



counsel + care 
for older people, their families and carers

guide

Information from Counsel and Care: 8

Health Difficulties: how to cope with changing needs

Most people who are over 60 live full and active lives. However, it may be that as you age you develop difficulties because of ill-health or disability. This guide explains what help is available to you from your local council and the National Health Service to assist you to live as full and independent a life as possible.

Counsel and Care is the national charity working with older people, their families and carers to get the best care and support. If you have found our service helpful, please consider making a donation or leaving a legacy in your Will. You can arrange either by telephoning 020 7241 8555 or using the secure service on our website www.counselandcare.org.uk.



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Your donations, legacies and payroll giving enable Counsel and Care to get the best care and support for older people, their families and carers

Counsel and Care is a national charity; however the creation of the Scottish Parliament, and the Welsh and Northern Ireland Assemblies means there are differences in the ways each region cares for and supports older people. The information in this guide applies essentially to England although there may be similarities with Scotland, Wales and Northern Ireland.

We also produce five separate guides for both Scotland and Wales covering the community care assessment of need process; paying care home fees and making a complaint which are the key areas where the policy and legislation differ significantly to England. All of the guides we publish can be downloaded from www.counselandcare.org.uk/helping-you/guides, or posted to you by leaving a message on our guide orderline on 020 7241 8522.

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1 Difficulties with mobility

Many older people experience difficulties with mobility, either in their own home or outside in the community. The difficulties could be caused by a physical illness which affects their mobility, such as arthritis or a stroke, or they may be experiencing mental health difficulties, such as memory loss or disorientation which makes it unsafe for them to go out alone. People with short-term mobility difficulties following an accident or a time in hospital can obtain appropriate equipment in their home so that they are able to move around more safely.

It is also possible to obtain assistance from the NHS and your local council social services department to help with any continued difficulties you are facing. They can undertake assessments to identify your needs and, if you are eligible, provide you with equipment or support.

2 Support inside your home

If you are facing problems with your mobility, there is help and assistance available through aids and adaptations to your home, increased financial assistance, care and/or support. This assistance (if your needs meet the eligibility criteria) can help you to stay safely in your own home.

2.1 Assessment of need

To find out what sort of care, support or adaptations you require, you'll need to have a community care assessment from your local council social services. You can contact them yourself to ask for an assessment, or someone else can ask on your behalf, for instance, your GP, a friend, relative or carer. The assessment will look at your needs and how they can be met. Your needs may be established as requiring the input of one of the services listed below. Depending on where you live in the UK, for more information, please see our guide: **Assessment and services from your local council in England** (guide number 12); **Assessment and services from your local council in Scotland** (guide number 50) or **Assessment and services from your local council in Wales** (guide number 70).

2.2 Adaptive equipment

If you are assessed as needing equipment to help you in your home, the local council social services have a duty to provide this equipment, as long as it can be installed or removed with little or

no structural modification to your home. This equipment may include:

- Handrails next to the bath, toilet, stairs or front door
- A community alarm system, so if you fall in your home you can contact help
- Specially designed or adapted furniture.

If you need more substantial adaptations fitted inside your home, for example, a stair lift, a ramp or a walk-in shower, the local council have a 'duty to assist' in arranging for the work to be carried out, but they are not obliged to carry out the adaptation themselves. There is no clear guidance on what constitutes a 'duty to assist', so this may mean no more than the local council advising on a suitable company that provides the equipment. However, the council is not allowed to use 'lack of resources' as a reason for not providing the assistance it has been agreed that you need, and which falls within their eligibility criteria. Depending on where you live in the UK, for more information, please see our guide: **Assessment and services from your local council in England** (guide number 12); **Assessment and services from your local council in Scotland** (guide number 50) or **Assessment and services from your local council in Wales** (guide number 70). You may also find our guides **Housing: adapting your home to stay independent** (guide number 28) and **Housing: how to pay for the maintenance of your home** (guide number 29) helpful for details about equipment and adaptations you may be entitled to receive.

2.3 Occupational therapists (OTs)

An occupational therapist (OT) is a professional trained to work with people who are ill or recovering from an illness, or who have a chronic disability. They can help you to regain as much independence as possible. You may be referred to an OT by a social worker following a community care assessment; you can contact them directly, or ask your GP to refer you. A friend, relative or carer can also contact them on your behalf. OTs may be based in a hospital or other health setting, or in the social services department of your local council. If you are in hospital, the OT assessment and provision of any small pieces of portable equipment should take place as part of the discharge process. Once you are discharged from hospital, the hospital OT should refer to the OT in the community if you need any larger pieces of equipment or adaptations. The OT's assessment and the provision of equipment or adaptations may be a longer process if you are currently in your own home. So, if your need is urgent, you should make this clear when the referral for an OT assessment is made to social services.

Depending on where you live in the UK, for more information, please see our guides: **Assessment and services from your local council in England** (guide number 12); **Assessment and services from your local council in Scotland** (guide number 50) or **Assessment and services from your local council in Wales** (guide number 70). You may also find our guide **Housing: adapting your home to stay independent** (guide number 28) helpful.

If you need support or equipment after discharge from hospital, any item of community care equipment (up to the value of £1,000) and any intermediate care services that you are eligible for, should be provided free of charge for up to six weeks. Depending on where you live in the UK, for more information, please see our guides: **Hospital discharge** (guide number 13); **Hospital discharge in Scotland** (guide number 51) or **Hospital discharge in Wales** (guide number 71).

2.4 Disabled Facilities Grant

This grant helps disabled people in England and Wales to pay for essential adaptation work, if you are assessed as meeting the criteria and the work has been recommended by an occupational therapist to make your home more suitable. For details on housing grants in Scotland, please see our guide **Housing: adapting your home to stay independent** (guide number 28).

Everyone over 18 with a disability is eligible to apply, whether they are a private or housing association tenant, or an owner occupier. If you are a council tenant then the housing department will receive the grant directly. However, the grant is subject to a means test, and the person with the disability must agree to live in the property for at least five years after the work is complete, unless this becomes impossible for health reasons. You can apply for the grant from the council you pay your council tax to (or claim your council tax benefit from). Social services can give you with more information about this, and your local Home Improvement Agency can help you through the application

process (see section 2.5). For more information, please see our guide **Housing – adapting your home to stay independent** (guide number 28).

2.5 Home Improvement Agencies (HIAs)

These not-for-profit agencies help older people, disabled people, home owners on a low income and private tenants to have repairs carried out, as well as adapting or improving their homes. They can tell you how to claim grants to help you raise the money to pay for the necessary adaptations or improvements. Some HIAs can arrange for minor repairs and/or adaptations to be carried out at a subsidised rate by a member of their staff, or an approved company. One of the major government grants in England and Wales to help with this kind of work is the Disabled Facilities Grant. For details on housing grants in Scotland, please see our guide **Housing: adapting your home to stay independent** (guide number 28)

HIAs are sometimes called other things, like Anchor's Staying Put service (tel.: 0845 140 2020; www.anchor.org.uk) or Care and Repair England (tel.: 0115 950 6500; www.careandrepair-england.org.uk). HIAs are provided by about two-thirds of local councils and their contact details may be obtained from their national body Foundations (tel.:08458 645 210; www.foundations.uk.com). If there is no HIA in your area, contact your local council or advice centre to find out what help is available. If you are a council tenant, contact the council housing department to let them know about a repair. If you rent your

home privately, contact your landlord. You will need your landlord's permission before any repairs or adaptations can be carried out.

3 Support outside your home

If you find that you are having problems with mobility outside your home, the local council social services can undertake an assessment of your needs to find out what support or services you require. To obtain an assessment, you can refer yourself directly to your local council social services, or another person can do this on your behalf.

Having mobility difficulties can mean it is harder to remain socially active, and it may lead to someone becoming isolated. If you have a disability or difficulty with walking, social services may consider you require an outdoor wheelchair, which could either be manual or automatic. Alternatively, an electric mobility scooter can help you feel more independent. This type of equipment is not available from your local council social services, but it may be possible to either borrow the equipment, or raise some money through charitable assistance to buy a mobility scooter. Motability (tel.: 0845 607 6260; www.motability.co.uk) is one organisation that provides financial assistance/loans for scooters, and can also arrange hire purchase over a term of one to three years. To be eligible for help from Motability you must be receiving the higher rate mobility component of Disability Living Allowance or War Pensioners Mobility Supplement. If you receive Attendance Allowance, this does not qualify you for help from Motability. Many charities will consider financial support towards a mobility scooter and some mobility equipment, if this falls outside the eligibility criteria of the local council, and it is considered safe for the older person to use

this equipment. For more details about applying for charitable grants, please see our guide **Grants from charities for people on a low income** (guide number 21).

3.1 Transport

People with disabilities may have difficulty with public transport being inaccessible, and may find community transport schemes, such as Dial-A-Ride, helpful. These organisations can provide door-to-door transport for older or disabled people. In some areas, there are taxis or community buses that are available for people with disabilities. Contact your local council social services, or disability advice service for more information about these. To find your nearest Disability Information and Advice Line services (DIAL), contact DIAL UK, the national organisation for DIALs (tel.: 01302 310 123; www.dialuk.info/findadial/index.asp).

Taxicard is a scheme that provides subsidised door to door transport by taxi for people with serious mobility problems. Your local council social services or disability advice service will be able to tell you if they have a scheme running in your area.

In some areas, there are schemes that can arrange transport from trained volunteers who have had security checks. Contact your local council, local Age UK branch (tel.:0800 169 65 65; www.ageuk.org.uk), Women's Royal Voluntary Service (WRVS) (tel.: 029 2073 9000; www.wrvs.org.uk), or Red Cross (tel.: 0844 871 11 11; www.redcross.org.uk) to see if this service is available in your area. Details will be in your local telephone directory or local library.

Some of the local branches of national charities, such as the Multiple Sclerosis Society (tel.: 0808 800 8000; www.mssociety.org.uk), have their own transport schemes.

If you currently drive a car, the local council social services can help you obtain a Blue Badge for your vehicle, which gives you access to priority parking or can be used for your escort, providing you, the disabled person, are a passenger. You can get information about the Blue Badge parking scheme on www.direct.gov.uk or by contacting your local council.

If you are currently over 60 or 'eligible disabled', and you are able to use public transport, you are entitled to a free annual bus pass, often called a 'freedom pass' which gives you free off-peak travel on local buses anywhere in England. From April 2010 there are changes to the qualifying age for eligibility for a free bus pass in England, in line with the government changes to the qualifying age for the state pension. These changes do not affect existing 'freedom pass' holders. The changes will affect those people born on or after 6 April 1950. The age of eligibility will rise in stages between 2010 and 2020, meaning that the earliest age for men and women to get concessionary travel passes will increase gradually from 60 in April 2010 to 65 in April 2020. Some local authorities, including the London councils, may offer free travel outside off-peak hours, or free or reduced price tram or rail travel within the local area. People who live in Greater London can apply for a Freedom Pass from their local council, or obtain an application form from the Post Office. People who live outside the Greater London area should apply to their local pass provider. The

government website www.direct.gov.uk has further information on free bus travel and a list of England's concessionary pass providers. If you are over 60 and live in Wales, you are entitled to a free bus pass from your local authority. You can use it all day and travel on all bus services in Wales. If you live in Scotland, you will need to get a National Entitlement Card to benefit from the Scotland-wide free bus scheme and scheduled long distance coach services throughout the day. This is available to people age 60 and over. Application forms are available from local authorities, Post Offices and SPT Travel Centres (if you live in the Strathclyde area only). If you are 65 or over and are living in Northern Ireland, you can travel on buses and trains for free with a Senior SmartPass. You can get an application form from Translink bus and rail stations or by contacting Translink (tel.: 028 90 66 66 30; www.translink.co.uk).

4 Falls

As people grow older you may become more prone to falls. Falls can cause serious injury, with long-lasting effects, as reduced mobility can lead to muscle weakness. Many falls can be prevented by following simple steps:

- **Staying active.** Falls can be caused by weak muscles and poor balance. You can improve muscle tone by taking regular exercise, such as walking, swimming, gentle stretching exercises or doing light gardening and housework. Weight-bearing exercise such as walking, tennis and lifting weights can strengthen bone density. You could also contact your local council social services or your GP to see if there is a 'healthy living centre' in your area. These centres often run keep-fit classes for those with restricted mobility or disability problems. You can also enquire about local walking schemes. The local library may have leaflets and information about schemes like these. Your local leisure centre or swimming pool may offer free or concessionary exercise classes and swimming sessions to people over the age of 60 or 65 years.
- **Reduce risk.** When you get out of bed or up from a chair try to do it slowly, as a sudden drop in blood pressure when you stand quickly can make you feel dizzy. Try tensing and then relaxing your arms and legs a few times before you stand. Make sure your feet are firmly onto the ground before getting up from a sitting position. If you are having difficulty

with activities like getting into or out of a chair, or getting to the loo, you can ask for an occupational therapist assessment from your local council social services. This will find out if there is any equipment or adaptations that can help you. Please see section 2.3 of this guide for more information. You may wish to leave a dim light on at night in the bedroom or hallway, or have a touch-operated bedside light. Walkways, corridors and halls should be kept clear of objects and clutter that could cause you to trip.

- **Awareness of health changes.** Have regular eye check-ups. You may be entitled to a free National Health Service eye examination, and help with cost of glasses. You may be able to have a home visit by an optician if you have difficulty getting out. (Also see section 8.2 of this guide for more information.)

If you are taking more than four different types of medicine, your GP should review them on a regular basis. Let your GP know if the medicine causes you to feel dizzy or unwell. Ask your GP about having a 'flu jab. You are more at risk of developing a serious illness from catching 'flu as you get older. Illnesses such as flu can, in the short term, make you far more prone to falling. Each autumn, an annual flu vaccine is provided free to people aged 65 years and over. If you are feeling unwell, let a relative, friend or neighbour know.

- **The importance of diet and fluids.** Make sure that you eat as balanced a diet as you can. Having a regular calcium intake by eating dairy products like cheese and milk can reduce the

risk of bones becoming brittle and weak. As vitamin D helps the body absorb calcium, make sure you eat foods with high levels of vitamin D, like oily fish, sardines, mackerel, tuna, and also meat. Vitamin D supplement is also added to other foods such as spreads and breakfast cereals. Remember also to make sure you drink enough fluids, including water. Your GP or pharmacist will advise you on nutritional supplements or any dietary concerns you may have.

- **Clothing and shoes.** It may be a good idea to avoid wearing loose-fitting or open-backed slippers, sandals, shoes with heels, flared trousers, trailing nightdresses or other footwear or clothing that might cause you to slip or trip. Trainers can be comfortable to wear, and are sometimes recommended to reduce impact when walking, which may be helpful if you experience knee or back problems. If you feel you are at risk of falling, you might consider buying hip protector underwear that reduces the risk of a hip fracture as a result of a fall. It is washable, not visible under clothing and can be worn day and night. Ask your GP or a community nurse about this.
- **Reducing hazards.** Small changes in your home can help reduce accidents. Here are a few suggestions:
 - Fit a letterbox cage to help you avoid stooping to pick up letters
 - Use 20-25 watt energy saving light bulbs in the kitchen and stairways to make it easier to see any potential hazards (Energy saving bulbs do not have to be changed as often and will save energy and money in the long-run)

- Highlight the outer edge of steps with non-slip white paint to make them more visible
- Avoid having trailing wires and clutter in walking areas and on stairs
- Use non-slip mats under rugs, in the kitchen, inside and next to the bath and on stair landings to help you to avoid tripping or slipping
- Have handrails fitted next to the loo, bath, stairs and front door. These will help you balance and can make moving around more safe. (See section 2.3 of this guide for more information about obtaining these adaptations.)
- Remove or repair frayed carpet edges and loose carpets
- Think about storing frequently used items somewhere easily accessible
- Ask for assistance with chores, such as changing curtains or light bulbs
- Use a sturdy set of non-slip steps with a safety chain and handrail, rather than standing on a chair or table
- Spread salt, salty sand, dishwasher 'salt' or cat litter on wet or icy steps to make them less slippery
- Keep a mop to hand and always clear spills immediately to reduce the risk of slipping
- Have extra telephone extensions fitted around the home, or get an answering machine, rather than rushing to answer the phone
- Consider connection to a community alarm system as a reassurance. If you do fall you can then contact assistance.

Your local council social services can give you further advice on this matter.

- **Keep warm.** Try to keep your home warm as cold muscles work less effectively, which can increase the chance of accident and injury. The Winter Fuel Payment is an annual payment to help people with their heating bills. If you have reached the qualifying age, and depending on your circumstances, you'll receive the Winter Fuel Payment, between £125 to £400. For most people aged 60 to 79, it is worth £250. If you are aged 80 or over, you will receive £400. To be eligible for the Winter Fuel Payment between 2010/11 you will need to be born on or before 5 July 1950. Like other benefits, the qualifying age for Winter Fuel Payment is rising in line with the increase in State Pension age from April 2010 and will rise to 65 years between 2010 and 2020. For more information go to www.direct.gov.uk. If you are in receipt of Pension Guarantee Credit, the Winter Fuel Payment should be awarded automatically after it has been awarded for the first time. If you have not received this, contact the Pension Service (tel.: 0845 60 60 265) or the Winter Fuel Payment helpline (tel.: 08459 15 15 15).

To find out more about any of these suggestions contact your local Age Concern or branch of Age UK or Age Concern or (tel.:0800 169 6565; www.ageuk.org.uk), local council social services department or home improvement agency (contact Foundations, the national body for home improvement agencies, tel.:0845 864 5210; www-foundations.uk.com).

4.1 Warm Front

Warm Front is a government-funded scheme set up to provide energy advice and grants to home owners and private tenants on a low income. The Warm Front Grant provides a package of energy efficiency and heating measures up to the value of £3, 500 (up to £6, 000 is available if oil central heating is installed or repaired). To apply, or for more information:

- If you live in England, contact Eaga Partnership Ltd (tel.: 0800 316 2805; www.warmfront.co.uk)
- If you live in Northern Ireland, contact the Warm Homes Scheme (tel.: 0800 988 0559; www.warm-homes.com)
- If you live in Scotland, contact the Energy Saving Trust (tel.: 0800 512 012; www.energyassistancepackage.com)
- If you live in Wales, contact the Home Energy Efficiency Scheme (tel.: 0800 316 2815; www.heeswales.co.uk).

There may also be grants, discounts or subsidised work offered through energy providers and local authorities for insulation and energy efficiency work.

The Home Heat Helpline (tel.: 0800 33 66 99; www.homeheathelpline.org.uk) offers advice on cheaper fuel payment schemes, grants for insulating your home, and how to register for extra services and government benefits.

For more information about grants available for people in their own homes, or keeping warm, please see our guides **Housing: how to**

pay for the maintenance of your home (guide number 29) and Health difficulties caused by hot and cold weather (guide number 26).

5 Health services

There are many services which are available through the NHS which can help with the mobility or health needs you may experience in older age.

5.1 Your GP

This should be the first port of call if you have a health difficulty which is causing you problems. It may be that your difficulty can be treated easily and your problems may be reduced quickly. Your GP may need to refer you on to other services if you need more specialist advice. If you need non-urgent treatment and are referred on to a hospital, you should be offered a choice of location which is most convenient for you.

5.2 Nursing care

It may be that your needs can be treated by a community nurse that you visit in your local GP surgery or who visits you in your own home. Community nurses can specialise in a variety of things, for example, mental health, skin breakdown, and continence issues. Please see section 6 for more information about continence issues.

5.3 Rapid Response Intermediate Care

Your GP or your local A&E department may be able to refer you to a rapid response team, who can set up a package of short term care

and support funded by the NHS, and provided in your own home to prevent you having to go into hospital. Some acute care can be provided at home from specialist teams, for example, the administration of intravenous antibiotics. Intermediate care can be provided from anything between a few days up to a usual maximum of six weeks and should be provided in community based settings or in your own home. A rapid response team would be able to make an assessment and provide the necessary care you require in your home. This is also known as 'hospital at home' or, in some circumstances, it may be provided in residential or nursing care settings. Intermediate care may also be provided to help your hospital discharge back to your own home, or into another residential setting. This package of health care is funded by the NHS for a period of time, although it may also include community care services provided by the local council. For more information about intermediate care services following a hospital discharge, please see our guides **Hospital discharge in England** (guide number 13); **Hospital discharge in Scotland** (guide number 51) and **Hospital discharge in Wales** (guide number 71).

5.4 Footcare

Looking after your feet can help with mobility problems and also reduce the risk of falls. Older feet tend to develop more problems because the skin is thinner, and wear and tear on the joints over the years may be causing discomfort or pain. However, this is not an inevitable part of growing old, and there are treatments available which can improve the condition of your feet.

If you have problems with your feet because of ageing, diabetes, osteoarthritis or rheumatoid arthritis, you should be a priority for NHS foot care services. Make an appointment to see your GP, and ask them to refer you to a podiatrist or chiropodist. Chiropody is available on the NHS free of charge in most areas of the UK, although its availability in your local area will depend on what your Primary Care Trust funds.

If you are not eligible for footcare from the NHS you will need to arrange to see a chiropodist privately. Some local older people's support groups, such as local branches of Age UK or Age Concern (tel.:0800 169 65 65: www.ageuk.org.uk) arrange group chiropody appointments.

5.5 Eyecare

It is important that you have your eyes checked regularly. Many older people find that their eye sight degenerates a little in their old age, and that they need to start wearing glasses. You are entitled to a free eye test every two years if you are aged between 60 and 70, and every year if you are over 70. See section 9.2 of this guide for more information about financial help available to buy glasses.

You can find opticians who undertake free eye tests on the NHS Choices website (www.nhs.uk) or by contacting your local primary care trust.

If you are eligible for a free NHS sight test but you are unable to leave your home because of physical or mental health reasons, then you may be eligible to have an NHS-funded sight test at home. This is known as a domiciliary sight test. A qualified optometrist will then visit you at home to carry out the sight test. To arrange this, you will need to contact your local NHS Primary Care Trust or Local Health Board for a list of optometrists providing this service. You can get contact details of your local Primary Care Trust from NHS Direct (tel.: 0845 46 47; www.nhs.uk).

5.6 Dental care

To find an NHS dentist, either search the NHS Choices website (www.nhs.uk) or call your local primary care trust (PCT) for details of local dentists who are registering new NHS patients. You can get contact details of your local Primary Care Trust from NHS Direct (tel.: 0845 46 47; www.nhs.uk), or in your local telephone directory or library. If you are unable to find a dentist who accepts NHS patients you may have to pay privately for dental treatment.

If you have a problem with your mobility that means you find it difficult to get out and visit your dentist, you may be able to arrange for one to treat you in your own home. You should contact your local PCT and ask for a visit from a domiciliary dentist. There is a variation in availability depending where you live in the country, the NHS dental helpline (tel.: 0300 1000 808) can tell you if your local PCT has this service in place in your area.

5.7 Stopping Smoking

Tobacco consumption can have serious effects on your health, particularly as you get older. Cigarette smoking can cause problems with your arteries and heart, and with your lungs. The NHS offers free local support to help people quit smoking. A trained adviser will help you put a plan into action to stop smoking. Your adviser will also explain to you about the range of nicotine replacement products and other stop smoking medications that are available. For further advice or to find your local service, contact the NHS Quit Smoking service (tel.: 0800 022 4 332; <http://smokefree.nhs.uk/> - N.B. no “www.” at the beginning of the address).

5.8 Reducing Alcohol Consumption

Having a glass of alcohol for social reasons can be one of life’s pleasures, but some older people are drinking too much and this is having a detrimental effect on their physical and mental health. While there is no clear evidence as to why some older people might develop problems with alcohol later in life, it is thought that life events such as bereavement, loss of identity and purpose through unemployment, physical illness and mental stress, loneliness and isolation could all be contributing factors. Studies show that more older men than older women have problems with excess drinking of alcohol, but this gender pattern could change as the population ages. Excessive drinking puts an older person at increased risk of falls and accidents, incontinence and depression. Drinking too much can also cause insomnia and anxiety. In more severe cases, heavy drinking in an older person can lead to dementia and neurological

disease and self neglect. If you think that you have an alcohol problem you may want to discuss the issue with your GP. You may wish to ask about being referred to cognitive behaviour therapy (CBT), or a group support programme. You can also contact Alcohol Concern (tel.: 0800 917 8282, www.alcoholconcern.org.uk) to discuss safe drinking limits and how to get help and support if you think you have a drinking problem. If you are concerned that a partner, relative or friend is drinking too much, you can also speak to someone at Alcohol Concern for advice. If you believe that you have a severe problem with alcohol and it is seriously affecting the quality of your life and your relationships, you may wish to contact Alcoholics Anonymous, which is a self-help organisation that promotes abstinence and sobriety and which runs support groups throughout the UK and the rest of the world (tel.: 0845 769 7555, www.alcoholics-anonymous.org.uk)

6 Continence issues

It is estimated that 6 million adults in the UK currently experience some form of incontinence, but because it is a sensitive subject many health professionals feel there may be many other people who experience problems but do not receive assistance. **Incontinence is not an inevitable result of growing older.** However, certain age-related changes do occur in the nervous system, kidneys, bladder and urethra (the tube that carries urine from the bladder out of the body) which can make older people more vulnerable to developing incontinence. Incontinence can be caused as a result of a trauma such as a stroke, an illness such as Parkinson's disease, or it may be a result of external factors such as excessive alcohol consumption.

There is a difference between the two main types of incontinence. One is **physiological**, and caused because you do not know when you need to go to the toilet or you cannot control your bladder or bowels because of a disease, disability or illness. The other is **environmental**, and may occur because you are not able to get to a toilet in time as a result of mobility difficulties.

There are a number of different types of incontinence and the treatment and support may be different for each type.

Stress incontinence

This is when you may 'leak' urine when you laugh, cough or sneeze. It is caused by muscles surrounding the base of the bladder becoming weak. It is possible to strengthen these muscles (pelvic floor muscles) by doing special exercises. A GP or continence advisor working with your local primary care trust can give advice about these exercises and other sources of help.

Frequency incontinence

You may find that you need to go to the toilet more often than normal. This can be caused by a number of conditions, although in most cases the reason is not known. Drinks with caffeine in them (tea, coffee and cola), can increase symptoms, as can drinking alcohol.

Urge incontinence

This is a strong desire to go to the toilet, which you cannot ignore.

Dribbling or leaking

In men, this problem may be due to changes in the prostate gland. In both men and women, it may be because of constipation causing pressure on the bladder.

Environmental incontinence

This happens when your urinary system is working well but you cannot get to the toilet in time. This can happen if you have mobility difficulties or the toilet is difficult to access. There are a number of ways that you can improve your environment with aids or adaptations so that getting to the toilet is easier for you. Contact

the occupational therapist at your local council social services or the Disability Living Foundation (tel.: 0845 130 9177; www.dlf.org.uk), or home improvement agencies (tel. 0845 864 5210, www.foundations.uk.com).

Bowel incontinence

This can be caused by a number of things, for example, eating particular foods, not getting to the toilet in time or in combination with constipation.

Unawareness

People who have experienced physiological damage, for example, caused by a stroke, may no longer be aware of when they need to empty their bladder or bowels. Loss of mental capacity can also lead to people being unaware that they need to go to the toilet. If you realise that someone you are caring for may be having problems with incontinence because they lack awareness, you should seek professional advice to find out if the symptoms are temporary or likely to be permanent. Seeking help at an early stage increases the chances of the problem being resolved or at least improved. You may find that by changing diet, daily routine, carrying out special exercises and drinking at different times of the day, it is easier to cope with continence problems.

What help is available and how and where can I get it?

The first step is to visit your GP for a check-up to see if there is a medical reason for the incontinence. If the problem cannot be resolved with medical treatment then you should ask your GP for an

appointment to see a continence advisor, a health visitor or a community nurse. A continence advisor will be able to give you specific advice about ways of reducing and managing incontinence. They will discuss your problem with you sensitively and in confidence, and together you can work out what can be done to help you cope with your continence difficulties.

A full investigation will mean that your condition might be improved either by treatment, advice, training, suitable continence aids and/or aids and adaptations to your home. It may be that all that is needed to solve the problem is regular exercise to strengthen your weakened muscles. Try to overcome any embarrassment you may feel to seek support as, in many situations, incontinence can be improved or even overcome.

For more information and advice about continence issues, contact the Bladder and Bowel Foundation (tel.: 0845 345 0165; www.bladderandbowelfoundation.org).

7 Financial assistance

7.1 Attendance Allowance, Disability Living Allowance and Severe Disability Premium

Attendance Allowance (AA) and Disability Living Allowance (DLA) are non means-tested benefits paid to people who need personal care or supervision due to health problems or have a physical disability or mental health needs. Attendance Allowance is a benefit paid to people aged 65 and over who have personal care or supervision needs. Disability Living Allowance is a benefit paid to people aged under 65 who have personal care or supervision needs or who have difficulties with mobility. If you receive certain levels of DLA, you may qualify for the Motability scheme (which provides assistance with purchasing a specially adapted car or scooter) (tel.: 0845 456 4566 for the car scheme and tel.: 0845 60 762 60 for the scooter scheme; www.motability.org.uk).

As these benefits are not means tested, they can be claimed regardless of the level of your income or savings or any National Insurance contributions. To qualify for Attendance Allowance you must have needed the care or supervision for six months before you can claim and for three months to claim Disability Living Allowance. If you have a terminal illness you can qualify immediately. For more information, please see our guide **Disability Benefits: Attendance Allowance and Disability Living Allowance** (guide number 3).

If you are receiving Pension Guarantee Credit and a disability benefit, and you live alone, or you are a couple who both receive disability benefits, you may also qualify for additional financial help in the form of a Severe Disability Premium which is linked to your Pension Guarantee Credit. For more information, contact the Pension Service (tel.: 0800 99 1234). For more information, please see our guides **Pension Credit** (guide number 2) and guide **Disability Benefits: Attendance Allowance and Disability Living Allowance** (guide number 3).

7.2 Carer's Allowance

This is a benefit paid to some people who care for another person for 35 hours or more a week. There are complex criteria for eligibility. For more information, please see section 11 of this guide, or our guide **Carers: what support is available** (guide number 10).

7.3 Council Tax Benefit

Council tax is how we pay for local government services in England, Scotland and Wales. The amount you pay depends on the value of your home. Council Tax Benefit is calculated in a similar way to Housing Benefit, is administered by your council, and is means tested. If you are in receipt of Pension Guarantee Credit, you are entitled to full Council Tax Benefit and Housing Benefit. If you are not receiving Pension Guarantee Credit, it is still worth claiming Council Tax Benefit. For more information, please see our guide **Council Tax Benefit and Housing Benefit** (guide number 22).

Sometimes, the amount of council tax you have to pay can be reduced. For example, if your home has been adapted for your disability, if you live alone, or if you have certain mental health needs. The rules are complex, but you should not let this deter you from applying. You may wish to contact your local council or an advice agency such as the Citizens Advice Bureau (www.adviceguide.org.uk), your local branch of Age Concern or Age UK (tel.: 0800 169 65 65; www.ageuk.org.uk) or Counsel and Care (tel.: 0845 300 7585; www.counselandcare.org.uk) for further advice.

7.4 Housing Benefit

This is paid by your local council if you are on a low income and you are living in a rented property. Housing Benefit usually covers a certain percentage of your rent. You are eligible to claim if you have savings below £16,000, and meet other set criteria. For more information about making a claim, please call Counsel and Care's advice service (tel.: 0845 300 7585; www.counselandcare.org.uk), or see our guide **Council Tax Benefit and Housing Benefit** (guide number 22) for more information.

8 Help from the local council

8.1 Assessment of need and provision of services

The social services department at your local council (social work Departments in Scotland or health and social services boards in Northern Ireland) are responsible for making sure that older people or those with disabilities have the support they need. This support might be provided by family or friends. If not, social services can, after they have carried out an assessment of your needs, arrange community care services if your assessed needs meet the local eligibility criteria. In some cases, services can be provided directly by the social services department. In other cases, it can be provided indirectly through the Direct Payments scheme or personal budgets where social services provide you with the money to 'purchase' your own care. Alternatively, care may be provided by other organisations, such as your local Age Concern or Age UK. Housing departments and health authorities may also provide services connected to community care. For more information, and depending on which area of the country you live in, please see guides **Assessment and services from your local council in England** (guide number 12); **Assessment and services from your local council in Scotland** (guide number 50) or **Assessment and services from your local council in Wales** (guide number 70), as well as guide **Home Care: Using Direct Payments and personal budgets** (guide number 23).

8.2 If you cannot see very well

If you cannot see very well and your sight cannot be corrected by wearing prescription lenses, you may wish to register as sight impaired (also called partially sighted) or severely sight impaired (also called blind). Your ophthalmologist (usually at an eye clinic) will ask you to sign your 'Certificate of Vision Impairment' and notify your local sensory service. Registration is voluntary and may bring concessionary benefits. For more information, please see our guide **(Sensory loss) If you can't see and/or hear well – what support is available** (guide number 39).

9 Financial assistance towards health costs

9.1 Prescription costs

If you are over 60 and live in England, Northern Ireland or Scotland or, you are entitled to receive any prescription from your GP or hospital free-of-charge. On the back of the prescription form there is a box to tick to say you are over 60. The chemist may ask you to show proof that you are over 60. If you live in Wales, there is no charge for NHS prescriptions at any age.

9.2 Glasses and sight tests

You are entitled to free routine NHS eye examinations if you are aged 60 or over, or if you are aged 50 and meet other conditions. Some health conditions make younger people eligible for free examinations too; your optician will be able to tell you which ones. Before you have your eye test, tell your optician or their receptionist that you are eligible (or think you may be eligible) for a free eye test, you will be asked to sign an NHS Sight Test form. If your sight test shows you need glasses, you will be provided with a prescription which you can take to any optician or supplier to have prepared into glasses. If you are eligible for a free sight test, or you have a prescription which is defined as 'complex', or you receive Pension Guarantee Credit, you are also entitled to vouchers to assist with the cost of your glasses.

For more information, ask for advice from your optician, your local Age Concern or Age UK, or your local branch of a charity for

visually impaired people, such as the RNIB (tel.: 0303 123 9999; www.rnib.org.uk). The RNIB and Action for Blind People have leaflets on this subject. For more information, please see our guide **(Sensory loss) If you can't see and/or hear well – what support is available** (guide number 39).

9.3 Dental work

Free NHS treatment is provided for people who receive Pension Guarantee Credit, and help with paying for dental care may also be available if you are on a low income. For more information please see section 9.4 of this guide. There are maximum charges for NHS dental care, a complex course of treatment is £198, and other more straightforward treatments like checkups cost either £16.50 or £45.60.

9.4 Pension Guarantee Credit and the HC1 form

If you receive Pension Guarantee Credit you can claim additional help with a range of NHS services, for example, NHS dentures and dental treatment.

If you do not receive Pension Guarantee Credit because your income or savings are too high, you may still be entitled to help toward the costs of dentures and dental treatment, glasses and fares to hospital if you are on a low income. To claim this help, you have to fill in form HC1.

The form HC1 is available from your GP, dentist or optician; from the NHS Low Income Scheme Patient Services Help with Health

costs line (tel.:0845 850 1166) or the Department of Health Publications order line (tel.: 0845 601 1112). The NHS Health Benefits Division (tel.: 0191 203 5555) will look at your income and savings and decide how much help you are entitled to.

If you live in a care home and the council helps towards your fees you will need to fill in the form HC1. You can have savings of up to £16,000 and still claim this help.

The Health Benefits Division will send you a certificate, which will show what help you are eligible for. You might receive help towards some or all of your charges. The certificate will last for one year. If you have paid NHS charges in error you can fill in form HC5 to claim for a refund. You must send the form to the Health Benefits Division within three months of the date that you paid the charges.

10 Travelling to hospital

The Healthcare Travel Costs Scheme (HTCS) is available to those patients who do not have a medical need for ambulance transport and who cannot meet the costs of travel to hospital. If you are on a low income, but not in receipt of Pension Guarantee Credit, you may still be entitled to a full or partial reimbursement under the HTCS scheme. You must complete form HC1, available at your benefits agency or hospital to claim. (If you receive Pension Guarantee Credit you will be entitled to full reimbursement of your travel costs to hospital.)

Under the HTCS scheme, eligible patients are also entitled to claim for the travelling expenses of escorts/carers where their presence is considered to be medically necessary by their GP or consultant.

Most hospitals refund fares at reception, or if not, they can advise you on the procedure. You will have to produce evidence of receipt of Pension Guarantee Credit or a current HC2 or HC3 certificate.

10.1 Visiting someone in hospital

If you receive Pension Guarantee Credit and are visiting someone in hospital, you cannot claim under the HTCS scheme, but you can apply for a Social Fund grant to help towards the cost of the fares from the local Pension Service or Benefits Agency office. You must fill in form SF300. For more information, please see our guide

Grants and loans from the state for people on a low income (the Social Fund) (guide number 4).

11 Carers

If you care for someone who has physical or mental health difficulties you may be able to receive financial and practical help. You are entitled to an assessment of your needs as a carer by your local council. The assessment might result in more services to help the person you look after, or services to support you in your role as a carer. You can also apply for Carer's Allowance, which is a benefit paid to people who provide over 35 hours of care per week. There are complex rules for eligibility to a Carer's Allowance. For more information, please see our guide **Carers: what support is available** (guide number 10) for more information. You can also contact Carers UK which is a national charity that gives advice and guidance to carers (tel.: 0808 808 7777; www.carersuk.org.uk).

12 War Pensioners

If you are a War Pensioner you may be entitled to additional financial help with NHS treatment and other needs. Contact the Service Personnel and Veterans Agency (tel.: 0800 169 22 77; www.veterans-uk.info) for advice.

Our advice workers can advise on a wide range of issues affecting older people, their relatives and carers. Counsel and Care produce a range of guides which can be downloaded from our website www.counselandcare.org.uk, or requested by leaving a message on our guide order line on 020 7241 8522.

This guide is not a full explanation of the law and is aimed at people over 60.

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