

If you, or a family member, are considering a move to a care home, one of the main concerns may be how you pay for care. This guide will take you through the steps to take to establish if you are eligible for help and if so, how much help you could receive.

Ask your Local Authority for a Financial Assessment

The first step is to ask your Local Authority for a financial assessment. The purpose of this assessment is to establish if the person needing care has eligible assets over £23,250. If so, you will not be eligible for Local Authority funding.

What are eligible assets?

The figures used to calculate what a person may be entitled to are based solely on the individual who requires care. If any assets are held jointly only the percentage share owned by the person requiring care is included. A partner's assets are not included.

The assessment will take into account income from pensions and benefits, capital including savings and, in some cases, the value of a person home.

Assets not taken into account

- Your previous home provided a spouse or partner over 60, a vulnerable adult or a child under the age of 18 is still living there.
- Any investment with a life assurance element, for example an investment bond

12-week disregard

If you intend to sell your former main home following a permanent move to a care home, then the value of your previous home will not be taken into account in your financial assessment during the first 12 weeks of your stay; this is known as the 12-week disregard. After 12 weeks the value will be included in your financial assessment.

Funding

Partial Funding:

If an individual's eligible assets are above £14,250 but below £23,250, then the Local Authority will make a contribution to care fees. The extent of the funding offered will depend on the individual's income and capital.

Self-Funding:

If an individual's assets exceed £23,250, then the Local Authority will not fund any care and they will be classed as a self-funder.

NHS Continuing Healthcare (CHC)

This is a package of care for people who are not in hospital and have been assessed as having long term complex health needs known as 'primary health needs' and is paid for by the NHS.

To be eligible you must be assessed by a team of health care professionals (a multidisciplinary team) who will look at all your care needs and relate them to what you need, how complex your needs are, how intense your needs are and how unpredictable your needs are. Your eligibility will depend upon your assessed needs and not on any particular diagnosis or condition.

NHS Funding Nursing Care (FNC)

NHS funded nursing care is when the NHS pays for the nursing care element of nursing home fees. A flat rate of £219.71 per week is paid directly to the care home towards the cost of the nursing care. You maybe eligible for FNC if you are not eligible for NHS Continuing Healthcare but have been assessed as needing care from a registered nurse and/or you live in a nursing home.

Changes due to come into force in October 2025

The £86,000 cap on care liabilities is the centrepiece of the government's long-awaited reform of adult social care funding in England.

This cap looks generous; however, it is not as simple as it looks, and a lot of people now incorrectly believe that they will not pay more than £86,000 for their later life care.

The cap only relates to 'personal care' costs and not costs for 'hotel' costs such as accommodation and meals. In addition, the care costs relate to the costs based on what the local authority believes is an appropriate fee, meaning if anyone selects a care home that charges above the average, then the extra costs will not count towards the cap.

For more information or guidance on how the cap care will affect you we offer a free financial review with our Financial Planning Team.

For more information on benefits and eligibility please see our [Guide to Benefits](#).