreed as part of a Care and Support Plan, individuals are able to use this allocation flexibly to meet their needs via a range of options both in-house and through independent sector providers, including via a Direct Payment.

Respite services rates are agreed along with the standard rates for types of care as set out in the Charging for Care and Support Services Policy.

Where an individual chooses to use a Direct Payment to meet their overnight respite outcomes, the Direct Payment will be provided at either the equivalent placement cost required to meet the individual's assessed outcomes or the standard 24-hour Direct Payment rate, whichever is the most cost-effective option for the Council.

APPEALS

If an individual disagrees with a decision regarding their care and support, they are encouraged to raise this with their social worker in the first instance so that concerns can be reviewed and, where possible, resolved informally.

The Council may offer to review or reconsider decisions where appropriate.

This does not affect the individual's right to make a complaint at any stage under the Council's statutory complaints procedure. Further information can be found in the Complaints and Representations Policy.