Care at home

Support to help you live more independently at home





Information and advice

We're Age NI, the leading charity for older people in Northern Ireland.

With advances in health and science, as we are living longer, our ageing population is growing. There are almost a third of a million people aged 65+ living in Northern Ireland (*Census 2021), equivalent to over 17% of the population.

Age NI believes that living longer should be celebrated and that those who need help should be supported to do so.

As we grow older, we may face challenges like health concerns, loneliness or money worries. However, we still want to lead a fulfilling later life - stay well, remain independent and continue to do the things that we love.

Age NI enables older people to make the very best of their lives .

This booklet offers information on care at home – the community care available to support and enable you to live independently in your own home.

This guide is for anyone who needs care at home themselves, or for anyone who is supporting someone else, either as a carer, or as a friend or family member, helping an older person to obtain community care.

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Introduction

Life doesn't come with a manual and later life brings new things to navigate. Where can you go for help?

The Age NI Advice Service receives thousands of calls each year from older people, their family and carers. It offers free and confidential advice on everything from money matters, to housing and health and social care.

Community care, also known as care at home, is one of the most frequent concerns that our advisors deal with. We hear regularly from older people who are being cared for, and from carers themselves who are responsible for an older, disabled or ill family member or friend. Many are concerned or confused by what community care means and, more specifically, what it means for them.

The caring experience can be overwhelming for older people and for their carers. The situation may put pressure on finances, relationships and health and wellbeing.

Some older people require intensive support for their care needs such as help in the morning, or with meal preparation. Others need equipment, aids and adaptations to improve their mobility, enable their independence and increase their confidence at home. Yet lots of people don't know about the help that's available.

This booklet offers information on many of the questions we are frequently asked. We hope that it will help you to understand the complex issue of community care better.

If you need any further information or advice, the Age NI advice service is available to help you on **freephone 0808 808 7575.**

What is community care?

Community care describes the services and support which enable people to continue to live independently at home. Your local Health and Social Care Trust (HSC Trust) is responsible for helping you to access these services.

The Department of Health is responsible for health and personal social services in Northern Ireland. It provides guidance about how care should be delivered. This guidance is the same for every Health Trust area.

Trusts manage and administer hospitals, health centres, some residential homes, some day centres and other health and social care facilities.

Contact details for individual trusts are available on page 25.

What community care support is available?

Assistance is available to support individual personal and practical care needs associated with the challenges associated with getting older, as well as mental health, learning or physical difficulties, hearing or sight problems.

Every individual has different care needs. To continue living in your own home, you may need help with personal care such as washing and dressing, or practical support with daily living such as making meals. You may benefit from special equipment or adaptations to your home.

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The range of community care services available to support you include:

- Domiciliary care (help with your personal care, also known as a care package)
- Equipment and home adaptations (to help you with everyday tasks and keep you safe, for example hand rails or shower seats)
- Day care (going to a day centre for support)
- Respite care (including temporary residential care in a care home)
- Transport

Health & Social Care Trusts can provide services themselves or arrange for other organisations to provide care on their behalf.

You may be offered temporary care services if you only need help for a short time, to prevent you needing to go into hospital or to support you after spending time in hospital. This is sometimes called intermediate or reablement care.

Who is entitled to community care support?

You will be entitled to receive community care services after your individual needs have been identified by a **community** care assessment.

This assessment is carried out by social services through your Trust. These services could help you to remain more active and independent at home if you have additional needs as a result of:

- illness
- physical or mental difficulties
- a long time spent in institutional care and you require support adapting to life within a community setting

Assessment for care and support at home

Most people want to live independently and safely in their own home for as long as possible. If you have mobility problems, care needs, are living with a condition like dementia or need help with everyday tasks, support may be available to help you at home. Financial help may be available towards your care costs too.

You may need support for a short period only, for example, following discharge from hospital; or you may require longer term care to maintain your independence.

This guide explains how the social services team in your local Health & Social Care Trust will assess whether you need care and support at home.

It is important that you provide as much information as possible about your situation at home. Many people find it useful to bring along a family member, a close friend, or an independent advocate. You may also find it helpful to think in advance about which services will assist you to live independently at home and be socially active.

The trust will need to look at:

- your individual needs and circumstances, including what support you already have; and
- which of your needs the Trust can meet.

How do I obtain a community care assessment?

You may:

- Self-refer by contacting the social services team in your area
- Be referred by a GP or someone who works for the Trust
- Be referred by a voluntary organisation
- Be referred by a family member or informal carer.

How are your care needs assessed?

A member of the social services team will meet you and discuss all aspects of your daily living. The assessment may be simple if you need something straightforward, such as a grab rail for the bath. A more detailed assessment will be needed if you need a lot of help or specialist support.

The assessment will usually happen in your home. If you have a carer, it can be useful if they are with you during the assessment.

The assessor will be a social worker or an occupational therapist. They will talk to you about what you can do, what you would like to be able to do and what you have difficulty with.

This could include:

- · washing and bathing
- dressing and undressing
- getting up and going to bed
- eating and drinking
- getting around your home
- managing your medications
- social and cultural activities

They will ask about any care you already have in place. It is important to let them know if this help is not going to continue long term.

The care you receive may include, for example, help with personal care, equipment or adaptations at home, and services to help any carers who help you.

You could receive a package of different types of care including social care, nursing care and health services.



Before the assessment, think about any problems you face and what you find difficult. You could keep a diary of what you can and can't do, and whether you have good and bad days or your condition stays about the same.

If you are living with a particular condition, such as dementia, cancer or Parkinson's, you should be advised about how to access specialist support.

Your care plan

After the assessment your Trust will let you know what needs they think you have and what help they can offer.

You should receive a **care plan** (or support plan), which will give details of your needs and the support that can be put in place to help you.

The care plan should include information about:

- the services that will be provided, who will arrange them
- your needs and any risks that you may face
- why the services are being provided and how they will help you
- what will happen if there is an emergency
- the support you already have in place
- the date the care plan will be reviewed

Your care plan should give you and the Trust clear information about the help you will receive. If you are uncertain about anything, ask the person who drew up the care plan to include

You should be given the information in a format you can understand. This could include arranging for information to be translated or produced in larger print.

If the Trust decides you qualify for help, it should be put in place without an unreasonable delay. If there is a waiting list the Trust may suggest other help you could get until the new services begin.

If you feel your wait has been unreasonable, you can make a complaint using the social work department's complaints procedure.



Reviewing your care plan

Your care plan should include a review date, however, you or your care provider can ask for a review at any time if your needs change.

After a review the Trust could decide that you no longer need the services you have had before, either because your needs have changed or because its own assessment rules have changed.

If your services are withdrawn or reduced, your trust must tell you about your right to appeal using the complaints system.

How does the Health & Social Care Trust decide who will qualify for help?

Each Trust sets its own eligibility criteria. If you 'appear to be in need' of community care services you should receive a **care needs assessment.**

The assessment should decide if the level of risk to your independence and wellbeing, without care services in place, is **critical, substantial, moderate** or **low.**

In most Trust areas, pressure on budgets means that only people assessed as having critical or substantial needs will receive services. However, Trusts should consider providing help for people assessed as having moderate and low needs if this could prevent their needs becoming more serious in the future.

If the Trust assesses that your care needs meet its eligibility criteria, it should provide you with services to meet those needs. They cannot use a lack of funds as a reason for not meeting your needs.

The Trust must not discriminate between people's needs because of age, geographical location, gender, ethnicity, social class, sexuality, or for any other reason apart from the assessed risk to independent living and wellbeing.

The government guidance says that older people assessed as being at critical or substantial risk should have services in place to meet their assessed needs within 6 weeks of assessment, or more quickly if the situation is urgent. However, this does not always happen.

What if I need community care support urgently?

Social services should help you by providing support for any urgent needs while awaiting the outcome of a full assessment.

Waiting times are determined by priority. You will be given priority if you are:

- · coming out of hospital and at risk
- living alone and at risk
- · living with a carer who is older or disabled
- terminally ill

If you are a priority:

- your assessment will start within two weeks of being referred to your Trust or unit of management.
- your occupational therapist will recommend the equipment or minor adaptations you need within a further week.
- if your occupational therapist is already familiar with your needs, they will recommend any major adaptations to your home within two months of your referral
- if your disabilities are not known the occupational therapist will make a recommendation within six months (where possible).

If you are <u>not</u> a priority:

 your assessment will start within three months of being referred to your Trust or unit of management.

Challenging community care decisions

If your assessment demonstrates that community care services will assist and support you to live independently at home, a decision will be taken on the provision and delivery of the services. These services should be provided within a reasonable length of time. Although there is no statutory timescale by which services must be provided, the definition of 'reasonable' will be dependent on individual circumstance, for instance, if the lack of service is causing particular hardship or a person's human rights are being affected due to a delay in service.

You will be assigned a **care manager** who is responsible for organising a package of services called a care plan which will be tailored to your individual needs. Your care plan should be given to you in writing and include the names and contact details of the service providers.

You should also be provided with your care manager's name and contact details in the event that you have any questions. You may find that the level of care you are offered does not support the needs which you consider you have.

In this circumstance, it is useful to consider further evidence to support your case, for example, a doctor may feel that your needs are not being addressed.

If you do have any additional evidence, put it in writing and keep a copy. If you speak to someone on the telephone, make a note of their name and contact details, including the time, date and nature of your conversation.

What if my care needs change over time?

Your care manager must review your needs regularly. You can ask for a reassessment at any time if you feel your circumstances have changed. Your care manager will then organise a more suitable package of services to support any change to your circumstances.

Services provided to you cannot be altered or withdrawn without a reassessment of your needs. Services should also be flexible enough to suit you, for example, if your normal bedtime is 10.30pm, the Trust should not recommend a service to put you to bed at 8pm.

Financial implications

Trusts take into account the resources available to them when setting **eligibility criteria**.

Once it has been agreed that you need services, they must be provided regardless of resources. Appropriate care services will be provided if the needs assessment identifies critical or substantial risk to independence and support cannot be sourced elsewhere.

In periods of exceptional pressure on services, it is possible that you may be placed in residential care until a home care package can be established.

Trust staff should not suggest that you use Disability Living Allowance (DLA), Attendance Allowance or Personal Independence Payments to pay for your care privately.

For expert advice on these financial matters, call the Age NI advice service on freephone 0808 808 7575.

Aids and adaptations

Occupational therapy promotes the health and wellbeing of people by providing aids and adaptations so they can continue to live independently at home and lead a more active life.

Your local Trust may provide equipment aids and adaptations to help with daily tasks such as cooking, dressing and bathing through its occupational therapy department.

These may include:

- grab rails
- raised toilet frame
- blocks to make chairs and beds higher
- bath seats.

An occupational therapist will carry out an assessment of your needs and may visit you to provide expert advice on particular equipment aids that will suit you.

Alternatively, they may ask you to attend a centre where they can assess you. The Trust uses **eligibility criteria** to decide the provision of equipment. You may be at risk if you do not have the right equipment to support you to live independently, therefore you may have a greater chance of qualifying for help.

Some specialist equipment aids (such as continence equipment and commodes) can be provided through the NHS. Contact your local GP surgery to find out more about accessing these aids.

Adapting your home

If it is necessary to have your home adapted to support you to live more independently at home, an occupational therapist will assess you to identify which adaptations will best meet your needs. An occupational therapist's report is necessary to determine eligibility for a means-tested **Disabled Facilities Grant** (DFG).

A DFG is available to home owners and those in the private rented sector to make adaptations to their home.

Social housing tenants living in Housing Executive or Housing Association accommodation should contact their local office to request help with adaptations.

Sometimes it is complicated to make decisions on major home adaptations and this process may take some time to complete.

If the occupational therapist agrees that your current accommodation is unsuitable, you can apply to the Housing Executive to be re-housed as you will be deemed homeless, even though you remain in your current accommodation.

This applies to both home owners and private tenants.

For more information, contact the Age NI advice service on **freephone 0808 808 7575.**

Support for carers

Am I a carer?

A carer is anyone who provides, or intends to provide help to someone who needs support due to illness or disability. You may be caring for your spouse, a family member who lives with you or a friend or relative who lives nearby.

It is important to consider if you are a carer as carers are entitled to a range of rights and financial supports to help them in this role.

Carer's assessment

If you are a carer, you have the right to a **carer's assessment.** This should look at the support you need to manage your caring role and to look after your own health and wellbeing.

Your needs should be set out in an **adult carer support plan** and services agreed could include practical help, emotional support and respite care. Services provided to meet your assessed needs as a carer should be free of charge.

Who is entitled to a carer's assessment?

Carers have a right to an assessment if they ask for one. This is called a carer's assessment. It is triggered by contacting social services in your local Trust in the same manner as accessing a community care assessment.

A carer's assessment will review your needs and assess what support services can be provided for you. You should be given a copy of your assessment to check that all your needs have been identified. It may be useful to think about what would benefit you as a carer.

You can request an assessment even if the person for whom you are caring does not wish to be assessed. This assessment can be carried out by a separate care manager and should consider what would support you in your caring role. This may include training, contact with other carers or emotional support.

After being assessed, the Trust must consider what services (if any) can be provided to you as a carer. Health Trusts can make Direct Payments to carers (including carers aged 16 and 17) for the services that meet their own assessed need.

What support is available for carers?

A **carer's assessment** should be straightforward. A social worker should provide all the details you require throughout the process, including information on the following:

- Health & Social Care Trust services and how they can support carers
- Suitable day centres for the person you are caring for
- Types of equipment aids and adaptations which may help
- Additional personal care support (dressing, bathing etc.)
- A regular sitting service which enables you to have personal time
- Respite care
- Emotional support
- Networking opportunities with other carers in your local area.

What happens next?

A carer's assessment should be provided in writing. This is called a **care plan**. Guidance on the assessment should state that the carer must always receive a copy of their assessment without having to ask for it. Any services provided should also be flexible to suit you and the person you care for. If you are unhappy with any aspect of your **care plan**, talk to the person who carried out the assessment and make sure all your needs have been identified.

Financial support for carers

You may not necessarily be getting paid for caring. It would be advisable for you to check if you are entitled to benefits and whether a potential claim would affect the benefit entitlement of the person receiving care.

The Age NI advice service provides a free benefits check. Contact an Age NI advisor in confidence on **freephone 0808 808 7575.**

For further information, check Age NI's More Money in Your Pocket guide – visit ageni.org/moremoney

Carer's allowance

Carer's allowance is the main benefit specifically for carers.

It can be claimed by carers who:

- Spend at least 35 hours a week caring for a person (it does not matter whether or not you live with them) who receives Attendance Allowance, Disability Living Allowance care component (at the highest or middle rate), Personal Independence Payment daily living component (at either rate), Armed Forces Independence Payment or Constant Attendance Allowance.
- Are not in full-time education or earning more than the earning limit; income from an occupational pension is not taken into account as earnings.

Claiming Carer's Allowance can also help you qualify for higher rates of Pension Credit (if you are over state pension age), Universal Credit, Housing Benefit or rates reduction, or entitle you to claim these benefits for the first time. It is important to note that the link between Carer's Allowance and other benefits is complicated. People who are receiving a disability payment because they have entitlement through their own health condition, can claim Carer's Allowance if they are providing care for another person.

Before claiming Carer's Allowance, we highly recommend checking with Age NI's advice team, as a claim for this allowance could reduce the payments being paid to the cared for person. Our team can guide on this.

You can claim carer's allowance online: www.nidirect.gov.uk/services/apply-carers-allowance-online.

If you need advice or information on these entitlements and how they interact with other benefits, contact the Age NI advice line for expert help: **0808 808 7575.**

Direct payments are local Trust payments for people who have been assessed as needing support from social services. If you require personal care services, you could use this payment to employ a personal assistant or to buy services from an agency of your choice. This may be suitable for you if you like to have control over the assistance you get - you choose who works for you, when they work and what they do.

It is important that you get all the information you require before you decide that **direct payments** is suitable. You should think about the personal advantages and also the responsibilities you will be taking on. Remember that you can get as much support as necessary to help you manage e.g. your family, a friend or an employee could help you with the paperwork.

You are advised to contact your local Centre for Independent Living NI (see page 24) for assistance when calculating wages.

It may also be helpful to talk to someone who is already using **direct payments**. You should bear in mind that you can have a mixture of **direct payments** and services from your local health trust e.g. you may retain Trust services that suit you and make your own arrangements for the rest. You can stop **direct payments** at any time and return to using a Trust service.

Who is eligible for direct payments?

To receive direct payments, you will have to contact your local Trust and ask them to assess your needs.

They are normally available if you:

- are an older person
- have a disability and are aged 16 or over
- are a carer aged 16 or over, including people with parental responsibility for a child with disabilities

Your local Trust is obliged to offer you the option of direct payments in place of the services you currently receive. There are limited circumstances where you are not given this choice, and your local Trust will be able to tell you about these. If your local Trust has decided that you do not need help from Social Services, you will not be offered direct payments.

However, if you think your needs or circumstances have changed, contact your local Trust for a new assessment.

Managing direct payments

You may find the prospect of becoming an employer somewhat daunting, however with the right support it can be done without any great difficulty. Please contact the Centre for Independent Living NI (see page 24) if you require advice or training on any aspect of becoming an employer.

Carers and direct payments

If you are a carer aged 16 or over, including people with parental responsibility for a child with disabilities, you may be eligible for direct payments. However, you cannot use these to buy services for the person you care for. They can only be spent on getting the support you, as a carer, has been assessed as needing.

Effect of direct payments on other benefits

Direct payments are not a replacement for income and, therefore, do not affect any other benefits you may be receiving.

Self directed support

Self directed support promotes independence by enabling you and your family or carer to have greater choice, control, and flexibility over the way your assessed care and support needs are met.

Looking after yourself as a carer

You may also have needs arising through your caring role. You may find it difficult to cope at times, or wish to take regular breaks from caring and may not know where to turn to for support. Social services can provide you with assistance in your caring role.

See Age NI's carers guide for more information on your rights and entitlements as a carer, as well as how to look after yourself if you are in a caring role: **www.ageni.org/carersguide**

Useful organisations

Age NI

See contact details on back page

T: 028 9024 5729

Carers Northern Ireland

T: 028 9043 9843

E: info@carersni.org

W: www.carersni.org

Centre for Independent Living NI

T: 028 9064 8546

E: enquiries@cilni.org

W: www.cilni.org

Commissioner for Older People for Northern Ireland (COPNI)

T: 028 9089 0892

E: info@copni.org

W: www.copni.org

Helplines NI

A full list of specialist local helplines is available at:

W: www.helplinesni.com

Patient and Client Council

Freephone 0800 917 0222

E: info.pcc@hscni.net

W: www.patientclientcouncil.hscni.net

Health & Social Care Trusts

Belfast Health and Social Care Trust

T: 028 9504 0100

W: www.belfasttrust.hscni.net

Northern Health and Social Care Trust

T: 028 9442 4000

W: www.northerntrust.hscni.net

South Eastern Health & Social Care Trust

T: 028 9055 3100

W: www.setrust.hscni.net

Southern Health and Social Care Trust

T: 028 3833 4444

W: www.southerntrust.hscni.net

Western Health and Social Care Trust

T: 028 7134 5171

W: www.westerntrust.hscni.net

Donate today!

Age NI relies on donations to ensure that we continue to support older people in Northern Ireland. To donate please visit **ageni.org/donate**. Alternatively call **028 9024 5729**, or complete and return the form below to:

Age NI, Freepost RRTU-HSZY-LTHZ, 3 Lower Crescent, Belfast, BT7 1NR.

Every donation is truly valued and makes a difference. Thank you.

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By leaving a gift in your will, your kindness will help to support future generations of older people. Visit www.ageni.org/giftsinwills

Contact Age NI

Age NI offers independent and confidential advice, information and support to older people, their families and carers on a range of issues in later life including money, care, housing and health.

For more information:

Freephone 0808 808 7575 Monday-Friday 9am-5pm

E: advice@ageni.org **W:** www.ageni.org

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