

Coming out of hospital



It is helpful to know what to consider if you're looking to care for someone who is coming out of hospital, especially if their needs have changed. This factsheet explains what to expect, the steps that should be followed, your rights as a carer, and what to do if things go wrong. This information applies to people living in England.

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If the person you care for is in hospital

If someone close to you is in hospital, you may be faced with some important decisions. You may be considering looking after them for the first time and don't know what to expect. Or you may have already been caring for the person, but their needs have now increased or changed.

One key thing to remember is that it is your choice whether or not to take on a caring role. Think about the type and amount of support you are able to provide and what help you might need. For example, you may be able to help with shopping and meals, but feel that you would both like someone else to help with personal care. It is important to consider how your caring role is likely to affect your life and wellbeing.

The discharge policy

Every hospital will have its own discharge policy based on [guidance from the government](#). You can request a copy of the hospital's discharge policy from the ward manager or from the Patient Advice and Liaison Service (PALS) department of the hospital. Read more: [What is PALS \(Patient Advice and Liaison Service\)? - NHS](#).

When will the hospital start planning for the patient's discharge?

Planning a successful discharge from hospital can start even before the person you care for goes into hospital. Planning when they will be discharged and what support will be needed afterwards begins as soon as possible. This is to ensure that the person doesn't have to stay in hospital for longer than necessary.

When the planning process begins will depend on whether the person is going into hospital for a planned procedure or if they are admitted because of an emergency.

Planned or elective treatment

If the person you care for is going to hospital for planned or elective treatment, their needs for short-term care after discharge should be discussed before they are admitted. A provisional plan should be put in place beforehand including any help that carers, and family or friends can offer once the person is discharged. This allows everyone to plan for their discharge ahead of time.

Emergency treatment

If the person you care for is admitted to hospital due to an emergency, it's obviously not possible to plan ahead. In these circumstances, their short-term care needs should be considered as soon as possible after they're admitted. Hospitals will plan to estimate a discharge date and destination for the person within 48 hours.

This is not just the decision of the medical professionals – there should be a discussion with you as a carer, the person you care for (should they have capacity), and any family and friends who may be providing support and care after discharge. If the person you care for was a resident in a care or nursing home, and will be returning there after discharge, the relevant information should also be discussed and communicated to the care provider.

What if the person I care for already has a care and support plan?

This should be reviewed and used. The [Hospital Discharge and Community Support Statutory Guidance](#) states:

'Where there is a personalised care and support plan or personal wellbeing plan already in place, this should be used or updated as part of early discharge planning involving the person receiving care and relevant parties such as unpaid carers, family members, their current care provider and voluntary and community sector services to ensure any change in their needs can be met. This should, where relevant, be complemented by the use of a [Comprehensive Geriatric Assessment](#) as a tool to support discharge planning for older adults with complex needs.'

Should I be involved in decisions as a carer?

Yes, you should be involved, as long as the person you care for consents to this. 'NHS Bodies and Local Authorities should ensure that, where appropriate, unpaid carers and family members are involved in discharge decisions,' according to the [Statutory Guidance](#).

Hospital wards can sometimes seem like busy places and you may feel pressure from the hospital to get the person you care for home as soon as possible. The person you care for may also be anxious to come home. However, it is important that you feel your views have been taken into consideration and that the person you care for is not being discharged before necessary support has been put in place. You should be informed if the person you care for does not want you to be involved or given information about their care.

If the person you care for is unable to make their own decisions (lacks mental capacity), you may be able to make certain decisions on their behalf if you have a Health and Welfare Lasting Power of Attorney (LPA). If there is no LPA, the law requires professionals to act in the 'best interests' of the person you care for and you should be involved in the decision-making process.

Note: For more information about managing someone's affairs and making decisions on their behalf, see [Different ways of managing someone's affairs | Carers UK](#).

What is 'Discharge to Assess'?

Legislation has changed in recent years meaning that care professionals no longer have to provide assessments looking at the long-term support needs for patients and their carers before they leave hospital. The intention is that patients do not have to wait unnecessarily while in hospital where they could be more susceptible to infections and muscle decline.

Hospital staff in England are now following the 'Discharge to Assess (D2A)' model. This involves providing people with short-term care, rehabilitation and reablement, where needed, after discharge. People's longer-term needs for care and support are then assessed 'once they've reached a point of optimal recovery'. The short-term support after discharge may be

provided in intermediate care beds (at a transitional stage between hospital and home) or in people's homes.

If you are entitled to intermediate care (including reablement), it is provided by the local authority and can be free of charge for up to six weeks – see [services to be provided free of charge \(in the legislation\)](#).

During this time, you should be receiving support from the healthcare team to help look at medium and long-term needs and goals.

When it comes to assessing the long-term needs of the person you care for, the guidance states that: 'It is best practice to initiate assessments for longer-term health and/or social care needs during the period of recovery and complete them only once a point of recovery and stability is reached.'

▶▶ **Note:** You can email our advice team advice@carersuk.org or read our ['Being Heard' a self-advocacy for carers guide](#) to understand what your rights are.

What should happen before the person I care for is discharged?

When the person you care for is nearing their expected date of discharge, the Discharge to Assess process will help determine what happens next. You might also hear this process described as 'Home First' – this means that on leaving hospital, it is assumed they would automatically go home or to their usual place of residence such as a care home. This would not be the case, however, if the person is assessed to have new or additional care and support needs that cannot be met at home.

A multidisciplinary team and Care Transfer Hub will assess and decide the following:

- ▶ Establish which Discharge Pathway the patient needs (see Discharge Pathway information on pages 6-8).
- ▶ Work out any immediate support the patient needs on discharge, including any safeguarding and housing concerns.

- Confirm any home-based support requirements such as equipment or reablement support to help the person recover or relearn daily living skills if they have lost them during their hospital stay.
- Outline any support that's available from voluntary and community sector organisations.
- Confirm any social care packages of support.
- If they are being discharged to a setting that is not their home, they must assess any specific risks or support needs related to being discharged to a bed-based setting.

When should a carer's assessment (for you) and a needs assessment (for the person you care for) happen?

Assessments should be carried out to determine the long-term health and social care needs of a person and to establish if they are eligible for care and support. (The 'assess' part of 'Discharge to Assess' refers to Care Act 2014 assessments.)

Assessments of longer-term care needs (including Care Act assessments) should take place after someone has left hospital and after an initial period of recovery. Someone's long-term needs will only be assessed at this stage in exceptional circumstances. For detailed information about assessments, please look at our assessment factsheets here: [Carer's assessment | Carers UK](#). In the short-term, the healthcare teams will regularly review when the person can leave hospital safely.

What is a carer's assessment?

As a carer you can have an assessment from the local authority, to determine whether you are eligible for any support. Support could include services provided directly to you, or services provided to the person you care for, which in turn would help you in your caring role.

If you are assessed as needing support from the local authority, the local authority might carry out a financial assessment to determine whether, and if so how much, you will need to contribute towards the cost of any support provided. However, it is hoped that a lot of local authorities will not charge carers for support provided to them. If the support is provided to the person you are caring for, you as a carer cannot be charged.

There are various different types of assessments depending on whether you are an adult yourself, and whether the person you are caring for is an adult. We have also developed a handy toolkit for carers to help you feel prepared: [Toolkit for support | Carers UK](#).

What are Discharge Pathways?

The multidisciplinary team and Care Transfer Hub (where needed) will determine the most appropriate pathway for the person you care for, depending on their immediate needs when discharged. According to the guidance, there are four different pathways.

Pathway 0 (this is the assumed default pathway for most people)

This is a more simple discharge home (to the usual place of residence or temporary accommodation) coordinated by the ward without involvement of the Care Transfer Hub. This includes:

- no new or additional health/social care support
- self-management with signposting to services in the community
- voluntary sector support
- restart of pre-existing home care package at the same level that remained active and on pause during the person's hospital stay
- returning to original care home placement with care at the same level.

Pathway 1

This is a discharge home (to the usual place of residence or temporary accommodation) with health/social care support coordinated by the Care Transfer Hub. This includes:

- home-based intermediate care on a time-limited, short-term basis for rehabilitation, reablement and recovery at home
- restart of home care package at the same level as a pre-existing package that lapsed
- return to original care home placement with time-limited, short-term intermediate care
- long-term care and support at home following a period of intermediate care in the community.

Pathway 2

Discharge is coordinated through the Care Transfer Hub to a community bed-based setting with dedicated health/social care and support. This includes:

- bed-based intermediate care on a time-limited, short-term basis for rehabilitation
- reablement and recovery in a community bed-based setting (bed in care home, community hospital or other bed-based facility).

Pathway 3

In rare circumstances, for those with the highest level of complex needs, discharge to a care home placement is arranged through the Care Transfer Hub. This includes:

- a care home placement for assessment of long-term or ongoing needs and where possible, the patient should be helped to choose their preference for the permanent placement
- long-term care and support in a care or nursing home following a period of intermediate care in the community.

Intermediate and reablement care

If the person you care for is being discharged on Pathway 1 or Pathway 2, they have been assessed as needing intermediate or/and reablement care for a limited amount of time. Intermediate care is a short-term package of care that aims to help someone live independently at home. Government guidance states that intermediate care should be available to all adults over the age of 18 who might need it and certain young disabled people while managing their transition to adulthood.

Intermediate care could include:

- crisis response services providing short-term care
- home-based care services provided by healthcare professionals such as nurses and therapists
- bed-based care away from home such as in a community hospital
- reablement.

Reablement is a particular type of intermediate care that has a stronger focus on helping someone to live independently. It is generally provided by local authorities.

Before the intermediate care or reablement ends, a [needs assessment](#) should be carried out by the local authority to assess if there is a need for ongoing care and support for the person you care for. They should also carry out a [carer's assessment](#) to assess your needs for support as a carer.

Intermediate and reablement care should be provided free of charge for up to six weeks (although this can be longer in some circumstances). After the six weeks, any ongoing support needs that are being met by the NHS, should be free of charge. If there are ongoing support needs being met by the local authority, they can charge for such services.

NHS Continuing Healthcare

NHS Continuing Healthcare is a package of care for those who are 18 or over who have a 'primary health need' that is arranged and funded by the NHS. This package of care can be provided in the home of the person you care for, in a care home, or through a personal budget. The NHS website has some more details: [NHS continuing healthcare - Social care and support guide - NHS](#).

If it seems like the person you care for might be eligible for NHS Continuing Healthcare, an assessment should be carried out for this. Generally, there is an initial checklist assessment to see whether the person you care for might be eligible. Be aware that the eligibility criteria are very tight and most people with ongoing care needs won't qualify. To find out more, see our [online NHS Continuing Healthcare guide](#).

NHS-funded nursing care

Perhaps the person you care for is not eligible for NHS Continuing Healthcare, but they are assessed as requiring nursing care in a care home that's registered to provide such care. In this case, they may be eligible for NHS-funded nursing care if they are over 18. This means that the NHS will pay a contribution towards the cost of their registered nursing care. For more information, see [NHS-funded nursing care - Social care and support guide - NHS](#).

▶▶ **Note:** A ‘continuing care package’ is the alternative for children under 18. It is different from adult NHS continuing healthcare as the whole package of care is not normally arranged and funded by the NHS. Usually, it involves a holistic approach for assessing children including social services and education departments in addition to the NHS. This can sometimes lead to joint funding arrangements, depending on the child’s assessed needs. Read more: [Children and young people’s continuing care national framework - GOV.UK](#).

Other NHS services

Palliative care can be provided free on the NHS and is for people who have a health condition that is not expected to be cured by medical treatment. Palliative care may consist of pain relief and other appropriate medical care, as well as emotional and practical support.

This care can take place in a hospice, care home or in the person’s own or family’s home. Medical equipment and incontinence products may be provided free on the NHS if the person you care for is assessed as needing such items. Read more on the NHS website: [What end of life care involves - NHS](#).

Community care services from the local authority

Most people being discharged from hospital won’t need or be eligible for NHS Continuing Healthcare. Instead, they can have an assessment carried out by the local authority to determine whether they are eligible for any extra support. This support could range from equipment or adaptations to the home, to a care worker providing personal care help.

Under the Discharge to Assess system, the local authority will not do any assessments looking at long-term care needs before discharge from hospital or immediately after discharge. Assessments of longer-term care needs (including Care Act assessments) should take place after someone has left hospital after an initial period of recovery.

For those who are 18 or over, this is called a needs assessment and for a child (under 18) this will be called a Children Act assessment. If the person you care for is assessed as needing support from the local authority, they

will carry out a financial assessment to determine whether the person will need to contribute towards the cost of any support provided. For detailed information about assessments, please take a look at our assessments factsheet: [assessments-england_2025-26.pdf](#).

What should happen on the day the person I care for is discharged?

On the day of discharge, you and the person you care for should expect to be given both verbal and written information, with details of any services involved and information about future treatment and care. The information should be available in a language and format that's suitable for you. It's common for people not to remember or understand all the information they are given, so don't be afraid to ask for it to be repeated or explained in a different way.

Some practical arrangements should be made for the day of discharge:

- Appropriate transport should be organised if it is required. There should be somewhere appropriate for you to wait in the hospital.
- You should be given clear information about the discharge pathway planned for the person you care for and details of any immediate, short-term support that is being put in place for them.
- Medication and any equipment needed at home should be provided, as well as instructions and information about its use. You should also be able to arrange a repeat prescription if needed with the GP.
- You and the person you care for (if appropriate) should feel confident using any new equipment aids.
- The person you care for has enough money, keys and suitable clothes for the journey home as well as other possessions.
- Any necessary formal support should be put in place to start on the day of discharge.

▶▶ **Note:** For more information on the different types of assessments available visit, carersuk.org/assessments and carersuk.org/needs-assessment or email advice@carersuk.org

Discharge from a mental health facility

If the person you care for is in a mental health facility, they may be there as a voluntary in-patient (which means they can choose to leave if they want), or they may be there because they are detained under the Mental Health Act. There are special rules that apply to discharge from hospital following a section under the Mental Health Act – see [this guidance](#).

Before the person you care for is discharged from a mental health facility, there should be a meeting to assess what support or care services may be needed once they are back in a community setting. In addition to having a needs assessment for community care services, the person you care for may receive some of the mental health specific support outlined below. As a carer you should be involved in this process if the person you care for consents to this.

Community Mental Health Teams

If someone is being discharged from a mental health facility, they may be referred to a Community Mental Health Team (CMHT) which is made up of different mental health professionals from both health and social care. There are also specialist CMHTs that the person you care for may be referred to, depending on their assessed mental health needs at the point of discharge.

If the person you care for is under 18, then they may be referred to Child and Adolescent Mental Health Services (CAMHS). If they are over 65, they may be referred to an Older People's CMHT.

The Care Programme Approach

If the person you care for is assessed as having complex needs requiring long-term support at the point of discharge, they may be placed under the

Care Programme Approach (CPA). The CPA is a national framework that CMHTs work within to coordinate the care and support services received by patients with complex mental health needs. If the person you care for qualifies for the CPA, some of the things they should expect to receive include:

- a full assessment of their health and social care needs
- a care plan that is regularly reviewed
- a Care Coordinator who is responsible for making sure the care plan gets implemented and meets assessed needs.

▶▶ **Note:** As a carer you should be involved in the Care Programme Approach (CPA) meetings if the person you care for consents to this.

Discharge from the Mental Health Act

If the person you care for is detained under a section of the Mental Health Act, there are certain restrictions on how they can be discharged from section. The different ways this can be done can include where:

- the section runs out and is not renewed
- the professional in charge of the person you care for (the Responsible Clinician) discharges them
- the nearest relative of the person you care for (as defined in the Mental Health Act) discharges them (although the Responsible Clinician can override this)
- the Mental Health Act Managers discharge them
- a tribunal discharges them.

[Mental Health Act guidance](#) suggests that the person you care for should not be discharged by their Responsible Clinician until adequate care and support in the community has been arranged for them. In terms of what type of care this might include, in most cases the person you care for will receive specialist support from an appropriate Community Mental Health Team under the [Care Programme Approach](#).

If the person you care for has been detained in hospital under section 3, 37, 45A, 47 or 48 of the Mental Health Act, they are entitled to free aftercare services [under section 117 of the Act](#).

The free aftercare is funded by the NHS and local authority in the area where the person you cared for lived before they were admitted to hospital. Aftercare services will be based on the health and social care needs identified in the care plan of the person you care for. As a carer you should be involved in the care plan if the person you care for consents to this. To find out more about your legal rights, see mind.org.uk/information-support/legal-rights/leaving-hospital/overview/.

▶▶ **Note:** Discharge from the Mental Health Act is a complicated area and therefore if this applies to the person you care for, you may need to seek further advice from a specialist mental health charity (see contacts section at the end).

What is a Community Treatment Order?

If the person you care for has been treated in hospital under the Mental Health Act, they may be provided with a Community Treatment Order (CTO) if they are allowed to leave hospital on short-term leave. If you think this applies to your situation, this is explained in detail on this page of the NHS website: nhs.uk/mental-health/social-care-and-your-rights/mental-health-and-the-law/mental-health-act/.

Other important things to think about if the person you care for is in hospital

Benefit claims

It is important to notify the relevant benefit office that the person you care for is going or has gone into hospital, as this may affect their benefits as well as your own. Keep a note of any conversation and a copy of any correspondence with the benefit office for your own records.

Most benefits will continue for 28 days when you go into hospital. Then they will stop. If the person you care for was 18 or over when they went into hospital, some benefits (such as Adult Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance) will stop if they have been in hospital for more than 28 days. If the person you care for was under 18 when they went into hospital, their DLA (for children) or PIP will continue to be paid for the whole time they are there. And if they are a private patient and meeting all of the costs of their stay, payment of their disability benefit can also continue.

If you're receiving Carer's Allowance

It may be worth noting that your Carer's Allowance will stop if any of the following stop:

- Attendance Allowance
- Disability Living Allowance (the care component)
- or Personal Independence Payment (the daily living component).

At the point of discharge

When the person you care for is ready to be discharged, inform the office dealing with the particular benefit to make sure that payments restart. The person you care for may also be eligible for benefits at an increased rate if their care needs have changed. If you or the person you care for is admitted to hospital or is discharged from hospital, [our factsheets](#) relating to the relevant benefit provide more information about how your claim might be affected.

▶▶ Note: The rules relating to benefits can seem complex. For further advice and information, email an adviser advice@carersuk.org

Help at work

The Carer's Leave Act became law on 6 April 2024. This gives unpaid carers balancing unpaid care with paid employment the legal right to five days of unpaid carer's leave. For detailed information about how the Carer's Leave Act works, you can read our online guide: [The Carer's Leave Act 2023 | Carers UK](#).

If you are in paid work, you may need to make some adjustments when the person you care for goes into hospital and possibly also when they come out. This could be anything from needing to make regular phone calls to check on them, through to taking off an extended period of leave. Most working carers have the following rights:

- the right to request flexible working
(To find out more about the Flexible Working Act, see the link below.)
- the right to time off in emergencies
- the right to not be discriminated against or harassed under the Equality Act.

▶▶ **Note:** For more information about your rights in work, see carersuk.org/work and carersuk.org/help-and-advice/work-and-career/the-flexible-working-act-2023/.

Complaints

If services have fallen below your expectations, you may wish to make a complaint. When making a complaint, it is important to explain as clearly as possible what went wrong, and what you would like to happen instead. It's also helpful to keep copies of who you spoke to and key dates in writing.

Complaints about the NHS

If you, or the person you are looking after, are unhappy with the discharge procedure, with the way you have been treated by the NHS or with an NHS

service, you may wish to make a complaint about this. To start with, you may want to make an informal complaint by speaking to the person responsible for the issue, which may be enough to resolve the matter.

If the informal complaint does not resolve the matter, you can use the two stage formal complaints procedure outlined below. You will need to make your complaint as soon as possible, and generally within 12 months of the event you are complaining about. The NHS website has a useful guide: [england.nhs.uk/contact-us/feedback-and-complaints/complaint/](https://www.england.nhs.uk/contact-us/feedback-and-complaints/complaint/).

First stage complaint – local resolution

Local resolution: You can raise your concern with the NHS service provider (eg, GP, dentist surgery or hospital) or to the commissioner of the services (the body that pays for the NHS services you use), but you cannot complain to both. You can ask for a copy of their complaints procedure which will give further information. Your complaint can be in writing or you can complain verbally.

We understand that making a complaint can be a daunting prospect. For information and support with making a complaint, you may find it helpful to contact the following services:

- **The Patient Advice and Liaison Service (PALS):** they provide a confidential service to help patients get the most from the NHS – visit [nhs.uk/common-health-questions/nhs-services-and-treatments/what-is-pals-patient-advice-and-liaison-service](https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/what-is-pals-patient-advice-and-liaison-service).
- **Healthwatch:** they can provide guidance on making a complaint – visit [healthwatch.co.uk](https://www.healthwatch.co.uk) or call 03000 683 000.

Second stage complaint – Parliamentary and Health Service Ombudsman

If you are still not happy and have exhausted all options for local resolution of the complaint, you can take the matter to the Parliamentary and Health Service Ombudsman, who is independent of the NHS. Visit [ombudsman.org.uk](https://www.ombudsman.org.uk) or telephone 0345 015 4033.

Note: If you want to make a complaint about NHS continuing healthcare, the process can differ. For some guidance, see – [beaconchc.co.uk/what-is-](https://www.beaconchc.co.uk/what-is-)

[nhs-continuing-healthcare/dispute-resolution](https://www.nhs.uk/healthcare-dispute-resolution).

Complaints about the local authority

If you, or the person you are looking after, are unhappy with the way an assessment was carried out, with the way you have been treated by the local authority or with a local authority service, you can make a complaint about this. It is a good idea to keep a record of this in writing. To start with, you may prefer to make an informal complaint by speaking to the person responsible for the issue, which may be enough to resolve the matter.

If the informal complaint does not resolve the matter, you can use the two stage formal complaints procedure outlined below. You should make your complaint as soon as possible, and generally within 12 months of the event you are complaining about.

First stage complaint – local resolution

Raise your concern with the local authority. You can ask for a copy of their complaints procedure which will give further information. Your complaint can be in writing or you can complain verbally.

Second stage complaint – Local Government Ombudsman

If you are still not happy, you can take the matter to the Local Government Ombudsman, who is independent of the local authority. Visit lgo.org.uk or call **0300 061 0614**. You may be able to get help with making a complaint to the local authority from a local advice centre – visit advice.local.gov.uk.

Judicial review

You may be able to take legal action to ask a court to review a decision made by the NHS or a local authority. This is called judicial review. An application for judicial review must be made without delay, and within a maximum period of three months. You will need specialist legal advice if you want to apply for judicial review – visit find-legal-advice.justice.gov.uk. The Law Society can help you find a solicitor at solicitors.lawsociety.org.uk.

▶▶ Note: For more information if you need to make a complaint visit [carersuk.org/making-complaints](https://www.carersuk.org/making-complaints).

Further help and other organisations

Our website offers much varied information: carersuk.org/help-and-advice.
Or contact our Carers UK Helpline by email advice@carersuk.org

Advocacy and advice services

Age UK (for charging, NHS Continuing Healthcare, later life concerns)

w: ageuk.org.uk | t: 0800 055 6112

Citizens Advice – Get advice from your local Citizens Advice.

w: citizensadvice.org.uk

POWHER – Information, advocacy and advice services across England

w: pohwer.net | t: 0300 456 2370

VoiceAbility – Offering support to be heard on health and wellbeing issues

w: voiceability.org | t: 0300 303 1660 or email helpline@voiceability.org

Beacon – Free information and advice about NHS Continuing Healthcare

w: beaconchc.co.uk | t: 0345 548 0300

Autism

The National Autistic Society

w: autism.org.uk

Dementia

Alzheimer's Society

w: alzheimers.org.uk | t: 0333 150 3456

Direct payments and independent living

Disability Rights UK – personal budget helpline

w: disabilityrightsuk.org | t: 0330 995 0400

Learning disabilities

Mencap

w: mencap.org.uk | t: 0808 808 1111

Mental health

Mind

w: mind.org.uk | t: 0300 102 1234

Rethink

w: rethink.org | t: 0808 801 0525

Young Minds


w: youngminds.org.uk | t: Parents helpline: 0808 802 5544

This factsheet is designed to provide helpful information and advice. It is not an authoritative statement of the law. We work to ensure that our factsheets are accurate and up to date, but information about benefits and community care is subject to change over time. We would recommend contacting the Carers UK Helpline or visiting our website for the latest information.

Give us your feedback on this factsheet by emailing your comments to info@carersuk.org
This factsheet was updated in April 2026. Next review due April 2027.

Carers UK Helpline

For expert information and advice about caring.

 **0808 808 7777**
(Monday – Friday 9am-6pm)

 advice@carersuk.org

Carers UK

20 Great Dover Street
London SE1 4LX
020 7378 4999
info@carersuk.org

Carers Wales

029 2081 1370
info@carerswales.org

Carers Scotland

info@carerscotland.org

Carers Northern Ireland

028 9043 9843
info@carersni.org

However caring affects you, we're here

Caring will affect us all at some point in our lives.

With your help, we can be there for the 6,000 people who start looking after someone each day.

We're the UK's only national membership charity for carers: join us for free at carersuk.org/join

We're both a support network and a movement for change.

Visit us at our website to join us, help us or access more

This information can be requested in large print or as a text file.