

Challenging community care decisions



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If your assessment demonstrates that community care services will assist and support you to live independently at home, a decision will be taken on the provision and delivery of the services. These services should be provided within a reasonable length of time. Although there is no statutory timescale by which services must be provided, the definition of 'reasonable' will be dependent on individual circumstance, for instance, the lack of service is causing particular hardship or a person's human rights are being affected due to a delay in service.

You will be assigned a **care manager** who is responsible for organising a package of services called a **care plan** which will be tailored to your individual needs. Your care plan should be given to you in writing and include the names and contact details of the service providers. You should also be provided with your care manager's name and contact details in the event that you have any questions.

You may find that the level of care you are offered does not support the needs which you consider you

have. In this circumstance, it is useful to consider further evidence that can support your case, for example a doctor may feel that your needs are not being addressed. If you do raise any objections, it is best to do so in writing and to keep a copy. If you speak to someone on the telephone, make a note of their name and contact details, including the time, date and nature of your conversation. You may wish to look for further information, advice or support from an independent advocate.

What if my care needs change over time?

The care manager must review your needs regularly. You can ask for a reassessment at any time if you feel your circumstances have changed. The care manager will then reorganise a more suitable package of services to support any change in your circumstances. Services provided to you cannot be altered or withdrawn without a reassessment of your needs. Services should also be flexible enough to suit you for example, if your normal bedtime is 10.30pm, the Health Trust should not recommend a service to put you to bed at 8pm.

Budget Implications

Health Trusts take into account the resources available to them when setting **eligibility criteria**. They are divided into categories of 'critical,' 'substantial', 'moderate' and 'low'.

Once it has been agreed that you need services they must be provided regardless of resources.

Health Trust staff should not suggest that you use Disability Living Allowance (DLA) or Attendance Allowance to pay for your care privately.

You can raise any concerns formally or informally if they are unresolved. Health service complaint managers can provide you with information about how to make a claim. Your complaint will be acknowledged within 2-3 working days of receipt. You will receive a full response within a set number of days. If you are still dissatisfied, you can refer your complaint to the Northern Ireland Ombudsman. You can also contact the Age NI Advice and Advocacy Service at any stage of the complaints process.

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