Factsheet D – Domiciliary Care

The term domiciliary care is used to describe services which may be provided to enable you to live comfortably and safely in your own home. These services include:

- Domestic tasks - housework, shopping etc
- Personal care - bathing, washing, assistance with getting in\out of bed
- Meals on wheels
- Respite care - to enable your carer to have a break
- Day care - transport to day care centres may also be arranged
- Night Sitting Services
- Provision of aids/adaptations to assist with daily living

If you are having difficulty in coping at home you should contact your local Social Services office, and ask to have your care needs assessed. If you have sufficient financial assets you could make arrangements directly with a private agency without involving Social Services. However, it is advisable to seek a Social Services assessment as this will help you in describing your requirements and possibly in finding an agency.

Assessment of Care Needs
The first step will be for a person to have their care needs identified by their Local Authority Social Services Department. An assessment may be simple or complex, depending on the individual's circumstances. The Community Care Assessment Directions 2004 makes it clear that:

- Joint assessments with the Health Service should be carried out where necessary.
- Carers should be involved in the assessment and care planning process.
- Assessments for all adults with complex needs should take account of physical, cognitive, behavioural and social participation needs.
- The Local Authority must provide information to the person (and if appropriate their carer) of any payments the person will be liable to make for services they are considering to provide

Once a person’s needs have been identified, the Care Manager will decide which eligibility criteria the needs fall into. All Social Services should apply the following four bands of eligibility laid down in the Government's guidance 'Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care'.

Critical – when one or more of the following apply

- Life is, or will be, threatened;
- Significant health problems have developed or will develop;
- There is, or will be, little or no choice over vital aspects of the immediate environment;
- Serious abuse or neglect has or will occur;
- There is, or will be, an inability to carry out vital personal care or domestic routines;
- Vital involvement in work, education or learning cannot or will not be sustained
- Vital social support systems and relationships cannot or will not be sustained;
- Vital family and other social roles and responsibilities cannot or will not be undertaken

Substantial – when one or more of the following apply

- There is, or will be, only partial choice and control over the immediate environment;
- Abuse or neglect has occurred or will occur;
- There is, or will be, an inability to carry out the majority of personal care or domestic routines;
- Involvement in many aspects of work, education or learning cannot or will not be sustained;

1 (Available at www.doh.gov.uk in publications section).
• The majority of social support systems and relationships cannot or will not be sustained;
• The majority of family and other social roles and responsibilities cannot or will not be undertaken

**Moderate – when one or more of the following apply**
• There is, or will be, an inability to carry out several personal care or domestic routines;
• Involvement in several aspects of work, education or learning cannot or will not be sustained;
• Several social support systems and relationships cannot or will not be sustained;
• Several family and other social roles and responsibilities cannot or will not be undertaken

**Low – when one or more of the following apply**
• There is, or will be, an inability to carry out one or two personal care or domestic routines;
• Involvement in one or two aspects of work, education or learning cannot or will not be sustained;
• One or two social support systems and relationships cannot or will not be sustained;
• One or two family and other social roles and responsibilities cannot or will not be undertaken.

Where Social Services have limited budgets they can decide not to offer care in the low or moderate bands of eligibility. However, this decision must be clearly stated in their Better Care Higher Standards Charter – this charter should be readily available from the Local Authority. A person will have to make their own arrangements for any care needs in the eligibility bands excluded by Social Services (see useful organisations below). All care needs in the eligibility bands not excluded by Social Services are considered as “eligible needs.”

Once the assessment has been completed a care plan should follow without delay. It is unlawful for a local authority not to meet eligible needs because of budgetary difficulties. If the eligible needs cannot be met immediately (because for instance there are no suitable services available) the care plan should explain how these services will be identified and arranged. Written details of the local authority’s complaints procedure must be provided to enable an appeal to be lodged against the assessment and care plan if it is felt necessary.

Older people should be assessed using the Single Assessment Process which emphasizes a person-centred approach. The key attributes of the Single Assessment Process are:

• An older person only has to give information about their needs once, no matter how many different professionals or agencies are involved in planning and providing the care
• Professionals should work together in the best interests of the older person (as defined by the older person or those close to them).
• The older person's views and wishes are central to the assessment process, and the assessment takes account of the strengths the older person can bring to bear on their needs, and external or environmental factors that are causing or exacerbating needs;
• Assessment builds a rounded picture of older people’s needs and circumstances, including not only health and social care issues but also relevant housing, benefits, transport and other issues;
• The depth and detail of the assessment is proportionate to an individual’s needs;
• Each older person is informed of, and consents to, information about their needs and circumstances being collected and shared; and
• Key decisions and issues are copied in writing, or other appropriate formats, to the older person.
If an individual has a carer the latter is entitled (under the Carer’s Recognition and Services Act) to have an assessment of their needs. This could be carried out during the “service user’s” assessment but can also be carried out separately if the service user does not wish to have an assessment. A carer’s assessment may increase the services provided to the individual being cared for but could also provide assistance directly for the carer. The types of help that can be given will be very wide-ranging and not limited to community care services. For example, if the person cared-for refuses to accept help from anyone but a relative, the local authority might provide the relative with help with housework so that they had free time to assist the person who needed help. If a carer’s health deteriorates to the point they themselves require services, they should ask for an assessment as a “service user” rather than as a carer.

Once the assessment has been completed Social Services should provide written details along with their proposed care plan. Additionally written details of the local authority’s complaints procedure must be provided to enable an appeal to be lodged against the assessment if is felt necessary.

If you have problems getting an assessment it might be worth asking your Doctor to refer you. Your Doctor might also be able to arrange some services directly for you. A local authority cannot refuse to assess an individual because they can afford private care - the need for care must be assessed before any financial assessment is made.

If an individual appears to be “at risk” without domiciliary care, they should ask for a “fast track” assessment.

Services to be provided by community care services
If an individual’s assessed needs meet the Local Authority’s priority criteria the Social Services must provide the care - they cannot refuse to provide the care because of a lack of resources. The Local Government Ombudsman (case no. 00/5/00599) has ruled that once Social Services accept they are responsible for providing a service the refusal to provide that service solely because of a lack of resources is maladministration.

Social Services should issue a care plan giving the following information:

- A precise description of each service required by the service user (ie; the type of service, the day(s), times and duration of each service delivery).
- Who will provide the service (ie which statutory agencies have agreed to do what, and which independent providers have been retained to do what);
- Who will be responsible for co-ordinating and monitoring the service delivery
- The frequency and nature of reviews
- The procedures for complaints (particularly if any independent provider is involved)

Direct Payments
Local authorities now have the power to allow direct payments to people over 65, as well as those under 65. This means that local authorities are able to make cash payments for community care direct to individuals where a person would like to manage their own care. Payments will only be given for care that comes within the local authority criteria, but this option could be explored where a person wishes to make private arrangements. Payments are not usually allowed to be made to a spouse or close family member who lives with you. Carers may also request direct payments to meet their needs as a carer. A guide to receiving direct payments is available in the publications section of the Department of Health website (www.doh.gov.uk).
Services not provided by community care services
If an individual is assessed as needing care which is not within the priority criteria, the individual will be left to make his/her own arrangements with either a voluntary agency or a private agency.

Voluntary Organisations
Libraries usually have details of voluntary groups, ie; church groups, or community groups who may be able to provide help in the home. Local Age Concern branches may also have details of services run in the area such as shopping, home care schemes or schemes to help people with heavy household tasks. The National numbers for Age Concern are listed on Appendix A and the local branch number should be in the local telephone directory.

The British Red Cross Society provide transport for the housebound, loan of medical equipment to the sick and injured and give assistance to those leaving hospital. Their details are on Appendix B.

The Disabled Living Foundation has a helpline which offers advice on useful gadgets and adaptations, self-help groups, equipment suppliers, charities etc. Details on Appendix A.

Private Agencies
The number of private care agencies is increasing; they provide nursing care, live-in companions, personal care and domestic help. They charge for services provided, and the amount you pay will depend on the type of help you receive and how long you need help. All domiciliary care agencies which provide personal care must be registered with the Care Quality Commission (CQC). Search engines on the CQC website (www.cqc.org.uk) or the Elderly Accommodation Counsel website (www.eac.org.uk) can locate agencies in any given area.

Anchor Housing, Vitalise, Age Concern and the WRVS are charities which provide domiciliary care in some areas – contact details are shown on Appendix A. Although the RAF Benevolent Fund cannot recommend any care agencies, we are aware of a few that operate nationally and details of these are also given at Appendix A.

When trying to decide which agency to use, you should ask the following questions:

• Are all staff interviewed before appointment? Are references taken up before they are allowed to start work?
• Are staff required to maintain confidentiality about the needs and personal circumstances of people whose homes they visit?
• How are staff supervised by their managers, and at what frequency does this occur?
• Is there a published tariff of charges? Do the prices vary dependent on the day of the week, or time of day? Is staff travel time included in the price? Will you be expected to provide and pay for all equipment and materials used? Will the charge be subject to VAT? (Not all agencies are VAT registered.)
• Does the agency have appropriate insurance cover for all eventualities?
• Does the agency automatically provide cover when the employee is sick, on holiday or attending a training course?
• Does the agency actively encourage its staff to handle users’ money, by shopping or collecting pensions - or does it have a policy of avoiding difficulties by refusing such tasks? (Even the best of friends fall out over money.) Make sure the agency has thought about that eventuality and that you are satisfied with the systems in place to protect your interests.
• Does the agency have a complaints procedure? Is the procedure written down and made available to all users?

• Is the agency a member of any recognised association of home care providers, either locally or nationally (ie; The United Kingdom Home Care Association (UKHCA) which requires members to operate within a code of practice)?

• Does the agency employ qualified nurses, care assistants and domestics? (Make sure the agency has a policy of replacing like for like, otherwise you could find yourself paying for a nurse to undertake more routine work, or receive “nursing care” from an unqualified person).

Paying for services provided under Community Care Services
The local authority can ask the service user to pay for community care services it provides (not all local authorities charge for domiciliary care, but most do). However, any charges must be in line with the Fairer Charging Policy. Social Services must take disability-related expenditure into account if they wish to include Attendance Allowance, Disability Living Allowance or the Severe Disability Premium as income.

Social Services are only allowed to carry out a financial assessment of the service user - they cannot base their charges on the income of a carer or other family members.

If you cannot afford the charges made, you should make a complaint, as laid out in the appeals procedure. The local authority must continue to provide the services laid out in the care plan whilst an appeal against the charges is made, even if the user is paying a lower amount than has been assessed.

Details of the Fairer Charging Policy are given at Appendix C.

Paying for privately arranged services
If an individual makes private arrangements for their care needs then they are responsible for the cost of this care. However, an individual may be entitled to State benefits such as Attendance Allowance (see Appendix B), which would could be used to offset the cost of the domiciliary care. The local Citizens Advice Bureau or Age Concern group should be able to carry out a ‘benefits check’ to see if the correct benefits are being claimed.

In some cases, charities or trade benevolent funds may be able to help. Charities may be able to help with various costs such as respite care, home improvements, wheelchairs, furniture, alarm installation etc. Counsel & Care can assist you in finding sources of financial help from charities and their details are on Appendix A.
Homeshare
There are currently 7 Homeshare projects run by the charities NAAPS and Vitalise whereby volunteers provide live-in support in return for free accommodation. The volunteers are usually occupied with work or study during the day but are available to offer domestic assistance during evenings and weekends. They generally undertake to be present in the home overnight, every night. Homeshare recruit, interview, take up references and monitor the arrangement; providing training where necessary. For further details contact:

NAAPS
6 The Cotton Exchange
Old Hall Street
Liverpool
L3 9LQ

t: 0151 227 3499
w: www.naaps.co.uk

Community Equipment
All Councils are expected to have an integrated Community Equipment Service to prevent the delay caused by applications being passed around from one department to another. The Department of Health Guide to Integrating Community Equipment Services gives the following definition of community equipment:

“Community equipment enables children and adults who require assistance to perform essential activities of daily living to maintain their health and autonomy and to live as full a life as possible. This equipment includes, but is not limited to”:

- Home nursing equipment such as pressure relief mattresses and commodes.
- ‘Equipment for daily living’ such as shower chairs, raised toilet seats, teapot tippers and liquid level indicators.
- Minor adaptations such as grab rails, lever taps, improved domestic lighting, and improving the use of contrasting colours
- Ancillary equipment for people with sensory impairments such as flashing doorbells, low vision optical aids, textphones and assistive listening devices.
- Equipment for short-term loan including wheelchairs but not those for permanent wheelchair users as these are prescribed and funded by different NHS services.
- Communication aids for people who are speech-impaired
- Telecare equipment such as fall alarms, gas escape alarms, health state monitoring and “wandering detectors” for people who are vulnerable.

The guidance states:

- Equipment provision for people with rapidly progressing degenerative conditions or terminal illness must be “fast-tracked” to avoid unnecessary distress.
- Health & Social Services must have a single point of contact for equipment services.
• If a person (or their carer) is assessed as being eligible for any equipment to meet a community care need, Social Services must provide the equipment free of charge.

• All minor adaptations (ie; grab rails) costing less than £1,000 (which includes the cost of buying and fitting the adaptation) must be provided free of charge. Councils may still make a charge in relation to minor adaptations that exceed £1,000.

• Where Social Services have agreed to provide the equipment, items costing less than £1,000 should in most cases be provided within three weeks.

**Hiring Equipment**
If you only need equipment on a short-term basis it may be available as part of an intermediate care plan (see page 7). If not, it is worth considering the possibility of hiring:

Your local British Red Cross Centre may hire or lend wheelchairs and other items. Their address will be in the phone book or ask at your local library.

You may be able to hire a range of equipment from specialist hire companies and from some manufacturers and suppliers. Ask the Disabled Living Foundation or your nearest disabled living centre for details.

Age Concern publishes a helpful fact sheet *Disability equipment and how to get it*. For a free copy send a large stamped addressed envelope (23x16cms) to

Age Concern  
Freepost  
Ashburton  
Devon  
TQ13 7ZZ

t: 0800 009966 (freephone)  
w: [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

**Intermediate Care**
Intermediate care is designed to provide high-quality pre-admission and rehabilitation care to older people to help them live as independently as possible by reducing preventable hospitalisation and to prevent delays in moving people over 75 on from hospital.

**Intermediate care should**

• Be targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long term residential care or continuing NHS in-patient care
• Be provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or the opportunity for recovery
• Have a planned outcome of maximising independence and typically enabling patients/users to resume living at home
• Be time-limited, normally no longer than six weeks and frequently as little as 1-2 weeks or less
• Involve cross-professional working, with single professional records and shared protocols.
Intermediate care does not include

- Transitional care that does not involve active therapy or other interventions to maximise independence; for patients who are ready to leave hospital but are simply waiting for longer-term packages of care to be arranged.
- Longer-term rehabilitation or support services
- Rehabilitation that forms part of acute hospital care
- It is not suitable for people with unstable acute medical conditions.

Intermediate care services should generally be provided in community-based settings or in the patient/user’s own home, but it may be provided in discrete step-down facilities on acute hospital sites. The most common intermediate care services will be:

- **Rapid Response**
  A service designed to prevent avoidable hospital admission. Patients can be referred by GP’s, Accident & Emergency Departments, NHS Direct or Social Services for short-term 24hr nursing/therapy support and personal care in their own home.

- **Hospital at Home**
  Intensive support in the patient's own home, including investigations and treatment which are above the level normally provided at home but do not necessarily require the patient to be in a hospital. This may be used either to avoid admission to hospital or to enable earlier discharge from hospital.

- **Residential Rehabilitation**
  A short-term programme of therapy and enablement for people who are medically stable but need a short period of rehabilitation to enable them to re-gain sufficient physical functioning and confidence to return safely to their own home. Stays will range from 1-2 weeks to 4-6 weeks, depending on the individual circumstances. Residential rehabilitation may be offered following a stay in hospital or by a GP, Social Services or Rapid Response Team following a full assessment to prevent unnecessary admission to hospital.

**Paying for Intermediate Care**

All intermediate care packages are to be provided free of charge to the user, whether they have been arranged by the Health Authority or Social Services. The Government has allocated funds to the NHS which should be deployed from the pooled budgets they hold with Social Services. Even if Social Services instigate the intermediate care package (which should not be put in place without a medical assessment), they cannot charge the service user.
Emergency Alarms
The National Benevolent Fund for the Aged (NBFA) has a scheme to provide free emergency alarms to those aged over 60, living on a low income and unable to get an alarm through their housing advisor. Installation, rental and maintenance is free but a £1.50 per week monitoring charge is payable quarterly or annually. For details contact:

National Benevolent Fund for the Aged
32 Buckingham Palace Road
London
SW1W 0RE

t: 0207 828 0200
f: 0207 828 0200
e: info@nbfa.org.uk
w: www.nbfa.org.uk

Age Concern also provide a low-cost emergency call system – details are shown below in the Useful Contacts section.

Royal Air Force Benevolent Fund Help
While the RAF Benevolent Fund seeks to help any eligible ex-RAF person or dependant who may be in need, it is not allowed to help where this should properly be provided by the State. Thus, it cannot help with those services which the Health or Social Services has a statutory obligation to provide. However, applications can be considered in circumstances where a need has been established, which is not a statutory obligation and is beyond the ability of the Local Authority to provide. For example where equipment is not essential to maintain independence but will provide greater comfort. As in all areas of its work, the Fund will exceptionally consider any application on its own merits, where substantial distress would otherwise result.
Appendix A – useful addresses

Age Concern

Provides advice & information for elderly people, their families and carers. They also hold details of “sitting” schemes where arrangements are made for a person to 'sit in' the older person’s home to allow the carer to take a break.

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone</th>
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<tbody>
<tr>
<td><strong>Age Concern England</strong>&lt;br&gt;Astral House&lt;br&gt;1268 London Road&lt;br&gt;London&lt;br&gt;SW16 4EJ</td>
<td>020 8765 7200 or 0800 009966 (freephone)</td>
</tr>
<tr>
<td><strong>Age Concern Scotland</strong>&lt;br&gt;160 Causewayside House&lt;br&gt;EDINBURGH&lt;br EH9 1PR</td>
<td>0845 125 9732</td>
</tr>
<tr>
<td><strong>Age Concern Cymru</strong>&lt;br&gt;Ty John Pathy&lt;br&gt;13-14 Neptune Court Vanguard Way&lt;br&gt;Cardiff&lt;br&gt;CF24 5PJ</td>
<td>02920431555</td>
</tr>
<tr>
<td><strong>Age Concern Northern Ireland</strong>&lt;br&gt;3 Lower Crescent&lt;br&gt;Belfast&lt;br&gt;Northern Ireland&lt;br&gt;BT7 1NR</td>
<td>02890 325055</td>
</tr>
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Aid-Call

The Age Concern Aid-Call emergency response service enables older people to continue living independently at home, secure in the knowledge that in the event of an emergency help is only moments away. The system consists of a small lightweight button which transmits a signal to a base unit connected to an ordinary telephone. The base unit has a two-way telephone allowing you to talk to the response centre even if you cannot get to the telephone - if you cannot speak the response centre will ensure someone gets to you quickly to see what is wrong.

A discounted membership & subscription fee is available to ex-RAF members and their dependants. For further details contact:
Age Concern Aid Call
FREEPOST
Linhay House
Ashburton
Devon
TQ13 7BR

t: 0800 772266 quoting the reference “RAF”.

Admiral Nursing Direct
The Dementia Relief Trust
6 Camden High Street
London
NW1 0JH

t: 020 7874 7210 8.30-5.30 M-F
t: 0845 257 9406 Tue 10-4; 6pm-9pm & Thurs 6pm-9pm

Offer information, practical advice and emotional support to those caring for someone with dementia in the Greater London

British Red Cross Society
44 Moorfields
LONDON
EC2Y 9AL

t: 08448 711111
e: information@redcross.org.uk

Services provided mainly by volunteers. Available from local centres; home nursing, transport, holidays, equipment loan for frail elderly or disabled people, home from hospital schemes, domiciliary and respite care.

Alzheimer’s Disease Society
Devon House
58 St. Katharines Way
LONDON
E1W 1JX

t: 020 7423 3500
t: 0845 300 0336 (Helpline)
e: info@alzheimers.org.uk
w: http://www.alzheimers.org.uk

Supports people with dementia and their families/carers. Provides information about all forms of dementia, runs local groups for patients and their relatives. New website which is designed to be used by dementia sufferers as well as their carers. Providing information and advice/details of latest research and treatment/features personal experiences of those living with dementia.
Care & Repair England

Third Floor, Bridgeford House
The Renewal Trust Business Centre
3 Hawksworth Street
NOTTINGHAM
NG3 2EG
t: 0115 950 6500
w: www.careandrepair_england.org.uk

Offer independent advice, information support and practical assistance to older owner occupiers (amongst others) about repairing and adapting their homes.

Anchor Trust

Retirement Housing
Customer Enquiry Line:
Mon-Fri 9-5, Local Rates

t: 08457 75 85 95
e: enquiries.housing@anchor.org.uk

Offers housing and care to older people throughout the UK

Carers UK

20 Great Dover Street
London
SE1 4LX

t: 020 7490 8818
t: 020 7490 8898 (information line)
w: www.carersuk.org.uk

Offers support and advice to carers. The information line is available weekdays 10am -12pm & 2pm-4pm. Edited versions of printed booklets, and details of campaigns are available on their website.

Charity Search

Freepost (BS6610)
Avonmouth
Bristol
BS11 9TW

t: 0117 982 4060 (weekdays 10am-4pm)
w: www.charitysearch.org.uk

A charity providing free advice for elderly people, to link them with established charities which may be able to help with funds.
Counsel & Care for the Elderly
Twyman House
16 Bonny Street
London
NW1 9PG

t: 0845 3007585 (local rate number 10.30 am - 4.00 pm)
w: www.counselandcare.org.uk

Provides advice for older people, their families & carers.

Disabled Living Foundation

t: 0845 130 9177 Helpline
t: 0870 603 9176 Minicom
Monday-Friday 10 am to 4pm
Calls charged at local rate

Provides information about equipment for daily living and specialist advice service on clothing.

Elderly Accommodation Counsel

3rd floor
89 Albert Embankment
London
SE1 7TP

t: 020 7820 1343
w: www.housingcare.org.uk

Maintains a database of all forms of accommodation for older people. Has information about homes which will accept people suffering from mental and physical disabilities. Can also provide advice on possible sources of top-up funding for those needing help with fees in a home.

Leonard Cheshire Disability

66 South Lambeth Road
LONDON
SW8 1RL

t: 020 3242 0200
f: 020 3242 0250
e: info@lcdisability.org.uk

Offers care and support to people with physical & learning disabilities. Schemes throughout the UK offer; care at home service, day services, holiday accommodation, residential and nursing accommodation, respite care, specialist care for people with an acquired brain injury, IT equipment and skills training for employment.
Parkinson’s Disease Society

United Scientific House
215 Vauxhall Bridge Road
London
SW1V 1EJ

t: 020 7931 8080
t: 0808 800 0303 (Helpline available Mon-Fri 9.30am-5.30pm)
e: enquiries@parkinsons.org.uk
w: www.parkinsons.org.uk

Helps people with Parkinson’s disease and their relatives with problems arising from this disease.

Royal Association for Disability and Rehabilitation (RADAR)

12 City Forum
250 City Road
London
EC1V 8AF

t: 020 7250 3222
w: www.radar.org.uk

Information service weekdays 10am - 4pm. Advice and information on access, housing, holidays, mobility, education, employment and social service provision.

The Relatives and Residents Association

24, The Ivories
6-18 Northampton Street
LONDON
N1 2HY

Tel: 020 7359 8148
Fax: 020 7226 6603
Advice : 020 7359 8136 M-F 9.30-4.30
Email: info@relres.org.uk
Website: www.relres.org.uk

Offers support and advice to residents in long-term care and their relatives.

Royal National Institute for the Blind (RNIB)

105 Judd Street
LONDON
WC1H 9NE

t: 0207 388 1266
t: 0303 1239999 (helpline) Monday to Friday 9am - 5pm.

Many services for people with visual handicaps.
Women's Royal Voluntary Service (WRVS)
Milton Hill House, Mill Hill
Steventon, Abingdon
Oxfordshire
OX13 6AD

t: 01235 442900
w: www.wrvs.org.uk

Nationwide network of community services, consisting of 120,000 male & female volunteers.

Department of Health Website

The website is aimed at carers, summarising the Carers’ Charter and giving facts/figures from government statistics. There is also an ‘information zone’ for subjects such as health, money and breaks + links to useful organisations.
www.direct.gov.uk

Crossroads - Caring for Carers

10 Regent Place
RUGBY
CV21 2PN
t: 0151 625 0222
w: www.crossroads.org.uk

Crossroads, caring for Carers, runs a network of care attendant schemes in England and Wales. There is likely to be a charge, and possibly a waiting list.

CANDID

National Hospital for Neurology and Neurosurgery
Box 16, Queen Square
London
WC1N 3BG

t: 020 7829 8772
w: www.dementia.ion.ucl.ac.uk/candid

Provides information, advice and education on dementia for patients, carers and professionals. Focuses mainly on younger onset dementia.

Princess Royal Trust for Carers

Unit 14, Bourne Court
Unity Trading Estate
Southend Road
WOODFORD GREEN
Essex
IG8 8HD

t: 0844 800 4361
w: www.carers.org
This charity helps to set up carers centres in the UK where carers can feel relaxed and confident that their needs will be understood. Staffed by professionals and volunteers to provide information, advice, emotional support, practical help and social contacts.

**Methodist Homes**

MHA Care Group  
Epworth House  
Stuart Street  
Derby  
DE1 2EQ

t: 01332 296200  
w: [www.mha.org.uk](http://www.mha.org.uk)  
e: [enquiries@mha.org.uk](mailto:enquiries@mha.org.uk)

This charity provides care to ALL elderly people regardless of their faith. They have 46 live at home schemes which offer members company and support in the home as well as lunch clubs, drop-in centres, and day trips.

**CSV Education for Citizenship**

Community Service Volunteers  
237 Pentonville Road  
LONDON  
N1 9NJ

t: 0207 278 6601

Organisation offering round the clock help from full-time volunteers. Annual retainer is paid to CSV and weekly allowance to the volunteer(s) providing the care.

**The Care Quality Commission (CQC)**

CQC are responsible for carrying out inspections on all registered Care Homes and Domiciliary Care Agencies. Reports on the visits can be viewed on their website.

CQC National Correspondence  
PO Box 1258  
Newcastle upon Tyne  
NE99 5AU

t: 03000 616161  
e: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)  
w: [www.cqc.org.uk](http://www.cqc.org.uk)

**Vitalise**

(previously Winged Fellowship Trust)  
12 City Forum  
250 City Road  
London  
EC1V 8AF
A charity providing holidays and respite care for severely physically disabled people, with or without their carers. There are also special Alzheimer's holiday weeks at the centres for people with dementia and their carers.

**Care UK Homecare (Branch Network in England)**

Connaught House  
850 The Crescent  
Colchester Business Park  
Colchester  
CO4 4GY  
t: 01206 752552

Provides home care, including; personal care, sleeper service, live-in carers, domestic tasks, shopping, escort support.

**Home From Hospital Care**

118 City Road  
BIRMINGHAM  
B16 0NL  
t: 0121 434 5494  
w: [www.home-from-hospital-care.org.uk](http://www.home-from-hospital-care.org.uk)

Provides advice for aftercare throughout UK. Provides a hospital aftercare scheme in the Birmingham area and guides for elderly people going home from hospital.

**Tourism for All**

C/o Vitalise  
Shap Road Industrial Estate  
KENDAL  
Cumbria  
LA9 6NZ  
t: 0845 124 9971  
e: [info@tourismforall.org.uk](mailto:info@tourismforall.org.uk)  
w: [www.tourismforall.org.uk](http://www.tourismforall.org.uk)

This registered charity provides advice and information on holidays for people with special needs such as dementia and their families. These are suggestions not recommendations.
Able Community Care
The Old Parish Rooms
Whitlingham Lane
Trowse
NORWICH
NR14 8TZ
t: 01603 764567
e: ablemg@aol.com
w: www.uk-care.com

Provides home care throughout the UK, including; housework, shopping, personal care, live-in carers etc.

Contact the Elderly
15 Henrietta Street
Covent Garden
London
WC2E 8QG
t: 0800 716 543 (freephone)
w: www.contact-the-elderly.org

National charity who seek to relieve the loneliness of isolated older people. Small groups of local volunteers collect the same members each month who meet for a chat over tea in a volunteer’s home. Groups visit a different host each month, giving them the opportunity to meet new people in their local community.

Everycare Personal Care Services (Branch Network in England & Wales )
28 Carlisle Street
Splott
Cardiff
CF24 2DS
t: 029 20455300

Provides range of homecare, overnight sitting & sleep-in, holiday outing & escort services etc.

Can Be Done
t: 020 8907 2400
w: www.canbedone.co.uk

Offers a programme of accessible tours and holidays throughout the world for disabled people.

Veterans Medical Assistance Programme
The Medical assessment Programme (MAP) for veterans has been extended to is range to include those who have been deployed on operations since 1982 and are concerned that they have a Service related mental health problem that is not fully understood within the NHS. Any veterans consider attending the MAP should speak to their GP about a referral.
www.carewatch.co.uk

Nationwide organisation offering practical assistance in the home such as shopping, bathing, dressing etc as well as nursing.

t: 01273 208111

www.caresupport.com

Website offering search facility for care providers, voluntary groups, Social Services etc.

www.ineedacarer.com

Provides an on-line list of agencies providing care in the home

www.careaware.co.uk

An on-line guide to long-term care for older people in England and Wales.

www.bhas.org.uk

Website offering advice on criteria for disability benefits & completion of application forms.

www.disabledinfo.com

New website which aims to be a “one stop shop” for all disabled people. There will be a shopping mall, travel and leisure sections added later in 2000.

www.thewheel lifeguide.com

A directory of information on all leisure and lifestyle activities for the wheelchair user.
Appendix B – Attendance Allowance

For information on Attendance allowance please Factsheet E.

Appendix C – Fairer Charging Policies for Home Care and other non-residential Social Services

- Councils should ensure that service users and carers on the basic levels of income support, or whose income is equal to basic income support plus a buffer of 25% are not charged for services (ie; £171.69 for a single person and £262.13 for a couple with effect from April 2011).

- Users who receive more than 10 hours care weekly and whose DLA, AA, SDP (Severe Disability Premium) is included as income in their assessment should also have an individual assessment of their disability-related expenditure. As a transitional measure those receiving less than 10 hours care per week can remain on existing charging policies.

- Earnings should be disregarded as part of income

- Councils will have to ensure charges do not bring a service user’s net income below the basic income support level +25% buffer. The calculation should therefore be:

  Total income
  Less income support +25% buffer
  Less rent/housing costs
  Less council tax
  Less disability related expenditure (where disability benefits included in income)

  Only income left after the above calculation can be used towards services provided by the Council.

- Savings credit is completely disregarded so should not be included in the total income figure.

- £10 of the War Disability Pension (unless a higher percentage is disregarded under a local scheme) and all of a War Widow’s Supplementary Pension should be disregarded as income

- If Attendance Allowance or Disabled Living Allowance is being paid because of a need for night care and the Council is not providing night care, then this benefit cannot be included in income.

- Councils will have a duty to maximise the income of users and should ensure comprehensive benefits advice is provided at the time of a charge assessment. This should include help with completion of forms and follow-up if the user so wishes.

- Capital should be disregarded at the same levels for residential care ie; £14,250 disregarded completely and tariff income can be applied between £14,250 and £23,250. Users with capital above £23,250 may be subject to the maximum charge.

- Where the user has a partner and the assessment takes them below the couple’s income support level + buffer of 25%, the assessment should be based on the household. The partner’s earnings should always be disregarded.

- Working families tax credit and disabled persons tax credit should be disregarded.
• Carers can only be charged for services they are receiving under the Carer’s Act. The carer’s premium should not be included as income and costs incurred in caring should be included in expenditure. These would include the purchase of private care to allow respite, additional cleaning & laundry costs, transport costs if the need to return quickly prevents public transport being used.

• If disability benefits are included as income, the council must include disability-related expenditure. Examples of such expenditure which must be necessitated by the user’s disability are:
  o Payment for any community alarm system
  o Costs of any privately arranged care services required, including respite care
  o Costs of specialist items cause by disability eg;
  o Specialist washing powders or laundry
  o Special dietary needs (this may need to be confirmed by GP)
  o Specially made clothing, or required because of additional wear and tear
  o Additional costs of bedding for example because of incontinence
  o Above average heating costs
  o Reasonable cost of basic gardening, cleaning or domestic help
  o Purchase, maintenance & repair of disability related equipment, including equipment or transport needed to enter or remain in work; this may include computer costs; reasonable hire costs of equipment may be included if waiting for supply of equipment from the local council
  o Personal assistance costs, including any household or other necessary costs arising for the user
  o Note: The Council may refuse to allow certain costs where a reasonable alternative is available at a lower cost ie; if a council can provide transport to day centre instead of a taxi or if continence pads are purchased privately even though they are available from the NHS.

Note: The user/carer has the right to ask for a review/re-assessment if they feel they cannot afford to pay the assessed charge.

Full details of the Fairer Charging Policies are available on the Department of Health Website: www.doh.gov.uk in the publications section.