



Please be aware: our Elderly Care Maze overview is based on current information. Rules vary according to each local authority and individual circumstances. The information should be used as a general guide; you should not rely on it to make decisions.

The Elderly Care Maze

Finding a way through the elderly care maze for yourself or someone else is not easy. The system is complex and individual situations can vary widely.

This overview is provided in association with Grace Care Guidance, a founding member of the Association of Independent Care Advisers. Grace Care has more than 25 years' experience in elderly care advice.

In some instances, it may be appropriate to seek specialist advice.

You can access Grace Care's guidance from as little as £90 by calling 01483 209610 9am-5pm Monday to Friday.

This overview summarises the types of care available, and gives an indication on costs and funding.

OVERVIEW

Be prepared

Think about care needs well ahead of any crunch point, or decision time. Consider how your care needs might change over time.

Remember: it is much easier for all concerned to discuss elderly care solutions ahead of any crisis point when emotions may well be running high.

Arm yourself with the facts and figures. Elderly care is a complex area and the more you know, the more confident you will be in asking questions and in directing questions to the right person.

Care options

The top four things to consider when choosing elderly care:

- location,
- accommodation,
- facilities,
- and budget

Don't make the assumption that care is only available on a residential basis. There are a range of care options with different degrees of assistance, which allow varying levels of independence:

Care in your own home

Can be medical and / or provide help with everyday living tasks to help you stay at home for as long as possible.

Sheltered housing

This may be a flat or bungalow within a complex, allowing greater independence, but providing the security and regular contact with the sheltered housing scheme manager close at hand.

Extra care housing

This is a form of very sheltered housing, offering flexible 24 hour support and additional facilities.

Close care

Is similar to extra housing but flats and bungalows are situated in the grounds of a care home and allows for varying levels of independence.

Care homes (previously known as residential homes)

Here personal care assistance is provided by trained carers, with limited care, if required, provided by the District Nurse. Some care homes encourage residents to play an active role. Most residents have their own room, toilet and sink.

Care homes with nursing (previously known as nursing homes)

These provide care for residents who need a higher level of care and medical attention. Care homes with nursing are usually bigger than care homes.

Dual registered homes

These provide both residential and nursing care, meaning that if you need nursing care later, you will not need to face the upheaval of a move.

There are advantages and disadvantages associated with each option. It's a good idea to visit a number of homes to get a feel for them and discuss your requirements with the manager.

Cost of care

This varies greatly depending on location and level of care required, but as a guide:

- Care homes - from £400 per week, to £850 per week
- Care homes with nursing - from £450 per week to more than £1,000 per week
- Home care - from £10 per hour to £30 per hour

Prices for some care services vary from one provider to another.



Who pays?

How much contribution the state makes towards the costs of care depends on the amount of savings and investments held by the person who will receive the care, including the value of any home.

The situation is complex and varies across England, Wales, Scotland and Northern Ireland.

There are upper and lower thresholds which determine the level of funding provided by the state.

Upper threshold: Is currently set at more than £23,250 of savings and investments (for those in England and Northern Ireland), £22,750 for those in Scotland and £22,000 for those in Wales

The lower threshold: currently £14,250 in England and Northern Ireland; £14,000 in Scotland; £22,000 in Wales

(thresholds amounts effective from April 2011)

Where savings are between the upper and lower threshold, there is a sliding scale in terms of the contribution the state may make to the cost of your care.

The single threshold (£22,000) for Wales means that if savings levels are below £22,000 the local authority will pay all care, although any income, such as a pension, will be used as a contribution.

Those at or above the upper threshold will be expected to pay privately for a care home or care home with nursing.

In England and Wales it is also expected that care at home is paid for privately, although in this instance the value of a home is excluded from the means test. In Scotland, care at home is free of charge. In Northern Ireland it is free for those over 75 if assessed as a requirement by social services.

If a partner or other dependent will continue to live in the home, its value will not be included in the assessment.

There are various funding options and considerations. These are listed below:

(A) Local authority funding

Terms vary: where we refer to social services, this is relevant to England and Wales. In Scotland it is the Social Work Department for Scotland, and in Northern Ireland, it is the Local Health and Social Services Trust. For ease of reference, here social services refers to all three situations, unless otherwise stated.

If help in funding care is required, social services will need to be contacted and will assess the kind of care needed.

The amount paid by social services to provide this care will vary according to each local authority's budget and the eligibility for funding (based on the upper / lower thresholds).



Choice:

Those requiring care are entitled to choose any home in the UK provided that:

- it offers appropriate care
- any surplus top up amount not covered by the local authority will be paid by the person, or on their behalf
- the home agrees to the local authority's standard terms of service.

(B) Self funded care

Should a person not qualify for local authority funding for care, they may still be able to access the NHS set contribution (see below) and may be entitled to Attendance Allowance from the Benefits Agency (see below)

(C) Attendance allowance

Attendance allowance is available to over 65s who need help with personal care and/or supervision from the Benefits Agency, it is not taxable or means tested.

Current rates:

Lower rate: £47.80 per week: if help is required in either the day or the night, High rate: £71.40 per week: if help is required both day and night

For more information or an application form, contact the Benefits Enquiry Line on tel: 0800 882200 (for England, Wales and Scotland) and 0800 220674 for Northern Ireland.

(D) Twelve week property disregard

This is available when assets would have been below the upper threshold had a home not been included in the valuation.

It provides a 12 week window during which time the home is disregarded in the means test. The local authority pays the cost of the care home (up to the level funding level set by the local authority concerned) for the first 12 weeks of care if the local authority has assessed you are in need of residential care. After this period the cost has to be funded privately.

(E) Self-funded care when assets are close to social services thresholds

If assets are close to the threshold levels set by social services, funding of care may start off on a private basis, but as assets become reduced, the individual may become eligible for assistance.

If the care provider's charges are above the local authority allowances, or the care home provides care that social services has not assessed as being required, it may be necessary to move to a lower charging provider when state funding of the care begins.

(F) NHS funding for nursing care within care homes with nursing

The NHS will fund those residents in a care home with nursing, and assessed as requiring nursing care.

Funding varies throughout the UK, but currently levels are as follows:

England: £108.70 per week

Wales £120.55 per week

Scotland £156 per week for personal care and £71 per week if nursing care is required

(G) NHS continuing healthcare

If a primary need is health related, a package of continuing care can be arranged and funded solely by the NHS. This can be delivered in any setting.

The role of social services

Decisions made on levels of required care and whether any funding support is available are made by local authority social services.

As situations vary from one authority to another, it is advisable to speak to an independent care adviser.

It is the responsibility of social services to:

- assess needs
- arrange any care services where eligible
- provide financial support for those who are eligible and meet the criteria

A) Assessment

Regardless of the financial situation, social services is required by law to carry out assessments for those who:

- appear to be in need of community services
- are disabled
- are being looked after by someone else, eg, neighbour, friend, relative

An assessment usually takes place at home, within a care home, or hospital. It will cover the specific needs and the particular financial situation.

An assessment should be viewed as a two way process, providing an opportunity to inform the assessor of all needs – physical, emotional and psychological.

If social services decides that the need does not meet its criteria, the reasons should be put in writing. An application may be made again if circumstances change. Details of the complaints procedure should also be provided.

B) Arranging and paying for care

Once an assessment has been made, information will be provided on the plan for care and the options for payment.

For care at home: a home care package will be arranged and a care plan drawn up highlighting the level of care required and the services being provided to meet the need. The package includes any costs that will need to be paid and a review date for the plan.

For a care home: even when care is funded by social services, a choice of home is an entitlement. Social services will detail how much it will pay, together with a list of care homes in the area that fall within this funding amount. A care manager will also be assigned who will regularly review the care in place.

If the assessment finds that the person does not have the mental capacity to make decisions about their own care arrangements, all those involved in their care, including the doctor, social services and family will discuss the needs and 'best interests'.

Finding local authority social services

Making decisions on elderly care for yourself or someone else is not easy. If you need specialist advice you can contact Grace Care

(see <http://www.engagemutual.com/products/independent-care-advice/in-detail/>)

You can also get details from GPs and other health professionals, hospitals, council offices and local Citizens Advice Bureaux. Contact details can also be found in local telephone directories.



Chief Executive