

Advising older people about their care choices in later life:

A self training module for advisers



Commissioned by



Written by



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About this training module

This self training module is for people who give general advice on a range of topics e.g. money, housing, services, and who wish to be able to advise older people about their care choices in later life.

Its aim is to enable advisers to develop their knowledge about care choices for people as they get older and to offer information and advice about making such life choices. Knowing where to look for information when you need it, rather than memorising facts, is the approach taken in the training.

The module places equal emphasis on the development of skills enabling older people to make informed decisions about their health and care.

Some of the information, particularly with regard to legal rights, applies only to England as there are differences in some legislation with regard to Wales, Scotland and Northern Ireland. However, most of the types of care support, care services and care homes and provision of advice are applicable in all of the countries.

The module has been commissioned by **EAC FirstStop Advice**, an independent, free service providing advice and information for older people, their families and carers, about care and housing choices in later life. FirstStop also offers useful information for carers looking for support and advice.

The module has been produced by **Care & Repair England**, an independent charitable organisation which pioneered the creation of local housing options advice services. www.careandrepair-england.org.uk.

Care & Repair England is an Industrial and Provident Society with Charitable Status No. 25121R.

Disclaimer

Every effort has been made to ensure that the information in this module is accurate. However, Care & Repair and FirstStop cannot accept any responsibility for errors or omissions. This is a fast moving field – contacts, policy and practice are constantly changing. We would welcome any feedback about content, eg. broken weblinks, organisational changes. Please email these to info@careandrepair-england.org.uk.

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Updated 2015.

MAJOR CHANGES TO SOCIAL CARE FOR ADULTS

This module takes into account the changes brought about by The Care Act 2014. Some of the changes came into effect from April 2015 and further changes are expected for April 2016.

What does this training module cover?

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How to go about using the module



The module is interactive, involving the learner through activities and tasks. Some tasks require internet access in order to make links to useful websites. The learner can work at their own pace and dip in and out of tasks to fit in with their workload. However, it is recommended that the order in which the materials and tasks are undertaken is followed as later sections build on the knowledge gained in earlier parts of the module. It is also possible to print off the module and work through it as a paper document. However, this will make following the weblinks more difficult. We periodically update the module and would welcome your feedback about content. Please email info@careandrepair-england.org.uk

Myths and realities

Task 1: A Quick Quiz

Tick your answers then see Part 3 to find out whether you were right or not. Remember – this is not a test! Why not try it out on your friends and colleagues, or maybe use as a basis for a team discussion about care advice for older people?

See page 33 for answers

- 1 Most people live in a care home at the end of their life**
True ☐ False ☐
- 2 When an older person moves into a care home the council usually pays**
About 10% ☐ About a quarter ☐ About a third ☐ About half ☐
- 3 What proportion of family or unpaid care is provided by older people?**
About 10% ☐ About a quarter ☐ About a third ☐ About half ☐
- 4 Everyone has to sell their house or flat to pay for their care home place**
True ☐ False ☐
- 5 Care at home is free**
True ☐ False ☐

Part 1

Care information

In this section we look at the possible care choices that older people may have. Which of these options are open to a particular individual will depend upon a range of factors, including what is available in their part of the country, the extent of their illness or disability, and what financial resources they might have. This section begins with an overview of care services and support for older people.



Care information

The main types of care available to older people

Overview

Although the last census recorded almost half those over pension age having some form of disability, only 4%¹ of older people live in a care home. The vast majority of care homes are owned and run by the private sector.

In general, older people's need for some kind of care support or service tends to increase with age. This does not mean that every older person will have care needs, or require this to be arranged for them. Indeed, many older people – including some of those into their 90s – provide unpaid care for someone else, perhaps a relative (often a spouse or partner), neighbour or friend. This can include help with food shopping, or to get washed and dressed, or to get out and about – perhaps to hospital appointments, or hairdressing. The loss of mobility in particular can mean some older people become very isolated at home.

Enabling older people to remain living independently in their own home has been an important social trend for some time. Since 1993, local councils have focussed on supporting people to do this, meaning that people now move to a care home at much older ages and with higher levels of need than in previous decades.

The Care Act 2014 introduces new responsibilities for local authorities. It makes clear what local authorities must do and what people can expect

wherever they live. It has major implications for adults needing care and support as well as carers. It sets out how a person's needs should be assessed, how to determine who is eligible for help and the rules around charging for care, at home or in residential care. Wellbeing is at the heart of the Care Act and local authorities must act to promote it.

There is a move toward older people using ordinary services to meet some of their care needs – such as eating supermarket ready meals rather than using 'meals on wheels', or joining a local interest group rather than going to a day care centre. There are also changes that mean that, where a local council helps someone arrange or pay towards their care, the older person will have a much greater say and more control over what support is arranged and how funding is spent.

ACTION:

Think about your own health, and what might cause you difficulties in later life. What help would you need if you couldn't get out of the bath, couldn't reach to wash your hair or put on your shirt? Or no longer drive, or walk as far as the bus stop? What if you could no longer hold a knife to chop vegetables or slice bread, or reach down to lift wet washing from the machine? What help might you need?

¹ Laing & Buisson, Care of the Elderly UK Market Survey (Annual)

Care information

The main types of care available to older people



Care at home

Many older people choose to stay at home for as long as possible: others decide to move to more suitable accommodation, whether a smaller house; a bungalow or flat; sheltered or other form of retirement housing. Anyone who is uncertain about staying in their current home will find the HOOP tool (Housing Options for Older People) helpful. This simple tool was developed by the charity Elderly Accommodation Counsel to help older people think through their housing options, www.housingcare.org.

Whether people stay or move they may also need care and support such as:

- Personal care eg help with getting washed and dressed
- Help with daily life, such as shopping, housework, laundry
- Help with managing money including paying bills
- Help to get out and about, whether to see friends, visit the hairdresser, or keep hospital appointments.

Most people also want to continue to lead interesting, full lives.

Services may be provided by the local council; or arranged by the council but provided by a voluntary sector organisation (such as a local Age UK or Age Concern) or private agency (such as a care agency). Or, people may decide to arrange and pay for this support privately; some support might be provided

by family members, friends or neighbours. Some support may be available from the NHS, including district nurse services or equipment/supplies such as continence pads. Many older people receive a mix of support from their relatives, their local council, charities and other voluntary agencies, private organisations, and the NHS.

Care in care homes

There are two broad types of care home: those providing care (sometimes called residential care homes), and those that also provide nursing (sometimes called nursing homes). Some homes specialise in support for people with dementia. The vast majority of all types of care home are owned and managed by the private sector. A much smaller number are run by either the local council (these offer care only, not nursing) or voluntary sector organisations. Some charities run care homes for those previously involved in a particular type of work, such as for retired gardeners or actors.

Standards of care

All health and social care services in England are registered and licensed by the Care Quality Commission. All such services have to meet essential standards so that the person receiving the support can expect:

- To be involved and told what's happening at every stage of their care
- Care, treatment and support that meets their needs

From April 2015 new rules mean health and care providers will have to prominently display their Care Quality Commission rating and could be fined if they do not comply.

Care information

The main types of care available to older people

Complaints

Anyone who pays for their own care – whether at home or in a care home – can take any complaint they have to a new part of the Local Government Ombudsman's office. People whose care is arranged and/or funded by their local council would also access the LGO. Anyone with a complaint about NHS services would take this to the Health Service Ombudsman. In all cases, the Ombudsmen's offices expect the person to have exhausted the local complaints process first, starting with complaining to the organisation providing the care.

www.lgo.org.uk/adult-social-care

ACTION:

Search the Care Quality Commission's website, <http://www.cqc.org.uk/content/care-homes>, for details of all the registered care services in England.

Try out FirstStop's postcode search facility for care homes and care services at home, www.firststopadvice.org.uk, to see what is available in your local area.

Getting help to arrange care or pay for care

All adults that appear to have a need for care and support, regardless of their financial means, are entitled to a free care needs assessment from their social services department. The purpose of the local authority assessment is to identify a person's needs and how these needs impact on their wellbeing and

the outcomes they wish to achieve in their day to day life. Consideration must also be given to preventing the development of needs.

If a person is unable to request an assessment, or express their needs, then the local authority must carry out supported decision making. This means helping the person to be as involved as possible in the assessment process and may include access to an independent advocate, if needed. From this assessment the local authority will determine if those needs meet the eligibility criteria set out in The Care Act. If the assessment identifies no eligible needs at that time then the local authority must consider providing information and advice or other preventative services. If the assessment identifies needs that do meet the eligibility criteria then the local authority may means test the person to see if they can pay for any care or support in full or how much they will need to contribute towards the costs.

Care assessments

The type of assessment offered will depend on personal circumstances, it may be on-line or by telephone, supported self assessment or face to face. The assessment may also cover any carers needs, if this is agreed by all parties involved.

During the needs assessment, different areas of your life should be considered including:

- Your views as regard to your perceived problems and expectations.
- Clinical background (any medical problems, medication or any falls).

Care information

Accessing care for older people

- Disease prevention (blood pressure, weight, drinking/smoking).
- Personal care and physical wellbeing (your ability to look after yourself, any mobility difficulties or continence problems).
- Senses (any sight or hearing problems that are causing difficulties).
- Mental health (memory problems or depression).
- Relationships (family, friends, carer).
- Safety (difficulties relating to your safety or the safety of others around you, neglect or abuse).
- Your immediate environment and resources (whether you can look after your home, suitability of accommodation, benefit advice, ability to shop).
- Lifestyle choices (where you want to live, any important interests).

It can be helpful if, before the assessment, the person & carers make a note of the things they find difficult all the time as well as some of the time. The person's views and their wishes should be written down and form part of the assessment. When it is finished, the person should be given a written copy of the assessment, which can be challenged if they feel something has been missed out, or overlooked. Once the assessment has been completed and agreed, the person's needs are compared to the eligibility criteria.

Wellbeing and eligibility criteria

Wellbeing is at the heart of the Care Act 2014 and local authorities must act to promote it. It's about what is important to you and must be a focus when considering your needs and goals. It includes areas such as:

- Personal dignity
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal
- Suitability of living accommodation
- The individual's contribution to society

Your care and support needs including the outcomes you wish to achieve, as identified from the assessment, will be eligible needs if they meet all three of the following conditions:

1. The needs arise from or are related to a physical or mental impairment or illness.
2. As a result of those needs the adult is unable to achieve two or more of the specified outcomes

Care information

Accessing care for older people



- without assistance
 - without assistance but doing so causes the adult significant pain, distress or anxiety
 - without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others
 - are able to achieve it without assistance but take significantly longer than would normally be expected
3. As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.

ACTION:

Have a look at the guide from Independent Age, 'What does the Care Act mean for me?'
<http://www.independentage.org/factsheets/the-care-act/>.

Decisions about supporting people at home and Direct Payments

Since 2008, English local authorities have been 'transforming' and 'personalising' social care for people at home through an approach called Self Directed Support (SDS). Broadly, this involves people for whom the council accepts responsibility to arrange social care having a far greater say over what is provided, by whom, and how public funds are spent on their behalf.

Instead of councils organising services on behalf of people as previously, they now calculate an indicative

budget for each person – a sum that should be sufficient to mean the person's needs are met, using a Resource Allocation System (RAS). Each person receives a copy of their agreed needs and their RAS allocation: their 'personal budget'. The person can opt to use a support broker to help them work out how best to use this money. They can also challenge the sum if it is not enough. The person can choose to take the money as a Direct Payment; or they can ask the council to manage it as a 'virtual budget'; or, they can opt to nominate someone to hold and manage it for them – perhaps a care agency, or a relative. Or they can choose a mix of arrangements. This approach is based on councils meeting individual's priorities (eg. socialising) rather than arranging services (eg. day care). Everyone eligible should have a personal budget from April 2013, and as many as possible take this as a direct payment.

Currently, personal budgets and direct payments apply only to care at home and to those in a residential care home receiving NHS Continuing Healthcare funding from the NHS.

ACTION:

To find examples of what self directed support can mean for individual older people, look at www.in-control.org.uk/stories.

Care information

Care options at home

Personal care

Most people seeking to obtain personal care at home either engage someone via a care agency, or employ a Personal Assistant (PA). In broad terms, 'personal care' involves being touched, such as brushing hair, putting on shoes, or helping with other washing, dressing and other, private, bodily tasks.

Using an agency

As well as agencies being registered with the Care Quality Commission, agencies also have to safeguard vulnerable adults by checking the records of relevant employees in accordance with the Disclosure and Barring Service (DBS) policies. Encourage your clients to ask the agency how it will meet the person's needs if workers are ill or on holiday; what qualifications staff hold; and how concerns can be raised. Make sure the person knows how much the care will cost, and what should be provided on visits. The UK Homecare Association (UKHCA) has a useful leaflet, 'Choosing care in your home', see www.ukhca.org.uk.

Employing a Personal Assistant (PA)

Some people employ a Personal Assistant (PA) to provide the care that they need, perhaps using their Direct Payments money. Anyone whose local council provides them with Direct Payments is entitled to support in order to handle this money. This support can include a local agency taking on payroll functions, for example. The Direct Payments money can also be used to employ someone privately. The advantage of a PA is that they can help with a wider range of tasks, and there is more choice over when this happens.

Getting out and about

People who find it difficult to walk to the nearest bus stop, or to get in and out of even accessible taxis, may be able to use local Dial-a-Ride services: these generally have to be booked in advance but will take someone door-to-door. Many towns offer a Shopmobility scheme, www.shopmobilityuk.org, whereby mobility scooters can be hired by the hour; there are also many private firms offering this service. Mobility scooters do not currently require anyone to hold insurance or a valid driving licence, but it is advisable to practice before going out on the road. If the person is involved in an accident or the scooter is stolen they may be liable for any costs unless they are insured.

Shopping and meals

The range of support available with shopping and meal preparation has increased markedly with the advent of internet shopping, increase in home delivery services and the expansion of supermarket ready meals. There are still meals on wheels services often run by RVS – see www.royalvoluntaryservice.org.uk. There are also firms specialising in delivering more traditional frozen meals aimed specifically at older people. In addition, some people use their PA for preparing meals and snacks.

Care information

Care options at home

Housework and laundry

There are many agencies offering house cleaning or laundry services quite separately from the care sector and again, how people meet the costs of this will depend upon the resources available to them.

For those with limited resources, some local councils will organise domestic cleaning if they assess the person as also having very high levels of personal care needs. If laundry is needed because of a medical condition, the NHS may be able to help.

Assistive technology

There is growing interest in the role that technology can play in enabling older people to live in their own homes for longer, even when they have relatively high support needs eg. in the case of dementia.

Telecare, defined as the provision of care to people in their own homes by means of information, communication and environmental technologies, is expected to make a considerable difference to the ability of older people to live independently.

Probably the most commonly recognised and most widespread form of assistive technology is the Emergency or Community Alarm scheme whereby a person pulls a cord or presses a button on a pendant or watch in order to summon assistance in the case of an emergency.

Social services, or in some cases the housing provider, should be able to provide information about any local statutory help with AT, or Rica can offer a consumer guide to a range of technologies www.rica.org.uk as do the Disabled Living Foundation (www.dlf.org.uk).

ACTION:

Think about an older person you know – perhaps a relative, or a neighbour. How do they spend their time? Are there other things they would like to do? What would help them achieve this?

Care information

Other services and support for older people living at home

Keeping safe and secure

One of the best known ways for people to feel safe at home is to have an emergency personal alarm system. This involves a pendant worn around the neck, or sometimes a pull cord alarm, which the person activates if needed. A response service then contacts the person and/or someone they have nominated, to make sure they are alright. Many alarm systems are run by the local council. Home improvement agencies can fit a KeySafe: this is a device fitted outside, by the front door, which securely holds a key to the home. It can be accessed only by those to whom the person chooses to give a combination code. Other options include entry door systems. The local police crime prevention team often give free advice about securing doors and windows, and other matters.

Health matters

Anyone who is uncertain about any aspect of their health should first seek appropriate medical advice. This might be at a hospital's Emergency Department if it is critical and urgent or at the GP surgery, local pharmacy or NHS minor injuries unit. If you need medical advice fast but it is not a 999 emergency, you can phone 111.

For online medical information see
<http://www.nhs.uk>.

People are entitled to free prescriptions from the NHS after the age of 60. Most pharmacies (chemists) offer a home delivery service, or can arrange for someone else to collect a filled prescription. Older people also have the right to a free eyesight test every year (if aged over 70) and every 2 years if aged 60 or older. Those aged 65 and over are entitled to a free 'flu jab each year, and a one-off pneumonia jab; people aged 75 and older can have an annual health check at the surgery if they have not seen a GP in the previous 12 months; and the Department of Health recommends an annual check on medication after this age, also at the GP surgery. Screening tests for breast, bowel and cervical cancer are available to some older people – see Age UK's Factsheet about NHS services – www.ageuk.org.uk.

Using local shops and services

Under the Equality Act 2010, older disabled people are entitled to be able to access local amenities and services, such as shops and museums. Such places have to make appropriate adjustments, such as installing ramps or lifts, reading a menu out loud, or taking other steps. This 2010 Act consolidates and strengthens earlier Disability Discrimination law; see the Equalities and Human Rights Commission's website www.equalityhumanrights.com.

Care information

Other services and support for older people living at home



Day centres and day activities

Most day centres for older people are run during the week either by the local council or voluntary organisations such as local Age Concerns/Age UK organisations. They provide transport to and from the centre, offer daytime activities such as singing, crafts, and gentle exercise, as well as lunch. Many have become resource centres for the wider community, offering computer lessons, beauty treatments and health advice sessions. Some people are now choosing to go to ordinary clubs, classes or groups using their own resources, whilst a few have access to personal budgets which they can use instead of attending prescribed services such as a day care centre.

Support for family carers

Many younger and older people provide unpaid care for another person; sometimes an adult child with learning disabilities; sometimes their own partner or spouse, or another relative or friend. All adult carers have rights to assessments and to services in their own name and, in some circumstances, to benefits. The charity Carers UK has much more information, www.carersuk.org

Care information

Housing services that support older people living at home

Adaptations

Even if someone has moved home, they may still need adaptations at some stage. The main source of financial help for larger adaptations for those with limited means is a Disabled Facilities Grant (DFG). This is a means tested grant to which people have a legally defined entitlement and which pays for all or part of the cost of adaptations. It is administered by the local housing authority, usually the environmental health department, but the social services occupational therapy department is usually involved as they advise on what adaptations the disabled person needs (technically defining 'what is necessary and appropriate'). Home owners, council, private tenants and housing association tenants are entitled to apply for a DFG. In practice some councils and housing associations also pay for or contribute to adaptations for their tenants. Local knowledge is key to advising on adaptations as local practice varies significantly. The local home improvement agency should also be able to help. The Disability Alliance Factsheet. www.disabilityrightsuk.org and their Disability Rights Handbook give a clear explanation of people's rights to DFGs.

Whilst DFGs are one of the main ways that people get help with adapting their home, some local councils are setting up new fast track systems to deliver smaller adaptations, using a combination of

handyperson teams or block contracts with providers such as stairlift companies which also operate recycling schemes.

Because of the long delays in many areas with obtaining a DFG, some people will either pay for the adaptation themselves, be helped by family or take out equity release loans to meet the cost. It is important that people have access to advice and information about the adaptation or equipment that is best for them. Independent and impartial advice can be obtained from the Disabled Living Foundation and there are a number of related demonstration centres around the country.

Equipment

Smaller items of equipment and minor adaptations with a value of under £1,000 should be available free of charge from a service run jointly by health and social services.

In some areas there are 'Independent Living Centres' www.assist-uk.org, which people can visit to see equipment on display and obtain independent advice from an occupational therapist.

Task 2:

Write down all the main care options which may be available to and meet the requirements of Mrs White and Mr Green, described below.

Note – the reality will be dependent upon local availability, but the aim of the task is to start to think what might be possible.

See page 34 for answers

Mrs White is 89 and lives alone in a 3 bedroom house she has rented all her adult life from the council. She has been widowed for 35 years. She has two adult children. Her daughter lives in the USA and visits for a week every year. Her married son lives 40 miles away and sees her once a fortnight, when he visits to cut the grass, trim the hedge, and carry out any small odd jobs such as changing light bulbs. Mrs White used to be very active in a local serviceman's club but stopped going a few years ago after she lost a lot of confidence following a fall while out shopping. She has high blood pressure, diabetes, and arthritis in her knees and hands. Her daughter is worried that her mum is not coping with shopping, meals, and keeping the house clean. Mrs White thinks the main problem is that she doesn't see enough of her children. She would like her son to visit more and her daughter to move back to the UK.

Mr Green, 92 years old, was widowed 2 years ago. He struggles to manage on his own but loves his home and the company of his cat. His daughter, who lives two hours drive away, is very concerned about him as he is no longer able to keep his house tidy and clean and has fallen twice recently. He has been to accident and emergency on a further occasion with deep lacerations to his hand when he cut himself when trying to cut bread. His daughter is very worried about his safety and is asking about how to choose and fund a care home for him and asking about whether he could take his cat with him. She would like him to live nearer to her.

Care information

Paying for care at home

Local council charges

The law allows local councils to choose whether to charge for care services they arrange or provide for people living at home. Unlike the system in care homes, there are no national 'rules' for England, which means the amounts people have to pay vary around the country. There is guidance, which sets out some limits: for example, councils are not allowed to include the value of the home the person owns because they are living in it; but in England if the person has other savings that come to more than £23,250, they can be asked to pay the full cost of any services. If their savings are lower, councils must also make allowances for people's everyday living costs, and any extra costs they face because of their ill health, such as special diets or needing the heating on more.

The same charges would apply even if the council gave someone a Direct Payment instead of arranging care. In these cases, the person would receive either the full Direct Payment sum and then pay the council his or her contribution, or the council would deduct the amount the person has to pay and give them the net sum of money. FirstStop has more information about these charges.

Even if someone would pay the full cost of the care at home that the council has assessed them as needing, it can still organise this care.

Care that is free

Certain care services cannot be charged for, whether they are provided by the NHS, by social services, or jointly. The following are provided free of charge:

- After care services provided under section 117 of the Mental Health Act 1983
- Intermediate care, to help someone avoid going to hospital or to support them on discharge, for up to 6 weeks
- Anyone with any form of Creutzfeldt Jakob disease should not be charged for anything.

As well as the services the NHS provides free of charge to everyone (such as primary health care – eg GPs and district nurses), the person may be entitled to what is called NHS continuing health care.

Financial help with meeting care costs

A person may be entitled to receive Attendance Allowance: they can use this to pay towards care that they arrange privately, or it might be taken into account by the council when working out the person's financial contribution. Attendance Allowance is available for anyone aged 65 and older who needs help with personal care or supervision from someone else because of an illness or disability (physical or mental). They may be eligible because they need this support, even if no one is providing it. Support might be needed during the day, or at night, or both.

Care information

Paying for care at home



Whilst there are some other rules about eligibility, Attendance Allowance is not means tested so it doesn't matter how much other money the person has. Claim forms can be obtained by telephoning the Benefits Enquiry Line on 0800 88 22 00 (a free call).

It is very important that older people claiming Attendance Allowance do not understate the help that they need. There can be a tendency for people to do this if they are worried about being told they can no longer manage at home. A local Citizens' Advice Bureaux can advise on making a claim and also how to challenge decisions if an application is turned down, as can FirstStop Advice – see www.adviceguide.org.uk and www.firststopadvice.org.uk.

ACTION:

Decide whether you need to find out more about Attendance Allowance Independent Age and AgeUK offer free factsheets about claiming Attendance Allowance.

Task 3

Write down all the main care options which may be available to and meet the requirements of Mr and Mrs Black, below.

Note – the reality will be dependent upon local availability, but the aim of the task is to start to think what might be possible

See page 35 for answers

Mr and Mrs Black are aged 73 and 69 respectively. Mr Black is a retired teacher and his wife a retired nurse. They both have occupational pensions and get the full state pension. Mrs Black won't say exactly how much they have in savings, but they each have more than £23,250 in their own names plus some savings in joint accounts. Mrs Black had cancer a few years ago and is in remission, but the treatment left her with an enlarged arm because of lymph drainage problems. Until recently Mr Black was helping her put on a very long and tight elastic bandage over her arm, and to massage her back and arm, but he is beginning to find this too hard to do. Mrs Black cannot lift anything with this arm and has limited feeling in her fingers, so Mr Black does everything that involves lifting and carrying. He has just been diagnosed with Parkinson's Disease and is worried about whether he will have to give up driving. They had a son but he died as a young man in a motorcycle accident and there are no other close relatives who could help them. The garden is Mr Black's pride and joy, but for the first time this year he was unable to manage watering his hanging baskets because it took him so long to do everything else.

Care information

Care homes



Part 2 of this guide has a checklist of what to think about if someone decides to move permanently into a care home. This might be because:

- Change of circumstances – for example, a spouse or partner dies or becomes ill and can no longer help support the person
- Someone positively chooses to enter a care home
- The person has reached the limit of what their local council will provide for them at home; their care needs are not being met in full and they feel that they have no other options

Many older people move into care homes because of the opinion of others, especially their adult children and their GP. This can be a very positive move for some, but very distressing for others. It is important to think it through very carefully, since it can be difficult – but not impossible – to move back into the community if the move does not work out.

Choice of care home

Where a person is meeting the cost of a care home from their own resources, the major determinant of which care home to move to will be cost, services provided and location. Very often a relative will play a key role in choosing the care home, undertaking visits to the care home and finding out what they can by word of mouth. In some cases a person's particular health and care situation or their past

employment may be a key factor in choosing a care home eg. a dementia specialist home or where a specific benevolent institution runs their own care facility.

Even if they need financial help from the local council, a person has a right to choose which care home they move to. The home must meet their needs as assessed by the council, plus any extra terms and conditions set by the council, and not cost more than the amount determined by the council. The council must be able to show it could arrange suitable care at that price – this includes there being a vacancy in an appropriate home.

Anyone looking at care homes may find the FirstStop brochure, *Choosing and Paying for a Care Home*, particularly useful. Individual reports from independent inspections may also be helpful. You can find details of inspection reports on the Care Quality Commission's website www.cqc.org.uk.

Care information

Paying for care in care homes

If someone needs help to pay for a place in a care home, or might need it in the future, the local council will only provide this once they have assessed and agreed that this would meet the person's care needs.

There is a national, mandatory means-test for care home places which local councils have to follow. There are a few areas where the council can use discretion, but not many. The means test looks at the person's capital (or savings) as well as their income. The biggest issue in the means test is usually around the value of property. If someone has moved permanently into a care home, then the law says they no longer live in their former property and its value counts as part of their capital. The value of that property is ignored if it is still lived in by:

- The person's partner or spouse
- Another relative who is aged at least 60; or is under 60 but incapacitated
- A child under the age of 16 for whom the person is responsible
- A separated partner who is a single parent

Local councils also have a discretionary power to ignore its value if someone else lives there who does not meet the criteria – for example, a person's sister who is under 60 and who has been living with them, providing substantial unpaid care and who would be made homeless. Otherwise, the value is included in the means test unless the stay in the care home is temporary, in which case it is also ignored.

In England, if someone has capital (eg savings, stocks and shares, the value of their former property) amounting to more than £23,250, they will be expected to pay the full cost of their care home place until their savings reduce to this upper limit. Anyone with capital below £14,250 will receive maximum financial support from the council, bearing in mind they will be expected also to contribute most of their income towards the costs of their care home place. When capital is between these two figures, the means test calculations assume it generates £1 per week income for every £250 or part of £250 between the lower and upper amounts.

When the person's income is means tested, there are some disability benefits that are excluded from the means test – FirstStop has more details.

Temporary stays

It is up to each council what it expects people to contribute for staying temporarily in a care home for up to 8 weeks (eg for respite care). After that, it must apply the national means test although the value of the person's own home would be ignored.

Care information

Paying for care in care homes

The first 12 weeks of a permanent move to a care home

If someone who needs financial help from social services moves into a home, and would be assessed as paying for care in full but need to sell their home to meet the costs, the local council can help meet the costs for the first 12 weeks. After that, they can still help with the costs, but the care home resident would have to repay the council's contribution when their former home was sold. The council makes sure this will happen by applying a legal charge to the property that means the sum owed has to be repaid to them. From April 2015 local councils can charge interest and also add a charge for administrative costs.

Paying privately

Rather than sell up, some older people decide to rent out their home and use the income together with other money to pay in full. This works well in some circumstances, although usually it depends in part on having someone who will organise this for them – see the section Making decisions for someone else.

Independent Financial Advisers (IFAs) who offer advice in their area are regulated by the Financial Services Authority & are required to hold a special qualification - CF8. FirstStop can offer advice about finding a qualified adviser.

Attendance Allowance

Anyone who pays for their care home place in full themselves is entitled to receive Attendance Allowance. Once the local council starts to help with the cost of care home fees, Attendance Allowance stops.

Giving assets away

Sometimes people ask about giving away their assets, especially their home. If this is done with a specific intention of avoiding paying for care, then it can be considered as being 'deliberate deprivation' of an asset. There are no time limits to this condition. If the local council or the Pension Service decide someone has given an asset away deliberately to avoid using it to pay for their care, they may deduct the value of the amount given away from any contribution they make to care. In other words, the means test is applied as if the person still had the asset. This might mean the person is left without the asset and without the means to pay for the care they need.

There are quite different rules about giving away assets in terms of inheritance tax; and there are many other legal and financial factors to consider. The Law Society has produced guidance for solicitors on gifts of property.

(see <http://www.lawsociety.org.uk/support-services/advice/practice-notes/gifts-of-assets/>)

Care information

Paying for care in care homes



Financial support for a spouse or partner

As well as the emotional impact of a spouse or partner moving to live in a care home, often those remaining at home find there are significant financial consequences. These can happen especially if the person moving to the care home had the biggest income and held most of the savings. Only half the savings held in both names are included in the means test. It is generally advisable to split joint savings into two separate accounts, one held in each person's name. Savings in the name of the person remaining at home are excluded from the means test, as is their income.

Once one of a couple has moved permanently into a care home, but the other remains at home, the Pension Service will treat them as if they are two separate individuals. This may mean the person at home becomes eligible for benefits such as Pension Credit, (or Council Tax Reduction via their local council). If the person in a care home is married or has a civil partnership they can give their spouse or partner remaining at home 50% of any occupational or personal pension they have. This 50% is then disregarded in the care homes means test. If a couple are not married or in a civil partnership they can ask the local council to use its discretion to increase the personal expenses allowance to enable the care home resident to transfer some of their income to the person remaining at home. Any

money transferred may affect other means-tested benefits to which the person remaining at home might be eligible.

ACTION:

The means-test for care home places is very complex. Decide which aspects you need to know more about, then look at factsheets and guides from AgeUK or Independent Age (see page 38) or contact FirstStop www.firststopadvice.org.uk/care-in-a-care-home.aspx

Care information

Help from the NHS

Help from the NHS

Anyone who stays in a nursing home, whether temporarily or permanently may be entitled to help with the costs from the NHS. This comes in two forms:

- NHS Nursing Care Contribution. This is a fixed weekly sum, paid directly to the home after NHS assessment.
- Fully funded NHS Continuing Care.

NHS Continuing Care

If someone's care needs are primarily a health care need, they may be entitled to fully funded NHS continuing care. This is care for which the NHS accepts total responsibility and therefore meets the full cost. It is estimated around 41% of people in homes pay for this in full themselves, 50.5% receive help towards costs from the local council, and 8.5% are paid for in full by the NHS.

For those eligible to be covered by the NHS, this means that they do not pay anything towards their care, although some benefits such as Attendance Allowance may be affected or reduce over time, just as would happen if the person was a long-stay NHS hospital patient.

The NHS can also choose to provide this support to someone living at home. It is decided following an assessment by NHS staff. As with local council

assessments, the NHS then compares assessed need with eligibility criteria as set out in the National Framework for Continuing Care.

Even if the person is assessed as not meeting the criteria, if their health deteriorates they – or someone acting for them – can ask for another assessment. FirstStop has further information on this subject.

Whether someone lives in a care home, a care home that provides nursing, or are receiving care at home, they remain entitled to the usual range of NHS services such as:

- GP
- NHS dentistry
- Free prescriptions and eye tests over the age of 60
- All the other jabs, checks and screening tests as if they lived at home.

ACTION:

Find out more about NHS continuing care and other NHS support from Independent Age www.independentage.org

Task 4:

If an older person comes to you asking about moving into a care home, write down three key questions that it would be useful to ask in order to offer them the most appropriate information and advice and/or refer them to the most relevant organisation.

See page 36 for answers

1.

2.

3.

Care information

Making decisions about someone else



Sometimes a person may become so ill or disabled that they need someone else to make decisions on their behalf. This can arise if their health deteriorates in such a way that they lack the mental capacity to take a particular decision.

Mental capacity

Under the Mental Capacity Act 2005, all adults are deemed to have mental capacity unless it can be shown otherwise. The law also says that mental capacity is decision-specific: this means someone may be perfectly able to make some decisions (eg what to wear today) but not others (eg where to move to live). These are important safeguards, in place to make sure people are able to have as much control as possible over their own lives.

There are arrangements someone can set up in anticipation of a time when they need another person to act on their behalf making financial or welfare decisions. These are called Lasting Powers of Attorney (LPA). If the person is unable to make those arrangements in time, the Court of Protection can become involved and make decisions on behalf of the person.

Lasting Powers of Attorney

While the person is still able to do so, he or she can create up to two Lasting Powers of Attorney. One LPA covers property and financial matters; the other covers the person's health and welfare, such as

decisions about where they live or what medical treatment they might receive. The person does not have to set up both LPAs if this does not suit their circumstances. To take on the role of LPA someone must:

- Be aged 18 or older
- Should not be a paid care worker unless there are exceptional circumstances eg this is the person's closest relative.

In addition, a property and affairs LPA must not be bankrupt, but the role can be held by a trust corporation eg part of a bank, or by an individual. In contrast, a health and welfare LPA can only be held by an individual, but the bankruptcy clause does not apply.

The same person can be chosen to hold both LPAs, or different people can be appointed to each. It is generally recommended to pick more than one person in case a sole LPA dies or falls ill before the need for their involvement has ended. The person can choose to notify up to 5 people that an application for an LPA has been made: these could be relatives, or a doctor, or care worker, or any combination. He or she can set limits on the powers of each LPA. Whoever is chosen, it is important to make sure they are willing to do this and that the person creating the LPA is confident their choice would act in his or her best interests when the time came.

Care information

Making decisions about someone else

The person can apply directly for an LPA or can do this through a solicitor. The fee for each via the gov.uk website LPA application is £110 and if a solicitor is used their fees will be on top of that cost. The LPA must be registered before the person loses mental capacity but it does not come into effect unless and until he or she loses mental capacity to make those decisions. The application has to be endorsed by a professional (with relevant skills eg a doctor) or by someone who has known the person applying for more than two years, who can confirm that they understand the purpose and effect of the LPA and have not been put under undue pressure to create it.

Forms are available from, and applications made to, the Office of the Public Guardian and accessed online at www.gov.uk/lasting-power-of-attorney. See also Age UK's factsheet. Arranging for others to make decisions about your finances or welfare – www.ageuk.org.uk.

If the person has the mental capacity to do so, he or she can cancel the LPA at any time.

ACTION:

An LPA can be drawn up by any adult. Who would you ask to act as your LPA for welfare as well as financial decisions?

Part 2

Choosing a care home

Moving to a care home is a huge life step, often at a point where other major changes have been taking place, such as deterioration in health or bereavement.

It is very important that the care home suits the person as well as possible and that decisions about which care home take account of the individual's personality and specific circumstances.



Choosing a care home

Moving into a care home decision checklist

Below is a list of just some of the factors to consider when choosing a care home.

Where is the home?

A person may want to stay close to their current home, family and friends, doctor or church. Depending on their particular care needs, however, it may be that they have to move further away in order to receive more specialist support or because there is nothing nearby. Or, they might choose to move to live nearer relatives. Think about how easy it would be for the people who are important to them to visit – for example, is the home near a railway station or bus stop? Is there parking for visitors? How much might a taxi cost? These factors may also be important to the person, if they want still to be able to get out and about from the home.

The resident's new surroundings

Even if the person stays in the same general area, they may have moved to a new part. Some people revel in the chance to move into the middle of a town; others want open countryside. Think about what the person would see day to day if they were living in the home. Is seeing people walk or drive past important, because they like it to be busy around them? Or would they prefer rural or semi-rural views and sounds?

Local services

Often people forget to think about services and facilities outside the care home, but many residents like to be able to get out and about at least sometimes, whether to a local pub, cafe, shops, library, church or other religious establishment, bank or post office. Some people want still to be able to belong to and attend meetings of local groups. If these factors are important, bear in mind how easy it would be to do so from the care home, in terms of distance, transport options, and cost.

The home's design, atmosphere, staff and facilities

As the design of care homes varies hugely, the person will need to decide what best suits them. For example, all homes have communal dining rooms and lounges; sometimes these are shared with everyone, sometimes there are several spaces each shared by a few residents – which would be better? What are the laundry arrangements? How often will the resident's room be cleaned and bed changed? What activities are there, and what else can residents do? Who visits the home to see residents eg entertainers, hairdresser, mobile library or shop, religious ministers? Are there adapted bathrooms, and lifts to other floors?

Are there 'quiet' rooms for residents to use? If there is something they really want to do – such as play their violin – is there somewhere they can do this

Choosing a care home

Moving into a care home decision checklist



without the noise disturbing others? Can visitors stay overnight – and what does that cost? Can a female member of staff be requested for help with washing if the resident is a woman (and male if a man)? What is the menu like? If the person doesn't want what's on the menu for that day, what would the catering staff provide? Can they eat in their own room if they prefer?

What qualifications do staff hold? What kind of help would they provide? Who would be on duty at nights, or at the weekend? How are NHS staff involved – if the resident still lives in the same area, can they keep the same GP? How much say do they have over what time they get up and go to bed, and what they do in between? Is there a garden they can use, or help look after? Is there a safe in which to keep valuables or cash? How does the home accommodate smokers? Can they have an alcoholic drink?

The resident's room

Some people prefer a room on the ground floor, others want to be upstairs. Some rooms may cost more if they are larger or have better views. Are there en suite facilities? Can the person bring some of their furniture, and will everything fit in? Can they have their own TV, computer, music system and telephone line in their room? Can they hang pictures on the wall, and bring their own curtains?

Other residents

To begin with, it can feel daunting to have lots of people around especially if someone has been used to living alone. Some residents may be more ill or disabled; or may want to spend most of their time in their room; others will be very pleased to see a new face and meet a potential new friend. When looking round, ask some of the residents what they like and dislike about living there.

The contract

Make sure the resident – or an LPA, if appropriate – understands everything in the contract as it relates to life in the home. If they had or wanted to move, how much notice would have to be given? Can they bring a pet? Are there 'rules' about visiting times? What does the fee cover – and what would be charged as 'extras'? Does the home's insurance cover personal belongings? How often does the fee have to be paid?

Trial period

Many care homes are willing to offer a trial period. This can be a very good way of enabling someone to stay for several weeks in the home before making a decision whether or not to stay permanently. If this is possible, taking some time to see if the person feels able to live as happily as possible in the particular care home may save later distress.

Part 3

Answers



Answers

Task 1

Answer to Question 1

Most people live in a care home at the end of their life.

False. Overall, at most only 5% of all older people live in a care home. Even amongst the oldest ages – the group most likely to live in a care home – only around 17% of people aged 85 and older do so.

Answer to Question 2

When an older person moves into a care home the council usually pays.

This is a bit of a trick question! Whether or not the council pays depends on whether they have agreed the person's assessed needs require a place in a care home, and on the person's finances. In any case no council pays the full cost of care because the person always contributes something from their income even if they have few or no savings. Around 50.5% of older care home residents are in receipt of some financial support from their local council.

Answer to Question 3

What proportion of family or unpaid carers are aged 65 or older?

About a quarter (24%) of carers are aged 65 and older². The most likely person they are looking after will be their spouse or partner. The older the carer, the greater their caring role. Amongst carers aged 85 and older, 54% of men are providing 50 hours plus per week care; and 47% of women carers aged 85 plus are providing care for at least 50 hours each week³.

Answer to Question 4

Everyone has to sell their house or flat to pay for their care home place

False. Even in circumstances when the value of the person's house or flat is included in the means test, if they are able to meet the costs of their care home place in other ways they do not have to sell their former home, but the value of the home is counted as an asset in the means test.

Answer to Question 5

Care at home is free

Most older people pay for their own care at home. Social Services will only contribute to the costs of care at home if a person's needs are judged as 'Substantial' and payment will be subject to a means test, as is the case for residential care costs, and local policy. However, where the care is provided at home the value of the property that the person lives in is not taken into account in the means test, whereas for residential care it is (subject to cash limits/ spouse etc). Continuing nursing care at home provided by the NHS is free.

² NHS Information Centre for health and social care (2010). Survey of carers in households 2009-2010. Provisional findings.

³ ONS (2005). Focus on older people. London: Office of National Statistics

Answers

Task 2

Mrs White

Mrs White could talk to the council about moving to something smaller, perhaps sheltered housing. Apart from it being cheaper to run, when her son visits he could concentrate on spending time with her rather than carrying out chores. Local voluntary groups might offer befriending, but it would be worth starting by asking the ex-serviceman's club where she used to belong whether anyone remembers her and might visit and encourage her to re-join. She may be entitled to some form of Pension Credit, depending on her savings and other income, and to Attendance Allowance. As she is disabled by her arthritis and diabetes, she could also ask social services for a care assessment of her needs.

Mr Green

The starting point would be to establish Mr Green's concerns and wishes as so far we are only told about his daughter's worries. From the information that we have here he would be far more likely to require help to stay in his own home rather than move to residential care.

Where is he falling and is there an explanation of why is he falling? How could falls be prevented for example, through home adaptations such as grab rails, or removal of trip hazards such as loose carpets?

Are there any kitchen aids that could enable him to continue preparing food more safely? If not would he consider frozen meals? Does he need help to learn to use a microwave? Would he consider having some cleaning help? Care alarm? Telecare?

All of these may not only make him safer but offer reassurance to daughter. If moving nearer to the daughter is also his preferred option, a move to 'ordinary' housing with a similar package of care, to sheltered, retirement or extra care housing could all be considered.

For more information on moving home see the FirstStop Self Training Manual 'Advising Older People about their Housing Choices in Later Life'.

Answers

Task 3

As Mr and Mrs Black each have savings over £23,250, they would have to pay in full for any care at home – but they would still be entitled to care assessments. Mr Black would be entitled in his own right because of his diagnosis of Parkinson's Disease, as well as because of his being a carer for his wife. They may not yet be eligible for Attendance Allowance but they should keep this under review and apply as soon as their individual needs meet the criteria. This will give them additional income, which they could also use to buy in some help privately. They might want to investigate this now, thinking particularly about help with housework including handling the laundry.

Mrs Black should go back to her GP and ask to be re-referred to the appropriate NHS clinic for advice on how to manage her arm now Mr Black is finding it too hard to put the bandage on every day. The local district nurses may need to take over; there may be some small pieces of equipment that would help her with other aspects of daily life. DVLA and his car insurers will be able to advise Mr Black about continuing to drive; the Blacks could try out the local buses and other local transport eg. Community Transport now so they are aware of these options. A local voluntary organisation may offer a gardening service, or be able to recommend someone who might take on the bigger jobs, such as cutting the lawn, leaving Mr Black to concentrate on more enjoyable gardening tasks. Internet shopping might be of interest to them, or purchasing ready meals and other groceries through specialist food brochures or have these delivered through online supermarket shopping.

Answers

Task 4

If an older person comes to you asking about moving into a care home, write down three key questions that it would be useful to ask in order to offer them the most appropriate information and advice and/or refer them to the most relevant organisation?

A key first question would be what has made the person think about this?

This should provide a great deal of information about their current situation, including what care they are receiving (if any), whether they live alone, what sort of accommodation they live in. This will help you discuss issues such as: looking into care (or more care) and support at home; adaptations at home; alternative housing such as extra care (FirstStop would be able to help on all of these); and whether they are asking on behalf of someone else (perhaps someone for whom they have been caring, in which case referring them on to Carers UK may be helpful).

A second important question would be who else they've discussed this with?

This will tell you a number of things, such as whether they are already in touch with social services; whether this has been prompted by their family or a GP; how far along they are in their thinking. You could refer them to social services for a care assessment; suggest they talk to FirstStop about the range of care services and support at home as well as moving into a care home, and other housing options. If they have not already done so they should be encouraged to contact social services and arrange for an assessment of their care needs to be carried out.

A third possible question would be whether they've got a particular care home in mind?

This should create an opportunity to talk about paying for the care home place, and to give some pointers about what to look for and what would be important to them, such as a ground floor bedroom, and to encourage them to look carefully through the brochure for example. If they've not got a care home in mind, the FirstStop website and advisers would be able to help to carry out a search, as will the Care Quality Commission with regards to the quality of care provided. If they are thinking about moving to a nursing home, this is an opportunity to discuss the NHS's contribution towards the costs (including NHS continuing care). Other areas to discuss include choice of home, and about paying for places that cost more than any suitable alternatives for which social services would pay.

Part 4

Who to turn to



Who to turn to

National sources of care information and advice for older people

FirstStop

www.firststopcareadvice.org.uk

Telephone Advice Line: 0800 377 7070

Email: info@firststopadvice.org.uk

FirstStop Advice is an independent, free service providing advice and information for older people, their families and carers about care and housing choices in later life. FirstStop also offers useful information for carers looking for support and advice. FirstStop's Advisors are experts in all aspects of accommodation, care and support for older people. They offer over the phone in depth advice for individuals. The comprehensive website includes a search facility to locate local care homes for older people plus a wide range of information downloads and links.

Elderly Accommodation Counsel

www.housingcare.org.uk

Telephone Advice Line: 0800 377 7070

Email: enquiries@eac.org.uk

A charity run site providing free advice on elderly care, including specialist directories & information on nursing homes and residential care homes, as well as sheltered housing, extra care housing and retirement villages, across the UK. Also providing over 2,000 sales and lettings vacancies every week.

Independent Age

www.independentage.org.uk

Telephone Advice Line: 0800 319 6789

Email: advice@independentage.org

Independent Age offer information and advice over the phone and on the website plus factsheets about social care, benefits, befriending and social support.

Age UK

www.ageuk.org.uk

Freephone AgeUK Advice Line: 0800 169 6565

AgeUK offer a range of information sheets, fact sheets and publications on variety of subjects that can be downloaded for free or available in a number of formats. Operate a free information line for older people, their relatives, friends and carers, and professionals.

Citizens Advice

www.citizensadvice.org.uk

On-line Advice Guide: www.adviceguide.org.uk

Citizens Advice provides free, confidential and independent advice via local bureaux. These local offices offer face to face and telephone advice – many offer home visits in certain circumstances and some provide advice by email. Areas covered include debt, benefits, housing, legal, discrimination, employment, immigration, consumer and other problems. The online advice guide covers all of these areas.

Carers UK

www.carersuk.org

Telephone helpline: 0808 808 7777

Carers UK is a charity set up to support those who provide care for family and friends. It provides a range of information materials, including books and factsheets, and a national telephone Adviceline. Web-based information includes a forum for carers. Local branches are run by former and current carers. Carers UK also offers training and consultancy for professionals. Over the years, Carers UK has successfully secured legal rights and benefits of carers, and campaigns for further change.

Who to turn to

National sources of care information and advice for older people



Carers Direct

www.nhs.uk/carersdirect

Telephone Helpline (seven days a week)

Freephone: 0300 123 1053

Carers Direct offer a wide range of information on all aspects of carers' lives eg money, employment, training, health, care & support.

Disabled Living Foundation

www.dlf.org.uk

Telephone Advice Line: 0300 999 0004

Email: helpline@dlf.org.uk

Disabled Living Foundation provide advice about all types of daily living equipment for adults with disabilities and disabled children, older people and their carers, plus information on where to buy or hire disabled equipment or details of local organisations that can help. Also runs the website www.askSARA.org.uk, which contains advice and ideas on gadgets and equipment for all aspects of everyday life.

Disability Alliance

www.disabilityalliance.org

Disability Alliance offer on-line information about disabled people's rights to benefits and services.

Turn2Us

www.turn2us.org.uk

Turn2us is an independent charity that helps people access the money available to them – through welfare benefits, grants and other help. The website offers an income-related benefits checker, a grants search allowing advisers to identify grant-giving charities and make online enquiries and applications on behalf of individuals plus information and resources on a broad range of money matters to help people manage their finances.

Pensions Information

www.gov.uk/browse/working/state-pension

This Government website provides information about pensions and pensioner benefits for those planning for the future, about to retire or already retired. Includes links on how to claim.